



ONTARIO COLLEGE OF PHARMACISTS  
COUNCIL MEETING

## AGENDA

**MONDAY, DECEMBER 10, 2018 – 9:00 A.M.**  
**COUNCIL CHAMBERS, 483 HURON STREET, TORONTO**

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Approval of Agenda**
4. **President's Opening Remarks**
  - 4.1 Reflections from a Patient
  - 4.2 Briefing Note - President's Report to December 2018 Council.....Appendix 4.2
5. **Approval of Minutes of Previous Meeting**
  - 5.1 Minutes of September 2018 Council Meeting.....Appendix 5.1
6. **Notice of Motions Intended to be Introduced**
  - 6.1 Motion re College Name Change.....Appendix 6.1
7. **Motions, Notice of Which Had Previously Been Given**
8. **Inquiries**
9. **Matters Arising from Previous Meetings**
  - 9.1 Briefing Note - Model Standards for Pharmacy Compounding of Non-Sterile Preparations.....Appendix 9.1
  - 9.2 Briefing Note – Consultation Feedback – By-Laws.....Appendix 9.2
10. **For Decision**
  - 10.1 Briefing Note - Discipline Cost Recovery.....Appendix 10.1
  - 10.2 Briefing Note - Executive Committee - Governance.....Appendix 10.2
  - 10.3 Briefing Note - Executive Committee - Preferred Provider Networks.....Appendix 10.3
  - 10.4 Briefing Note - Opioid Policy..... Appendix 10.4
  - 10.5 Briefing Note - Pharmacy Safety Initiative.....Appendix 10.5
11. **For Information**
  - 11.1 Briefing Note - Update on Governance and Ministry of Health and Long-Term Care Direction.....Appendix 11.1

- 11.2 Briefing Note - Registrar's Report to Council.....Appendix 11.2
  - Strategic Priorities Progress Update
  - Ministry/Government Activities
  - Legislative Initiatives
  - Federal/Provincial Initiatives
  - Miscellaneous Items
  
- 12. Other Matters**
  - 12.1 Motion re College Name Change.....Appendix 6.1
  - 12.2 Presentation by Barry Horrobin re Provincial Pharmacy Safety Initiative (1:00 pm)
  
- 13. Unfinished Business**
  
- 14. Motion of Adjournment**

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

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

*Thank you.*

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

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Laura Weyland, President

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

**ISSUE:** As set out in the Governance Manual, the President is required to submit a report of activities at each Council meeting. As well, annually, a summary report of attendance record of Council members at Council and Committee meetings is to be provided so that Council can hold itself accountable on this measure of performance. Furthermore, to strengthen the College's governance process, Council members are expected to participate in a year end assessment to evaluate how Council performs as a group as well as individually.

**BACKGROUND:** I respectfully submit a report on my activities since the September 2018 Council Meeting. In addition to regular meetings and phone calls with the Registrar and the Vice President, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period. Where applicable, meetings have been categorized into general topics or groups.

Attached to my report is a summary of the Council Meeting Evaluation (*Attachment 1*), the results of which will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest. In response to the feedback, a review of the Rules of Order for Council was undertaken and revisions are proposed to clarify intent. A copy of the revised Rules are attached (*Attachment 2*).

Also attached is the evaluation of the CLEAR training that took place during the September Council meeting (*Attachment 3*).

**College Meetings:**

November 21<sup>st</sup> – Executive Committee Meeting

December 10<sup>th</sup> – Council Meeting

Bi-weekly meetings with Registrar

Established and Chaired Governance Executive Committee Working Group

- Meetings held November 9<sup>th</sup> and 14<sup>th</sup>

**Other Stakeholder Meetings:**

September 27<sup>th</sup> and 28<sup>th</sup> - CLEAR 2018 Annual Educational Conference (Philadelphia)

- The meeting was an excellent opportunity to hear from other regulators across Canada and around the world about trends and best practices, including governance and cost recovery.

## September 2018 Council Meeting Evaluation

As set out in the Governance Manual, after each Council meeting, Council performs an evaluation of the effectiveness of the meeting and provides suggestions for improvement.

At the September 2018 Council meeting, we provided Council members with the opportunity to provide their feedback. 18 Council members responded to the survey. A summary of the input is being provided to Council for information.

### 1. Governance philosophy Council and staff work collaboratively, each in distinct roles, to carry out self-regulation of the pharmacy profession in the interest of the public and in the context of our mission statement and legislated mandate. How would you evaluate the meeting overall?

Answer Options	Always	Frequently	Often	Occasionally	Never	Response
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	14	4	0	0	0	18
2. Members were well prepared to participate effectively in discussion and decision making	10	6	2	0	0	18
3. In accordance with the governance philosophy, Council worked interdependently with staff	14	3	0	0	0	17
4. There was effective use of time	9	6	2	1	0	18
5. There was an appropriate level of discussion of issues	11	5	1	1	0	18
6. The discussion was focused, clear, concise, and on topic	7	6	3	1	0	17

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

Yes = 18 = 100%

No = 0 = 0%

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

- A lot of discussion around the 2019 financial budget, overall good discussion and clarity on expenses and reason for revenue increases.
- There was a passionate discussion, but not sure it was productive for everyone. Not everyone was able to speak and some members spoke over others out of turn. The protocol of raising your name to get on the list then the chair calls you out to speak has to be followed. I also do not think all the council members read the materials which also caused confusion.
- Plan to increase membership and accreditation fees by 25%. Discussion was robust and all who wanted to comment were given the floor. At least personally, I didn't feel the time was being shortened for discussion's sake.
- 2019 Budget....lots of discussion....mixed opinions....and ultimately, the right result in my opinion.
- I think we need a refresher on Robert's Rules to streamline the meeting.
- This was a difficult meeting because of the fee changes and the beginning of a new year; the choosing of the committee members was well done, efficient and easy.
- The finance discussion was valuable....Council might have been involved in the decision earlier and avoid the heated discussion.

**4. Identify the issue(s) for which you have felt the discussion and decision-making process was not effective, and why. Note any areas where the distinction between governance and operations was unclear.**

- It was really unfortunate that we had a rough council meeting right after a day and half long interesting and informative governance training. I felt that the Chair was not encouraging discussions and most of the time she was cutting off people. I don't think this is a healthy culture for any Board. I hope we will learn from the Governance workshop and change the culture in the future.
- None.
- Membership and accreditation fee increase - a little out of control, not enough discussion around standards of profession.
- The Registrar's performance appraisal. Not sure if members' names who commented needed to be identified for all to see. Just the comments would have been enough.
- Budget - it was awkward not to have the whole group understand the process for running the questions vs the stating of positions for and against. Some people spoke twice, before everyone got a chance and it almost happened that not everyone got a chance to speak. Clicker issues at the elections needs to be addressed before we use this tool again.
- The confusion about the process.
- There continues to be a misunderstanding of the advocacy role vs. the College role. The workshop hopefully has cleared up some of the confusion. There were times when the operations distinction was not clear. We need training on Robert's Rules or the rules under which we operate.
- I didn't answer council working independently with staff... unsure about what this means.
- Discussion on finance and approval of budget was not effective. Procedural code was not really clear and maybe the leaders next time will have better control of the situation.

**5. Using the Code of Conduct and Procedures for Council and Committee Members as your guide, in general, how satisfied are you with Council members' ability to demonstrate the principles of accountability, respect, integrity and openness?**

Answer Choices	Response
Completely Satisfied	8
Mostly Satisfied	9
Neither Satisfied Nor Dissatisfied	1
Mostly Dissatisfied	0
Completely Dissatisfied	0
<b>Total Responses</b>	<b>18</b>

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

- CLEAR Governance Training was a little rushed and a lot of information over the two days.
- I noted that a council member made a comment about a question asked by a new council member. I remember having this same person make the comment to me as a new member and it was not appropriate I feel.
- Our newly elected (or proclaimed by acclamation) Council President showed a lot of promise in terms of steering discussions to a level that discourages going off-tangent. Good for you!
- When a pharmacist council member raises an issue that, for them, means public interest but is interpreted as professional self-interest to the chair persons of the meeting, the manner in which the pharmacist is addressed needs to be much more respectful. A few moments to provide a

better explanation for why the pharmacist is "wrong" needs to be shared. These conversation cuts are very awkward and do not take full advantage of the teachable moment. The person who is asking does not come from the same place as the more experienced members. What might result is intimidation for some to even ask a question or participate in the discussion. If certain individuals are always off-side, perhaps some time spent outside the meeting should be arranged. This would allow a safe environment for probing questions on both sides, and for the pharmacist councilor to have a better understanding of the role and mandate of the college.

- Generally a good meeting. The discussion on fee increases was challenging, but outcome was positive.
- Presenters should be limited to 2hrs max presentation and not a full day or more.
- Completely satisfied.
- Get Laura a little sign... Looking for a mover, Looking for a seconder, etc etc... HA HA seriously the new Exec did a great job.
- Board member training by CLEAR organization was too long and maybe 2 days should have been condensed into 1 day.

## Rules of Order of the Council

1. Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Council Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council Member must second the motion before it can be debated.
2. When any Council Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer\* and confine himself or herself to the matter under discussion. All comments shall be directed to the Chair and Council members must be recognized by the Chair before they speak – otherwise they will be called Out of Order.

*\*Presiding officer shall mean Council Chair or the person designated to chair the Council meeting.*

3. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
4. Observers at a Council meeting are not permitted to speak to a matter that is under debate.
5. A Council Member may not speak again on the debate of a matter until every other Council Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer. The presiding officer may make exceptions if Council members are making a unique point.
6. No Council Member may speak longer than five (5) minutes upon any motion except with the permission of Council.
7. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.
8. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
9. When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote. The Chair may end the debate at his/her discretion after all who wish to speak have had an opportunity to speak twice.
10. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.
11. No Council Member is entitled to debate or vote upon any motion in which he or she has a conflict of interest, and the vote of any Council Member so interested shall be disallowed.

12. Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Council Members then present and eligible to vote.
13. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the [by-laws](#), he or she shall rule the motion out of order and give his or her reasons for doing so.
14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
15. The presiding officer shall always stay neutral and not engage in debate.
16. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
17. Council Members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.
18. Council Members and others present in the room shall turn off cell phones or put them on vibrate during Council meetings and, except during a break in the meeting, shall not use a cell phone, ~~blackberry~~ or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
19. Council Members shall be silent while others are speaking except to bring a permissible motion.
20. In all cases not provided for in these rules or by other rules of Council, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.
21. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the [by-laws](#), including audio or video conferencing.

## CLEAR Training - Evaluation

### 1. I am a:

- Staff Member = 1
- Board Member = 20
- 21 respondents in total

### 2. Section One – Striving for Governance Excellence leadership and the Public Interest

Answer Options	Very Low	Low	Moderately Low	Moderately High	High	Very High
Information Relevance and/or Usefulness		1		5	9	4
Overall Session Quality		1		8	6	6

#### Comments:

- The trainers were excellent, the curriculum should be anchored in principle of adult learning with more discussions.
- May I suggest you consult a curriculum developer as PowerPoint is used less frequently and there are activities every 20 minutes to keep peoples' attention. Small group work, case studies.
- While good to cover, some topics on this overall theme could have been glossed over like what other countries do.
- Having a relatively significant amount of governance knowledge I was impressed that every question I had was answered as I thought it.
- Good but maybe a bit basic for me, since I've had a lot of governance training prior to OCP.

### 3. Section Two – Evaluation

Answer Options	Very Low	Low	Moderately Low	Moderately High	High	Very High
Information Relevance and/or Usefulness		1		6	8	6
Overall Session Quality		1		5	8	5

#### Comments:

- May I suggest you consult a curriculum developer as PowerPoint is used less frequently and there are activities every 20 minutes to keep peoples' attention. Small group work, case studies. There are ways to make this interesting.

- Around this time, I was starting to feel an overload of information for a topic whose bottom line is the need to measure how effective are the programs or projects we embark on based on our reason for being.
- Very dry material.
- I found this the most interesting...got a little too esoteric at times. Depending on the audience... Jan needs to dumb down some of the info.
- Good overview.

#### 4. Section Three – Public Reporting

Answer Options	Very Low	Low	Moderately Low	Moderately High	High	Very High
Information Relevance and/or Usefulness			1	2	12	5
Overall Session Quality			1	5	10	5

##### Comments:

- This was more interesting but not enough time to discuss thoroughly.
- A topic that is always interesting.
- A piece of governance often overlooked.

#### 5. Overall Training

Answer Options	Very Low	Low	Moderately Low	Moderately High	High	Very High
Information Relevance and/or Usefulness		1		4	12	5
Overall Session Quality		1	1	3	11	6
Overall Presentation Quality		1	1	3	11	5

##### Comments:

- More discussion.
- Overall, the information and content was very good; it was a good review of all the things we need to be aware of and focused on in terms of our role on Council; I do have to say that there was a LOT of content in a short period of time, and as a result, the experience was fairly didactic - which is tough. I'm sure that with more time, there would have been less didactic content, more interaction - which would have made it less 'dry' to absorb. Again - it's a must do - so there's no easy way.
- There is no doubt that both presenters bring a lot of information that they capably handled. However, there is too much information dumped on us non-stop probably to meet the prescribed time given to the training portion. More participatory engagement with the trainees would have been good (and I don't mean simple questions thrown to the audience).

- Two facilitators working interactively is extremely difficult to pull off.... these two women did it well.
- I know that this was a lot of information to present and it would be hard to condense. Based on what we have heard before, I found the first day could have been condensed and I would have benefited more content from day 2.
- The session information was very good but repetitive. The same points could have been covered in a shorter timeframe. Having the interaction and viewpoints of the various Colleges was extremely interesting and useful. That was the highlight of the session for me.
- I recognize that people who were at the session had varying levels of knowledge, but overall, I found the session interesting but too basic.
- Too long, too much paper, printing multiple slides per page would be better.

#### 6. Please rate Deanna Williams – Program Facilitator

Answer Options	Needs Improvement	Acceptable	Exceptional
Presentation Skills		7	12
Program Knowledge		4	16

#### Comments:

- Deanna was easy to listen to and easy to follow her flow of ideas.
- Brought lots of solid information but probably could have spiced presentation with more energy or wit? Presentation skills rating is above "acceptable" but a little below "exceptional."
- Ahhh what can I say... I almost never rate facilitators a rating of 10 but would for Deanna... why? Because of her ability to work personal history into the mix without coming off as self-aggrandizing. A great skill at translating questions/comments from the group into articulate and appropriate comments while valuing the speaker... Use of humour.... overall just great... I would highly recommend her.
- I think that there should be another rating in between acceptable and exceptional.
- Deanna was engaging and gave great examples from practice and the media that everyone could relate to.
- Presentation skills are excellent - nice collaboration with Jan and good stories.

#### 7. Please rate Jan Robinson – Program Facilitator

Answer Options	Needs Improvement	Acceptable	Exceptional
Presentation Skills	1	9	10
Program Knowledge		4	17

**Comments:**

- A 3 point rating scale is not good enough to fairly assess the facilitator.
- Jan has the knowledge but seemed a bit nervous to present it in a way that was easy to follow.
- Also competently handled her portion; enjoyed a more interactive process with her. Like Deanna, her presentation skills rating is above "acceptable" but a few notches lower than "exceptional"
- I found her hand movements (playing with hair) a bit distracting at the beginning, when she began talking off the cuff, it stopped, ..interesting.
- Jan's presentation was very insightful and the comments she inserted into Deanna's talk were always of value... there was one spot in the presentation where I saw the audience tune out... a little above the heads of the audience? However, overall a great presenter.
- I think that there should be another rating in between acceptable and exceptional.
- Jan had great knowledge but it was extremely distracting the way she continually played with her bangs/hair/shoulder, etc...Both days she presented. I also had difficulty getting what her point was on the Thursday session she facilitated. It seemed disjointed and unfocused to me. The Friday was much better as far as focus but the distracting mannerisms continued.
- Jan's portions held my interest more.
- Presentation skills are excellent - nice collaboration with Deanna and good stories.

**8. Please select which of the following choices most accurately reflects your experience with the program:**

- This session met my expectations – 19 = 90%
- This session did not meet my expectations – 1 = 5%
- This session exceeded my expectations - 1 = 5%

**9. Did the workshop build effectively on your previous training experience?**

Yes – 16 = 76%

No – 0 = 0%

Unsure – 5 = 24%

- There was nothing I felt left was left out. My experience is more with corporate boards and associations but this session was in sync with training I have been exposed to in the health care college system.
- Definitely around public interest, history. Interesting.
- Lots of solid info to digest and apply.
- I'm not sure I learned anything new but it was a good review regardless.
- Did not attend a training session on Regulatory Governance before.

**10. What topics or information presented in the session were most helpful for you?**

- Just a general comment that I really enjoyed this workshop.
- Reporting.

- The examples to reinforce trustworthiness (Onora O'Neill) and the Simon Sinek components helped to drive some more 'thinking' - and I plan to review them again.
- General information.
- All topics/information were helpful. It was an excellent refresher on governance.
- All.
- Public reporting. Others were mostly theoretical.
- Conflict of interest and public interest.
- Future trends abroad.
- MEASUREMENT.
- Measuring performance based on our mandate.
- Evaluation part of the presentation, loved the part of Simon Sinek and how great leaders inspire action.
- I really liked the 'Why' session and its accompanying Ted Talk.
- Everything was helpful to me especially the message of focusing on the issue on hand and avoid assumptions.

**11. What topics or information presented in the session were least helpful for you?**

- All topics were relevant.
- Some of the material were things we knew already....so a good reminder....but there was the risk that it was not as interesting....
- Evaluation.
- All info are always appreciated.
- Evaluation.
- None - all were helpful.
- Process tools discussion.
- I found everything helpful.
- Nothing was irrelevant but each session seemed to drag a bit too long and could have been a little shorter.
- None.

**12. What tools or strategies did you gain from the workshop that will help you address the issues you face as a board member?**

- Focusing on the why and not the what.
- KNOW WHY...what's your purpose, why should anyone care....thinking about how we as council members can utilize this....
- Difference between advocacy and the College.
- Workshop was a very good refresher on the role differences between the Council and the staff.
- Actually, the issues, if they can be classified as such are not that significant...a more localized version applicable to our committees.
- Would have been good!
- Makes our purpose clearer.
- Commitment to group decisions.
- Oversight vs operations.

- Measurement.
- Better understanding of the leadership and public interest, accountability, the importance of evaluation and building and maintaining public confidence.
- The importance of structure and process to self-govern and maintain the trust of the public.
- I think getting over complacency and feeling empowered to challenge and ask more questions.
- Be familiar with the issue(s), prepare, read-up, take copious/relevant notes.

**13. What suggestions do you have for improving the program?**

- I would like more content on regulatory hierarchy. How to bring issues to the board and how to pursue an agenda effectively.
- Short group discussions every 20 minutes.
- Less didactic - and more interactions; probably more cases and analogies to help reinforce the various key components.
- None, it was very good.
- Either extend the time allowed to allow for more interaction and knowledge absorption or cut short on theories for an abbreviated training course. Thank you for providing the training!
- Overall, this would fly in any environment where the governance knowledge replicated that of this audience
- None.
- Condense the 1st day content to allow more time for day 2 content and discussion. Thanks for the great presentations.
- It felt rushed and a lot of information in such a short period.
- Just to shorten it a little.
- The training material should be geared more so to current practical application.
- Smaller group discussion.



**Ontario College  
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING  
OF COUNCIL  
SEPTEMBER 17 AND 18, 2018**

Draft

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**MONDAY, SEPTEMBER 18, 2017 – 8:33 A.M.**

**COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS**

**Elected Members**

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

Dr. Christine Allen, Interim Dean, Leslie Dan Faculty of Pharmacy, UofT - **Regrets**  
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo

**Members Appointed by the Lieutenant-Governor-in-Council**

Ms. Kathleen Al-Zand, Ottawa  
Ms. Linda Bracken, Marmora  
Ms. Christine Henderson, Toronto - **Regrets**  
Mr. Azeem Khan, Pickering  
Mr. James MacLaggan, Bowmanville - **Regrets**  
Ms. Elnora Magboo, Brampton  
Ms. Sylvia Moustacalis, Toronto  
Ms. Joan A. Pajunen, Kilworthy  
Mr. Shahid Rashdi, Mississauga - **Regrets**  
Mr. Dan Stapleton, Toronto  
Mr. Ravil Veli, North Bay  
Mr. Wes Vickers, LaSalle

## **Staff present**

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

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

Member attendance was noted.

### **2 Declaration of Conflict**

Ms. Facca declared a conflict for item 19.1 of the Agenda. There were no other conflicts declared.

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

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

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

For the benefit of Council members not in attendance at the previous evening's Council Reception, the President provided a brief summary of the event. Council noted for information the resignation of Public Member Robert Hindman on July 3, 2018 due to medical reasons, and that Public Member, Ms. Joy Sommerfreund, was awaiting re-appointment. Also noted was the appointment on July 1, 2018 of Dr. Christine Allen as Interim Dean, Leslie Dan Faculty of Pharmacy, University of Toronto. President Vaillancourt then welcomed the newly elected member from District N to Council and invited Mr. Kontio to briefly introduce himself to Council. Council noted returning members – Dr. Régis Vaillancourt (District H), Ms. Nadia Facca (District N), Dr. Karen Riley (District N) and Ms. Leigh Smith (District N).

#### **4.1 Reflections from a Patient**

Acknowledging the College's move towards identifying new ways to engage patients and the public in our work, President Vaillancourt reminded Council that patient perspectives will be shared at Council meetings to help ground the discussions and reinforce the importance of the public-protection mandate of the College. Council then viewed a video recorded by a patient.

#### **4.2 Briefing Note - President's Report to September 2018 Council**

Dr. Vaillancourt referred to his report which summarized his activities since the previous Council meeting. These included attending various committee meetings at the College and various phone calls and meetings with the Registrar and the Vice President. Referencing the Governance Manual, he advised that meeting attendance was required to be recorded and reported annually and that this information was attached to his report. He noted a correction to the attendance record for the Accreditation and Drug Preparation Premises Committees (that Dean Miller, who is a Non-Council Committee Member appointed to those committees, was mistakenly listed under the Council Member list).

Dr. Vaillancourt also thanked Council members for taking the time to participate in the Council and Council member evaluations. Referring to the summary of the feedback from this evaluation, he noted that in general, the evaluation was positive and showed a very high degree of goals being met or partially met. He commented that in those areas where Council members' ratings were on the lower end of the scale, most of the items pertained to the operations of the College and would therefore be deemed to be outside of Council's purview.

Council members were encouraged to continue to participate and provide this valuable feedback through these evaluations.

#### **4.3 Briefing Note - June 2018 Council Meeting Evaluation**

The Briefing Note was received for information by Council.

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

#### **5.1 Minutes of June 2018 Council Meeting**

**It was moved and seconded that the Minutes of the June 2018 meeting be approved. CARRIED.**

### **6. Notice of Motions Intended to be Introduced**

There were none.

### **7. Motions, Notice of Which Had Previously Been Given**

There were none.

## 8. Inquiries

There were none.

## 9. Briefing Note - Registrar's Report on Election of Members to Council

Ms. Lum-Wilson advised that this Briefing Note was for information only and that newly-elected member from District N, Mr. Kontio, had been introduced earlier this morning. The Briefing Note was received for information by Council.

## 10. Briefing Note - Elections Committee

**A motion to receive the Elections Committee Report was moved and seconded. CARRIED.**

Dr. Vaillancourt advised Council that the Elections Committee was appointed at the June 2018 Council meeting and that he, together with committee members Ms. Al-Zand and Dr. Merani, met on August 22, 2018 to put together the slate of members being presented in this Briefing Note. Council members were advised that the slate was based on their preferences and that during the elections process, in addition to the slate being presented, names could be withdrawn or members nominated from the floor.

Dr. Vaillancourt further advised Council that this year, the Elections Committee had the added responsibility of assessing the applications of members wishing to serve as Non-Council Committee Members (NCCM) on Committees. The intent for the pre-screening was to evaluate an applicant's competencies and to ensure that he/she had the necessary skills and knowledge to contribute effectively as an NCCM. In addition to this in-depth assessment, the Elections Committee also deliberated the need for diversity within each committee, the need for enough returning members to ensure continuity, as well as the need for new members who could provide a fresh perspective be mentored to serve for a few years.

Dr. Vaillancourt added that in order to expedite the elections process, like the previous year, voting would occur through electronic means and that the votes would immediately be displayed on the screen upon the close of voting. He further added that while the need to appoint tellers was unnecessary, since the by-laws reflected the expectation that the vote count could not be disclosed, tellers would need to be appointed unless Council deemed it redundant. By a show of hands, Council members indicated their support for the votes being displayed on the screen and accordingly, there was no appointment of tellers.

## 11. Election of President

Council noted that there was one candidate (Ms. Weyland) nominated for the position of President. After confirming that Ms. Weyland wished to let her name stand, Dr. Vaillancourt asked for further nominations from the floor. Hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Ms. Weyland was declared President for the 2018/2019 term, after which she briefly addressed Council.

## **12. Election of Vice President**

Council noted that there was one candidate (Mr. Stewart) nominated for the position of Vice President. After confirming that Mr. Stewart wished to let his name stand, Dr. Vaillancourt asked for further nominations from the floor. No further nominations were received and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Mr. Stewart was declared Vice President of the College for the 2018/2019 term.

Dr. Vaillancourt advised Council that with the mandate of the Elections Committee now over, the new President would continue with the remaining of the elections and agenda.

## **13. Appointment of Nominating Committee**

**It was moved and seconded that together with newly elected President, Ms. Weyland, newly elected Vice President, Mr. Stewart, Ms. Al-Zand and Dr. Vaillancourt be appointed to serve on the Nominating Committee. CARRIED.**

## **14. Election of Executive Committee Members**

Ms. Weyland announced that the by-laws required that the past president position on the Executive Committee would be held by the immediate past president, and accordingly, that position would now be held by Dr. Vaillancourt. She added that elections would now be held for the one remaining elected member position on the Executive Committee.

Council noted that Mr. Cheung, Mr. Morrison and Ms. Rocha had expressed an interest in serving on the Executive Committee. President Weyland then asked for nominations from the floor. No further nominations were received and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

All three candidates were invited to briefly address Council after which members were requested to cast their electronic ballots.

Ms. Weyland announced that Mr. Cheung was elected to serve on the Executive Committee for the 2018/2019 term.

Council next noted that public members Ms. Al-Zand, Ms. Henderson, Ms. Moustacalis, Ms. A. Pajunen, and Mr. Vickers had all expressed an interest in serving on the Executive Committee. With the exception of Ms. Henderson, who had sent regrets but confirmed her willingness to serve on Executive Committee by proxy, , all other public members confirmed their willingness to serve on the Executive Committee. The President then asked for nominations from the floor. Ms. Bracken was nominated by Ms. Al-Zand. Following confirmation

by Ms. Bracken that she was willing to let her name stand, and hearing no further nominations from the floor, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

The candidates were invited to provide brief remarks to Council (the Registrar read a prepared statement submitted by Ms. Henderson) after which Council members were asked to cast their votes. Council members were reminded of the provision in the by-laws that members could vote for up to three candidates and that the name of the candidate who received the fewest votes would be removed from the ballot and the voting would continue until such time as there were three candidates remaining.

Council members cast and re-cast their votes, each time resulting in the removal of one member's name until it was established that Ms. Al-Zand, Ms. Henderson and Ms. Moustacalis had been elected to serve on the Executive Committee for the 2018/2019 term.

## **15. Election of Committee Chairs**

### Accreditation and Drug Preparation Premises Committees (DPP)

The President noted that Dr. Vaillancourt had been nominated for the position of Chair of the Accreditation and DPP Committees. Dr. Vaillancourt confirmed his willingness to serve as Chair. President Weyland then asked for further nominations from the floor. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Dr. Vaillancourt was declared Chair of the Accreditation and DPP Committees.

### Discipline Committee

The President noted that Ms. Henderson, Mr. Veli and Mr. Vickers had been nominated for the position of Chair of the Discipline Committee. Mr. Veli withdrew his name. Mr. Vickers confirmed his willingness to serve as Chair of the Discipline Committee. The President then asked for further nominations from the floor, and hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Registrar Lum-Wilson read a prepared statement submitted by Ms. Henderson following which Mr. Vickers addressed Council. Council members were asked to cast their electronic ballots and the President announced that Ms. Henderson had been elected Chair of the Discipline Committee.

### Finance and Audit Committee

The President noted that Mr. Stapleton had been nominated for the position of Chair of the Finance and Audit Committee. Mr. Stapleton confirmed his willingness to serve as Chair. President Weyland then asked for further nominations from the floor and hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Mr. Stapleton was declared Chair of the Finance and Audit Committee.

#### Fitness to Practise Committee

The President noted that Ms. Al-Zand and Ms. Riley had been nominated for the position of Chair of the Fitness to Practise Committee. Both members confirmed their willingness to serve as Chair. President Weyland then asked for further nominations from the floor. There were no further nominations and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Both candidates were invited to provide brief remarks to Council after which Council members were asked to cast their electronic ballots and the President announced that Ms. Riley had been elected Chair of the Fitness to Practise Committee

#### Inquiries, Complaints and Reports Committee (ICRC)

The President noted that Mr. Cheung, Mr. Hannalah and Ms. Rocha had been nominated to serve as Chair of the ICRC. All three members confirmed their willingness to serve as Chair. President Weyland asked for further nominations from the floor. There were no further nominations and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

All candidates were invited to provide brief remarks to Council and Council members were asked to cast and re-cast their electronic ballot until there was one candidate remaining.

The President announced that Ms. Rocha had been elected Chair of the Inquiries, Complaints and Reports Committee.

#### Patient Relations Committee

The President noted that Ms. Bracken and Ms. Riley had been nominated to serve as Chair of the Patient Relations Committee. Both members confirmed their willingness to serve as Chair. President Weyland then asked for further nominations from the floor and Mr. Maseh indicated his willingness to serve as Chair. She then asked for further nominations from the floor, and hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

All candidates were invited to provide brief remarks to Council and Council members were asked to cast their ballots. The President announced that Ms. Bracken had been elected Chair of the Patient Relations Committee.

### Quality Assurance Committee

The President noted that Ms. Phillips had been nominated to serve as Chair of the Quality Assurance Committee. Ms. Phillips confirmed her willingness to serve as Chair. The President then asked for further nominations from the floor, and hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Ms. Phillips was declared Chair of the Quality Assurance Committee.

### Registration Committee

The President noted that Mr. Veli had been nominated to serve as Chair of the Registration Committee. Mr. Veli confirmed his willingness to serve as Chair. The President then asked for further nominations from the floor, and hearing none, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Mr. Veli was declared Chair of the Registration Committee.

President Weyland announced that during the election of the Discipline Committee, due to a programming error, there appeared to be one more vote cast than there were voters. Accordingly, she requested members to re-cast their electronic ballots for the two candidates (Ms. Henderson and Mr. Vickers). She announced that Ms. Henderson had been elected Chair of the Discipline Committee.

## **16. Adjournment**

**It was moved and seconded that Council do now, at 10:08 a.m., adjourn to reconvene on Tuesday, September 18, 2018 at 12:15 p.m.** Council members were reminded that over the next day and a half, together with board members from other regulatory bodies across Ontario, they would be participating in an interactive Governance Training Workshop. President Weyland further reminded the Nominating Committee and newly-elected Chairs to remain in the Council Chambers after the Governance Training Workshop had adjourned in order to consider the appointment of members to the statutory and standing committees of the College. **Council members voted in favour of the motion. CARRIED.**

**TUESDAY, SEPTEMBER 18, 2018 – 12:15 P.M.**

**COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS**

**Elected Members**

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

Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto - **Regrets**  
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo - **Regrets**

**Members Appointed by the Lieutenant-Governor-in-Council**

Ms. Kathleen Al-Zand, Ottawa  
Ms. Linda Bracken, Marmora  
Ms. Christine Henderson, Toronto - **Regrets**  
Mr. Azeem Khan, Pickering  
Mr. James MacLaggan, Bowmanville – **Regrets**  
Ms. Elnora Magboo, Brampton  
Ms. Sylvia Moustacalis, Toronto  
Ms. Joan A. Pajunen, Kilworthy  
Mr. Shahid Rashdi, Mississauga - **Regrets**  
Mr. Dan Stapleton, Toronto  
Mr. Ravil Veli, North Bay  
Mr. Wes Vickers, LaSalle

## Staff present

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

President Weyland welcomed members to the second day of the Council meeting and after making some housekeeping remarks, proceeded to deal with the remaining items on the agenda.

### 17. Registrar's Annual Performance Appraisal

President Weyland advised that the Governance Manual sets out the role of the Registrar as well as how the Registrar's performance is to be evaluated by Council as a whole.

Over the summer, Council members were invited to provide feedback on the Registrar's performance over the past year. This feedback had been collated for final approval by Council, and President Weyland advised that since this issue pertained to a personnel matter, and accordingly met the requirements for having an in-camera session under section 7 of the Health Professions Procedural Code, the discussion would be held *in-camera*. **It was moved and seconded that Council do now, at 12:20 p.m., move *in-camera* in order to discuss the Registrar's annual performance appraisal. CARRIED.**

All staff members and observers were requested to leave the Council Chambers during the discussion of this agenda item.

**It was moved and seconded that at 1:26 p.m., Council end the closed meeting discussion and return to the public meeting. CARRIED.**

Staff members and observers were invited back into the Council Chambers.

### 18. Approval of Appointments to Statutory and Standing Committees

President Weyland advised that approval of the appointments would be deferred until the Briefing Note regarding proposed by-law amendments had been discussed.

### 19. Matters Arising from Previous Meetings

#### 19.1 Briefing Note – Consultation Feedback – Standards of Operations for Pharmacies

Prior to the introduction of this Briefing Note, Ms. Facca declared her conflict and left the Council Chambers.

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

President Weyland requested Ms. James, Director, Quality, to present the Briefing Note to Council. Council noted for information that following the June 2018 Council meeting, the College consulted on Standards of Operation for Pharmacies in Ontario. Feedback was sought from the public, pharmacy professionals and other stakeholders on two main areas: revisions to the “Required Reference Guide for Ontario Pharmacies” which recommended a revision to the library requirements (i.e. allow pharmacy professionals to determine what additional references and resources are required to support their practice); and changes that require the practice environment to be sufficient for pharmacists and pharmacy technicians to meet the expectations regarding medication safety. Council was reminded that the Medication Safety Program was launched by the College with the goal of identifying medication incident trends and to support continuous quality improvement in pharmacy practice.

Following discussion, **a motion to approve the Standards of Operation to clarify the expectations of the College for accredited community and hospital pharmacies was moved and seconded.** Council members voted unanimously in favour of the motion. There were no abstentions or negative votes. **CARRIED.**

## **19.2 Briefing Note – Consultation Feedback – Supplemental Standard of Practice**

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

President Weyland requested Ms. Resnick, Deputy Registrar, Director, Conduct, to present the Briefing Note to Council. Council noted for information that the College also consulted on a supplemental standard of practice (sSOP) which provides guidance on the expectations of pharmacists and pharmacy technicians in regards to the aforementioned Medication Safety Program. The College launched a province-wide Medication Safety Program with the goal of identifying medication incident trends and supporting continuous quality improvement in pharmacy practice. The components of the program were confirmed in spring of 2017, and the expectations for pharmacy professionals were outlined in a supplemental standard of practice which was considered by Council in June 2018, and subsequently, consulted upon. Council noted that this supplemental standard, which enhances the existing Model Standards of Practice outlined by the National Association of Pharmacy Regulatory Authorities, will be enforced through the Operational Standards for Pharmacy. It was further noted for information that the sSOP will take effect upon Council approval, and that the College’s pharmacy assessment criteria will be updated to align with the sSOP.

Following discussion, **a motion to approve the supplemental Standards of Practice to formalize the requirements for the standardized medication safety program was moved and seconded.** Council members voted unanimously in favour of the motion. There were no abstentions or negative votes. **CARRIED.**

## 20. For Decision

### 20.1 Briefing Note – Finance and Audit Committee

President Weyland requested Mr. Stapleton, Chair of the Finance and Audit Committee, to present the Briefing Note to Council. **A motion to receive the Briefing Note for discussion was moved and seconded. CARRIED.**

Council noted that since this matter pertained to a financial matter, and therefore met the requirements for having an *in-camera* session under section 7 of the Health Professions Procedural Code, the discussion would be held *in-camera*. **It was moved and seconded that Council do now, at 2:25 p.m. move *in-camera* in order to hold this discussion. CARRIED.**

With the exception of the senior management staff, all other staff members and observers were requested to leave the Council Chamber during the discussion of this agenda item.

**It was moved and seconded that at 3:49 p.m., Council end the closed meeting discussion and return to the public meeting. CARRIED.**

**It was moved and seconded that Council approve the Operating and Capital Budget which calls for an increase of 25% across all categories of fees with the exception of member annual fees, which will be divided between 2019 and 2020. The excess of expenses over revenue for 2019 will be drawn from reserves. The hospital accreditation fee structure to be adjusted to align with community accreditation fees.** With the exception of Mr. Poulouse and Mr. Vickers, who voted against the motion, the remaining Council members voted in favour of the motion. There were no abstentions. The motion **CARRIED.**

### 20.2 Briefing Note – Finance and Audit Committee

President Weyland requested Mr. Stapleton, Chair of the Finance and Audit Committee, to present the Briefing Note to Council. **A motion to receive the Briefing Note for discussion was moved and seconded. CARRIED.**

Council noted that since the current audit firm, Tinkham & Associates LLP Chartered Accountants, had only been appointed in October 2017, the Finance and Audit Committee recommend **that the College continue to use their services as Auditor for the College for the fiscal year 2018 but that services be taken to market in 2019. A motion to this effect was moved and seconded. CARRIED.**

### 20.3 Briefing Note – Executive Committee

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

President Weyland requested Ms. Campbell, Director, Corporate Services, to present the Briefing Note to Council.

Council noted for information that amendments were required to update the fee schedules, the public register and membership classes. Housekeeping amendments that had accumulated since the last review and revision in 2015, were also included in this version. Ms. Campbell added that according to Section 94(2) of the Health Professions Procedural Code, some amendments would need to be circulated to registrants prior to final Council approval in December 2018.

Following discussion, **a motion was moved and seconded to approve the circulation of the proposed by-law amendments to:**

- **Article 3 – Professional Liability Insurance;**
- **Article 12 – Public Register;**
- **Article 14 – Reporting Change of Control of Drug Preparation Premises;**
- **Article 15 – Fees – Members;**
- **Article 16 – Fees – Pharmacy;**
- **Article 17 – Fees – Health Profession Corporations;**

**and further that Council approve the proposed by-law amendments other than the articles noted above.**

Council members voted unanimously in favour of the motion. There were no abstentions or negative votes. **CARRIED**

## **18. Approval of Appointments to Statutory and Standing Committees**

The President referred Council to the Committee appointments list distributed earlier in the day and thanked the Nominating Committee and the newly-elected Chairs of the statutory and standing committees, who had met the previous afternoon, for their work in this appointment process.

**A motion to approve the appointments to the Statutory and Standing Committees was moved and seconded.** Feedback from Council members was noted, and the President advised that adjustments to the list would be made, not only based on this feedback, but also if a need to make further changes was identified by the new Chairs and staff resources. Council members voted in favour of the motion. **CARRIED.**

## **21. For Information**

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

President Weyland requested the Registrar, Ms. Lum-Wilson, to address Council. The Registrar first introduced Ms. Parenteau, the new Manager, Legal Conduct, to Council. Next, she referred to the Quarterly Scorecard and presented to Council a status report on the achievement of various goals since the last Council meeting.

The Registrar also presented a summary of the results of an Employee Engagement Survey that was conducted earlier in the year. She highlighted some key takeaways, highlighting and offering an explanation and proposed action for areas where the feedback suggested a need for

improvement. The Registrar then went on to highlight the salient points in her report, which included an update on some of the noteworthy meetings and communication with various Ministry personnel and other organizations.

Council noted the progress of the *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* with public hearings taking place over the summer, and the fact that the College has been invited to participate in the next phase of the Inquiry, which will begin in Fall 2018 to determine recommendations for inclusion in the Inquiry's final report. These recommendations, will focus on systemic issues and those specific to key stakeholders in the long-term care homes and regulated home care system.

Registrar Lum-Wilson next reported that new regulations under the *Regulated Health Professions Act 1991* (RHPA) came into effect on May 1, 2018. These amendments flow from the *Protecting Patients Act, 2017* (PPA) and include expanded eligibility criteria for therapy-related funding available to patients through the College's Patient Relations Program. Council noted for information that the College had recently retained the services of an independent third party to provide important support for patients who allege that they have been sexually abused by regulated pharmacy professionals.

The Registrar went on to highlight the work done with the North East Local Health Integration Network (LHIN) and its hospitals from November 2017 to June 2018 which included the development of a regional strategy to support hospitals in meeting medication management standards with a focus on sterile compounding and regional decision-making. This framework was recently introduced to the North West LHIN and was also being shared with all LHIN CEOs, with an offer to provide regional hospital assessment data to support implementation.

## **21.2 Briefing Note – Statutory and Standing Committee Reports**

President Weyland next advised Council that as required in the *Regulated Health Professions Act* and the College by-laws, all statutory committees were required to submit an annual report to Council. She referred Council to the reports, added that they were provided for information only and none of the material in the reports was new but a re-cap of what had occurred and reported on during the previous Council year. She acknowledged the work done by all the Committees over the past year.

## **21.3 Briefing Note – Policy on Interactions with Advocacy Groups**

The Policy, which sets out the role and expectations of the Executive Committee and its interactions with advocacy groups, was received for information by Council.

## **22. Other Matters**

None

**23. Unfinished Business**

None.

**Motion respecting Circulation of Minutes**

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

**24. Motion of Adjournment**

**It was moved and seconded that the Council meeting now be adjourned at 5:00 p.m. and to reconvene on Monday December 10, 2018, or at the call of the President. CARRIED.**

**Ushma Rajdev  
Council and Executive Liaison**

**Laura Weyland  
President**

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**Motion Intended to be Introduced:**

**Moved by: GORAN PETROVIC**

**Seconded by.....**

that the College Council formally communicate with MOHLTC the desire to change the name of the Ontario College of Pharmacists to the Ontario College of Pharmacy to more accurately reflect the College's mandate of regulating pharmacists, pharmacy technicians and pharmacies in the public interest. It is recognized that for a new name to take effect, amendments will need to be made to various pieces of provincial legislation (including but not limited to: *The Regulated Health Professions Act, The Pharmacy Act, and The Drug and Pharmacies Regulation Act*).

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

FOR DECISION	X	FOR INFORMATION
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**INITIATED BY:** Susan James, Director, Quality

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

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

**BACKGROUND:**

- In December, 2017 Council approved the adoption of the [Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#).
- In late March, 2018, NAPRA posted The Model Standards for Pharmacy Compounding of Non-sterile Preparations and accompanying [Guidance Document](#). These standards will come into effect in each province/territory once they have been adopted or adapted by the respective provincial/territorial pharmacy regulatory authorities (PRAs).
- The first phase of implementation began immediately following publication of the Standards on the NAPRA website. Communication to members has directed them to begin to identify their knowledge needs and assess gaps between the Standards and their current practice and compounding environment.
- In June, Council was informed that a national working group would be established to determine the first set of critical elements required for the next phase of implementation.
- On September 12, 2018, a working group consisting of provincial regulatory authority representatives, a Canadian Forces regulatory representative and subject matter experts met at the College to discuss challenges and options for a national approach to implementation of the Standards. A representative from the National Association of Pharmacy Regulatory Authorities was present as an observer.

**ANALYSIS:**

- In an outcome-based regulatory environment, standards and supporting guidance are required in order to convey the expectations of pharmacy practice.
- At the working group meeting, a phased-in national approach for implementation of the non-sterile compounding standards was discussed with the following key outcomes:
  - Agreement to use the definition of compounding from Health Canada's Policy - 0051.
  - Acknowledgment that educational programs need to be developed for pharmacy professionals as there was recognition that lack of knowledge is a key barrier to successful implementation of the Standards. The greatest risk identified by the working group was the lack of knowledge regarding the handling of hazardous products
  - Agreement that national competencies should be developed to ensure that the entry-to-practice programs incorporate these standards into their curriculum
  - Agreement that national competencies would enable development of national continuing education programs for pharmacy professionals.

- Proposed implementation priorities are:
  - Assessing risks and gaps- pharmacies are expected to examine their practice, conduct a gap analysis against the standards and determine what action is required to meet the standards. The College will provide guidance resources to assist pharmacies through this process.
  - Personnel Training and Quality Assurance – Training or re-training of all staff (regulated and non-regulated, e.g. cleaning staff) to ensure understanding of proper preparation and cleaning processes. Revision and development of policies and procedures including a quality assurance program (identified from gap analysis).
  - Facilities and Equipment – Ensuring that facilities and equipment meet the requirements for the preparation of hazardous and nonhazardous nonsterile compounds
- There is a desire to move forward with a national implementation plan that would allow for an opportunity to leverage resources and apply a consistent approach across the country. Having a consistent approach regarding expectations and adherence to the standards can contribute to a successful implementation and lead to the delivery of optimal patient care. It is recognized that the same implementation date across the country will not be possible given each province’s unique regulatory structure and size.
- Timelines being considered for full implementation across the country range from January 2020 to January 2022.
- An implementation date of January 1, 2021 is achievable for full implementation of the Standards, and would align Ontario with the majority of other Canadian jurisdictions.

**RECOMMENDATION:** That Council approve a three-phase approach to implementation of the NAPRA Model Standards for Pharmacy Non-Sterile Compounding with the following timelines for completion of each phase:

<b>Phase 1 – Assessing Risks and Gaps</b>	<b>Date: January 1, 2020</b>
<b>Phase 2 – Personnel Training and Quality Assurance</b>	<b>Date: July 1, 2020</b>
<b>Phase 3 – Facilities and Equipment</b>	<b>Date: January 1, 2021</b>

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

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

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Connie Campbell, Director, Corporate Services

**TOPIC:** Proposed By-law amendments

**ISSUE:** Approval of By-law amendments to:

- Article 3 – Professional Liability Insurance;
- Article 12 – Public Register;
- Article 14 – Reporting Change of Control of Drug Preparation Premises;
- Article 15 – Fees – Members;
- Article 16 – Fees – Pharmacy;
- Article 17 – Fees – Health Profession Corporations.

**BACKGROUND:** At the September 2017 meeting Council considered, and approved for circulation, by-law amendments that:

- enable fee changes proposed in the 2019 Operations Budget;
- align the public register by-law to incorporate the impact of the *Protecting Patients Act* (PPA) regulations proclaimed in 2018; and
- prepare for the anticipated approval of new Quality Assurance and Registration regulations that will remove the student class for pharmacists and introduce an intern class for pharmacy technicians.

The fee changes proposed will enable the College to deliver on operational imperatives that advance the vision, mission and strategic priorities in the newly created Strategic Plan. These are outlined in the operational plan and budget approved by Council in September and include:

- the province-wide roll out of the new Medication Safety Program including the incident recording system;
- our response to increasing complexity and volumes/improving timeliness of processing complaints, reports and investigations;
- the development of a comprehensive and formal data strategy that includes the development of quality pharmacy indicators and improves our ability to report on and demonstrate regulatory performance and make evidence-informed decisions ; and
- improving our ability to address member competence concerns through strategic Professional Development and Remediation.

As required by the Health Professions Procedural Code, the proposed by-law amendments were circulated to registrants for feedback from Sept. 21 to Nov. 22.

To promote transparency all feedback was provided through the consultation page which is publicly viewable at <http://www.ocpinfo.com/about/consultations/consultation/proposed-fee-increases-and-bylaw-amendments/>.

The open consultation was communicated through the College’s standard registrant-targeted communication channels including frequent eConnect emails and reminders, website resources and social media postings. Stakeholder meetings were also held.

**ANALYSIS:** 241 comments (unique and supplemental) were posted to the consultation page of the website. The breakdown of the responses are as follows:

<b>Identifier:</b>	<b>#</b>	<b>%</b>
A. Pharmacists	195	81
B. Pharmacy Technicians	34	14
C. Organization	7	3
Community	2	1
Hospital	5	2
Other	0	0
D. Public	3	1.2
E. Applicant	2	0.8

The vast majority of responses and feedback related to the proposed fees. As expected, there is an overwhelming lack of support by the registrants who commented on the proposed fee increase.

While the online responses provided an insightful diversity of opinions and perspectives, two primary themes emerged through the online consultation relating to fees:

- **Confusion over the College’s regulatory role versus the role of professional advocacy bodies or associations.**
  - Professional advocacy - Some respondents made reference to the College needing to do more to advocate for the profession and to justify the increase with information on the types of services or support registrants should expect from the College in return for their fees.
  - Environmental pressure - Respondents commented on the number of initiatives and programs being implemented by the College with concerns regarding corporate/ workplace pressures and expectations, professional remuneration/wages and general economic realities that challenge their ability to perform optimally and impact the affordability of the proposed fees.
  - Technician integration - Pharmacy technicians who responded to the online consultation reported ongoing challenges related to integration into pharmacy settings/practice, wages and feelings of a lack of representation or voice at or within the College.
- **Questions on why costs are increasing and why other means of recovering rising costs were not sought as an alternative to increasing member fees.**
  - Efficiency – A number of respondents suggested that the College should identify and adopt ways to implement its regulatory programs and oversight activities differently so that costs could be contained.
  - Cost Recovery - Others suggested that the College secure higher cost recoveries from those who are found guilty of professional misconduct as opposed to having the general membership cover the cost through fees.
  - Transparency - Feedback related to the College’s approach to financial stewardship and transparency was also noted. Despite information already being made available through the resources found online, some respondents indicated that the College should make detailed information available regarding rationale for the fees and provide greater transparency related to the financial management, decision-making and operations of the organization.

- Relativity - Some respondents commented on the comparability of fees between hospital and community pharmacies (large urban versus small rural institutions) citing budget pressures in the hospital sector. Other respondents commented on the limitations of comparing registrant and pharmacy fees provincially and nationally as well as with those of other regulated health professions.
- Additionally, the College received formal submissions from organizations such as the Ontario Hospital Association, Ontario Pharmacists Association and Canadian Society of Hospital Pharmacists. While the submissions provided additional information related to the impact of fees on their organizations' membership along with recommendations, the overall themes noted above generally reflect the feedback received through these submissions.
- One change is proposed to the language of the circulated regulation to clarify the College's intent with respect to reassessments under the Pace Program, as follows:

15.7.3

The fee for an Applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a **second** third and/or subsequent time **following initial assessment** is \$1,000.00.

#### **NEXT STEPS:**

- Continue to rigorously examine our work processes to find process efficiencies while strengthening our ability to act on our mandate and fiduciary duty as regulators consistent with our values of integrity, accountability and transparency;
- Examine cost recovery options for specific areas of expenses such as discipline;
- Consider alternative ways of communicating information about the College's finances and fiscal stewardship to registrants and stakeholders;
- Better inform and engage registrants about the College's regulatory role versus the roles of other bodies.

**RECOMMENDATION:** That Council approve the by-law amendments in Articles 3, 12, 14, 15, 16 and 17 effective January 1, 2019.

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

**SUMMARY OF PROPOSED CHANGES TO BY-LAW NO. 4**

Text in red text and strike through (e.g. ~~X~~) represents text that is proposed to be deleted.  
 Text in blue text and underline (e.g. X) represents text that is proposed to be added.  
 Text in green text and underline (e.g. X) represents text that has been moved within the By-Law.

H = Housekeeping  
 L/R = Legislative/Regulatory  
 CI = Change in Intent  
 B = Budget 2019

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
1.1 (Generally)	1.1 (Generally)	All definitions of statutes and regulations (e.g. the “Act”) now end with “as the same may be amended from time to time.”	Added to reflect the fact that such statutes and regulations are amended from time to time.	H
General	General	Where numbers are used to refer to a number of people (e.g. three people) or a number of days (e.g. five days), the reference has been amended (as needed) to be in the following format: written number (numerical number) - e.g. four (4)	Housekeeping / to ensure consistency throughout the By-Law.	H
General	General	All references to “practice” have been changed to “practise” where the word is used as a verb.	Housekeeping / to ensure consistency throughout the By-Law.	H
N/A	1.1.8	Definition of “ <b>Change of Control</b> ” added.	Added to reflect additional reporting requirements in respect of drug preparation premises. Refer to change to subpara. 14.1.2 below.	CI
1.1.12	1.1.13	“ <b>Committee</b> ” or “ <b>Committees</b> ” means a Committee or Committees of the College, whether <del>statutory</del> <u>a Statutory Committee or a</u> standing or special Committee.	Revised to reflect the fact that the term “Statutory Committee” is defined at subpara. 1.1.40.	H
1.1.18	1.1.19	“ <b>Director of <del>Competence</del> <u>Conduct</u></b> ” means the person who, from time to time, holds the title of Director of <del>Competence</del> <u>Conduct</u> of the College.	Revised to reflect organizational restructuring/titling. All corresponding references in the By-Law to “Director of Competence” changed to “Director of Conduct”.	H
1.1.19	N/A	<del>“Director of Finance and Administration” means the person who, from time to time, holds the title of Director of Finance and Administration of the College;</del>	Deleted to reflect organizational restructuring/titling. All references to “Director of Finance and Administration” removed from By-Law.	H
N/A	1.1.20	<u>“Director, Corporate Services” means the person who, from time to time, holds the title of Director, Corporate Services of the College;</u>	Added to reflect organizational restructuring/titling.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
N/A	1.1.21	<u>“Director of Quality” means the person who, from time to time, holds the title of Director of Quality of the College.</u>	Added to reflect organizational restructuring/titling.	H
1.1.24	N/A	<del>“Effective Date” means the date on which: (a) sections 1 to 5 of Schedule 2 of the Safeguarding Health Care Integrity Act, 2014, S.O. 2014, c. 14 are proclaimed in force; and (b) the College’s proposed regulation to replace O. Reg. 58/11 comes into effect;</del>	Term “Effective Date” no longer used. By-Law will come into effect on a date following: (i) circulation of certain of the By-Laws to Members as required by the <i>Health Professions Procedural Code</i> (“Code”); and (ii) requisite Board / Member approval received.	H
1.1.20	1.1.25	<del>“District or Electoral District”</del> means an Electoral District as set out in Article 5.	“District” deleted as the term “District” alone not used in the By-Law. Definition then moved to be in alphabetical order.	H
N/A	1.1.26	<u>“Former Member”</u> has the meaning given to it in subparagraph 12.9.1.	Added to reflect additional information required to be kept in the Register regarding former Members. Refer to change to subpara. 12.9.1 below.	CI
N/A	1.1.27	<u>“health profession corporation” means a corporation incorporated under the Business Corporations Act (Ontario) that holds a Certificate of Accreditation</u>	Added to reflect fact that the term “health profession corporation” is used in the By-Law but not defined.	H
N/A	1.1.28	<u>“Inspector” means an individual appointed pursuant to section 148(1) of the Drug and Pharmacies Regulation Act and otherwise referred to as a “practice advisor”</u>	Added to reflect use of the term “Inspector” in the By-Law and the intent that such term has the same meaning as given to in the <i>Drug and Pharmacies Regulation Act</i> .	H
1.1.27	1.1.31	<u>“Owner”</u> means an <u>“owner of a pharmacy”</u> as defined in the <i>Drug and Pharmacies Regulation Act Regulations</i> ;	Amended to reflect the fact that “owner of a pharmacy” is not defined in the <i>Drug and Pharmacies Act Regulations</i> , but “owner” is.	H
1.1.31	1.1.35	<u>“Professional Advisory Association”</u> means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacist or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and <del>Canadian Association of Chain Drug Stores</del> <u>Neighbourhood Pharmacy Association of Canada.</u>	Amended to reflect change of name of “Canadian Association of Chain Drug Stores” to “Neighbourhood Pharmacy Association Canada”.	H
N/A	1.1.36	<u>“Protecting Patients Act” means the Protecting Patients Act, 2017 S.O. 2017, C. 11, as amended from time to time.</u>	Added to reflect the changes to the By-Laws to reflect the various amendments to the <i>Regulated Health Professions Act</i> (and the regulations under that Act), the Code and the	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
			<p><i>Drug and Pharmacies Regulation Act</i> that were affected by / will be affected by the <i>Protecting Patients Act</i>. Certain provisions of the <i>Protecting Patients Act</i> are in force. Others will be proclaimed into force on proclamation of the Lieutenant Governor.</p>	
N/A	1.1.39	<p><u><a href="#">“RHPA Regulations” means the regulations made under the Act;</a></u></p>	<p>As noted above, changes to the By-Laws were made to reflect the amendments to the regulations to the <i>Regulated Health Professions Act</i> affected by the <i>Protecting Patients Act</i>. This term was added to refer to all regulations to the <i>Regulated Health Professions Act</i>, including the existing regulations and future regulations (as contemplated by the <i>Protecting Patients Act</i>).</p>	L/R
N/A	2.1	<p><u><a href="#">Prescribed Classes of Registration. Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the Protecting Patients Act being proclaimed into force, all references in this By-Law to “Registered Pharmacy Student” shall be deemed to be deleted and replaced with “Intern Technician”.</a></u></p>	<p>This new Article has been added to contemplate the removal of “registered pharmacy student” as a prescribed class of Certificate of Registration and addition of “intern technician” as a prescribed class of Certificate of Registration in the College’s <i>QA &amp; Registration Regulations</i>. The replacement of references to “Registered Pharmacy Students” with “Intern Technicians” will only be deemed to occur once the relevant changes to the College’s <i>QA &amp; Registration Regulations</i>.</p>	L/R
2.2.	3.2	<p>A Member shall, upon the request of the Registrar, provide proof <u><a href="#">satisfactory to the Registrar</a></u> of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy.</p>	<p>Amended to track requirement of the <i>Pharmacy Act Regulations</i> that proof of such insurance be satisfactory to the Registrar.</p>	L/R
4.7.1, 4.7.2, 4.7.3, 4.7.3.1, 4.7.3.2, 4.7.4	5.7	<p>The term of office of a person elected to Council <del>in an annual August election after 2010</del> shall be three (3) years, commencing at the first meeting of Council after the election.</p>	<p>All of paragraph 4.7, but for subparagraph 4.7.4, contemplated the terms of persons elected to Council in 2010 and is therefore no longer applicable. Subparagraph 4.7.4 retained but for reference to “after 2010”.</p>	H
4.8.1.-4.8.3	5.8.1-5.8.3	<p>5.8.1 An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August <del>2012</del> <u>2018</u> and every third year after that. 5.8.2 An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August <del>2013</del> <u>2019</u> and every third year after that.</p>	<p>Revised to reflect more recent dates for elections to Council.</p>	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		5.8.3 An election of members of Council for Electoral Districts M and P shall be held on the first Wednesday in August <del>2014</del> <u>2020</u> and every third year after that.		
4.11.1	5.11.1	No later than June 1 in the year in which the election is to be held, the Registrar shall notify each Member who is eligible to vote in an Electoral District in which an election is scheduled, of the date of the election. Such notification shall be by electronic mail and shall be addressed to each such Member at his or her electronic address that is on file with the College, <del>or, if there is not an electronic address on file, such notification shall be by fax transmission to the Member's fax number that is on file with the College or by regular letter mail to the Member's home address that is on file with the College.</del>	Revised to reflect that all Member communication is by email.	H
N/A	5.23.1	<u>Upon the proclamation of section 30 of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act by the Lieutenant Governor, the provisions of this paragraph 5.23 shall be subject to any provisions of the RHPA Regulations respecting the filling of vacancies arising on Council.</u>	Section added to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the <i>Protecting Patients Act</i> , which, once proclaimed, will permit the Minister to make regulations under the <i>Regulated Health Professions Act</i> regarding filling vacancies on Council.	L/R
N/A	6.1.3	<u>The College shall post on its website information regarding upcoming meetings of Council, including:</u> <u>(a) the dates of those meetings;</u> <u>(b) matters to be discussed at those meetings;</u> <u>(c) information and documentation that will be provided to members of Council for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by Council shall not be posted; and if the Registrar anticipates that Council will exclude the public from the meeting or part of the meeting, the grounds for doing so.</u>	Revised to reflect the requirements of the new subsections 7 (1.1) and (1.2) of the <i>Code</i> , as amended by the <i>Protecting Patients Act</i> .	L/R
5.1.4	6.1.5	The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in <del>subparagraph 5.1.3</del> <u>subparagraphs 6.1.2 and 6.1.3</u>	Revised to add the additional notice requirements of the new subsection 6.1.3 of the By-Law.	H
7.1	8.1.2	<u>Subject to subparagraph 8.1.3, the composition of</u> <del>which are</del> <u>the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g) shall be as</u> set out in <del>the</del> <u>this</u> By-Law and the duties <del>of</del> <u>which are</u> <del>shall be as</del> set out in the Act and the By-Law.	Revised to reflect the addition of subparagraph 8.1.3 (below).	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
N/A	8.1.3	<u>Upon the proclamation of section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the <i>Protecting Patients Act</i> by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the RHPA Regulations, if any, that relate to such Committees, including, for example, provisions:</u> <u>(a) establishing the composition of such Committees;</u> <u>(b) establishing the qualifications, selection, appointment and terms of office of members of such Committees who are not members of Council; and</u> <u>(c) governing the relationship between such provisions and the By-Law.</u>	Revised to reflect the amendments to the <i>Regulated Health Professions Act</i> caused by the <i>Protecting Patients Act</i> , which, once proclaimed, will permit the Minister to make regulations under the <i>Regulated Health Professions Act</i> with respect to committees required by that Act (i.e. the statutory committees set out at paragraph 8.1 of the By-Law).	L/R
7.3.1-7.3.5	8.3.1-8.3.3	<u>8.3.1 <del>7.3.1</del> Finance and Audit Committee;</u> <u><del>7.3.2 Professional Practise Committee;</del></u> <u>8.3.2 <del>7.3.3</del> Elections Committee; and</u> <u><del>7.3.4 Communications Committee; and</del></u> <u>8.3.3 <del>7.3.5</del> Drug Preparation Premises Committee.</u>	Revised to reflect 1) the move to Advisory Working Groups with subject matter experts to consider practice issues. 2) communication activities are operational in nature, with mandate to delivery on council intention articulated in the Strategic Plan.	H
7.6.2	8.6.2 (lead in and subparagraph (d))	<u>8.6.2 <del>7.6.2</del> Subject to subparagraph 8.1.3, a Member is eligible for appointment to a Committee if, on the date of the appointment:</u> [...] <u>(d) the Member has not been found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or [...]</u>	Lead in to subparagraph 8.6.2 revised to reference new subparagraph 8.1.3 (which subparagraph contemplates the ability of the Minister to make regulations under the <i>Regulated Health Professions Act</i> which may affect eligibility for appointment to Committees established pursuant to the <i>Code</i> ). New subparagraph (d) added to address gap identified by OCP in eligibility criteria. This language tracks the language of the eligibility criteria for Council members.	H
7.8	8.8	<b>Appointment of Drug Preparation Premises Committee.</b> <del>Upon the coming into force of Part IX of the <i>Pharmacy Act Regulations</i>, the Drug Preparation Premises Committee shall be formed. The initial appointments to the Drug Preparation Premises Committee shall be for a term that expires at the first regular meeting of Council after the next annual August election. Thereafter, the</del> <u>The</u> Drug Preparation Premises Committee shall be formed at the first regular meeting of Council after each annual August election and appointments to it shall be in accordance with paragraph <del>7.9</del> <u>8.9</u> .	Revised to remove transitional language which is no longer applicable as the Drug Preparation Premises Committee has been established.	H
N/A	9.1	<u><b>Article Subject to RHPA Regulations.</b> Upon the proclamation of section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the <i>Protecting Patients Act</i> by the Lieutenant</u>	Revised to contemplate the forthcoming ability of the Minister (as established by the <i>Protecting Patients Act</i> ) to	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<a href="#">Governor, the provisions of this Article 9 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the RHPA Regulations, if any, that relate to such Committees.</a>	make regulations under the <i>Regulated Health Professions Act</i> to, among other things, establish the composition of Committees established pursuant to the Code.	
8.20	N/A	Provision relating to the composition of the Professional Practise Committee deleted in its entirety.	As noted above in 8.3.1 to 8.3.3.	H
8.21	N/A	Provision relating to the duties of the Communications Committee deleted in its entirety.	As noted above in 8.3.1 to 8.3.3.	H
8.24	N/A	Provision relating to the composition of the Communications Committee deleted in its entirety.	As noted above in 8.3.1 to 8.3.3.	H
8.25	N/A	Provision relating to the duties of the Professional Practise Committee deleted in its entirety.	As noted above in 8.3.1 to 8.3.3.	H
8.28	N/A	Provision requiring that the number of members appointed by Council to a Committee who are not members of Council must not exceed the number of members of a Committee who are members of Council.	Removed to eliminate arbitrary appointments that were being made to Committees to satisfy the requirement under the previous provision.	CI
9.11	10.1.1	The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members, and shall be conducted <del>by secret ballot</del> <a href="#">using electronic voting methods.</a>	Updated to modernize voting methods now in use.	H
9.1.2(b)	10.1.2(b)	If there is more than one candidate, <del>the outgoing President shall appoint two tellers and direct them to distribute blank ballots, one to each member of the Council. After each Council member has voted, the tellers shall collect the ballots and one teller appointed shall report the vote without disclosing the count</del> <a href="#">an election shall be held.</a> The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the <del>first teller.</del> <a href="#">Chair.</a>	Updated to modernize voting methods now in use.	H
10.10	11.10	<del>Deputy Registrar.</del> <a href="#">Delegation of Powers and Duties.</a> <a href="#">11.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee, director or officer of the College.</a> <a href="#">11.10.2 The Deputy Registrar shall be vested with and may exercise all the powers and perform all the duties of:</a>	This section was amended to expressly recognize the right of the Registrar to delegate his/her powers and/or duties.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><u>(a) the Registrar in the event the Registrar is absent or is unable to act <a href="#">with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 11.10.1</a>; and</u></p> <p><u>(b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to him or her by the Registrar in accordance with subparagraph 11.10.1.</u></p>		
N/A	12.3	<p><u><b>Information Regarding a Result.</b> When any provision of this Article 12 requires information regarding a “result” to be included in the Register, the term “result” shall have the same meaning as provided to it in the Act, specifically, when used in reference to:</u></p> <p><u>12.3.1 a disciplinary proceeding, means the panel’s finding that the Member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made, and</u></p> <p><u>12.3.2 an incapacity proceeding, means the panel’s finding that the Member is incapacitated and the order made by the panel.</u></p>	The term “result” is used in this section of the By-Law in respect of information required to be kept in the Register by the Code. This section has been updated to include the same definition given to “result” in the Code in order to ensure that the scope of the information required to be kept in the Register by the By-Law mirrors the requirement of the Code.	H
N/A	12.4	<p><u><b>Publication Ban.</b> Notwithstanding any other provision herein, no action shall be taken under this Article 12 which violates a publication ban, and nothing in this Article 12 requires or authorizes the violation of a publication ban.</u></p>	Added to reflect section 23(3) of the Code. This is not a new provision in the Code. However, given the expanded scope of information that this By-Law sets out as being kept in the Register (e.g. in respect of “Former Members”), it was determined that it was important to update the By-Law to include this provision of the Code.	H
N/A	12.5	<p><u><b>Disclosure of Information.</b> Notwithstanding any other provision herein, nothing in this Article 12 shall require or authorize the disclosure of information, including personal health information (as defined by the Code) where such disclosure would lead to a violation of the Code, including subsections 23(8), 23(9) or 23(11) of the Code.</u></p>	Added to reflect section 23(8) of the Code. This is not a new provision in the Code. However, given the expanded scope of information that this By-Law sets out as being kept in the Register (e.g. in respect of “Former Members”), it was determined that it was important to update the By-Law to include this provision of the Code.	H
11.3.to 11.3.14	12.6 to 12.6.20	<p><b>12.6 Information to be kept in Register <u>by Code</u> - Members.</b> Under subsection 23(2) of the Code <del>but</del> subject to <del>certain exceptions contained in the Code, the remaining subsections of section 23 of the Code, the following</del> information must be contained in the Register and must be available to the public. <del>Since June 4, 2009, the Register has been required to contain</del></p>	Revised to track the requirements of section 23(2) of the Code.	L/R

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><del>the following:</del><sup>1</sup> <u>12.6.2 Where a Member is deceased, the name of the deceased Member and the date upon which the Member died, if known.</u></p> <p><u>12.6.7-A notation of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph (3) of subsection 26(1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the Code.</u></p> <p><u>12.6.8-11.3.6</u>-A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, <u>including the date of the referral and the status of the hearing before a panel of the Discipline Committee,</u> until the matter has been resolved.</p> <p><u>12.6.9 A copy of the specified allegations against a Member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.</u></p> <p><u>12.6.10-11.3.7</u>-The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, <del>unless a panel of the relevant Committee makes no finding with regard to the proceeding.</del></p> <p><u>12.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Member has entered into with the College and that are in effect.</u></p> <p><u>12.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the Code, including inspections of the nature referred to in paragraph 12.8.</u></p> <p><u>12.6.20 Information that is required to be kept in the Register in accordance with the RHPA Regulations.</u></p>		
N/A	12.7-12.7.7	<p><b>Information to be kept in Register by RHPA Regulations - Members.</b> Under the RHPA Regulations, specifically, Ontario Regulation 261/18, subject to any exceptions contained therein, the following information shall be contained in the Register and must be available to the public:</p>	Revised to track the requirements under the new regulation to the <i>Regulated Health Professions Act</i> , namely, <i>O. Reg. 261/18: Information Prescribed Under Subsection 23(2) of the Health Professions Procedural Code.</i>	L/R

<sup>1</sup> Only those subparagraphs from the By-Law that are new or were amended are set forth in this Chart. Please refer to the redlined version of the By-Law for a full list of the information required to be kept in the Register by the Code.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><u>12.7.1 If there has been a finding of guilt against a Member under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) and if none of the conditions in subparagraph 12.50.6 have been satisfied:</u></p> <p>(a) <u>a brief summary of the finding;</u>  (b) <u>a brief summary of the sentence; and</u>  (c) <u>if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.</u></p> <p><u>12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.</u></p> <p><u>12.7.3 If a Member has been charged with an offence under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) and the charge is outstanding,</u></p> <p>(a) <u>the fact and content of the charge; and</u>  (b) <u>the date and place of the charge.</u></p> <p><u>12.7.3 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:</u></p> <p>(a) <u>the fact of the finding;</u>  (b) <u>the date of the finding;</u>  (c) <u>the jurisdiction in which the finding was made; and</u>  (d) <u>the existence and status of any appeal.</u></p> <p><u>12.7.4 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.</u></p> <p><u>12.7.5 The conditions referred to in paragraph 12.5.1 are the following:</u></p> <p>(a) <u>The Parole Board of Canada has ordered a record suspension in respect of the conviction;</u>  (b) <u>A pardon in respect of the conviction has been obtained; and</u>  (c) <u>The conviction has been overturned on appeal.</u></p> <p><u>12.7.6 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.</u></p> <p><u>12.7.7 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the</u></p>		

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<a href="#">circumstances that it could be utilized, either alone or with other information, to identify an individual.</a>		
11.4	12.8	<b>12.8-11.4 Additional Information to be kept in Register - Members.</b> <sup>2</sup> For the purposes of paragraph <del>14-20</del> <sup>*</sup> of subsection 23(2) of the Code, and subject to paragraphs <del>11-8</del> <sup>12.13</sup> and <del>11-9</del> <sup>12.14</sup> , the following additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:	Amended to update paragraph reference to paragraph 20 to reflect amended version of the Code.	L/R
11.4.5	12.8.5	Where a Member holds a Certificate of Registration as a Pharmacist, Intern- <del>or</del> <sup>3</sup> Pharmacy Technician, <u>or Intern Technician (following the date upon which the <i>Pharmacy Act Regulations</i> are amended to recognize Intern Technicians as a class of Certificates of Registration)</u> the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician <u>or intern technician</u> program (as the case may be) and the year in which the degree was obtained or the program was completed.	Updated in contemplation of the amendment to the <i>Pharmacy Act Regulations</i> to include Intern Technician as a Class of Certificate of Registration.	L/R
11.4.7	12.8.7	<u>Where a Member holds a Certificate of Registration as a:</u> (a) <del>11.4.7 Where a Member holds a Certificate of Registration as a</del> Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register; <u>and</u> (b) <u>Pharmacy Technician, following the date upon which the <i>Pharmacy Act Regulations</i> are amended to include a two-part register for Pharmacy Technicians, a notation as to whether the Member is listed in Part A or Part B of the Register.</u>	Updated in contemplation of the amendment to the <i>Pharmacy Act Regulations</i> to include a two-part Register for Pharmacy Technicians	L/R
11.4.9	12.8.9	Where a Member is <del>a shareholder,</del> <u>an</u> officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title, <del>if any,</del> the Member holds with that corporation.	Revised to remove reference to shareholder as it overlaps with the information prescribed at subparagraph 12.6.1.	L/R
N/A (within subpara.11.4.13)	N/A (within subpara. 12.8.13)	<del>*Effective May 30, 2017, upon proclamation of the Protecting Patients Act, 2017;</del>	Revised to remove reference to the <i>Protecting Patients Act</i> as amendments stemming from that Act are contemplated earlier in the By-Law.	H
11.4.13(b)	12.8.13(b)	<u>Where applicable, a summary of any restriction on a Member's right to practise:</u> [...] (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary <del>of the restriction</del> shall <del>also include the source a</del> <u>description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.</u>	Amended to broaden the scope of information required to be kept in the Register in respect of any restriction on a Member's right to practise.	H

<sup>2</sup> Only those subparagraphs from the By-Law that were new or amended are set forth in this Chart. Please refer to the redlined version of the By-Law for a full list of the information required to be kept in the Register.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
11.4.13.1	12.8.14	<p><del>A summary of any currently existing charges</del> Without affecting the requirement of paragraph 12.7, if there has been a charge or finding of guilt against a Member, of which the College is aware in respect of a federal <del>or</del>, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Member's suitability to practise in which case the summary shall include:</p> <p>(a) a brief summary of the charge or finding, as the case may be;</p> <p>(b) the date of the charge or finding, as the case may be;</p> <p>(c) the jurisdiction in which the charge was brought or finding of guilt was made; and</p> <p>(d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 12.8.14 shall no longer be required.</p>	Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.1 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).	CI
11.4.13.2	12.8.15	<p><del>A</del> Without affecting the requirement of subparagraph 12.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of a federal, provincial and/or federal state offence processes in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the <del>Member's</del> Member's suitability to practise.</p>	Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.2 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).	CI
11.4.13.2	12.8.16	<p>Without affecting the requirement of paragraph 12.5.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Members' suitability to practise.</p>	Revised to include conditions, terms, orders, directions or agreements relating to the custody or release of a Member in jurisdictions other than Canada.	H
11.4.13.3	N/A	<p><del>A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.</del></p> <p><del>11.4.13.4 — The information described in paragraphs 11.4.13.1, 11.4.13.2 and 11.4.13.3 in respect of a former Member if the former Member's membership is revoked, suspended,</del></p>	Paragraph 11.4.13.3 removed as redundant to information required above. Paragraph 11.4.13.4 removed as redundant to the expanded paragraph below in respect of "Former Members".	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<del>resigned or otherwise terminates while the offence proceedings are pending or after being notified by the College that the information may be placed on the register.</del>		
N/A	12.8.16	<u>Without affecting the requirement of subparagraph 12.7.5, where the College is aware that a Member is currently licenced or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:</u> (a) <u>the existence of;</u> (b) <u>the name of the granting organization; and</u> (c) <u>the jurisdiction in which it was granted;</u>	Expands scope of information contained in Register regarding Members practise of the profession or any other profession in another jurisdiction.	L/R H
11.4.15	12.8.18	<u>Without affecting the requirement of subparagraph 12.6.13, where</u> a Member's Certificate of Registration is suspended by the Registrar <del>for, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.</del> <del>(a) — non payment of a required fee;</del> <del>(b) — failure to provide to the College information or a declaration, required under the By Laws;</del> <del>(c) — failure to provide to the College, upon request, evidence that the Member holds professional liability insurance in an amount and in a form required by the By Laws; or</del> <del>(d) — any other administrative reason,</del> <del>a notation of that fact and the date upon which the suspension took effect.</del>	Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.6.13 (i.e. the information requirements of the new <i>RHPA Regulations</i> ); and (2) delete (a) to (c) as now redundant to subparagraph 12.6.13.	L/H H
11.4.16	N/A	<del>Where a Member's Certificate of Registration continues to be suspended for failure to submit to a physical or mental examination as ordered by a Board of Inquiry or the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect.</del>	This paragraph was deleted as information is repetitive to the information required by subparagraph 12.8.18.	H
11.4.17	12.8.19	<del>Where</del> <u>Without affecting the requirement of subparagraph 12.6.6,</u> a Member has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.	Amended to clarify that this subparagraph does not affect the obligation set out in subparagraph 12.6.6 (i.e. the new obligation arising under the <i>RHPA Regulation</i> ).	L/H H
11.4.20.2	12.8.24	Where, <del>for</del> a complaint <u>has been</u> filed <del>after April 1, 2015 or for a matter in which</del> <u>or</u> an investigator <del>is</del> <u>has been</u> appointed under 75(1)(a) or 75(1)(b) of the <i>Code</i> <del>after April 1, 2015.</del>	Amended to remove references to 2015.	H

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned-		
11.4.24	12.8.29	<del>11.4.24 Where</del> <u>Without affecting the requirement of subparagraph 12.6.15, where</u> the question of a Member’s capacity has been referred to the Fitness to Practise Committee and is outstanding, (a) a notation of that fact; and (b) the date of the referral.	Amended to clarify that this subparagraph does not affect the obligation set out in subparagraph 12.6.15 (i.e. the new obligation arising under the RHPA Regulation).	L/H H
11.4.25	12.8.30	<del>Where</del> <u>Without affecting the requirement of paragraph 12.7.4, where</u> the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario <del>by a body that governs pharmacists or pharmacy technicians, in respect of any profession.</del>	Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.5.4 (i.e. the new obligation arising under the RHPA Regulation); and (2) to expand the scope of information in Register regarding findings of professional misconduct or incompetence to be in respect of any profession.	L/H H
11.4.28	N/A	<del>Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.</del>	Removed as it is duplicative of the information required by subparagraph 12.8.16.	H
N/A	12.9.1	<u>When used in this paragraph 12.7, the term “Former Member” shall mean those individuals whose membership in the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held membership in the College) by the College or is otherwise resigned or terminated.</u>	Definition of “Former Member” included to specifically incorporate individuals whose membership was rescinded.	CI
N/A <sup>3</sup>	12.9.2	<u>Where the College is aware of such information, the information described in paragraphs 12.6.12, 12.7.1 to 12.7.4, 12.8.14 to 12.8.16 and 12.8.30 in respect of Former Members.</u>	Revised to expand the scope of information regarding Former Members to be maintained in the Register.	CI
11.5-11.5.2	12.10-12.2 <sup>4</sup>	<del>11.5</del> Information to be kept in Register – Drug Preparation Premises. <del>The</del> <u>For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14,</u>	11.5 - Revised to reflect lead in language in other provisions relating to information to be kept in the Register.	H, CI

<sup>3</sup> Certain information regarding Former Members contained in subparas. 11.4.13.4 and 11.4.26.

<sup>4</sup> Only those subparagraphs from the By-Law that were new or amended are set forth in this Chart. Please refer to the redlined version of the By-Law for a full list of the information required to be kept in the Register.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><a href="#">the</a> following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:</p> <p><del>11.5.1</del> The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under <del>Part IX</del> of the <i>Pharmacy Act Regulations</i>, including the relevant date.</p> <p><a href="#">11.5.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 14.</a></p>	<p>11.5.1 - Revised to remove the reference to “Part IX” in contemplation of upcoming changes to the <i>Pharmacy Act Regulations</i></p> <p>11.5.2 - Revised to require information regarding a “Change of Control” of a drug preparation premises to be maintained in the Register.</p>	
11.6.1	N/A	<del>11.6.1 The address and telephone number of each location at which the health profession corporation carries on business.</del>	Removed as it is duplicative of the information prescribed by subparagraph 12.6.1.	H
11.7	12.12	Information to be kept in Register - Pharmacies. <del>The</del> <a href="#">For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14, the</a> following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the <i>Code</i> .	Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.	H
12.1.1(d)	13.1.1(d)	In the case of a Member who <del>holds a Certificate of Registration as a Pharmacist and who is listed in Part A of the Register, or as an Intern or a student or a pharmacy technician</del> <a href="#">is required to possess personal professional liability insurance in accordance with Article 3</a> , information respecting the Member’s personal professional liability insurance.	Amended in anticipation of amendment to Pharmacy Act Regulations. Refer to the Note in Article 3 for more information.	L/R
N/A	Article 14	<p><a href="#">14.1 Change of Control.</a></p> <p><a href="#">14.1.1 In the event that a Member engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Member must notify the College in the event that the Member becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.</a></p> <p><a href="#">14.1.2 When used herein, the term “Change of Control” in respect of a Drug Preparation Premises shall mean:</a></p> <ul style="list-style-type: none"> <li>(a) <a href="#">any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;</a></li> <li>(b) <a href="#">any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;</a></li> <li>(c) <a href="#">any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;</a></li> <li>(d) <a href="#">any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;</a></li> </ul>	This new Article was added to specifically recognize the requirement of Members to notify the College of certain events occurring at drug preparation premises (each, a “Change of Control”).	CI

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>(e) <u>any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and</u></p> <p>(f) <u>any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises, in each case, by way of one or a series of related transactions.</u></p>		
N/A	15.1	<u>Application of Fees. Unless otherwise indicated, the fees set out in this Article 15 shall be effective as of January 1, 2019.</u>	Added to clarify the effective date of the new proposed fees.	H
13.1.1	15.2.1	<p>Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee <del>as follows: of \$375.00 plus applicable taxes, due and payable immediately upon the College opening a registration file for such person.</del></p> <p><del>(a) — on or before December 31, 2015, \$130.00 plus applicable taxes; and</del></p> <p><del>(b) — on or after January 1, 2016, \$300.00 plus applicable taxes,</del></p> <p><del>which fee shall be due and payable immediately upon the College opening a registration file for such person.</del></p>	Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	H, B
13.1.2	15.2.2	<p><del>Every applicant for a Certificate of Registration of any class shall pay an application fee as follows:</del></p> <p><del>(a) — on or before December 31, 2015, \$205.00 plus applicable taxes; and</del></p> <p><del>(b) — on or after January 1, 2016, \$75.00 plus applicable taxes,</del></p> <p><u>15.2.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$94.00,</u> which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.</p>	Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	H, B
13.1.3	15.2.3	<p>The fee for the issuance of a Certificate of Registration as a Pharmacist is <del>as follows: the applicable annual fee plus applicable taxes.</del></p> <p><del>(a) — on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes; and</del></p> <p><del>(b) — on or after January 1, 2016, the applicable annual fee plus applicable taxes.</del></p>	Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	H, B
13.1.4	15.2.4	The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is <del>as follows: the applicable annual fee plus applicable taxes.</del>	Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	H, B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><del>(a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes; and</del></p> <p><del>(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.</del></p>		
13.2	15.3	<p><b>Examination Fee.</b> An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee <del>as follows:</del><u>of \$125.00 plus applicable taxes.</u></p> <p><del>(a) on or before December 31, 2015, \$200.00 plus applicable taxes; and</del></p> <p><del>(b) on or after January 1, 2016, \$100.00 plus applicable taxes.</del></p>	Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	H, B
13.3.1-13.3.3	15.4.1-15.4.3	<p><del>15.4.1-13.3.1</del> Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of <del>\$600.00;</del> <u>(i) for the year beginning January 1, 2019, \$675.00 plus applicable taxes; and (ii) thereafter, \$750.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year</u> <del>shall be \$300.00 plus applicable taxes.</del></p> <p><del>15.4.2-13.3.2</del> Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of <del>\$300.00;</del> <u>(i) for the year beginning January 1, 2019, \$337.50 plus applicable taxes; and (ii) thereafter, \$375.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year</u> <del>shall be \$150.00 plus applicable taxes.</del></p> <p><del>15.4.3-13.3.3</del> Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of <del>\$400.00;</del> <u>(i) for the year beginning January 1, 2019, \$450.00 plus applicable taxes; and (ii) thereafter, \$500.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year</u> <del>shall be \$200.00 plus applicable taxes.</del></p>	<p>Amended to reflect new proposed fees. Note that the proposed increase in the annual fees have been split across 2019 and 2020, such that 50% of the increase is applicable in 2019 and the remaining 50% is applicable in 2020.</p> <p>Amended to clarify that the annual fees for a person first registered after September 1 are 50% of the annual fee for that year.</p>	H, B
13.3.6	15.4.6	<p><del>A Member</del><u>A Pharmacist or Pharmacy Technician</u> who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the <del>Member pays the annual fee within 30 days of when it is due, the penalty shall be \$100.00 plus applicable taxes. If the Member pays the annual fee 30 days or more after it is due, the penalty shall be \$150.00 plus applicable taxes.</del><u>Pharmacist or Pharmacist Technician pays the annual fee:</u></p>	Amended to clarify that: (1) payments made within 30 days are subject to the fees set out in paragraph (a) and payments made 31 days or more are subject to the fees set out in paragraph (b); and (2) annual fees are only applicable to Pharmacists and Pharmacy Technicians.	H, B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>(a) <u>within thirty (30) days of when it is due, the penalty shall be \$125.00 plus applicable taxes; and</u></p> <p>(b) <u>thirty-one (31) days or more after it is due, the penalty shall be \$188.00 plus applicable taxes.</u></p>		
13.4.1-13.4.3	15.5.1-15.5.3	<p><del>15.5.1-13.4.1</del> Where a Member’s Certificate of Registration has been suspended by the Registrar for <del>failure</del><u>failing</u> to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of <del>\$150.00</del><u>188.00</u> plus applicable taxes.</p> <p><del>15.5.2-13.4.2</del> Where a Member’s Certificate of Registration has been suspended by the Registrar pursuant to the <i>Pharmacy Act Regulations</i>, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of <del>\$150.00</del><u>188.00</u> plus applicable taxes.</p> <p><del>15.5.3-13.4.3</del> The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be <del>\$250.00</del><u>313.00</u> plus applicable taxes.</p>	<p>15.5.1 - Amended to reflect change to QA &amp; Registration Reg.</p> <p>15.5.1-15.15.3 - Amended to reflect proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).</p>	H, B
N/A	15.7.3	<p><u>The fee for an Applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a second third and/or subsequent time following initial assessment is \$1,000.</u></p>	<p>Added to reflect recent resolution passed by the Council to accept PACE as fulfilling the current requirement that Applicants undertake Structured Practical Training.</p>	B
13.6.3	15.7.5	<p>The fee for the inspection of a Drug Preparation Premises pursuant to <del>Part IX of</del> the <i>Pharmacy Act Regulations</i>, including all activities related to the inspection, shall be <del>\$2,500.00</del><u>3,125.00</u> plus applicable taxes, and shall be payable, jointly and severally, by those Members who engage in, or supervise, drug preparation activities at the Drug Preparation Premises.</p>	<p>Amended to reflect: (1) upcoming amendments to the QA &amp; Registration Regulation which will affect the numbering of that Regulation; and (2) proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).</p>	B
N/A	16.1	<p><u>Application of Fees. Unless otherwise indicated, the fees set out in this Article 16 shall be effective as of January 1, 2019.</u></p>	<p>Added to clarify the effective date of the new proposed fees.</p>	B
	16.2	<p><del>16.2.1</del> Subject to subparagraph <del>14.1.2</del><u>16.2.2</u>, the application fee for a Certificate of Accreditation to establish and operate a pharmacy <u>of the community pharmacy class or hospital pharmacy class</u> shall be <del>as follows:</del><u>\$625.00 plus applicable taxes.</u></p> <p>(a) <del>on or before December 31, 2015, \$250.00 plus applicable taxes;</del></p> <p>(b) <del>between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes; and</del></p>	<p>Amended to: (1) reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council); and (2) align fees for community and hospital pharmacies.</p>	B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><del>(e) — on and after the Effective Date:</del></p> <p><del>(i) — \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or</del></p> <p><del>(ii) — \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</del></p> <p><u>16.2.1 14.1.2</u> Where an Applicant who has acquired two <u>(2)</u> or more existing pharmacies <u>of the community pharmacy class or hospital pharmacy class,</u> applies for <del>certificates of accreditation</del><u>Certificates of Accreditation</u> to establish and operate the pharmacies, the application fee shall be <del>as follows;</del><u>\$625.00 plus applicable taxes for the first application, and \$63.00 plus applicable taxes for each additional application.</u></p> <p><del>(a) — on or before December 31, 2015, \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application;</del></p> <p><del>(b) — between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application; and</del></p> <p><del>(e) — on and after the Effective Date:</del></p> <p><del>(i) — for the first application, \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class;</del></p> <p><del>(ii) — for each additional application, \$50.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</del></p> <p><del>(iii) — for greater certainty, this subparagraph 14.1.2 shall not apply to an Applicant seeking a Certificate of Accreditation of the hospital pharmacy class.</del></p>		
14.2.1-14.2.4	16.3.1-16.3.3	<p><del>14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy shall be:</del></p> <p><del>(a) — until the Effective Date, \$750.00 plus applicable taxes; and</del></p> <p><del>(b) — on and after the Effective Date:</del></p> <p><del>(i) — \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</del></p> <p><del>(ii) — \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</del></p> <p><del>14.2.2 Subject to subparagraph 14.2.4 and 14.2.5, the additional fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy that permits the operation</del></p>	Amended to reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><del>of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.</del></p> <p><del>16.3.1</del><del>14.2.3</del> Subject to subparagraph <del>14.2.5</del><del>16.3.3</del>, the fee for the issuance of a Certificate of Accreditation <del>to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.</del> shall be:</p> <p><del>14.2.4</del> Subject to subparagraph <del>14.2.5</del>, there shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.</p> <p>(a) <u>\$938.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$469.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the community pharmacy class; and</u></p> <p>(b) <u>\$4375.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$2,188.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the hospital pharmacy class.</u></p> <p><del>16.3.2</del><del>14.2.5</del> <del>For greater certainty, on and after the Effective Date</del> Subject to subparagraphs <del>14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to</del><del>16.3.4</del>, the additional fee for the issuance of a Certificate of Accreditation <del>of the community pharmacy class to establish and operate a community pharmacy that permits the operation of remote dispensing locations,</del> shall be <u>\$938.00 plus applicable taxes for each remote dispensing location to be operated.</u></p> <p><del>16.3.3</del> The fee for the issuance of a Certificate of Accreditation <del>to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be:</del></p> <p>(c) <u>\$1,200.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class; and</u></p> <p>(d) <u>\$313.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class.</u></p>		
14.3.1-14.3.2	16.4.1-16.4.2	<p><del>16.4.1</del><del>14.3.1</del> The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be <del>\$250.00</del><u>\$313.00</u> plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.</p> <p><del>16.4.2</del><del>14.3.2</del> The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall</p>	Amended to: (1) reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council); and (2) clarify that the application of such fees only extends community pharmacies.	B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>be <del>\$750.00</del><u>938.00</u> plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.</p> <p><u>For greater certainty, subparagraphs 16.4.1 and 16.4.2 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.</u></p>		
14.4	N/A	<p><del>(i) — Lock and Leave.</del></p> <p><del>(ii) — 14.4.1 Subject to subparagraphs 14.2.2 and 14.2.3, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection 146(2) of the Drug and Pharmacies Regulation Act, shall be \$250.00 plus applicable taxes.</del></p> <p><del>(iii) — 14.4.2 The fee referred to in subparagraph 14.4.1 shall not apply where an Applicant seeks the approval at the same time as it applies to establish and operate a pharmacy (other than an existing pharmacy that the Applicant has acquired or that has relocated).</del></p> <p><del>14.4.3 On and after the Effective Date, subparagraphs 14.4.1 and 14.4.2 shall be of no force or effect.</del></p>	Deleted to reflect removal of application process for lock and leave in DPRA Regulations.	H
14.5	16.5	<p>Renewal Fee. The fee for the renewal of a Certificate of Accreditation shall be paid on or before May 10 of each year and shall be in the amount of:</p> <p><del>(a) — on or before December 31, 2015, \$860.00 plus applicable taxes;</del></p> <p><del>(b) — between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes; and</del></p> <p><del>(c) — on and after the Effective Date:</del></p> <p>(a) <del>(i) \$940.00</del><u>\$1,175.00</u> plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</p> <p>(b) <del>(ii) — \$3500.00</del><u>\$4,375.00</u> plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	Amended to reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	B
14.6	16.6	<p>Additional Renewal Fee. The additional renewal fee for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be <del>\$1,000.00</del><u>1,250.00</u> plus applicable taxes for each such re-inspection, and shall be paid on or before May 10<del>th</del> of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.</p>	Amended to reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	B

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
N/A	17.1	<u>Application of Fees. Unless otherwise indicated, the fees set out in this Article 17 shall be effective as of January 1, 2019.</u>	Added to clarify the effective date of the new proposed fees.	B
15.1	17.2	<b>Application Fee.</b> The application fee for a Certificate of Authorization for a health profession corporation is \$ <del>1,000.00</del> <u>1,250.00</u> plus applicable taxes.	Amended to reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council).	B
15.2.1	17.3.1	The fee for the annual renewal of a Certificate of Authorization is \$ <del>300.00</del> <u>375.00</u> plus applicable taxes.	Added to clarify the effective date of the new proposed fees.	B

**DRAFT – December 10, 2018**

**ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. 5**

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

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**BE IT ENACTED** as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

**ARTICLE 1**  
**INTERPRETATION**

**1.1 Meaning of Words.** In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

- 1.1.1 “**Act**” means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as the same may be amended from time to time;
- 1.1.2 “**Applicant**” means an applicant as defined in the *Drug and Pharmacies Regulation Act Regulations*;
- 1.1.3 “**By-Law**” or “**By-Laws**” means the By-Laws of the College, as the same may be amended from time to time;
- 1.1.4 “**Certificate of Accreditation**” means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;
- 1.1.5 “**Certificate of Authorization**” means a certificate of authorization issued to a health profession corporation by the College;
- 1.1.6 “**Certificate of Registration**” means a Certificate of Registration issued to a Member by the Registrar pursuant to the *Code*;
- 1.1.7 “**Chair**” means, depending on the context, the Chair of a Statutory Committee or a standing Committee, or the person presiding at a meeting of the Council;
- 1.1.8 “**Change of Control**” has the meaning given to it in subparagraph 14.1.2;
- 1.1.9 “**Code**” means the *Health Professions Procedural Code*, being Schedule 2 to the Act;
- 1.1.10 “**Code of Conduct**” means the Code of Conduct and Procedures for Council and Committee Members which is set out in Schedule B to this By-Law, as it may be amended from time to time;
- 1.1.11 “**Code of Ethics**” means the Code of Ethics which is set out in Schedule A to this By-Law, as it may be amended from time to time;
- 1.1.12 “**College**” means the Ontario College of Pharmacists;
- 1.1.13 “**Committee**” or “**Committees**” means a Committee or Committees of the College, whether a Statutory Committee or a standing or special Committee; [*Note: Revised to reflect the fact that the term “Statutory Committee” is defined.*]
- 1.1.14 “**Contact Person**” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;
- 1.1.15 “**Council**” means the Council of the College;
- 1.1.16 “**Council member**” or “**member of Council**” means a person who has been elected or appointed as a member of Council;

- 1.1.17 “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.18 “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.19 “**Director of Conduct**” means the person who, from time to time, holds the title of Director of Conduct of the College,
- 1.1.20 “**Director, Corporate Services**” means the person who, from time to time, holds the title of Director, Corporate Services of the College;
- 1.1.21 “**Director of Quality**” means the person who, from time to time, holds the title of Director of Quality of the College; [Note: This definition has been moved to be in alphabetical order.]
- 1.1.22 “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4, as the same may be amended from time to time;
- 1.1.23 “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*, as the same may be amended from time to time;
- 1.1.24 “**Drug Preparation Premises**” means drug preparation premises as defined in the *Pharmacy Act Regulations*;
- 1.1.25 “**Electoral District**” means an Electoral District as set out in Article 5; [Note: “District” deleted as term is not used (only “Electoral District”), and term subsequently moved to be in alphabetical order.]
- 1.1.26 “**Former Member**” has the meaning given to it in subparagraph 12.9.1; [Note: Added to reflect requirement for additional information regarding former Members to be kept in Register.]
- 1.1.27 “**health profession corporation**” means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation; [Note: Added to reflect the fact that this term is used in the By-Law but not defined.]
- 1.1.28 “**Inspector**” means an individual appointed pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act*, otherwise referred to as a “practice advisor”. [Note: This definition has been moved to be in alphabetical order]
- 1.1.29 “**Member**” means a member of the College;
- 1.1.30 “**Narcotic Signer**” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act* (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;
- 1.1.31 “**Owner**” means an “owner” as defined in the *Drug and Pharmacies Regulation Act Regulations*; [Note: Amended to reflect the fact that “owner of a pharmacy” is not defined in the Regulations, but “owner” is.]
- 1.1.32 “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.36, as the same may be amended from time to time;

- 1.1.33 “**Pharmacy Act Regulations**” means the Regulations under the *Pharmacy Act*, as the same may be amended from time to time;
- 1.1.34 “**President**” and “**Vice-President**” mean, respectively, the persons who, from time to time, hold the titles of the President and the Vice-President of the College;
- 1.1.35 “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacist or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;
- 1.1.36 “**Protecting Patients Act**” means the *Protecting Patients Act, 2017*, S.O. 2017, C.11, , as the same may be amended from time to time;
- 1.1.37 “**Register**” means the Register required to be kept pursuant to the *Code*;
- 1.1.38 “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;
- 1.1.39 “**RHPA Regulations**” means the regulations made under the Act, , as the same may be amended from time to time; and *[Note: Added on account of the amended text of Article 8 and Article 9 which refers to the Regulations to the Regulated Health Professions Act numerous times .]*
- 1.1.40 “**Statutory Committees**” means the Committees listed in section 10 of the *Code* as of the date of enactment of these By-Laws, and the Accreditation Committee as required under the *Pharmacy Act*.

## ARTICLE 2 CLASSES OF REGISTRATION

**2.1 Prescribed Classes of Registration.** Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the *Protecting Patients Act* being proclaimed into force, all references in this By-Law to “Registered Pharmacy Student” shall be deemed to be deleted and replaced with “Intern Technician”. *[Note: Amended to reflect the upcoming amendment to the Drug and Pharmacy Regulations Act (as contemplated by the Protecting Patients Act) to delete “Registered Pharmacy Student” and add “Intern Technician” as classes of Certificates of Registration.]*

## ARTICLE 3 PROFESSIONAL LIABILITY INSURANCE

**3.1 Insurance Requirements for a Certificate of Registration.** A Member who holds a Certificate of Registration as a Pharmacy Technician, Registered Pharmacy Student, Intern or Pharmacist listed in Part A of the Register, must maintain personal professional liability insurance as follows:

- 3.1.1 **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.
- 3.1.2 **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of pharmacy as regulated by the College.

- 3.1.3 **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.
- 3.1.4 **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.
- 3.1.5 **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Member and provide that Member with mobility and coverage wherever in Ontario that Member practises.
- 3.1.6 **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

**3.2 Evidence of Insurance.** A Member shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy. *[Note: Amended to track requirement in Pharmacy Act Regulations that such proof be satisfactory to the Registrar.]*

#### **ARTICLE 4 RESTRICTION ON COUNCIL MEMBERS**

**4.1 Restriction on Council Members.** No member of Council shall be an employee of the College.

#### **ARTICLE 5 ELECTION OF COUNCIL MEMBERS**

**5.1 Electoral Districts K, L, M, N, P.** The following Electoral Districts are established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist:

- 5.1.1 Electoral District K (Eastern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter K.
- 5.1.2 Electoral District L (Central Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter L.
- 5.1.3 Electoral District M (Toronto), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter M.
- 5.1.4 Electoral District N (Western Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter N.
- 5.1.5 Electoral District P (Northern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter P.

**5.2 Electoral District H.** The following Electoral District is established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist and whose place of practice for election purposes on June 1 immediately preceding the election, is in, or for, a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

- 5.2.1 Electoral District H, comprised of the Province of Ontario.

**5.3 Electoral District T.** The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician:

5.3.1 Electoral District T, comprised of the Province of Ontario.

**5.4 Electoral District TH.** The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician and whose place of practice for election purposes on June 1 immediately preceding the election, is in a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

5.4.1 Electoral District TH, comprised of the Province of Ontario.

**5.5 Number of Members to be Elected.**

5.5.1 The number of members of Council to be elected is:

- (a) Three (3) in each of Electoral Districts L, M, and N;
- (b) Two (2) in each of Electoral Districts K and P;
- (c) Two (2) in Electoral District H;
- (d) One (1) in Electoral District T; and
- (e) One (1) in Electoral District TH.

**5.6 Voting Eligibility.** Every Member who holds a valid Certificate of Registration as a Pharmacist or a Pharmacy Technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of members to the Council in the Electoral District in which his or her place of practice is located on June 1 immediately preceding the election.

5.6.2 A Member who holds a Certificate of Registration as a Pharmacist shall only be eligible to vote in one of Electoral Districts K, L, M, N, P and H and a Member who holds a Certificate of Registration as a Pharmacy Technician shall only be eligible to vote in one of Electoral Districts T or TH.

5.6.3 Neither a Registered Pharmacy Student nor an Intern is entitled to vote.

5.6.4 If, as of June 1 immediately preceding an election, a Member has no fixed place of practice, the Member may vote in the Electoral District in which he or she resides or, in the case of a Member who holds a Certificate of Registration as a Pharmacy Technician, in Electoral District T.

5.6.5 If, as of June 1 immediately preceding an election, a Member has a place of practice in more than one Electoral District, the Member shall declare to the Registrar which Electoral District is to be considered his or her place of practice for election purposes, and he or she may vote only in that Electoral District.

5.6.6 If the place of practice for election purposes of a Member is in a hospital in Ontario approved or licensed under a federal or provincial statute, he or she may only vote in Electoral District H (in the case of a Pharmacist) or Electoral District TH (in the case of a Pharmacy Technician).

**5.7 Terms of Office.** The term of office of a person elected to Council shall be three (3) years, commencing at the first meeting of Council after the election. *[Note: The remaining subsections of section 5.7 were deleted as they related to elections in 2010 and are no longer applicable.]*

## **5.8 Election Date.**

- 5.8.1 An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August 2018 and every third (3<sup>rd</sup>) year after that.
- 5.8.2 An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August 2019 and every third (3<sup>rd</sup>) year after that.
- 5.8.3 An election of members of Council for Electoral Districts M and P shall be held on the first Wednesday in August 2020 and every third (3<sup>rd</sup>) year after that.

## **5.9 Eligibility for Election.**

- 5.9.1 A Member who holds a valid Certificate of Registration as a Pharmacist or as a Pharmacy Technician is eligible for election to the Council in one of Electoral Districts K, L, M, N, P and H (in the case of a Pharmacist) or in one of Electoral Districts T and TH (in the case of a Pharmacy Technician) if, on June 1 immediately preceding the election:
  - (a) in the case of a Member who proposes to run in Electoral Districts K, L, M, N, P or Electoral District T, the Electoral District in which the Member proposes to run is the Member's place of practice for election purposes, and is where the majority of his or her time in the practice of pharmacy is spent, or alternatively, is the location of the Member's permanent residence;
  - (b) in the case of a Member who proposes to run in Electoral District H or TH the majority of the Member's time in the practice of pharmacy is spent in a hospital in Ontario that has been approved or licensed under a federal or provincial statute, which is the Member's place of practice for election purposes;
  - (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
  - (d) the Member is not the subject of any disciplinary or incapacity proceeding;
  - (e) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the election;
  - (f) the Member is not a Registered Pharmacy Student or Intern;
  - (g) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
  - (h) the Member is not an employee, officer or director of a Professional Advocacy Association, or, if the Member is such an employee, officer or director of a Professional Advocacy Association, the Member gives an undertaking to resign from such position upon being elected or acclaimed to the Council. For greater certainty, nothing in this clause shall prevent a Member who serves on an association or organization to which he or she has been appointed by Council as a representative of the College, from running for election to Council;
  - (i) the Member has not been disqualified from serving on Council or a committee within the six (6) years immediately preceding the election;

- (j) the Member is not an adverse party in litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents;
  - (k) the Member has not, in the opinion of the Elections Committee, engaged in conduct unbecoming a Council member; and
  - (l) the Member is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.
- 5.9.2 Every Member who proposes to run for election to the Council shall establish, to the satisfaction of the Elections Committee, that he or she meets the place of practice or residency requirement in the Member's Electoral District. In the event of a dispute about whether a Member meets those requirements, or otherwise regarding the eligibility of a Member for election to Council, the Elections Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. In the event that the Executive Committee finds that the Member does not meet the place of practice or residency requirement in the Member's Electoral District, or that the Member is not otherwise eligible for election, it shall disqualify the Member as a candidate.
- 5.9.3 No person who has a direct interest in the result of an election dispute shall participate in the investigation or consideration of such dispute as a member of the Elections Committee or in the discussion and voting by the Executive Committee.

#### **5.10 Registrar to Supervise Nominations.**

- 5.10.1 The Registrar shall supervise the nominations of candidates for members of Council.

#### **5.11 Notice of Election and Nominations.**

- 5.11.1 No later than June 1 in the year in which the election is to be held, the Registrar shall notify each Member who is eligible to vote in an Electoral District in which an election is scheduled, of the date of the election. Such notification shall be by electronic mail and shall be addressed to each such Member at his or her electronic address that is on file with the College.

#### **5.12 Nomination Procedure.**

- 5.12.1 A candidate for election as a member of Council shall be nominated by not fewer than three (3) Members who are eligible to vote in the Electoral District for which the candidate is nominated.
- 5.12.2 The nomination paper shall be accompanied by a form signed by the candidate in which the candidate affirms his or her commitment to the objects of the College and undertakes to comply with the College's policies, the By-Laws, the Code of Ethics and the Code of Conduct.
- 5.12.3 The nomination shall be signed by the nominators and shall be accepted by the candidate.
- 5.12.4 If it is not possible for the candidate to accept the nomination on the nominating paper which has been signed by the nominators, the candidate shall forward his or her acceptance to the Registrar.

- 5.12.5 All nominations shall be filed with the Registrar no later than 5:00 p.m. on the third Wednesday of June in the year in which the election is to be held.
- 5.12.6 The Registrar shall, without undue delay after nominations have been closed, give notice to all those nominated of the names of the members nominated.
- 5.12.7 A candidate may withdraw his or her candidacy by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

**5.13 Acclamation.**

- 5.13.1 If, after the deadline referred to in subparagraph 5.12.5, the number of eligible candidates nominated for an Electoral District is equal to the number of members to be elected in that Electoral District, the Registrar shall declare the eligible candidate(s) to be elected by acclamation.
- 5.13.2 If, after the deadline referred to in subparagraph 5.12.5, the number of eligible candidates nominated for an Electoral District is less than the number of members to be elected in that Electoral District, the Registrar shall declare any eligible candidate(s) to be elected by acclamation and there shall be a supplementary nomination and election process held in accordance with paragraph 5.24 in order to fill any remaining vacancies.

**5.14 Registrar's Electoral Duties.**

- 5.14.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar may:
  - (a) appoint returning officers or scrutineers;
  - (b) establish a deadline for the receipt of ballots;
  - (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
  - (d) ensure electronic communication and voting processes are reliable and secure;
  - (e) establish procedures for the counting and verification of ballots;
  - (f) provide for the notification of all candidates and Members of the results of the election; and
  - (g) provide for the destruction of ballots or the destruction of the record of ballots following an election.
- 5.14.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Member eligible to vote in an Electoral District in which an election is to take place a list of the candidates in the Electoral District, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

**5.15 Scrutineers.**

- 5.15.1 The Council shall, at the last regular Council meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.
- 5.15.2 The scrutineers shall be reimbursed for their expenses as provided in the By-Laws.

5.15.3 If a scrutineer is unable or unwilling to act, the President shall appoint a person as a replacement scrutineer.

**5.16 Ballots.**

5.16.1 The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.

5.16.2 The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.

5.16.3 A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

**5.17 Voting.**

5.17.1 A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

5.17.2 For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.

5.17.3 The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.

5.17.4 The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.

5.17.5 The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

5.17.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

5.17.7 Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.

5.17.8 In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.

5.17.9 In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.

5.17.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs 5.17.8 and 5.17.9 to be elected as members of the Council, and shall notify each candidate of the election results.

5.17.11 The Registrar shall retain the ballots or the records of the ballots for thirty (30) days from the date the votes were counted and shall then destroy the ballots or the records of the ballots unless a candidate requests a recount.

**5.18 Number of Votes to be Cast.**

5.18.1 In any election in an Electoral District in which a Member is eligible to vote, a Member may cast as many votes as there are members of Council to be elected in that Electoral District in that election.

5.18.2 A Member shall not cast more than one vote for any one candidate.

**5.19 Tie Votes.**

5.19.1 If there is a tie in an election of members of Council and it is necessary to break the tie to determine who shall be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

**5.20 Recounts.**

5.20.1 A candidate may make a written request to the Registrar for a recount, no more than thirty (30) days after the date of an election, upon paying the election recount fee to the Registrar.

5.20.2 If a recount is requested, the Registrar shall appoint a time and place for the recount. The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.

5.20.3 The recount shall be conducted in the same manner as the original counting and verification of votes, except that the votes shall be counted and verified by two (2) persons appointed by the President, and who were not scrutineers in the election.

5.20.4 The candidate may be present for the recount.

5.20.5 The election recount fee shall be refunded to the candidate if the outcome of the election is changed in his or her favour as a result of the recount.

**5.21 Interruption of Service.**

5.21.1 Where there is an interruption of mail or electronic service during the nomination or election, the Registrar shall extend the holding of the nomination or election for such period of time as the Registrar considers necessary to compensate for the interruption.

**5.22 Conduct of Council Members.**

5.22.1 An elected member of Council is automatically disqualified from sitting on Council if the elected member of Council:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.

5.22.2 The grounds for taking formal governance action against a member of Council are where the Council member:

- (a) fails, without cause, to attend three (3) consecutive meetings of Council;

- (b) fails, without cause, to attend three (3) consecutive meetings of a Committee of which he or she is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
- (c) in the case of an elected member of Council, ceases to practise or reside in the Electoral District to which the member of Council was elected;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) is or becomes an employee, officer or director of a Professional Advocacy Association; (however, for greater certainty, a member of Council shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) in the case of a dean of a faculty of pharmacy who is a Member,
  - (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
  - (ii) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee;
- (g) initiates litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents; or
- (h) engages in conduct or an omission that is reasonably regarded by Council members as being disgraceful, dishonourable, unprofessional or unbecoming a Council member.

5.22.3 The following procedure shall be followed when taking formal governance action:

- (a) a written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council member or Committee member or by the Registrar;
- (b) the Registrar shall disclose the complaint to the Council member and shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee. If the Executive Committee is unable to address the complaint, it may appoint another Committee to fulfill its duties under subparagraph 5.22.3;
- (c) if the Executive or other Committee, after any inquiry it deems appropriate, concludes that the complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Council member of the complaint and of his or her right to retain a lawyer and shall provide an opportunity for the Council member to respond to the complaint;
- (d) as soon as feasible, the independent third party shall report the results of the investigation in writing to the Executive or other Committee and to the Council member. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Council member set out in subparagraph 5.22.2 have been met and, if so, the apparent significance of the breach;
- (e) if the Executive or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Council meeting unless a special meeting

is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Executive or other Committee ineligible to participate and vote on the matter at Council;

- (f) before taking formal governance action, Council shall afford the Council member an opportunity to address the Council for a period of time permitted by the Council of no less than one hour. However, the Council member shall not take part in the deliberation or vote;
- (g) council shall determine whether grounds for taking formal governance action against the Council member set out in subparagraph 5.22.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction;
- (h) the determination that grounds for taking formal governance action against the Council member set out in subparagraph 5.22.2 have been met and the determination to impose a formal governance sanction must be approved by a vote of at least two-thirds (2/3) of the Council members eligible to vote. The vote shall be a recorded vote;
- (i) the formal governance sanction imposed by the Council may include one or more of the following:
  - (i) censure of the Council member verbally or in writing;
  - (ii) disqualification of an elected member of Council from the Council;
  - (iii) sending a copy of the independent third party's report and the Council's determination to the Ministry of Health and Long Term Care respecting a person appointed by the Lieutenant Governor in Council; or
  - (iv) sending a copy of the independent third party's report and the Council's determination to the applicable Ontario university respecting a Council member who is a dean of a faculty of pharmacy; and
- (j) where Council determines that grounds for taking formal governance action against the Council member set out in subparagraph 5.22.2 have not been met and that formal governance action is not warranted, Council may direct the College to reimburse the Council member for all or part of the Council member's legal expenses.

5.22.4 An elected member of Council who is disqualified from sitting on the Council is thereby removed from Council and ceases to be a member of Council.

### **5.23 Filling of Vacancies.**

5.23.1 Upon the proclamation of section 30 of Schedule 5 (Regulated Health Professions Act, 1991) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 5.23 shall be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on Council. [*Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act, which, once proclaimed, will permit the Minister to make regulations under the RHPA regarding filling vacancies on Council.*]

5.23.2 If the seat of an elected member of Council becomes vacant not more than twelve (12) months before the expiry of the term of office of that elected member of Council, the Council may:

- (a) leave the seat vacant; or
  - (b) direct the Registrar to hold a by-election in accordance with this By-Law for the Electoral District in which the elected member of Council sat.
- 5.23.3 If the seat of an elected member of Council becomes vacant more than twelve (12) months before the expiry of the term of office of that member of Council, the Council shall direct the Registrar to hold a by-election for the Electoral District in which the elected member of Council sat.
- 5.23.4 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of by-elections, with all necessary modifications.
- 5.23.5 The term of office of a member of Council elected in a by-election under subparagraph 5.23.2 or 5.23.3 shall commence upon acclamation or election and shall continue until the term of office of the former member of Council would have expired.

**5.24 Supplementary Election Procedures.**

- 5.24.1 If no nominations are received in an Electoral District by the deadline referred to in subparagraph 5.12.5, or if the number of eligible candidates nominated for an Electoral District by the deadline is less than the number of members to be elected in that Electoral District, there shall be a supplementary election.
- 5.24.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.
- 5.24.3 The term of office of a member of Council elected in a supplementary election under paragraph 5.24 shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in paragraph 5.7 for a member elected in the Electoral District in which that member was elected.

**ARTICLE 6  
MEETINGS OF COUNCIL**

**6.1 Meetings of Council.**

- 6.1.1 The Council shall hold at least four regular meetings in the one-year period following each annual August election of members to the Council. The first regular Council meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Council meetings shall be set at the first regular Council meeting following the August election.
- 6.1.2 The President may call a special meeting of Council at any time, provided that notice is given in accordance with the *Pharmacy Act Regulations*, the *Code* and this By-Law to each member of Council, the Members and the public, specifying the purpose of the meeting.
- 6.1.3 The College shall post on its website information regarding upcoming meetings of Council, including:
- (a) the dates of those meetings;
  - (b) matters to be discussed at those meetings; and

- (c) information and documentation that will be provided to members of Council for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by Council shall not be posted; and if the Registrar anticipates that Council will exclude the public from the meeting or part of the meeting, the grounds for doing so. *[Note: These revisions were made to reflect the addition of subsections 1.1 and 1.2 to section 7 of the Code, which amendments were referenced in section 8 of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act.]*
- 6.1.4 Subject to subparagraphs 6.1.2 and 6.1.3, notice of any special meeting of Council shall be sufficient if provided to each member of Council at his or her specified address as shown in the records of the College.
- 6.1.5 The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 6.1.2 to 6.1.4 *[Note: Amended to reflect amendments stemming from Protecting Patients Act which require the College to post notice of meetings on its website.]*
- 6.1.6 Meetings of Council shall be held at the permanent office of the College, or at such other place or places as the Council may designate.
- 6.1.7 The quorum for the transaction of business at any meeting of the members of Council shall be a majority of members of Council.
- 6.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Council shall be determined by a majority of votes of members of Council present at the meeting and eligible to vote.
- 6.1.9 At the regular meetings of members of Council, the business shall include:
- (a) noting the names of the Council members present and absent;
  - (b) approving the agenda;
  - (c) notice of motions intended to be introduced;
  - (d) motions, notice of which has been previously given;
  - (e) inquiries;
  - (f) reports of Committees and consideration thereof;
  - (g) unfinished business from previous meetings;
  - (h) items for the information of Council members;
  - (i) any referral for formal governance action made under subparagraph 5.22.3;
  - (j) other matters; and
  - (k) adjournment.

- 6.1.10 An item of business may be excluded only with the consent of two-thirds (2/3<sup>rd</sup>s) of the members of Council present at a meeting and eligible to vote.
- 6.1.11 A Council member may place any item that can properly be discussed by Council on the Council agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing at a meeting of the Council on a day previous to the discussion or vote thereon unless this requirement is dispensed with by a vote of at least two-thirds (2/3<sup>rd</sup>s) of all the members of Council present at the meeting and eligible to vote.
- 6.1.12 The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Council meetings.

## **6.2 Meetings Held By Technological Means.**

- 6.2.1 If two-thirds (2/3<sup>rd</sup>s) of all members of Council, or of a Committee (as the case requires) who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, members of Council or of a Committee may participate in a meeting of, respectively, Council or of a Committee, by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a member of Council or of a Committee participating in such a meeting by such means is deemed to be present at the meeting.
- 6.2.2 At the outset of each meeting referred to in paragraph 6.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place, unless a majority of the Council or Committee members (as the case may be) present at such meeting and eligible to vote otherwise require.

## **ARTICLE 7 REMUNERATION AND EXPENSES**

### **7.1 Remuneration and Expenses.**

- 7.1.1 When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:
  - (a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare, plus transportation to and from air, bus or train terminals;
  - (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;
  - (c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph 7.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;
  - (d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.
- 7.1.2 If the Council appoints a Member, other than a Council or Committee member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses

incurred at the rate set out in subparagraph 7.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.

- 7.1.3 An amount in excess of the amounts authorized under subparagraph 7.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Executive Committee.

## **ARTICLE 8 COMMITTEES OF THE COLLEGE**

### **8.1 Statutory Committees under the Act.**

8.1.1 Pursuant to the Act, the College shall have the following Committees:

- (a) Executive Committee;
- (b) Registration Committee;
- (c) Inquiries, Complaints and Reports Committee;
- (d) Discipline Committee;
- (e) Fitness to Practise Committee;
- (f) Quality Assurance Committee; and
- (g) Patient Relations Committee.

8.1.2 Subject to subparagraph 8.1.3, the composition of the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

8.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, selection, appointment and terms of office of members of such Committees who are not members of Council; and
- (c) governing the relationship between such provisions and the By-Law.

[*Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act, which, once proclaimed, will permit the Minister to make regulations under the RHPA with respect to committees required by that Act.)*]

**8.2 Statutory Committee under the Pharmacy Act.** Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in the By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

**8.3 Standing Committees.** In addition to the Statutory Committees, the College shall establish the following standing Committees, the composition and duties of which are set out in this By-Law:

- 8.3.1 Finance and Audit Committee;
- 8.3.2 Elections Committee; and
- 8.3.3 Drug Preparation Premises Committee.

**8.4 Appointment of Special Committees.** Council may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

**8.5 Reporting of Committees.** All Committees, with the exception of the Discipline Committee and the Fitness to Practise Committee, shall report to the Council through the Executive Committee.

**8.6 Non-Council Committee Members.**

- 8.6.1 This paragraph 8.6 applies with respect to the appointment of Members who are not members of Council to a Committee.
- 8.6.2 Subject to subparagraph 8.1.3, a Member is eligible for appointment to a Committee if, on the date of the appointment:
  - (a) the Member holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
  - (b) the Member either practises or resides in Ontario;
  - (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
  - (d) the Member has not been found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or [*Note: Added to address gap identified by OCP.*]
  - (e) the Member is not the subject of any disciplinary or incapacity proceeding;
  - (f) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
  - (g) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
  - (h) the Member has not been disqualified from serving on Council or a Committee within the six (6) years immediately preceding the appointment;
  - (i) the Member does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and
  - (j) the Member is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third (3<sup>rd</sup>) time or more after the initial inspection.

- (k) the Member is not an employee, officer or director of a Professional Advocacy Association or, if the Member is such an employee, officer or director of a Professional Advocacy Association the Member gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College).

**8.7 Appointment of Elections Committee.** The Elections Committee shall be formed at the last regular meeting of the Council preceding the annual election of members to the Council. The members of the Elections Committee shall be appointed by the President, subject to the approval of the Council. The Elections Committee shall appoint its own Chair. All appointments to the Elections Committee shall be for a term that expires at the last regular meeting of the Council preceding the next year's election.

**8.8 Appointment of Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall be formed at the first regular meeting of Council after each annual August election and appointments to it shall be in accordance with paragraph 8.9.

**8.9 Appointments to Statutory and Standing Committees.** All Statutory and standing Committee appointments, with the exception of the Elections Committee, shall be made by the Council at the first regular meeting of Council after each annual August election, and shall be for a term that expires at the first regular meeting of Council after the following election. The appointments to all Statutory and standing Committees, with the exception of the Elections Committee, shall be made in the following manner:

- 8.9.1 A Nominating Committee shall be formed on the first day of the Council meeting, consisting of the newly elected President and Vice-President, one (1) elected Council member and one (1) Council member appointed by the Lieutenant Governor in Council, such Committee members to be elected from among those Council members present. The Committee shall appoint its own Chair.
- 8.9.2 The Elections Committee shall give its report, consisting of the names of all members of Council who have expressed interest or willingness to sit on or chair a Committee, to the Nominating Committee.
- 8.9.3 The Nominating Committee shall nominate all eligible Council members who agree to sit on the Executive Committee and all eligible Council members who agree to chair the other Statutory Committees and standing Committees. The Chair of the Nominating Committee shall present the nominations to Council.
- 8.9.4 Elections to the Executive Committee:
  - (a) The President shall call for further nominations for the open positions on the Executive Committee;
  - (b) Should the number of nominees who are Members match the number of open positions on the Executive Committee for members of the Council who are Members in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed;
  - (c) Should the number of nominees who are appointed by the Lieutenant Governor-in-Council match the number of open positions on the Executive Committee for members of the Council appointed by the Lieutenant Governor-in-Council in accordance with the

Committee composition provisions of this By-Law, all such nominees shall be declared appointed; and

- (d) Should the number of nominees in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 10.1.2(b). Should there be more than one open position in a category, Council members shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who received the fewest votes shall then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Council members may only cast one vote per candidate on each ballot.
- 8.9.5 The President shall call for further nominations from among the Council members for Chairs of the other Statutory Committees and of the standing Committees. If more than one person is nominated to serve as Chair of a Committee, an election shall be held following the procedure in subparagraph 10.1.2(b).
- 8.9.6 The Nominating Committee shall confer with the newly elected Chair of each statutory and standing Committee to consider the appointment of the remaining members to that Committee in accordance with the Committee composition provisions of this By-Law. The Nominating Committee shall then prepare a report with respect to the proposed membership of each Committee, which the Chair of the Nominating Committee shall present to the Council for its approval. In making this report the Nominating Committee shall consider the benefits of having minimal overlap between the composition of the Executive Committee and the Finance and Audit Committee.

#### **8.10 Disqualification, Vacancies and Term Limits of Committee Members.**

- 8.10.1 A member of a Committee is disqualified from sitting on the Committee if the member:
  - (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
  - (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.
- 8.10.2 The Council may disqualify a member of a Committee from sitting on the Committee if the member:
  - (a) fails, without cause, to attend three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
  - (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
  - (c) ceases to either practise or reside in Ontario;
  - (d) is in default of payment of any fees prescribed in the By-Laws;
  - (e) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);

- (f) breaches the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
  - (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.
- 8.10.3 A person who is disqualified under subparagraph 8.10.1 or 8.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 8.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.
- 8.10.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 8.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.
- 8.10.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.
- 8.10.6 Nothing in paragraph 8.10 prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

**8.11 Quorum.** Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, or the regulations under any of those Acts, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

**8.12 Voting.** Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

**8.13 Vacancies.** Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “at least” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number shall not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

## ARTICLE 9

### COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

**9.1 Article Subject to RHPA Regulations.** Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 9 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the *RHPA Regulations*, if any, that relate to such Committees. *[Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act, which, once proclaimed, will permit the Minister to make regulations under the RHPA with respect to committees required by that Act].*

**9.2 Composition of the Executive Committee.** The Executive Committee shall be composed of:

- 9.2.1 the President and the Vice-President;

- 9.2.2 the immediate past President if he or she is a current member of Council; and
- 9.2.3 the minimum number of additional members of the Council as will ensure that the Committee consists of four members (4) of the Council who are Members and three (3) members of the Council who are appointed by the Lieutenant Governor in Council.

**9.3 Chair of the Executive Committee.** The President shall be the Chair of the Executive Committee.

**9.4 Duties of the Executive Committee.** The Executive Committee shall:

- 9.4.1 perform such functions as are assigned to it by statute or regulation;
- 9.4.2 recommend to the Council proposals for changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.4.3 submit an annual report to the Council in accordance with the *Code*;
- 9.4.4 exercise all the powers and duties of the Council between Council meetings that, in the Committee's opinion, requires attention, other than the power to make, amend or revoke a regulation or by-law.
- 9.4.5 review correspondence and other documents relating to the policies of the College;
- 9.4.6 receive reports from other Committees and report the activities of those Committees to Council at regular meetings of the Council;
- 9.4.7 receive findings and recommendations from the Elections Committee pursuant to subparagraph 5.9.2, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Council;
- 9.4.8 have the following financial authorities:
  - (a) to approve all required operating expenditures not included in the operating budget, to a limit of \$20,000.00 per item, and \$100,000.00 in total per year;
  - (b) to approve all required capital expenditures not included in the budget to a limit of \$100,000.00;
  - (c) items over the limits prescribed in subparagraphs 9.4.8(a) and (b) above shall be referred to the Council;
- 9.4.9 recommend general policy to the Council;
- 9.4.10 ensure that the policies of the Council are carried out;
- 9.4.11 report its activities, decisions and recommendations through the President at each meeting of the Council; and
- 9.4.12 have the following authorities with respect to staff compensation:
  - (a) annually, establish guidelines for the awarding of salary increases to staff;
  - (b) at least annually, review compensation for the Registrar; and

- (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

**9.5 Composition of the Registration Committee.** The Registration Committee shall be composed of:

- 9.5.1 at least two (2) members of Council who are Members;
- 9.5.2 at least two (2) members of Council appointed to the Council by the Lieutenant Governor in Council;
- 9.5.3 at least one (1) Member who is not a member of Council;
- 9.5.4 a dean of a faculty or school of a pharmacy program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs, or his or her designate as approved by the Council; and
- 9.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

**9.6 Duties of the Registration Committee.** The Registration Committee shall:

- 9.6.1 perform such functions as are assigned to it by statute or regulation;
- 9.6.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.6.3 submit an annual report to the Council in accordance with the *Code*;
- 9.6.4 provide guidance to the Council on matters concerning registration, examinations and in-service training required prior to registration; and
- 9.6.5 maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

**9.7 Composition of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall be composed of:

- 9.7.1 at least five (5) members of the Council who are Members;
- 9.7.2 at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.7.3 at least seven (7) Members who are not members of the Council.

**9.8 Duties of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall:

- 9.8.1 perform such functions as are assigned to it by statute or regulation;
- 9.8.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.8.3 submit an annual report to the Council in accordance with the *Code*; and

9.8.4 provide guidance to the Council on matters concerning investigations, complaints and reports.

**9.9 Composition of the Discipline Committee.** The Discipline Committee shall be composed of:

9.9.1 at least six (6) members of the Council who are Members;

9.9.2 at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.9.3 at least five (5) Members who are not members of the Council.

**9.10 Duties of the Discipline Committee.** The Discipline Committee shall:

9.10.1 perform such functions as are assigned to it by statute or regulation;

9.10.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws policies and practices;

9.10.3 submit an annual report to the Council in accordance with the *Code*; and

9.10.4 provide guidance to the Council on matters concerning discipline.

**9.11 Composition of the Fitness to Practise Committee.** The Fitness to Practise Committee shall be composed of:

9.11.1 at least two (2) members of the Council who are Members;

9.11.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.11.3 at least one (1) Member who is not a member of Council.

**9.12 Duties of the Fitness to Practise Committee.** The Fitness to Practise Committee shall:

9.12.1 perform such functions as are assigned to it by statute or regulation;

9.12.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.12.3 submit an annual report to the Council in accordance with the *Code*; and

9.12.4 provide guidance to the Council on matters concerning fitness to practise.

**9.13 Composition of the Quality Assurance Committee.** The Quality Assurance Committee shall be composed of:

9.13.1 at least two (2) members of the Council who are Members;

9.13.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.13.3 at least three (3) Members who are not members of the Council.

**9.14 Duties of the Quality Assurance Committee.** The Quality Assurance Committee shall:

- 9.14.1 perform such functions as are assigned to it by statute or regulation;
- 9.14.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.14.3 submit an annual report to the Council in accordance with the *Code*;
- 9.14.4 provide guidance to the Council on matters concerning quality assurance; and
- 9.14.5 maintain a continuing review of the Quality Assurance Program.

**9.15 Composition of the Patient Relations Committee.** The Patient Relations Committee shall be composed of:

- 9.15.1 at least two (2) members of the Council who are Members;
- 9.15.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.15.3 at least one (1) Member who is not a member of Council.

**9.16 Duties of the Patient Relations Committee.** The Patient Relations Committee shall:

- 9.16.1 perform such functions as are assigned to it by statute or regulation;
- 9.16.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.16.3 submit an annual report to the Council in accordance with the *Code*; and
- 9.16.4 provide guidance to the Council on matters concerning patient relations.

**9.17 Composition of the Accreditation Committee.** The Accreditation Committee shall be composed of:

- 9.17.1 at least two (2) members of the Council who are Members;
- 9.17.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.17.3 at least two (2) Members who are not members of Council.

**9.18 Duties of the Accreditation Committee.** The Accreditation Committee shall:

- 9.18.1 perform such functions as are assigned to it by statute or regulation;
- 9.18.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.18.3 submit an annual report to the Council; and
- 9.18.4 provide guidance to the Council on matters concerning accreditation.

**9.19 Composition of the Finance and Audit Committee.** The Finance and Audit Committee shall be composed of:

- 9.19.1 at least three (3) members of the Council who are Members; and
- 9.19.2 at least one (1) member of Council appointed to the Council by the Lieutenant Governor in Council.

**9.20 Duties of the Finance and Audit Committee.** The Finance and Audit Committee shall:

- 9.20.1 review and recommend to the Council, through the Executive Committee, the annual operating and capital budget for the College;
- 9.20.2 maintain a rolling two (2) year operating budget;
- 9.20.3 review quarterly financial statements and report to Council, through the Executive Committee, significant deviations from budget;
- 9.20.4 meet with the auditor each year,
  - (a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and
  - (b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;
- 9.20.5 review and report to the Council, through the Executive Committee, on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;
- 9.20.6 make recommendations to the Council, through the Executive Committee, on the appointment or reappointment of the external auditor;
- 9.20.7 make recommendations to the Council through the Executive Committee regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and
- 9.20.8 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices.

**9.21 Composition of the Elections Committee.** The Elections Committee shall be composed of:

- 9.21.1 at least one (1) member of Council who is a Member;
- 9.21.2 at least one (1) member of Council appointed by the Lieutenant Governor in Council; and
- 9.21.3 the President.

**9.22 Duties of the Elections Committee.** The Elections Committee shall:

- 9.22.1 invite expressions of interest in sitting on and chairing Committees from all members of Council. Where there are not sufficient expressions of interest to fill every Committee, the Elections Committee shall use its best efforts to recruit additional Committee members sufficient to fully constitute every Committee;
- 9.22.2 seek candidates for the offices of President and Vice-President;

9.22.3 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices; and

9.22.4 perform the duties assigned to it under subparagraph 5.9.2.

**9.23 Composition of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The Chair of the Accreditation Committee shall be the Chair of the Drug Preparation Premises Committee.

**9.24 Duties of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall:

9.24.1 administer and govern the College’s Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

9.24.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Council.

[*Note: Previous paragraph 8.28 (Maximum Number of Non-Council Committee Members) was removed to eliminate arbitrary appointments.*]

## **ARTICLE 10 OFFICERS**

### **10.1 Election of the President and the Vice-President.**

10.1.1 The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members. and shall be conducted using electronic voting methods.

10.1.2 The election of the President shall be conducted in the following manner:

(a) The outgoing President, or a person chosen by the Council, if the President is unable or unwilling to act, shall call on the Chair of the Elections Committee for the Elections Committee’s report. The Chair shall present the list of all candidates for the office of President and hand it to the outgoing President. The President shall read the list and shall ask “Are there any further nominations?” Any Council member may then rise and, after addressing the Chair, nominate any other Council member for President. It is not necessary for the nomination to be seconded.

(b) If there is more than one candidate, an election shall be held. The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the Chair.

10.1.3 The procedure outlined in paragraph 10.1.2 shall then be repeated for the office of Vice-President.

### **10.2 Duties of the President and the Vice-President.**

10.2.1 The President shall:

- (a) preside as Chair at all meetings of the Council;
  - (b) make all necessary rulings as to the order of business, subject to an appeal to the Council members present; and
  - (c) be *ex officio* a member of all Committees of the Council, except the Discipline Committee.
- 10.2.2 The Vice-President shall, in the event of the absence or inability of the President to act, perform the duties of the President.
- 10.2.3 In the event of the absence or inability of both the President and the Vice-President to act, the Council members present at a meeting of the Council may appoint one of the other members of the Council to preside at any meeting of the Council.
- 10.2.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the President or the Vice-President, the Council shall elect Council members to fill these vacancies according to the provisions of these By-Laws for calling a meeting and electing the President and the Vice-President.
- 10.2.5 Where the President has lost the confidence of the Council, Council may, on a notice of motion to that effect or at a special meeting of the Council, disqualify the President from office by a vote of at least two thirds (2/3) of the Council members present and eligible to vote.

## **ARTICLE 11 BUSINESS OF THE COLLEGE**

**11.1 Seal.** The seal shall be the seal of the College.

**11.2 Execution of Documents.**

- 11.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the President or Vice-President and any one (1) of the Registrar, the Deputy Registrar, the Director of Conduct, the Director, Corporate Services, or the Director of Quality, provided that they have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Council may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.
- 11.2.2 Certificates of Registration shall be signed by the President and the Registrar.
- 11.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.
- 11.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is

issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Council.

### **11.3 Banking and Finance.**

11.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions, as may, from time to time, be designated by or under the authority of the Council on recommendation of the Finance and Audit Committee through the Executive Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one or more officers and or other persons as Council may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

11.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two (2) of the Registrar, the Deputy Registrar, the Director of Conduct, the Director, Corporate Services and the Director of Quality, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.

### **11.4 Financial Year and Audit.**

11.4.1 The financial year of the College shall be the calendar year ending December 31.

11.4.2 The Council shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Council meeting in the year for which the books are to be audited.

**11.5 Inspectors/Practice Advisors.** The Registrar may from time to time, and within budgetary limits, appoint Inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Council at the next regular meeting following the appointment. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

**11.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.** The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

### **11.7 Grants.**

11.7.1 The Council shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

11.7.2 The Council shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy.

### **11.8 Funds.**

11.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by Council for the fiscal year upon the recommendation of the Finance and Audit Committee through the Executive Committee. Funds not authorized under the budget shall be disbursed only after approval by the Council, or the Executive Committee, as provided for in this By-Law.

11.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by Council on the recommendation of the Finance and Audit Committee through the Executive Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

**11.9 College Membership.** The College may be a member of a national organization of bodies with similar functions.

**11.10 Delegation of Powers and Duties.**

11.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee, director or officer of the College.

11.10.2 The Deputy Registrar shall be vested with and may exercise any or all of the powers and perform any or all the duties of the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 11.10.1.

11.10.3 The Deputy Registrar shall be vested with and may exercise any or all of the powers and perform any or all of the duties delegated by the Registrar to a delegate in accordance with subparagraph 11.10.1, if any, in the event that such delegate is absent or unable to act in respect of any such powers or duties.

*[Note: This section was amended to expressly recognize the right of the Registrar to delegate his/her duties.]*

**ARTICLE 12  
THE REGISTER**

**12.1 Member's Name.** A Member's name in the Register shall be:

12.1.1 the Member's name as provided in the documentary evidence used to support the Member's initial registration with any other given name commonly used by the Member included in parentheses, or such other name as is acceptable to the Registrar; or

12.1.2 a name other than as provided in subparagraph 12.1.1 where a written request is made by the Member and the Registrar is satisfied that the Member has validly changed his or her name and that the use of the name is not for an improper purpose.

**12.2 Business Address and Telephone Number.**

12.2.1 A Member's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Member practises in Ontario or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address

and telephone number of each agency or other person or business for or through which the Member provides such services.

12.2.2 Where a Member does not practise in Ontario, the Member's business address and business telephone number in the Register shall be, respectively, the address designated by the Member as the Member's business address and the telephone number associated with that business address.

**12.3 Information Regarding a Result.** When any provision of this Article 12 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Act, specifically, when used in reference to:

12.3.1 a disciplinary proceeding, means the panel's finding that the Member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

12.3.2 an incapacity proceeding, means the panel's finding that the Member is incapacitated and the order made by the panel.

**12.4 Publication Ban.** Notwithstanding any other provision herein, no action shall be taken under this Article 12 which violates a publication ban, and nothing in this Article 12 requires or authorizes the violation of a publication ban. [*Note: Added to reflect section 23(3) of the Code.*]

**12.5 Disclosure of Information.** Notwithstanding any other provision herein, nothing in this Article 12 shall require or authorize the disclosure of information, including personal health information (as defined by the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*. [*Note: Added to reflect section 23(8) of the Code.*]

**12.6 Information to be kept in Register by the Code - Members.** Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

12.6.1 Each Member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Member is a shareholder.

12.6.2 Where a Member is deceased, the name of the deceased Member and the date upon which the Member died, if known.

12.6.3 The name, business address and business telephone number of every health profession corporation.

12.6.4 The names of the shareholders of each health profession corporation who are Members.

12.6.5 Each Member's class of registration and specialist status (specialist status not applicable to the Ontario College of Pharmacists at this time).

12.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.

12.6.7 A notation of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph (3) of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the

Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.

- 12.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
- 12.6.9 A copy of the specified allegations against a Member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.
- 12.6.10 The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding.
- 12.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Member has entered into with the College and that are in effect.
- 12.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Member's suitability to practise, made against the Member, unless the finding is reversed on appeal.
- 12.6.13 A notation of every revocation or suspension of a Certificate of Registration.
- 12.6.14 A notation of every revocation or suspension of a Certificate of Authorization.
- 12.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
- 12.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 12.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
- 12.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 12.10.1.
- 12.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.
- 12.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

**12.7 Information to be kept in Register by RHPA Regulations - Members.** Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

- 12.7.1 If there has been a finding of guilt against a Member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 12.7.6 have been satisfied:
- (a) a brief summary of the finding;
  - (b) a brief summary of the sentence; and
  - (c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
- 12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
- 12.7.3 If a Member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:
- (a) the fact and content of the charge; and
  - (b) the date and place of the charge.
- 12.7.4 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:
- (a) the fact of the finding;
  - (b) the date of the finding;
  - (c) the jurisdiction in which the finding was made; and
  - (d) the existence and status of any appeal.
- 12.7.5 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.
- 12.7.6 The conditions referred to in paragraph 12.7.1 are the following:
- (a) The Parole Board of Canada has ordered a record suspension in respect of the conviction;
  - (b) A pardon in respect of the conviction has been obtained; and
  - (c) The conviction has been overturned on appeal.
- 12.7.7 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.
- 12.7.8 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

**12.8 Additional Information to be kept in Register - Members.** For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 12.13 and 12.14, the following

additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 12.8.1 Any changes to each Member's name which have been made in the Register since the Member was first issued a Certificate of Registration.
- 12.8.2 Each Member's gender and registration number.
- 12.8.3 The date when each Member's Certificate of Registration was first issued or, if the Member was licensed under Part VI of the *Health Disciplines Act*, the date when the Member was first issued a licence by the College.
- 12.8.4 Where a person ceased to be a Member as a result of his or her resignation or death, the last calendar year during which the person was a Member.
- 12.8.5 Where a Member holds a Certificate of Registration as a Pharmacist, Intern, Pharmacy Technician or Intern Technician (following the date upon which the *Pharmacy Act Regulations* are amended to recognize Intern Technicians as a class of Certificates of Registration) the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.
- 12.8.6 The classes of Certificate of Registration held or previously held by each Member, the date on which each was issued and, if applicable, the termination or expiration date of each.
- 12.8.7 Where a Member holds a Certificate of Registration as a:
  - (a) Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register; and
  - (b) Pharmacy Technician, following the date upon which the *Pharmacy Act Regulations* are amended to include a two-part register for Pharmacy Technicians, a notation as to whether the Member is listed in Part A or Part B of the Register. [*Note: Amended to contemplate new two-part Register for Pharmacy Technicians.*]
- 12.8.8 Whether the Member has completed the necessary injection training requirements approved by the College.
- 12.8.9 Where a Member is an officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title the Member holds with that corporation. [*Note: The reference to shareholder was deleted given the requirement set out above in paragraph 12.6.1 for information regarding a Member's status of a shareholder of any health professional corporation.*]
- 12.8.10 Where a Member is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Member holds with that corporation.
- 12.8.11 Where a Member is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.

12.8.12 Where a Member is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that authority.

12.8.13 Where applicable, a summary of any restriction on a Member's right to practise:

- (a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

12.8.14 Without affecting the requirement of paragraph 12.7, if there has been a charge or finding of guilt against a Member of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Member's suitability to practise in which case the summary shall include:

- (a) a brief summary of the charge or finding, as the case may be;
- (b) the date of the charge or finding, as the case may be;
- (c) the jurisdiction in which the charge was brought or finding of guilt was made; and
- (d) in the case of a finding of guilt, the existence and status of any appeal, [*Note: Amended to reflect the language and existence of s. 12.5.1 and 12.5.3, for example.*] unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 12.8.14 shall no longer be required. [*Note: Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.1 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).*]

12.8.15 Without affecting the requirement of subparagraph 12.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise. [*Note: Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.2 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).*]

[*Note: Paragraph 11.4.13.3 removed as redundant information required above . Paragraph 11.4.13.4 removed as redundant to the expanded paragraph below in respect of "Former Members".*]

12.8.16 Without affecting the requirement of subparagraph 12.7.5, where the College is aware that a Member is currently licenced or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:

- (a) the existence of;
- (b) the name of the granting organization; and
- (c) the jurisdiction in which it was granted; [*Note: Expands scope of information contained in Register regarding Members practise of the profession or any other profession in another jurisdiction.*]

12.8.17 Where a Member's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

12.8.18 Without affecting the requirement of subparagraph 12.6.13, where a Member's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.

*[Note: Remainder of this provision deleted as a notation of a suspension of Certificate of Registration is required by paragraph 12.6.13.]*

*[Note: Previous 12.6.19 deleted as covered off by 12.8.18.]*

12.8.19 Without affecting the requirement of subparagraph 12.6.6, where a Member has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.

12.8.20 Where terms, conditions or limitations on a Member's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

12.8.21 Where a suspension of a Member's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

12.8.22 Where a Member's Certificate of Registration is reinstated, the effective date of the reinstatement.

12.8.23 Where the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation.

12.8.24 Where a complaint has been filed or an investigator has been appointed under 75(1)(a) or 75(1)(b) of the *Code*, a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned:

- (a) a notation of that fact;
- (b) a summary of the caution;
- (c) the date of the panel's decision; and

- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

12.8.25 Where a complaint has been filed or an investigator has been appointed under 75(1)(a) or 75(1)(b) of the *Code*, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a member to complete a specified continuing education or remediation program:

- (a) a notation of that fact;
- (b) a summary of the continuing education or remediation program;
- (c) the date of the panel's decision; and
- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

12.8.26 Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:

- (a) the date of the referral;
- (b) a brief summary of each specified allegation;
- (c) the notice of hearing;
- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

12.8.27 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

12.8.28 A summary of any reprimand given to a Member as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the *Code*.

12.8.29 Without affecting the requirement of subparagraph 12.6.15, where the question of a Member's capacity has been referred to the Fitness to Practise Committee and is outstanding,

- (a) a notation of that fact; and
- (b) the date of the referral.

12.8.30 Without affecting the requirement of subparagraph 12.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario in respect of any profession:

- (a) a notation of that fact;
- (b) the date of the finding and the name of the governing body that made the finding;
- (c) a brief summary of the facts on which the finding was based;
- (d) the penalty; and
- (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

12.8.31 Where a decision of a panel of the Discipline Committee has been published by the College with the Member's or former Member's name included after December 31, 1999:

- (a) a notation of that fact; and
- (b) identification of, a link to, or a copy of the specific publication containing that decision.

12.8.32 The language(s) in which the Member can provide professional services as reported by the Member.

12.8.33 Any other information not otherwise referred to in subparagraph 12.6.20, which the College and the Member have agreed shall be available to the public.

## **12.9 Former Members.**

12.9.1 The term "Former Member" shall mean those individuals whose membership in the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held membership in the College) by the College or is otherwise resigned or terminated.

12.9.2 Where the College is aware of such information, the information described in subparagraphs 12.6.12, 12.7.1 to 12.7.4, 12.8.14 to 12.8.16 and 12.8.30 in respect of Former Members.

**12.10 Information to be kept in Register – Drug Preparation Premises.** For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 12.13 and 12.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*: [*Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.*]

12.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.

12.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 14.

12.10.3 Any other information which the College and a designated Member for the Drug Preparation Premises have agreed shall be available to the public.

**12.11 Information to be kept in Register – Health Profession Corporations.** For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 12.13 and 12.14, the following information referable to health profession corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 12.11.1 The Certificate of Authorization number of the health profession corporation and the date upon which that Certificate was first issued.
- 12.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.
- 12.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.
- 12.11.4 The name, as set out in the College’s Register, of each of the shareholders, officers and directors of the health profession corporation who are Members and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 12.6.3.

**12.12 Information to be kept in Register - Pharmacies.** For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 12.13 and 12.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*: *[Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.]*

- 12.12.1 The pharmacy’s name, address, telephone and fax number.
- 12.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.
- 12.12.3 The date the pharmacy opened.
- 12.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.
- 12.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.
- 12.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.
- 12.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.
- 12.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.
- 12.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

- 12.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.
- 12.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, which notation shall include:
- (a) the date of the referral;
  - (b) a brief summary of each specified allegation; and
  - (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.
- 12.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.
- 12.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 12.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.
- 12.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.
- 12.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.
- 12.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:
- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
  - (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.
- 12.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

12.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;
- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

12.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

12.12.21 Where a person has permanently closed the pharmacy, a notation of that fact and the date the pharmacy was closed.

12.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

### **12.13 Deletion of Information.**

*[Note: The paragraphs below have been amended to reflect the appropriate section references given the amendments to the Register provisions.]*

12.13.1 Unless otherwise indicated, where the information described in paragraphs 12.6 to 12.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

12.13.2 Despite paragraphs 12.8 to 12.12, and subject to subparagraphs 12.13.3, 12.13.4 and 12.13.5, the College is not required to maintain and may delete from the Register information about a Member, a Drug Preparation Premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

12.13.3 Despite subparagraphs 12.13.2 and 12.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Member and a pharmacy where the Register contains information about the Member resulting from a direction or order of a Committee or resulting from an offence proceeding.

12.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 12.8.13, 12.8.33, 12.12.17, 12.12.22 and 12.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

12.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 12.8.24 and/or 12.8.25 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

**12.14 Disclosure.** All of the information referred to in paragraphs 12.6 to 12.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

### **ARTICLE 13 FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS**

#### **13.1 Filing of Information by Members.**

13.1.1 The College shall forward to each Member who holds a Certificate of Registration as a Pharmacist or Pharmacy Technician each year, and may forward to any Member at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Member's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Member or, if the Member does not have a residence in Ontario, the Member's principal residence and, where available, the Member's e-mail address;
- (b) where a Member is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Member engages in the practice or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Member provides such services;
- (c) the Member's preferred address, preferred telephone number and where applicable, the Member's preferred e-mail address for communications from the College;
- (d) in the case of a Member who is required to possess personal professional liability insurance in accordance with Article 3, information respecting the Member's personal professional

liability insurance; [*Note: Amended in anticipation of amendment to Pharmacy Act Regulations. Refer to the Note in Article 3 for more information.*]

- (e) information respecting the Member's participation in the Quality Assurance Program;
- 13.1.2 information required to be contained in the Register pursuant to the *Code* and the By-Laws;
- (a) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations under any of those Acts;
  - (b) information that relates to the professional characteristics and activities of the Member that may assist the College in carrying out its objects;
  - (c) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and
  - (d) any other information that the College deems may assist it in carrying out its objects.
- 13.1.3 Each Member shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Member.
- 13.1.4 Where any information that a Member has provided to the College in response to a request under subparagraph 13.1.1 has changed, the Member shall notify the College of the change within thirty (30) days of its effective date.
- 13.1.5 In addition to the requirements in subparagraphs 13.1.3 and 13.1.4, a Member shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Member is required to provide to the College, pursuant to the *Code* or the By-Laws.

### **13.2 Filing of Information by Applicants for a Certificate of Accreditation.**

- 13.2.1 Every Applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the Applicant proposes to commence operation of the pharmacy:
- (a) the full name of the Applicant and, where the Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
  - (b) where the Applicant is:
    - (i) a corporation or partnership, the business address of the corporation or partnership;  
or
    - (ii) an individual, the home address of the individual;
  - (c) the name by which the pharmacy will be known to the public;
  - (d) the location of the pharmacy;
  - (e) the proposed date of the opening of the pharmacy;

- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
  - (g) any other information that the College deems may assist it in carrying out its objects.
- 13.2.2 Every Applicant for a Certificate of Accreditation shall provide such additional information the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.
- 13.2.3 Every Applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.
- 13.2.4 Where any of the information that an Applicant has provided to the College under subparagraph 13.2.1, 13.2.2 or 13.2.3 has changed, the Applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

### **13.3 Filing of Information by Pharmacies.**

- 13.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:
- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
  - (b) where the Owner is:
    - (i) a corporation or partnership, the business address of the corporation or partnership;  
or
    - (ii) an individual, the home address of the individual;
  - (c) the name by which the pharmacy is known to the public;
  - (d) the location of the pharmacy;
  - (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
  - (f) any other information that the College deems may assist it in carrying out its objects.
- 13.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 13.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.
- 13.3.3 In addition to the requirements in subparagraphs 13.3.1 and 13.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

### **13.4 Filing of Information for Closing Pharmacies.**

- 13.4.1 Subject to subparagraph 13.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:
- (a) the date of closing;
  - (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
  - (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
  - (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.
- 13.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 13.4.1 need only set out the information in subparagraph 13.4.1(a) and (d).

### **13.5 Filing of Information by Health Profession Corporations.**

- 13.5.1 The College shall forward to each health profession corporation each year, in a form approved by the Registrar, a request for such information as the health profession corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.
- 13.5.2 Every health profession corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the 10<sup>th</sup> day of March next following the forwarding of the request for information to the health profession corporation.
- 13.5.3 Where any information that a health profession corporation has provided to the College in response to a request under subparagraph 13.5.1 has changed, the health profession corporation shall notify the College of the change within thirty (30) days of its effective date.
- 13.5.4 Despite subparagraph 13.5.3, a health profession corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.
- 13.5.5 In addition to the requirements in subparagraphs 13.5.2, 13.5.3 and 13.5.4, a health profession corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the health profession corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

## **ARTICLE 14 CHANGE OF CONTROL**

### **14.1 Change of Control.**

- 14.1.1 In the event that a Member engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Member must notify the College in the

event that the Member becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

14.1.2 When used herein, the term “Change of Control” in respect of a Drug Preparation Premises shall mean:

- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
- (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one or a series of related transactions. *[Note: Added to ensure that the College is aware of transactions of a significant nature involving a Drug Preparation Premises.]*

## **ARTICLE 15 MEMBER FEES**

**15.1 Application of Fees.** Unless otherwise indicated, the fees set out in this Article 15 shall be effective as of January 1, 2019.

**15.2 Application and Issuance Fees** *[Note: All changes to fees below reflect fees proposed to begin in 2019.]*

15.2.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee of \$375.00 plus applicable taxes, due and payable immediately upon the College opening a registration file for such person.

15.2.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$94.00, which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.

15.2.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is the applicable annual fee plus applicable taxes.

15.2.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is the applicable annual fee plus applicable taxes.

**15.3 Examination Fee.** An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee of \$125.00 plus applicable taxes.

## **15.4 Annual Fees.**

- 15.4.1 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of: (i) for the year beginning January 1, 2019, \$675.00 plus applicable taxes; and (ii) thereafter, \$750.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year.
- 15.4.2 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of: (i) for the year beginning January 1, 2019, \$337.50 plus applicable taxes; and (ii) thereafter, \$375.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year.
- 15.4.3 Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of: (i) for the year beginning January 1, 2019, \$450.00 plus applicable taxes; and (ii) thereafter, \$500.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year.
- 15.4.4 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.
- 15.4.5 No later than 30 days before the annual fee is due, the Registrar shall notify the Member of the amount of the fee and the day on which the fee is due.
- 15.4.6 A Pharmacist or Pharmacy Technician who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the Pharmacist or Pharmacist Technician pays the annual fee:
- (a) within thirty (30) days of when it is due, the penalty shall be \$125.00 plus applicable taxes; and
  - (b) thirty-one (31) days or more after it is due, the penalty shall be \$188.00 plus applicable taxes. [*Note: Changed to clarify that payments made within 30 days are subject to the fees set out in paragraph (a) and payments made 31 days or more are subject to the fees set out in paragraph (b).*]

## **15.5 Fee to Lift Suspension or for Reinstatement.**

- 15.5.1 Where a Member's Certificate of Registration has been suspended by the Registrar for failing [*Note: Changed to reflect change to QA & Registration Reg.*] to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of \$188.00 plus applicable taxes.
- 15.5.2 Where a Member's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of \$188.00 plus applicable taxes.

15.5.3 The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be \$313.00 plus applicable taxes.

**15.6 Election Recount Fee.** The election recount fee payable by a candidate for election to the Council who requests a recount of the vote shall be \$500.00 plus applicable taxes.

**15.7 Other Fees.**

15.7.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

15.7.2 Where, pursuant to the *Pharmacy Act Regulations*, a member:

- (a) has undertaken remediation by order of the Quality Assurance Committee;
- (b) undergoes a practice review by an assessor after the remediation, and is found by the Quality Assurance Committee to continue to have a deficiency in his or her knowledge, skills or judgment that requires correction; and
- (c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation, the member shall pay a fee of \$1000.00 plus applicable taxes for each such further practice review by an assessor, and for any additional practice reviews that the member undertakes thereafter.

15.7.3 The fee for an Applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a third and/or subsequent time is \$1,000. [*Note: Provision added to reflect recent resolution passed by the Council to accept PACE as fulfilling the current requirement that Applicants undertake Structured Practical Training.*]

15.7.4 The fee for the inspection of a Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection, shall be \$3,125.00 plus applicable taxes, and shall be payable, jointly and severally, by those Members who engage in, or supervise, drug preparation activities at the Drug Preparation Premises.

**ARTICLE 16  
PHARMACY TRANSACTION FEES**

**16.1 Application of Fees.** Unless otherwise indicated, the fees set out in this Article 16 shall be effective as of January 1, 2019.

**16.2 Application Fee.**

16.2.1 Subject to subparagraph 16.2.2, the application fee for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall be \$625.00 plus applicable taxes.

16.2.2 Where an Applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the application fee shall be \$625.00 plus applicable taxes for the first application, and \$63.00 plus applicable taxes for each additional application.

### **16.3 Issuance Fee.**

- 16.3.1 Subject to subparagraph 16.3.3, the fee for the issuance of a Certificate of Accreditation shall be:
- (a) \$938.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$469.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the community pharmacy class; and
  - (b) \$4375.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$2,188.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the hospital pharmacy class.
- 16.3.2 Subject to subparagraphs 16.3.4, the additional fee for the issuance of a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations, shall be \$938.00 plus applicable taxes for each remote dispensing location to be operated.
- 16.3.3 The fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be:
- (a) \$1,200.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class; and
  - (b) \$313.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class.
- 16.3.4 There shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

### **16.4 Fee for Amended Certificates - Remote Dispensing Locations.**

- 16.4.1 The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be \$313.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.
- 16.4.2 The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be \$938.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.
- 16.4.3 For greater certainty, subparagraphs 16.4.1 and 16.4.2 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

*[Note: Lock and leave provisions deleted to reflect removal of application process for same in DPRA Regulations.]*

- 16.5 Renewal Fee.** The fee for the renewal of a Certificate of Accreditation shall be paid on or before May 10 of each year and shall be in the amount of:

- (a) \$1,175.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
- (b) \$4,375.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

**16.6 Additional Renewal Fee.** The additional renewal fee for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be \$1,250.00 plus applicable taxes for each such re-inspection, and shall be paid on or before May 10 of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.

## **ARTICLE 17 CERTIFICATE OF AUTHORIZATION FEES**

**17.1 Application of Fees.** Unless otherwise indicated, the fees set out in this Article 17 shall be effective as of January 1, 2019.

**17.2 Application Fee.** The application fee for a Certificate of Authorization for a health profession corporation is \$1,250.00 plus applicable taxes.

**17.3 Renewal Fee.**

- 17.3.1 The fee for the annual renewal of a Certificate of Authorization is \$375.00 plus applicable taxes.
- 17.3.2 The annual renewal fee for a Certificate of Authorization must be paid on or before March 10 of each year.
- 17.3.3 No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the health profession corporation of the amount of the fee and the day on which it is due.

## **ARTICLE 18 CODES OF ETHICS AND CONDUCT**

**18.1 Code of Ethics.** There shall be a Code of Ethics for Members, which is Schedule A to this By-Law.

**18.2 Code of Conduct.** There shall be a Code of Conduct for members of the Council and of Committees, which is Schedule B to this By-Law.

## **ARTICLE 19 MAKING, AMENDING AND REVOKING BY-LAWS**

**19.1 Requirements.**

- 19.1.1 By-Laws may be made, repealed or amended by at least two-thirds (2/3<sup>rd</sup>s) of all members of Council present at a meeting of the Council and eligible to vote.
- 19.1.2 Amendments may be proposed by not fewer than three (3) members of the Council or by the Executive Committee.
- 19.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the members of the Council.

19.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all members of the Council of the proposed amendments.

**19.2 Repeal of Former By-Laws.** The repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All members of the Council and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law.

**19.3 Effective Date.** This By-Law shall come into force and effect on the date that it is approved by the Council. Upon this By-Law coming into force and effect, By-Law No. 4 shall hereby be repealed.

**19.4 Conflict.** If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it shall, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Council, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by Council and sealed with the corporate seal of the College the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
President  
(Corporate Seal)

\_\_\_\_\_  
Vice-President

## SCHEDULE A

# Ontario College of Pharmacists Code of Ethics

### Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP’s Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

### Who does the Code of Ethics Apply to?

The Code of Ethics applies to all members of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be members of the College.

The Code of Ethics is applicable in all pharmacy practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All members are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

### Compliance with the Code of Ethics

The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of members. Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds members accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All members of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

### **Understanding the Professional Role and Commitment of Healthcare Professionals**

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

*What does being a healthcare professional require of pharmacists and pharmacy technicians?*

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

*Where does this obligation come from?*

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

### **Ethical Principles that Govern Healthcare Practice**

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

*Beneficence (to benefit):*

The first foundational principle that forms and guides our commitment to *serve* and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

*Non maleficence (do no harm, and prevent harm from occurring):*

The second foundational principle that guides our commitment to *serve* and *protect* the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

*Respect for Persons/Justice:*

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

*Accountability (Fidelity):*

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

## **Code of Ethics and Standards of Application**

*The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all members of the College as regulated healthcare professionals.*

### **1. Principle of Beneficence**

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

#### **Application**

Pharmacists and Pharmacy Technicians serve and benefit the patient and society’s best interests.

#### **Standards**

- 1.1 Members ensure that their primary focus at all times is the well-being and best interests of the patient.
- 1.2 Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients.
- 1.3 Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
- 1.4 Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
- 1.5 Members ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
- 1.6 Members provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
- 1.7 Members ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
- 1.8 Members consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
- 1.9 Members prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
- 1.10 Members participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
- 1.11 Members make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
- 1.12 Members participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
- 1.13 Members strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.
- 1.14 Members, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.

- 1.15 Members ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Members strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

## **2. Principle of Non Maleficence**

The ethical principle of “Non Maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

### **Application**

Pharmacists and Pharmacy Technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

### **Standards**

- 2.1 Members refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Members practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient’s needs.
- 2.3 Members disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.
- 2.4 Members act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Members challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Members provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Members ensure that when they are involved in the patient’s transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Members provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Members respect the patient’s right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Members ensure that the healthcare professional/patient relationship is not exploited by the member for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Members do not under any circumstances participate in sexual behaviour including, but not limited to:
  - i. Sexual intercourse or other forms of sexual relations between the member and the patient;
  - ii. Touching of a sexual nature, of the patient by the member; or
  - iii. Behaviour or remarks of a sexual nature, by the member towards the patient.
- 2.12 Members do not under any circumstances participate in any form of harassment including, but not limited to:
  - i. Bullying or intimidating;
  - ii. Offensive jokes or innuendos;
  - iii. Displaying or circulating offensive images or materials; or

- iv. Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
- i. that the member does not directly convey their conscientious objection to the patient;
  - ii. that the member participates in a system designed to respect the patient's right to receive products and services requested;
  - iii. that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Members may only consider ending the professional/patient relationship when the member has met the following conditions:
- i. In his/her judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
  - ii. Considers the condition of the patient;
  - iii. Considers the availability of alternative services; and
  - iv. Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Members assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.
- 2.16 Members in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Members maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Members raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Members assign tasks only to those individuals who are competent and trained to do them.
- 2.20 Members ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

### **3. Principle of Respect for Persons/Justice**

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.

#### **Application**

Pharmacists and Pharmacy Technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

#### **Standards**

- 3.1 Members recognize and respect the vulnerability of patients.
- 3.2 Members respect and value the autonomy and dignity of patients.
- 3.3 Members practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Members listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Members respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.

- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 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.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 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.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

#### **4. Principle of Accountability (Fidelity)**

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

##### **Application**

Pharmacists and Pharmacy Technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Members practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.
- B. Members refrain from participating in unethical business practices.
- C. Members avoid conflict of interest.

##### **Standards**

###### **A. General Responsibilities**

- 4.1 Members abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.
- 4.2 Members conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- 4.3 Members ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.4 Members assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.5 Members do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.6 Members ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.7 Members maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.8 Members understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.9 Members must be diligent in identifying and responding to red flag situations that present in practice.
- 4.10 Members report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.11 Members take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.12 Members do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.13 Members participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.14 Members ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.15 Members co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.16 Members recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each member individually and the profession as a whole.

## **B. Participate in Ethical Business Practices**

- 4.17 Members recognize that their patient's best interests must always override their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.
- 4.18 Members only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.19 Members will not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.20 Members do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.21 Members will not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.22 Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.

- 4.23 Members are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.24 Members do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.25 Members do not participate in any practice that involves falsifying patient health records or member practice records.
- 4.26 Members must ensure that they do not participate in any form of advertising or promotion that contravenes this *Code*, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

### **C. Avoid Conflict of interest**

*Members need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.*

- 4.27 Members avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.28 Members avoid dual relationships and other situations which may present a conflict of interest and potentially affect the member's ability to be impartial and unbiased in their decision-making.
- 4.29 Members declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.30 Members involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.31 Members enter into relationships with industry which are appropriate and in compliance with this *Code* and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.32 Members do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.33 Members do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.34 Members ensure that they do not participate in referral programs with other members or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.35 Members limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

## SCHEDULE B

### THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

- (a) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* and their regulations, and the by-laws and policies of the College;
- (b) be prepared to participate in Council meetings and Committee work including reading background materials and briefing documents;
- (c) diligently take part in Committee work and actively serve on Committees as appointed by the Council;
- (d) regularly attend meetings on time (including not missing three (3) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
- (e) offer opinions and express views on matters before the College, Council and Committee, when appropriate;
- (f) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Council and Committee members;
- (g) uphold the decisions made by a majority of Council and Committees, regardless of the level of prior individual disagreement;
- (h) place the interests of the College, Council and Committee above other interests;
- (i) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and remove oneself from discussing or voting on any issue where there is a conflict of interest;
- (j) refrain from including or referencing Council or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one’s titles or positions held at the College in one’s curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
- (k) preserve confidentiality of all information before Council or Committee unless disclosure has been authorized by Council or is otherwise exempted under the RHPA (e.g., it is already in the public domain);
- (l) refrain from attempting to influence a statutory decision unless one is a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;

- (m) respect the boundaries of staff whose role is not to report to or work for individual Council or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Council or where otherwise appropriate; and
- (n) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

## **SCHEDULE C**

### **RULES OF ORDER OF THE COUNCIL**

1. Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Council Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council Member must second the motion before it can be debated.
2. When any Council Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.
3. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
4. Observers at a Council meeting are not allowed to speak to a matter that is under debate.
5. A Council Member may not speak again on the debate of a matter until every other Council Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer.
6. No Council Member may speak longer than five (5) minutes upon any motion except with the permission of Council.
7. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.
8. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
9. When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.
10. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.
11. No Council Member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Council Member so interested shall be disallowed.
12. Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Council Members then present and eligible to vote.
13. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the by-laws, he or she shall rule the motion out of order and give his or her reasons for doing so.
14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.

15. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
16. Council Members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.
17. Council Members and others present in the room shall turn off cell phones or put them on vibrate during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
18. Council Members shall be silent while others are speaking except to bring a permissible motion.
19. In all cases not provided for in these rules or by other rules of Council, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.
20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the by-laws, including audio or video conferencing.

~~December 7, 2015~~ **DRAFT – December 10, 2018**

**ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. 45**

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

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BE IT ENACTED as a by-law of the ONTARIO COLLEGE OF PHARMACISTS as follows:

**ARTICLE 1  
INTERPRETATION**

**1.1 Meaning of Words.** In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

1.1.1 “Act” means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as [the same may be amended from time to time](#); ]

1.1.2 “Applicant” means an applicant as defined in the *Drug and Pharmacies Regulation Act Regulations*;

1.1.3 “By-Law” or “By-Laws” means the By-Laws of the College, as the same may be amended from time to time;

1.1.4 “Certificate of Accreditation” means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;

1.1.5 “Certificate of Authorization” means a certificate of authorization issued to a health profession corporation by the College;

1.1.6 “Certificate of Registration” means a Certificate of Registration issued to a Member by the Registrar pursuant to the *Code*;

1.1.7 “Chair” means, depending on the context, the Chair of a Statutory Committee or a standing Committee, or the person presiding at a meeting of the Council;

[1.1.8](#) ~~“Change of Control”~~ has the meaning given to it in subparagraph 14.1.2;

[1.1.9](#) ~~1.1.8~~ “Code” means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

[1.1.10](#) ~~1.1.9~~ “Code of Conduct” means the Code of Conduct and Procedures for Council and Committee Members which is set out in Schedule B to this By-Law, as it may be amended from time to time;

[1.1.11](#) ~~1.1.10~~ “Code of Ethics” means the Code of Ethics which is set out in Schedule A to this By-Law, as it may be amended from time to time;

[1.1.12](#) ~~1.1.11~~ “College” means the Ontario College of Pharmacists;

[1.1.13](#) ~~1.1.12~~ “Committee” or “Committees” means a Committee or Committees of the College, whether ~~statutory, a Statutory Committee or a~~ standing or special ~~Committees; Committee;~~ [\[Note: Revised to reflect the fact that the term “Statutory Committee” is defined.\]](#)

[1.1.14](#) ~~1.1.13~~ “Contact Person” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;

[1.1.15](#) ~~1.1.14~~ “Council” means the Council of the College;

- 1.1.16 ~~1.1.15~~ “**Council member**” or “**member of the Council**” means a person who has been elected or appointed as a member of ~~the~~ Council;
- 1.1.17 ~~1.1.16~~ “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.18 ~~1.1.17~~ “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.19 ~~1.1.18~~ “**Director of Competence Conduct**” means the person who, from time to time, holds the title of Director of ~~Competence Conduct~~ of the College;
- ~~1.1.19~~ “**Director of Finance and Administration**” means the person who, from time to time, holds the title of Director of Finance and Administration of the College;
- 1.1.20 ~~“District” or “Electoral District” means an Electoral District as set out in Article 4;~~ “**Director, Corporate Services**” means the person who, from time to time, holds the title of Director, Corporate Services of the College;
- 1.1.21 “**Director of Quality**” means the person who, from time to time, holds the title of Director of Quality of the College; [*Note: This definition has been moved to be in alphabetical order.*]
- 1.1.22 ~~1.1.21~~ “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4, as the same may be amended from time to time;
- 1.1.23 ~~1.1.22~~ “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*; as the same may be amended from time to time;
- 1.1.24 ~~1.1.23~~ “**Drug Preparation Premises**” means drug preparation premises as defined in ~~Part IX of~~ the *Pharmacy Act Regulations*;
- 1.1.25 ~~1.1.24~~ “**Effective Date**” means the date on which: (a) sections 1 to 5 of Schedule 2 of the *Safeguarding Health Care Integrity Act*, 2014, S.O. 2014, c. 14 are proclaimed in force; and (b) the College’s proposed regulation to replace O. Reg. 58/11 comes into effect; “**Electoral District**” means an Electoral District as set out in Article 5; [*Note: “District” deleted as term is not used (only “Electoral District”), and term subsequently moved to be in alphabetical order.*]
- 1.1.26 “**Former Member**” has the meaning given to it in subparagraph 12.9.1; [*Note: Added to reflect requirement for additional information regarding former Members to be kept in Register.*]
- 1.1.27 “**health profession corporation**” means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation; [*Note: Added to reflect the fact that this term is used in the By-Law but not defined.*]
- 1.1.28 “**Inspector**” means an individual appointed pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act*, otherwise referred to as a “practice advisor”; [*Note: This definition has been moved to be in alphabetical order.*]
- 1.1.29 ~~1.1.25~~ “**Member**” means a member of the College;

- 1.1.30 ~~1.1.26~~ “**Narcotic Signer**” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act* (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;
- 1.1.31 ~~1.1.27~~ “**Owner**” means an ~~owner of a pharmacy~~ “owner” as defined in the *Drug and Pharmacies Regulation Act Regulations*; [Note: Amended to reflect the fact that “owner of a pharmacy” is not defined in the Regulations, but “owner” is.]
- 1.1.32 ~~1.1.28~~ “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.~~36~~;36, as the same may be amended from time to time;
- 1.1.33 ~~1.1.29~~ “**Pharmacy Act Regulations**” means the Regulations under the *Pharmacy Act*, as the same may be amended from time to time;
- 1.1.34 ~~1.1.30~~ “**President**” and “**Vice-President**” mean, respectively, the persons who, from time to time, hold the titles of the President and the Vice-President of the College;
- 1.1.35 ~~1.1.31~~ “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacist or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and ~~the Canadian~~ Neighbourhood Pharmacy Association of Chain Drug Stores, Canada;
- 1.1.36 “**Protecting Patients Act**” means the *Protecting Patients Act, 2017*, S.O. 2017, C.11, , as the same may be amended from time to time;
- 1.1.37 ~~1.1.32~~ “**Register**” means the Register required to be kept pursuant to the *Code*;
- 1.1.38 ~~1.1.33~~ “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;
- 1.1.39 “**RHPA Regulations**” means the regulations made under the Act, , as the same may be amended from time to time; and [Note: Added on account of the amended text of Article 8 and Article 9 which refers to the Regulations to the Regulated Health Professions Act numerous times.]
- 1.1.40 ~~1.1.34~~ “**Statutory Committees**” means the Committees listed in ~~Section~~ section 10 of the *Code* as of the date of enactment of these By-Laws, and the Accreditation Committee as required under the *Pharmacy Act*.

## ARTICLE 2

### CLASSES OF REGISTRATION

2.1 Prescribed Classes of Registration. Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the *Protecting Patients Act* being proclaimed into force, all references in this By-Law to “Registered Pharmacy Student” shall be deemed to be deleted and replaced with “Intern Technician”. [Note: Amended to reflect the upcoming amendment to the Drug and Pharmacy Regulations Act (as contemplated by the *Protecting Patients Act*) to delete “Registered Pharmacy Student” and add “Intern Technician” as classes of Certificates of Registration.]

~~ARTICLE 3~~**Article 2**  
**PROFESSIONAL LIABILITY INSURANCE**

**3.1** ~~2.1~~ **Insurance Requirements for a Certificate of Registration.** A ~~member~~**Member** who holds a Certificate of Registration as a Pharmacy Technician, Registered Pharmacy Student, Intern or Pharmacist listed in Part A of the Register, must maintain personal professional liability insurance as follows:

**3.1.1** ~~2.1.1~~ **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.

**3.1.2** ~~2.1.2~~ **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of pharmacy as regulated by the College.

**3.1.3** ~~2.1.3~~ **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.

**3.1.4** ~~2.1.4~~ **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.

**3.1.5** ~~2.1.5~~ **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Member and provide that Member with mobility and coverage wherever in Ontario that Member practises.

**3.1.6** ~~2.1.6~~ **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

**3.2** ~~2.2~~ **Evidence of Insurance.** A Member shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy. [Note: Amended to track requirement in Pharmacy Act Regulations that such proof be satisfactory to the Registrar.]

~~ARTICLE 4~~**Article 3**  
**RESTRICTION ON COUNCIL MEMBERS**

**4.1** ~~3.1~~ **Restriction on Council Members.** No member of ~~the~~ Council shall be an employee of the College.

~~ARTICLE 5~~**Article 4**  
**ELECTION OF COUNCIL MEMBERS**

**5.1** ~~4.1~~ **Electoral Districts K, L, M, N, P.** The following Electoral Districts are established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist:

**5.1.1** ~~4.1.1~~ Electoral District K (Eastern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter K.

**5.1.2** ~~4.1.2~~ Electoral District L (Central Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter L.

5.1.3 ~~4.1.3~~ Electoral District M (Toronto), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter M.

5.1.4 ~~4.1.4~~ Electoral District N (Western Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter N.

5.1.5 ~~4.1.5~~ Electoral District P (Northern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter P.

5.2 ~~4.2~~ **Electoral District H.** The following Electoral District is established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist and whose place of practice for election purposes on June 1 immediately preceding the election, is in, or for, a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

5.2.1 ~~4.2.1~~ Electoral District H, comprised of the Province of Ontario.

5.3 ~~4.3~~ **Electoral District T.** The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician:

5.3.1 ~~4.3.1~~ Electoral District T, comprised of the Province of Ontario.

5.4 ~~4.4~~ **Electoral District TH.** The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician and whose place of practice for election purposes on June 1 immediately preceding the election, is in a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

5.4.1 ~~4.4.1~~ Electoral District TH, comprised of the Province of Ontario.

5.5 ~~4.5~~ **Number of Members to be Elected.**

5.5.1 ~~4.5.1~~ The number of members of Council to be elected is:

- (a) Three (3) in each of Electoral Districts L, M, and N;
- (b) Two (2) in each of Electoral Districts K and P;
- (c) Two (2) in Electoral District H;
- (d) One (1) in Electoral District T; and
- (e) One (1) in Electoral District TH.

~~4.6~~ —

5.6 **Voting Eligibility.** ~~4.6.1~~ Every Member who holds a valid Certificate of Registration as a Pharmacist or a Pharmacy Technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of members to the Council in the Electoral District in which his or her place of practice is located on June 1 immediately preceding the election.

5.6.2 ~~4.6.2~~ A Member who holds a Certificate of Registration as a Pharmacist shall only be eligible to vote in one of Electoral Districts K, L, M, N, P and H and a Member who holds a Certificate of Registration as a Pharmacy Technician shall only be eligible to vote in one of Electoral Districts T or TH.

- 5.6.3 ~~4.6.3~~ Neither a Registered Pharmacy Student nor an Intern is entitled to vote.
- 5.6.4 ~~4.6.4~~ If, as of June 1 immediately preceding an election, a Member has no fixed place of practice, the Member may vote in the Electoral District in which he or she resides or, in the case of a Member who holds a Certificate of Registration as a Pharmacy Technician, in Electoral District T.
- 5.6.5 ~~4.6.5~~ If, as of June 1 immediately preceding an election, a Member has a place of practice in more than one Electoral District, the Member shall declare to the Registrar which Electoral District is to be considered his or her place of practice for election purposes, and he or she may vote only in that Electoral District.
- 5.6.6 ~~4.6.6~~ If the place of practice for election purposes of a Member is in a hospital in Ontario approved or licensed under a federal or provincial statute, he or she may only vote in Electoral District H (in the case of a Pharmacist) or Electoral District TH (in the case of a Pharmacy Technician).

## ~~4.7~~

### 5.7 **Terms of Office**

- ~~4.7.1~~ ~~The term of office of a person elected to Council in 2010 in Electoral District M or Electoral District P shall be one (1) year, commencing at the first meeting of Council after the election.~~
- ~~4.7.2~~ ~~The term of office of a person elected to Council in 2010 in Electoral District N or Electoral District H shall be two (2) years, commencing at the first meeting of Council after the election.~~
- ~~4.7.3~~ ~~Subject to subparagraph 4.7.3.14.7.3, the term of office of a person elected to Council in 2010 in Electoral District K, Electoral District L, Electoral District T or Electoral District TH~~ The term of office of a person elected to Council shall be three (3) years, commencing at the first meeting of Council after the election. [Note: The remaining subsections of section 5.7 were deleted as they related to elections in 2010 and are no longer applicable.]
- ~~4.7.3.1~~ ~~Should an election of members of Council for Electoral District T and Electoral District TH not be held on the first Wednesday in August 2010, the term of office of a person elected to Council in the first election held in those Electoral Districts shall commence at the first meeting of Council after the election and shall expire on the same date as the term of office of a person elected to Council in 2010 in Electoral District K or Electoral District L.~~
- ~~4.7.4~~ ~~The term of office of a person elected to Council in an annual August election after 2010 shall be three (3) years, commencing at the first meeting of Council after the election.~~

### 5.8 **4.8 Election Date**

- 5.8.1 ~~4.8.1~~ An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August ~~2012~~2018 and every third (3<sup>rd</sup>) year after that.
- 5.8.2 ~~4.8.2~~ An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August ~~2013~~2019 and every third (3<sup>rd</sup>) year after that.
- 5.8.3 ~~4.8.3~~ An election of members of Council for Electoral Districts M and P shall be held on the first Wednesday in August ~~2014~~2020 and every third (3<sup>rd</sup>) year after that.

## 5.9 **4.9-Eligibility for Election.**

5.9.1 ~~4.9.1~~ A Member who holds a valid Certificate of Registration as a Pharmacist or as a Pharmacy Technician is eligible for election to the Council in one of Electoral Districts K, L, M, N, P and H (in the case of a Pharmacist) or in one of Electoral Districts T and TH (in the case of a Pharmacy Technician) if, on June 1 immediately preceding the election:

- (a) in the case of a Member who proposes to run in Electoral Districts K, L, M, N, P or Electoral District T, the Electoral District in which the Member proposes to run is the Member's place of practice for election purposes, and is where the majority of his or her time in the practice of pharmacy is spent, or alternatively, is the location of the Member's permanent residence;
- (b) in the case of a Member who proposes to run in Electoral District H or TH the majority of the Member's time in the practice of pharmacy is spent in a hospital in Ontario that has been approved or licensed under a federal or provincial statute, which is the Member's place of practice for election purposes;
- (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
- (d) the Member is not the subject of any disciplinary or incapacity proceeding;
- (e) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the election;
- (f) the Member is not a Registered Pharmacy Student or Intern;
- (g) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation; ~~and~~
- (h) the Member is not an employee, officer or director of a Professional Advocacy Association, or, if the Member is such an employee, officer or director of a Professional Advocacy Association, the Member gives an undertaking to resign from such position upon being elected or acclaimed to the Council. For greater certainty, nothing in this clause shall prevent a Member who serves on an association or organization to which he or she has been appointed by Council as a representative of the College, from running for election to Council;  
~~For greater certainty, nothing in this clause shall prevent a Member who serves on an association or organization to which he or she has been appointed by Council as a representative of the College, from running for election to Council.~~
- (i) the Member has not been disqualified from serving on Council or a committee within the six (6) years immediately preceding the election;
- (j) the Member is not an adverse party in litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents;
- (k) the Member has not, in the opinion of the Elections Committee, engaged in conduct unbecoming a Council member; and

(l) the Member is not the Owner or Designated Manager of a pharmacy that, within the six ~~(6)~~ years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

5.9.2 ~~4.9.2~~ Every Member who proposes to run for election to the Council shall establish, to the satisfaction of the Elections Committee, that he or she meets the place of practice or residency requirement in the Member's Electoral District. In the event of a dispute about whether a Member meets those requirements, or otherwise regarding the eligibility of a Member for election to Council, the Elections Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. In the event that the Executive Committee finds that the Member does not meet the place of practice or residency requirement in the Member's Electoral District, or that the Member is not otherwise eligible for election, it shall disqualify the Member as a candidate.

5.9.3 ~~4.9.3~~ No person who has a direct interest in the result of an election dispute shall participate in the investigation or consideration of such dispute as a member of the Elections Committee or in the discussion and voting by the Executive Committee.

#### 5.10 ~~4.10~~ Registrar to Supervise Nominations.

5.10.1 ~~4.10.1~~ The Registrar shall supervise the nominations of candidates for members of Council.

#### 5.11 ~~4.11~~ Notice of Election and Nominations.

5.11.1 ~~4.11.1~~ No later than June 1 in the year in which the election is to be held, the Registrar shall notify each Member who is eligible to vote in an Electoral District in which an election is scheduled, of the date of the election. Such notification shall be by electronic mail and shall be addressed to each such Member at his or her electronic address that is on file with the College, ~~or, if there is not an electronic address on file, such notification shall be by fax transmission to the Member's fax number that is on file with the College or by regular letter mail to the Member's home address that is on file with the College.~~

#### 5.12 ~~4.12~~ Nomination Procedure.

5.12.1 ~~4.12.1~~ A candidate for election as a member of Council shall be nominated by not fewer than three (3) Members who are eligible to vote in the Electoral District for which the candidate is nominated.

5.12.2 ~~4.12.2~~ The nomination paper shall be accompanied by a form signed by the candidate in which the candidate affirms his or her commitment to the objects of the College and undertakes to comply with the College's policies, the By-Laws, the Code of Ethics and the Code of Conduct.

5.12.3 ~~4.12.3~~ The nomination shall be signed by the nominators and shall be accepted by the candidate.

5.12.4 ~~4.12.4~~ If it is not possible for the candidate to accept the nomination on the nominating paper which has been signed by the nominators, the candidate shall forward his or her acceptance to the Registrar.

5.12.5 ~~4.12.5~~ All nominations shall be filed with the Registrar no later than 5:00 p.m. on the third Wednesday of June in the year in which the election is to be held.

5.12.6 ~~4.12.6~~ The Registrar shall, without undue delay after nominations have been closed, give notice to all those nominated of the names of the members nominated.

5.12.7 ~~4.12.7~~ A candidate may withdraw his or her candidacy by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

### 5.13 ~~4.13~~ **Acclamation.**

5.13.1 ~~4.13.1~~ If, after the deadline referred to in subparagraph ~~4.12.5~~5.12.5, the number of eligible candidates nominated for an Electoral District is equal to the number of members to be elected in that Electoral District, the Registrar shall declare the eligible candidate(s) to be elected by acclamation.

5.13.2 ~~4.13.2~~ If, after the deadline referred to in subparagraph ~~4.12.5~~5.12.5, the number of eligible candidates nominated for an Electoral District is less than the number of members to be elected in that Electoral District, the Registrar shall declare any eligible candidate(s) to be elected by acclamation and there shall be a supplementary nomination and election process held in accordance with paragraph ~~4.24~~5.24 in order to fill any remaining vacancies.

### 5.14 ~~4.14~~ **Registrar's Electoral Duties.**

5.14.1 ~~4.14.1~~ The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar may:

- (a) appoint returning officers or scrutineers;
- (b) establish a deadline for the receipt of ballots;
- (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
- (d) ensure electronic communication and voting processes are reliable and secure;
- (e) establish procedures for the counting and verification of ballots;
- (f) provide for the notification of all candidates and Members of the results of the election; and
- (g) provide for the destruction of ballots or the destruction of the record of ballots following an election.

5.14.2 ~~4.14.2~~ No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Member eligible to vote in an Electoral District in which an election is to take place a list of the candidates in the Electoral District, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

### 5.15 ~~4.15~~ **Scrutineers.**

5.15.1 ~~4.15.1~~ The Council shall, at the last regular Council meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

5.15.2 ~~4.15.2~~ The scrutineers shall be reimbursed for their expenses as provided in the By-Laws.

5.15.3 ~~4.15.3~~ If a scrutineer is unable or unwilling to act, the President shall appoint a person as a replacement scrutineer.

**5.16 ~~4.16~~ Ballots.**

5.16.1 ~~4.16.1~~ The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.

5.16.2 ~~4.16.2~~ The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.

5.16.3 ~~4.16.3~~ A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

**5.17 ~~4.17~~ Voting.**

5.17.1 ~~4.17.1~~ A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

5.17.2 ~~4.17.2~~ For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.

5.17.3 ~~4.17.3~~ The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.

5.17.4 ~~4.17.4~~ The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.

5.17.5 ~~4.17.5~~ The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

5.17.6 ~~4.17.6~~ If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

5.17.7 ~~4.17.7~~ Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.

5.17.8 ~~4.17.8~~ In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.

5.17.9 ~~4.17.9~~ In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.

5.17.10 ~~4.17.10~~ Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs ~~4.17.8~~5.17.8 and ~~4.17.9~~5.17.9 to be elected as members of the Council, and shall notify each candidate of the election results.

5.17.11 ~~4.17.11~~ The Registrar shall retain the ballots or the records of the ballots for thirty (30) days from the date the votes were counted and shall then destroy the ballots or the records of the ballots unless a candidate requests a recount.

**5.18 ~~4.18~~ Number of Votes to be Cast.**

5.18.1 ~~4.18.1~~ In any election in an Electoral District in which a Member is eligible to vote, a Member may cast as many votes as there are members of Council to be elected in that Electoral District in that election.

5.18.2 ~~4.18.2~~ A Member shall not cast more than one vote for any one candidate.

**5.19 ~~4.19~~ Tie Votes.**

5.19.1 ~~4.19.1~~ If there is a tie in an election of members of Council and it is necessary to break the tie to determine who shall be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

**5.20 ~~4.20~~ Recounts.**

5.20.1 ~~4.20.1~~ A candidate may make a written request to the Registrar for a recount, no more than thirty (30) days after the date of an election, upon paying the election recount fee to the Registrar.

5.20.2 ~~4.20.2~~ If a recount is requested, the Registrar shall appoint a time and place for the recount. The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.

5.20.3 ~~4.20.3~~ The recount shall be conducted in the same manner as the original counting and verification of votes, except that the votes shall be counted and verified by two (2) persons appointed by the President, and who were not scrutineers in the election.

5.20.4 ~~4.20.4~~ The candidate may be present for the recount.

5.20.5 ~~4.20.5~~ The election recount fee shall be refunded to the candidate if the outcome of the election is changed in his or her favour as a result of the recount.

**5.21 ~~4.21~~ Interruption of Service.**

5.21.1 ~~4.21.1~~ Where there is an interruption of mail or electronic service during the nomination or election, the Registrar shall extend the holding of the nomination or election for such period of time as the Registrar considers necessary to compensate for the interruption.

**5.22 ~~4.22~~ Conduct of Council Members.**

5.22.1 ~~4.22.1~~ An elected member of Council is automatically disqualified from sitting on Council if the elected member of Council:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.

5.22.2 ~~4.22.2~~ The grounds for taking formal governance action against a member of ~~the~~ Council are where the Council member:

- (a) fails, without cause, to attend three (3) consecutive meetings of Council;
- (b) fails, without cause, to attend three (3) consecutive meetings of a Committee of which he or she is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
- (c) in the case of an elected member of Council, ceases to practise or reside in the Electoral District to which the member of Council was elected;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) is or becomes an employee, officer or director of a Professional Advocacy Association; (however, for greater certainty, a member of Council shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) in the case of a dean of a faculty of pharmacy who is a Member,
  - (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
  - (ii) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee;
- (g) initiates litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents; or
- (h) engages in conduct or an omission that is reasonably regarded by Council members as being disgraceful, dishonourable, unprofessional or unbecoming a Council member.

5.22.3 ~~4.22.3~~ The following procedure shall be followed when taking formal governance action:

- (a) ~~A~~a written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council member or Committee member or by the Registrar~~;~~
- (b) ~~The~~the Registrar shall disclose the complaint to the Council member and shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee. If the Executive Committee is unable to address the complaint, it may appoint another Committee to fulfill its duties under subparagraph ~~4.22.3~~5.22.3;
- (c) ~~If~~if the Executive or other Committee, after any inquiry it deems appropriate, concludes that the complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Council member of the complaint and of his or her right to retain a lawyer and shall provide an opportunity for the Council member to respond to the complaint~~;~~
- (d) ~~As~~as soon as feasible, the independent third party shall report the results of the investigation in writing to the Executive or other Committee and to the Council member. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Council member set out in subparagraph ~~4.22.2~~5.22.2 have been met and, if so, the apparent significance of the breach~~;~~

- (e) ~~If~~ the Executive or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Council meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Executive or other Committee ineligible to participate and vote on the matter at Council~~;~~;
- (f) ~~Before~~before taking formal governance action, Council shall afford the Council member an opportunity to address the Council for a period of time permitted by the Council of no less than one hour. However, the Council member shall not take part in the deliberation or vote~~;~~;
- (g) ~~Council~~council shall determine whether grounds for taking formal governance action against the Council member set out in subparagraph ~~4.22.2~~5.22.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction~~;~~;
- (h) ~~The~~the determination that grounds for taking formal governance action against the Council member set out in subparagraph ~~4.22.2~~5.22.2 have been met and the determination to impose a formal governance sanction must be approved by a vote of at least two-thirds (2/3) of the Council members eligible to vote. The vote shall be a recorded vote~~;~~;
- (i) ~~The~~the formal governance sanction imposed by the Council may include one or more of the following:
  - (i) censure of the Council member verbally or in writing~~;~~;
  - (ii) disqualification of an elected member of Council from the Council~~;~~;
  - (iii) sending a copy of the independent third party's report and the Council's determination to the Ministry of Health and Long Term Care respecting a person appointed by the Lieutenant Governor in Council~~;~~ or
  - (iv) sending a copy of the independent third party's report and the Council's determination to the applicable Ontario university respecting a Council member who is a dean of a faculty of pharmacy~~;~~ and
- (j) ~~Where~~where Council determines that grounds for taking formal governance action against the Council member set out in subparagraph ~~4.22.2~~5.22.2 have not been met and that formal governance action is not warranted, Council may direct the College to reimburse the Council member for all or part of the Council member's legal expenses.

5.22.4 ~~4.22.4~~ An elected member of Council who is disqualified from sitting on the Council is thereby removed from Council and ceases to be a member of Council.

## 5.23 ~~4.23~~ **Filling of Vacancies**~~;~~

5.23.1 Upon the proclamation of section 30 of Schedule 5 (Regulated Health Professions Act, 1991) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 5.23 shall be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on Council. [Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the *Protecting Patients Act*, which, once proclaimed, will permit the Minister to make regulations under the *RHPA* regarding filling vacancies on Council.]

5.23.2 ~~4.23.1~~ If the seat of an elected member of Council becomes vacant not more than twelve (12) months before the expiry of the term of office of that elected member of Council, the Council may:

- (a) leave the seat vacant; or
- (b) direct the Registrar to hold a by-election in accordance with this By-Law for the Electoral District in which the elected member of Council sat.

5.23.3 ~~4.23.2~~ If the seat of an elected member of Council becomes vacant more than twelve (12) months before the expiry of the term of office of that member of Council, the Council shall direct the Registrar to hold a by-election for the Electoral District in which the elected member of Council sat.

5.23.4 ~~4.23.3~~ The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of by-elections, with all necessary modifications.

5.23.5 ~~4.23.4~~ The term of office of a member of Council elected in a by-election under subparagraph ~~4.23.15.23.2~~ or ~~4.23.25.23.3~~ shall commence upon acclamation or election and shall continue until the term of office of the former member of Council would have expired.

## 5.24 ~~4.24~~ **Supplementary Election Procedures.**

5.24.1 ~~4.24.1~~ If no nominations are received in an Electoral District by the deadline referred to in subparagraph ~~4.12.55.12.5~~, or if the number of eligible candidates nominated for an Electoral District by the deadline is less than the number of members to be elected in that Electoral District, there shall be a supplementary election.

5.24.2 ~~4.24.2~~ The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

5.24.3 ~~4.24.3~~ The term of office of a member of Council elected in a supplementary election under ~~subparagraph 4.24.1~~ paragraph 5.24 shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in paragraph ~~4.75.7~~ for a member elected in the Electoral District in which that member was elected.

## ARTICLE 6 ~~Article 5~~ **MEETINGS OF COUNCIL**

### 6.1 ~~5.1~~ **Meetings of Council.**

6.1.1 ~~5.1.1~~ The Council shall hold at least four regular meetings in the one-year period following each annual August election of members to the Council. The first regular Council meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Council meetings shall be set at the first regular Council meeting following the August election.

6.1.2 ~~5.1.2~~ The President may call a special meeting of Council at any time, provided that notice is given in accordance with the *Pharmacy Act Regulations*, the Code and this By-Law to each member of Council, the Members and the public, specifying the purpose of the meeting.

6.1.3 The College shall post on its website information regarding upcoming meetings of Council, including:

(a) the dates of those meetings;

(b) matters to be discussed at those meetings; and

(c) information and documentation that will be provided to members of Council for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by Council shall not be posted; and if the Registrar anticipates that Council will exclude the public from the meeting or part of the meeting, the grounds for doing so. [Note: These revisions were made to reflect the addition of subsections 1.1 and 1.2 to section 7 of the Code, which amendments were referenced in section 8 of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act.]

6.1.4 ~~5.1.3 Notice~~ Subject to subparagraphs 6.1.2 and 6.1.3, notice of any special meeting of Council shall be sufficient if provided to each member of Council at his or her specified address as shown in the records of the College.

6.1.5 ~~5.1.4~~ The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in ~~subparagraph 5.1.3~~ subparagraphs 6.1.2 to 6.1.4 [Note: Amended to reflect amendments stemming from Protecting Patients Act which require the College to post notice of meetings on its website.]

6.1.6 ~~5.1.5~~ Meetings of Council shall be held at the permanent office of the College, or at such other place or places as the Council may designate.

6.1.7 ~~5.1.6~~ The quorum for the transaction of business at any meeting of the members of Council shall be a majority of members of Council.

6.1.8 ~~5.1.7~~ Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Council shall be determined by a majority of votes of members of Council present at the meeting and eligible to vote.

6.1.9 ~~5.1.8~~ At the regular meetings of members of Council, the business shall include:

- (a) noting the names of the Council members present and absent;
- (b) approving the agenda;
- (c) notice of motions intended to be introduced;
- (d) motions, notice of which has been previously given;
- (e) inquiries;
- (f) reports of Committees and consideration thereof;
- (g) unfinished business from previous meetings;

- (h) items for the information of Council members;
- (i) any referral for formal governance action made under subparagraph ~~4.22.3~~5.22.3;
- (j) other matters; and
- (k) adjournment.

6.1.10 ~~5.1.9~~ An item of business may be excluded only with the consent of two-thirds (2/3<sup>rds</sup>) of the members of Council present at a meeting and eligible to vote.

6.1.11 ~~5.1.10~~ A Council member may place any item that can properly be discussed by Council on the Council agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing at a meeting of the Council on a day previous to the discussion or vote thereon unless this requirement is dispensed with by a vote of at least two-thirds (2/3<sup>rds</sup>) of all the members of Council present at the meeting and eligible to vote.

6.1.12 ~~5.1.11~~ The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Council meetings.

## 6.2 ~~5.2~~ Meetings Held By Technological Means.

6.2.1 ~~5.2.1~~ If two-thirds (2/3<sup>rds</sup>) of all members of Council, or of a Committee (as the case requires) who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, members of Council or of a Committee may participate in a meeting of, respectively, Council or of a Committee, by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a member of Council or of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

6.2.2 ~~5.2.2~~ At the outset of each meeting referred to in paragraph ~~5.2.1~~6.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place, unless a majority of the Council or Committee members (as the case may be) present at such meeting and eligible to vote otherwise require.

## ~~ARTICLE 7~~ **Article 6**

### **REMUNERATION AND EXPENSES**

## 7.1 ~~6.1~~ Remuneration and Expenses.

7.1.1 ~~6.1.1~~ When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:

- (a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare, plus transportation to and from air, bus or train terminals;
- (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;

- (c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph ~~6.1.1~~7.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;
- (d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.

7.1.2 ~~6.1.2~~ If the Council appoints a Member, other than a Council or Committee member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses incurred at the rate set out in subparagraph ~~6.1.1~~7.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.

7.1.3 ~~6.1.3~~ An amount in excess of the amounts authorized under subparagraph ~~6.1.1~~7.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Executive Committee.

~~ARTICLE 8~~Article 7  
COMMITTEES OF THE COLLEGE

~~7.1~~ —

8.1 **Statutory Committees under the Act.**

8.1.1 Pursuant to the Act, the College shall have the following Committees:

- (a) ~~7.1.1~~ Executive Committee;
- (b) ~~7.1.2~~ Registration Committee;
- (c) ~~7.1.3~~ Inquiries, Complaints and Reports Committee;
- (d) ~~7.1.4~~ Discipline Committee;
- (e) ~~7.1.5~~ Fitness to Practise Committee;
- (f) ~~7.1.6~~ Quality Assurance Committee; and
- (g) ~~7.1.7~~ Patient Relations Committee;

8.1.2 Subject to subparagraph 8.1.3, the composition of ~~which are~~the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g) shall be as set out in ~~the~~this By-Law and the duties ~~of which are~~shall be as set out in the Act and the By-Law.

8.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, selection, appointment and terms of office of members of such Committees who are not members of Council; and

(c) governing the relationship between such provisions and the By-Law.

[Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act, which, once proclaimed, will permit the Minister to make regulations under the RHPA with respect to committees required by that Act.]

**8.2 7.2-Statutory Committee under the Pharmacy Act.** Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in the By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

**8.3 7.3-Standing Committees.** In addition to the Statutory Committees, the College shall establish the following standing Committees, the composition and duties of which are set out in this By-Law:

**8.3.1 7.3.1** Finance and Audit Committee;

~~7.3.2—Professional Practise Committee;~~

**8.3.2 7.3.3** Elections Committee; and

~~7.3.4—Communications Committee; and~~

**8.3.3 7.3.5** Drug Preparation Premises Committee.

**8.4 7.4-Appointment of Special Committees.** Council may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

**8.5 7.5-Reporting of Committees.** All Committees, with the exception of the Discipline Committee and the Fitness to Practise Committee, shall report to the Council through the Executive Committee.

**8.6 7.6-Non-Council Committee Members.**

**8.6.1 7.6.1** This paragraph ~~7.6.6~~ applies with respect to the appointment of Members who are not members of Council to a Committee ~~of the College~~.

**8.6.2 7.6.2** ~~A~~ Subject to subparagraph 8.1.3, a Member is eligible for appointment to a Committee if, on the date of the appointment:

(a) the Member holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;

(b) the Member either practises or resides in Ontario;

(c) the Member is not in default of payment of any fees prescribed in the By-Laws;

(d) the Member has not been found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or [Note: Added to address gap identified by OCP.]

(e) ~~(d)~~ the Member is not the subject of any disciplinary or incapacity proceeding;

- (f) ~~(e)~~ the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
- (g) ~~(f)~~ the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (h) ~~(e)~~ the Member has not been disqualified from serving on Council or a ~~committee~~ Committee within the six (6) years immediately preceding the appointment;
- (i) ~~(h)~~ the Member does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and
- (j) ~~(i)~~ the Member is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third (3<sup>rd</sup>) time or more after the initial inspection.
- (k) ~~(j)~~ the Member is not an employee, officer or director of a Professional Advocacy Association or, if the Member is such an employee, officer or director of a Professional Advocacy Association the Member gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);

**8.7 ~~7.7~~ Appointment of Elections Committee.** The Elections Committee shall be formed at the last regular meeting of the Council preceding the annual election of members to the Council. The members of the Elections Committee shall be appointed by the President, subject to the approval of the Council. The Elections Committee shall appoint its own Chair. All appointments to the Elections Committee shall be for a term that expires at the last regular meeting of the Council preceding the next year's election.

**8.8 ~~7.8~~ Appointment of Drug Preparation Premises Committee.** ~~Upon the coming into force of Part IX of the Pharmacy Act Regulations, the Drug Preparation Premises Committee shall be formed. The initial appointments to the Drug Preparation Premises Committee shall be for a term that expires at the first regular meeting of Council after the next annual August election. Thereafter, the The~~ Drug Preparation Premises Committee shall be formed at the first regular meeting of Council after each annual August election and appointments to it shall be in accordance with paragraph ~~7.9~~8.9.

**8.9 ~~7.9~~ Appointments ~~of~~ to Statutory and Standing Committees.** All Statutory and standing Committee appointments, with the exception of the Elections Committee, shall be made by the Council at the first regular meeting of Council after each annual August election, and shall be for a term that expires at the first regular meeting of Council after the following election. The appointments to all Statutory and standing Committees, with the exception of the Elections Committee, shall be made in the following manner:

**8.9.1 ~~7.9.1~~** A Nominating Committee shall be formed on the first day of the Council meeting, consisting of the newly elected President and Vice-President, one (1) elected Council member and one (1) Council member appointed by the Lieutenant Governor in Council, such Committee members to be elected from among those Council members present. The Committee shall appoint its own Chair.

**8.9.2 ~~7.9.2~~** The Elections Committee shall give its report, consisting of the names of all members of Council who have expressed interest or willingness to sit on or chair a Committee, to the Nominating Committee.

8.9.3 ~~7.9.3~~ The Nominating Committee shall nominate all eligible Council members who agree to sit on the Executive Committee and all eligible Council members who agree to chair the other Statutory Committees and standing Committees. The Chair of the Nominating Committee shall present the nominations to Council.

8.9.4 ~~7.9.4~~ Elections to the Executive Committee:

- (a) The President shall call for further nominations for the open positions on the Executive Committee;
- (b) Should the number of nominees who are Members match the number of open positions on the Executive Committee for members of the Council who are Members in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed;
- (c) Should the number of nominees who are appointed by the Lieutenant Governor-in-Council match the number of open positions on the Executive Committee for members of the Council appointed by the Lieutenant Governor-in-Council in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed; and
- (d) Should the number of nominees in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph ~~9.1.2~~10.1.2(b) ~~of this By-Law~~. Should there be more than one open position in a category, Council members shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who received the fewest votes shall then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Council members may only cast one vote per candidate on each ballot.

8.9.5 ~~7.9.5~~ The President shall call for further nominations from among the Council members for Chairs of the other Statutory Committees and of the standing Committees. If more than one person is nominated to serve as Chair of a Committee, an election shall be held following the procedure in subparagraph ~~9.1.2~~10.1.2(b) ~~of this By-Law~~.

8.9.6 ~~7.9.6~~ The Nominating Committee shall confer with the newly elected Chair of each statutory and standing Committee to consider the appointment of the remaining members to that Committee in accordance with the Committee composition provisions of this By-Law. The Nominating Committee shall then prepare a report with respect to the proposed membership of each Committee, which the Chair of the Nominating Committee shall present to the Council for its approval. In making this report the Nominating Committee shall consider the benefits of having minimal overlap between the composition of the Executive Committee and the Finance and Audit Committee.

## 8.10 ~~7.10~~ **Disqualification, Vacancies and Term Limits of Committee Members**

8.10.1 ~~7.10.1~~ A member of a Committee is disqualified from sitting on the Committee if the member:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.

8.10.2 ~~7.10.2~~ The Council may disqualify a member of a Committee from sitting on the Committee if the member:

- (a) fails, without cause, to attend three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
- (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
- (c) ceases to either practise or reside in Ontario;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) breaches the provisions of the By-Laws ~~of the College~~, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
- (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.

8.10.3 ~~7.10.3~~ A person who is disqualified under subparagraph ~~7.10.1~~8.10.1 or ~~7.10.2~~8.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph ~~7.10.5~~8.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.

8.10.4 ~~7.10.4~~ The term of office of a person who is appointed as a successor to a Committee member under subparagraph ~~7.10.3~~8.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.

8.10.5 ~~7.10.5~~ A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.

8.10.6 ~~7.10.6~~ Nothing in paragraph ~~7.10.10~~ prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

8.11 ~~7.11~~ **Quorum.** Unless specifically provided for otherwise under the Act, the RHPA Regulations, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, or the regulations under any of those Acts, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

8.12 ~~7.12~~ **Voting.** Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

**8.13** ~~7.13~~ **Vacancies.** Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “at least” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number shall not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

#### ARTICLE 9~~Article 8~~

### COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

9.1 ~~Article Subject to RHPA Regulations.~~ Upon the proclamation of section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act by the Lieutenant Governor, the provisions of this Article 9 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to provisions of the RHPA Regulations, if any, that relate to such Committees. [Note: This Section was revised to reflect section 5(2) of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act, which, once proclaimed, will permit the Minister to make regulations under the RHPA with respect to committees required by that Act].

9.2 ~~8.1~~ **Composition of the Executive Committee.** The Executive Committee shall be composed of:

9.2.1 ~~8.1.1~~ the President and the Vice-President;

9.2.2 ~~8.1.2~~ the immediate past President if he or she is a current member of ~~the~~ Council; and

9.2.3 ~~8.1.3~~ the minimum number of additional members of the Council as will ensure that the Committee consists of four members (4) of the Council who are Members and three (3) members of the Council who are appointed by the Lieutenant Governor in Council.

9.3 ~~8.2~~ **Chair of the Executive Committee.** The President shall be the Chair of the Executive Committee.

9.4 ~~8.3~~ **Duties of the Executive Committee.** The Executive Committee shall:

9.4.1 ~~8.3.1~~ perform such functions as are assigned to it by statute or regulation;

9.4.2 ~~8.3.2~~ recommend to the Council proposals for changes to applicable statutes, regulations, By-Laws, policies and practices;

9.4.3 ~~8.3.3~~ submit an annual report to the Council in accordance with the *Code*;

9.4.4 ~~8.3.4~~ exercise all the powers and duties of the Council between Council meetings that, in the Committee’s opinion, requires attention, other than the power to make, amend or revoke a regulation or by-law.

9.4.5 ~~8.3.5~~ review correspondence and other documents relating to the policies of the College;

9.4.6 ~~8.3.6~~ receive reports from other Committees and report the activities of those Committees to Council at regular meetings of the Council;

9.4.7 ~~8.3.7~~ receive findings and recommendations from the Elections Committee pursuant to subparagraph ~~4.9.25~~9.2, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Council;

9.4.8 ~~8.3.8~~ have the following financial authorities:

- (a) to approve all required operating expenditures not included in the operating budget, to a limit of \$20,000.00 per item, and \$100,000.00 in total per year;
- (b) to approve all required capital expenditures not included in the budget to a limit of \$100,000.00;
- (c) items over the limits prescribed in subparagraphs ~~8.3.8~~9.4.8(a) and (b) above shall be referred to the Council;

9.4.9 ~~8.3.9~~ recommend general policy to the Council;

9.4.10 ~~8.3.10~~ ensure that the policies of the Council are carried out;

9.4.11 ~~8.3.11~~ report its activities, decisions and recommendations through the President at each meeting of the Council; and

9.4.12 ~~8.3.12~~ have the following authorities with respect to staff compensation:

- (a) annually, establish guidelines for the awarding of salary increases to staff;
- (b) at least annually, review compensation for the Registrar; and
- (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

9.5 ~~8.4~~ **Composition of the Registration Committee.** The Registration Committee shall be composed of:

9.5.1 ~~8.4.1~~ at least two (2) members of Council who are Members;

9.5.2 ~~8.4.2~~ at least two (2) members of Council appointed to the Council by the Lieutenant Governor in Council;

9.5.3 ~~8.4.3~~ at least one (1) Member who is not a member of ~~the~~ Council;

9.5.4 ~~8.4.4~~ a dean of a faculty or school of a pharmacy program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs, or his or her designate as approved by the Council; and

9.5.5 ~~8.4.5~~ a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

9.6 ~~8.5~~ **Duties of the Registration Committee.** The Registration Committee shall:

9.6.1 ~~8.5.1~~ perform such functions as are assigned to it by statute or regulation;

9.6.2 ~~8.5.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.6.3 ~~8.5.3~~ submit an annual report to the Council in accordance with the *Code*;

9.6.4 ~~8.5.4~~ provide guidance to the Council on matters concerning registration, examinations and in-service training required prior to registration; and

9.6.5 ~~8.5.5~~ maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

9.7 ~~8.6~~ **Composition of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall be composed of:

9.7.1 ~~8.6.1~~ at least five (5) members of the Council who are Members;

9.7.2 ~~8.6.2~~ at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.7.3 ~~8.6.3~~ at least seven (7) Members who are not members of the Council.

9.8 ~~8.7~~ **Duties of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall:

9.8.1 ~~8.7.1~~ perform such functions as are assigned to it by statute or regulation;

9.8.2 ~~8.7.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.8.3 ~~8.7.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.8.4 ~~8.7.4~~ provide guidance to the Council on matters concerning investigations, complaints and reports.

9.9 ~~8.8~~ **Composition of the Discipline Committee.** The Discipline Committee shall be composed of:

9.9.1 ~~8.8.1~~ at least six (6) members of the Council who are Members;

9.9.2 ~~8.8.2~~ at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.9.3 ~~8.8.3~~ at least five (5) Members who are not members of the Council.

9.10 ~~8.9~~ **Duties of the Discipline Committee.** The Discipline Committee shall:

9.10.1 ~~8.9.1~~ perform such functions as are assigned to it by statute or regulation;

9.10.2 ~~8.9.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws policies and practices;

9.10.3 ~~8.9.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.10.4 ~~8.9.4~~ provide guidance to the Council on matters concerning discipline.

9.11 ~~8.10~~ **Composition of the Fitness to Practise Committee.** The Fitness to Practise Committee shall be composed of:

9.11.1 ~~8.10.1~~ at least two (2) members of the Council who are Members;

9.11.2 ~~8.10.2~~ at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.11.3 ~~8.10.3~~ at least one (1) Member who is not a member of ~~the~~ Council.

9.12 ~~8.11~~ **Duties of the Fitness to Practise Committee.** The Fitness to Practise Committee shall:

9.12.1 ~~8.11.1~~ perform such functions as are assigned to it by statute or regulation;

9.12.2 ~~8.11.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.12.3 ~~8.11.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.12.4 ~~8.11.4~~ provide guidance to the Council on matters concerning fitness to practise.

9.13 ~~8.12~~ **Composition of the Quality Assurance Committee.** The Quality Assurance Committee shall be composed of:

9.13.1 ~~8.12.1~~ at least two (2) members of the Council who are Members;

9.13.2 ~~8.12.2~~ at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.13.3 ~~8.12.3~~ at least three (3) Members who are not members of the Council.

9.14 ~~8.13~~ **Duties of the Quality Assurance Committee.** The Quality Assurance Committee shall:

9.14.1 ~~8.13.1~~ perform such functions as are assigned to it by statute or regulation;

9.14.2 ~~8.13.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.14.3 ~~8.13.3~~ submit an annual report to the Council in accordance with the *Code*;

9.14.4 ~~8.13.4~~ provide guidance to the Council on matters concerning quality assurance; and

9.14.5 ~~8.13.5~~ maintain a continuing review of the Quality Assurance Program.

9.15 ~~8.14~~ **Composition of the Patient Relations Committee.** The Patient Relations Committee shall be composed of:

9.15.1 ~~8.14.1~~ at least two (2) members of the Council who are Members;

9.15.2 ~~8.14.2~~ at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.15.3 ~~8.14.3~~ at least one (1) Member who is not a member of ~~the~~ Council.

9.16 ~~8.15~~ **Duties of the Patient Relations Committee.** The Patient Relations Committee shall:

9.16.1 ~~8.15.1~~ perform such functions as are assigned to it by statute or regulation;

9.16.2 ~~8.15.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.16.3 ~~8.15.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.16.4 ~~8.15.4~~ provide guidance to the Council on matters concerning patient relations.

**9.17** ~~8.16~~ **Composition of the Accreditation Committee.** The Accreditation Committee shall be composed of:

9.17.1 ~~8.16.1~~ at least two (2) members of the Council who are Members;

9.17.2 ~~8.16.2~~ at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.17.3 ~~8.16.3~~ at least two (2) Members who are not members of Council.

**9.18** ~~8.17~~ **Duties of the Accreditation Committee.** The Accreditation Committee shall:

9.18.1 ~~8.17.1~~ perform such functions as are assigned to it by statute or regulation;

9.18.2 ~~8.17.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.18.3 ~~8.17.3~~ submit an annual report to the Council; and

9.18.4 ~~8.17.4~~ provide guidance to the Council on matters concerning accreditation.

**9.19** ~~8.18~~ **Composition of the Finance and Audit Committee.** The Finance and Audit Committee shall be composed of:

9.19.1 ~~8.18.1~~ at least three (3) members of the Council who are Members; and

9.19.2 ~~8.18.2~~ at least one (1) member of ~~the~~ Council appointed to the Council by the Lieutenant Governor in Council.

**9.20** ~~8.19~~ **Duties of the Finance and Audit Committee.** The Finance and Audit Committee shall:

9.20.1 ~~8.19.1~~ review and recommend to the Council, through the Executive Committee, the annual operating and capital budget for the College;

9.20.2 ~~8.19.2~~ maintain a rolling two (2) year operating budget;

9.20.3 ~~8.19.3~~ review quarterly financial statements and report to Council, through the Executive Committee, significant deviations from budget;

9.20.4 ~~8.19.4~~ meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

9.20.5 ~~8.19.5~~ review and report to the Council, through the Executive Committee, on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

9.20.6 ~~8.19.6~~ make recommendations to the Council, through the Executive Committee, on the appointment or reappointment of the external auditor;

9.20.7 ~~8.19.7~~ make recommendations to the Council through the Executive Committee regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

9.20.8 ~~8.19.8~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

**8.20** — ~~Composition of the Professional Practise Committee.~~ ~~The Professional Practise Committee shall be composed of:~~

~~8.20.1~~ at least two (2) members of the Council who are Members;

~~8.20.2~~ at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

~~8.20.3~~ at least two (2) Members who are not members of the Council.

**8.21** — ~~Duties of the Professional Practise Committee.~~ ~~The Professional Practise Committee shall:~~

~~8.21.1~~ provide direction and guidance to the Council, through the Executive Committee, on matters pertaining to pharmacy practice and ethics;

~~8.21.2~~ recommend to the Council, through the Executive Committee, policy pertaining to pharmacy practice and ethics;

~~8.21.3~~ develop and maintain ongoing review of standards of practice of the profession and make recommendations to the Council, through the Executive Committee, as appropriate; and

~~8.21.4~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By Laws, policies and practices.

9.21 **8.22** — ~~Composition of the Elections Committee.~~ The Elections Committee shall be composed of:

9.21.1 ~~8.22.1~~ at least one (1) member of ~~the~~ Council who is a Member;

9.21.2 ~~8.22.2~~ at least one (1) member of ~~the~~ Council appointed by the Lieutenant Governor in Council; and

9.21.3 ~~8.22.3~~ the President.

9.22 **8.23** — ~~Duties of the Elections Committee.~~ The Elections Committee shall:

9.22.1 ~~8.23.1~~ invite expressions of interest in sitting on and chairing Committees from all members of Council. Where there are not sufficient expressions of interest to fill every Committee, the Elections Committee shall use its best efforts to recruit additional Committee members sufficient to fully constitute every Committee;

9.22.2 ~~8.23.2~~ seek candidates for the offices of President and Vice-President;

9.22.3 ~~8.23.3~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices; and

9.22.4 ~~8.23.4~~ perform the duties assigned to it under subparagraph ~~4.9.2 of this By Law~~ 5.9.2.

~~**8.24—Composition of the Communications Committee.** The Communications Committee shall be composed of:~~

~~8.24.1—at least three (3) members of Council who are Members;~~

~~8.24.2—at least two (2) members of Council appointed by the Lieutenant Governor in Council; and~~

~~8.24.3—at least one (1) Member who is not a member of the Council.~~

~~The Committee shall include at least one (1) member of the Executive Committee and at least one (1) member of the Patient Relations Committee.~~

~~**8.25—Duties of the Communications Committee.** The Communications Committee shall:~~

~~8.25.1 provide direction and guidance to Council, through the Executive Committee, on all matters supporting public education and outreach, including, but not limited to, raising awareness of the value of both the profession and the College.~~

9.23 **8.26 Composition of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The Chair of the Accreditation Committee shall be the Chair of the Drug Preparation Premises Committee.

9.24 **8.27 Duties of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall:

9.24.1 ~~8.27.1~~ administer and govern the College's Drug Preparation Premises inspection program in accordance with ~~Part IX of the Pharmacy Act Regulations~~; and

9.24.2 ~~8.27.2~~ deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Council.

~~**8.28** [Note: Previous paragraph 8.28 (Maximum Number of Non-Council Committee Members, ) was removed to eliminate arbitrary appointments.] Council shall not appoint more members to a Committee that are not Council members than the number of Council members that it appoints to the Committee. However, a failure to comply with this provision does not affect the validity of the decisions made by the Committee.~~

## ARTICLE 10 ~~Article 9~~ OFFICERS

### 10.1 ~~9.1~~ Election of the President and the Vice-President.

10.1.1 ~~9.1.1~~ The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members, and shall be conducted ~~by secret ballot~~ using electronic voting methods.

10.1.2 ~~9.1.2~~ The election of the President shall be conducted in the following manner:

- (a) The outgoing President, or a person chosen by the Council, if the President is unable or unwilling to act, shall call on the Chair of the Elections Committee for the Elections Committee's report. The Chair shall present the list of all candidates for the office of President and hand it to the outgoing President. The President shall read the list and shall

ask “Are there any further nominations?” Any Council member may then rise and, after addressing the Chair, nominate any other Council member for President. It is not necessary for the nomination to be seconded.

- (b) If there is more than one candidate, ~~the outgoing President shall appoint two tellers and direct them to distribute blank ballots, one to each member of the Council. After each Council member has voted, the tellers shall collect the ballots and one teller appointed shall report the vote without disclosing the count.~~ an election shall be held. The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the ~~first teller.~~ Chair.

10.1.3 ~~9.1.3~~ The procedure outlined in paragraph ~~9.1.2~~ 10.1.2 shall then be repeated for the office of Vice-President.

## 10.2 ~~9.2~~ **Duties of the President and the Vice-President.**

10.2.1 ~~9.2.1~~ The President shall:

- (a) preside as Chair at all meetings of the Council;
- (b) make all necessary rulings as to the order of business, subject to an appeal to the Council members present; and
- (c) be *ex officio* a member of all Committees of the Council, except the Discipline Committee.

10.2.2 ~~9.2.2~~ The Vice-President shall, in the event of the absence or inability of the President to act, perform the duties of the President.

10.2.3 ~~9.2.3~~ In the event of the absence or inability of both the President and the Vice-President to act, the Council members present at a meeting of the Council may appoint one of the other members of the Council to preside at any meeting of the Council.

10.2.4 ~~9.2.4~~ In the event of the death, or disqualification, or inability to act of a permanent nature of the President or the Vice-President, the Council shall elect Council members to fill these vacancies according to the provisions of these By-Laws for calling a meeting and electing the President and the Vice-President.

10.2.5 ~~9.2.5~~ Where the President has lost the confidence of the Council, Council may, on a notice of motion to that effect or at a special meeting of the Council, disqualify the President from office by a vote of at least two thirds (2/3) of the Council members present and eligible to vote.

## ARTICLE 11 ~~Article 10~~ **BUSINESS OF THE COLLEGE**

11.1 ~~10.1~~ **Seal.** The seal shall be the seal of the College.

11.2 ~~10.2~~ **Execution of Documents.**

11.2.1 ~~10.2.1~~ Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the President or Vice-President and any one (1) of the Registrar, the Deputy Registrar, the Director of ~~Finance and Administration~~Conduct, the Director ~~of Professional Development, Corporate Services~~, or the Director of ~~Professional Practice~~Quality, provided that they have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Council may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

11.2.2 ~~10.2.2~~ Certificates of Registration shall be signed by the President and the Registrar.

11.2.3 ~~10.2.3~~ Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

11.2.4 ~~10.2.4~~ The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual’s authorization to sign on behalf of the College is revoked by resolution of the Council.

### 11.3 ~~10.3~~ **Banking and Finance.**

11.3.1 ~~10.3.1~~ The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions, as may, from time to time, be designated by or under the authority of the Council on recommendation of the Finance and Audit Committee through the Executive Committee. All such banking business, or any part thereof, shall be transacted on the College’s behalf by one or more officers and or other persons as Council may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

11.3.2 ~~10.3.2~~ Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two (2) of the Registrar, the Deputy Registrar, the Director of ~~Finance and Administration~~Conduct, the Director, Corporate Services and the Director of ~~Competence~~Quality, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.

### 11.4 ~~10.4~~ **Financial Year and Audit.**

11.4.1 ~~10.4.1~~ The financial year of the College shall be the calendar year ending December ~~31st.~~31.

11.4.2 ~~10.4.2~~ The Council shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such

appointment to be made at a Council meeting in the year for which the books are to be audited.

**11.5 ~~10.5~~ Inspectors/Practice Advisors.** The Registrar may from time to time, and within budgetary limits, appoint ~~inspectors~~Inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Council at the next regular meeting following the appointment. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

**11.6 ~~10.6~~ Inspectors for the Purposes of Inspecting Drug Preparation Premises.** The Registrar may appoint inspectors for the purposes ~~of Part IX~~ of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in ~~Part IX~~ of the *Pharmacy Act Regulations*.

**11.7 ~~10.7~~ Grants.**

**11.7.1 ~~10.7.1~~** The Council shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

**11.7.2 ~~10.7.2~~** The Council shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy.

**11.8 ~~10.8~~ Funds.**

**11.8.1 ~~10.8.1~~** The disbursement of funds of the College shall be as authorized in the annual budget approved by Council for the fiscal year upon the recommendation of the Finance and Audit Committee through the Executive Committee. Funds not authorized under the budget shall be disbursed only after approval by the Council, or the Executive Committee, as provided for in this By-Law.

**11.8.2 ~~10.8.2~~** Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by Council on the recommendation of the Finance and Audit Committee through the Executive Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

**11.9 ~~10.9~~ College Membership.** The College may be a member of a national organization of bodies with similar functions.

~~**10.10—Deputy Registrar.** The Deputy Registrar shall be vested with and may exercise all the powers and perform all the duties of the Registrar in the event the Registrar is absent or is unable to act.~~

**11.10 Delegation of Powers and Duties.**

**11.10.1** The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee, director or officer of the College.

**11.10.2** The Deputy Registrar shall be vested with and may exercise any or all of the powers and perform any or all the duties of the Registrar in the event the Registrar is absent or is

unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 11.10.1.

11.10.3 The Deputy Registrar shall be vested with and may exercise any or all of the powers and perform any or all of the duties delegated by the Registrar to a delegate in accordance with subparagraph 11.10.1, if any, in the event that such delegate is absent or unable to act in respect of any such powers or duties.

[Note: This section was amended to expressly recognize the right of the Registrar to delegate his/her duties.]

## **ARTICLE 12 ~~Article 11~~ THE REGISTER**

**12.1 ~~11.1~~ Member's Name.** A Member's name in the Register shall be:

**12.1.1 ~~11.1.1~~** the Member's name as provided in the documentary evidence used to support the Member's initial registration with any other given name commonly used by the Member included in parentheses, or such other name as is acceptable to the Registrar; or

**12.1.2 ~~11.1.2~~** a name other than as provided in subparagraph ~~11.1.1~~12.1.1 where a written request is made by the Member and the Registrar is satisfied that the Member has validly changed his or her name and that the use of the name is not for an improper purpose.

**12.2 ~~11.2~~ Business Address and Telephone Number.**

**12.2.1 ~~11.2.1~~** A Member's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Member practises in Ontario or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Member provides such services.

**12.2.2 ~~11.2.2~~** Where a Member does not practise in Ontario, the Member's business address and business telephone number in the Register shall be, respectively, the address designated by the Member as the Member's business address and the telephone number associated with that business address.

**12.3 Information Regarding a Result.** When any provision of this Article 12 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Act, specifically, when used in reference to:

**12.3.1** a disciplinary proceeding, means the panel's finding that the Member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

**12.3.2** an incapacity proceeding, means the panel's finding that the Member is incapacitated and the order made by the panel.

**12.4 Publication Ban.** Notwithstanding any other provision herein, no action shall be taken under this Article 12 which violates a publication ban, and nothing in this Article 12 requires or authorizes the violation of a publication ban. [Note: Added to reflect section 23(3) of the Code.]

12.5 Disclosure of Information. Notwithstanding any other provision herein, nothing in this Article 12 shall require or authorize the disclosure of information, including personal health information (as defined by the Code) where such disclosure would lead to a violation of the Code, including subsections 23(8), 23(9) or 23(11) of the Code. [Note: Added to reflect section 23(8) of the Code.]

12.6 ~~11.3~~ **Information to be kept in Register by the Code - Members.** Under subsection 23(2) of the Code ~~and, but~~ subject to ~~certain exceptions contained in~~ the remaining subsections of section 23 of the Code, ~~certain~~ the following information must be contained in the Register and must be available to the public. ~~Since June 4, 2009, the Register has been required to contain the following:~~

12.6.1 ~~11.3.1~~ Each Member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Member is a shareholder.

12.6.2 ~~Where a Member is deceased, the name of the deceased Member and the date upon which the Member died, if known.~~

12.6.3 ~~11.3.2~~ The name, business address and business telephone number of every health profession corporation.

12.6.4 ~~11.3.3~~ The names of the shareholders of each health profession corporation who are ~~members of the College~~ Members.

12.6.5 ~~11.3.4~~ Each Member's class of registration and specialist status (specialist status not applicable to the Ontario College of Pharmacists at this time).

12.6.6 ~~11.3.5~~ The terms, conditions and limitations that are in effect on each Certificate of Registration.

12.6.7 ~~A notation of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph (3) of subsection 26(1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the Code.~~

12.6.8 ~~11.3.6~~ A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

12.6.9 ~~A copy of the specified allegations against a Member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.~~

12.6.10 ~~11.3.7~~ The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, ~~unless a panel of the relevant Committee makes no finding with regard to the proceeding.~~

12.6.11 ~~A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Member has entered into with the College and that are in effect.~~

12.6.12 ~~11.3.8~~ A notation of every finding of professional negligence or malpractice, which may or may not relate to the Member's suitability to practise, made against the Member, unless the finding is reversed on appeal.

12.6.13 ~~11.3.9~~ A notation of every revocation or suspension of a Certificate of Registration.

12.6.14 ~~11.3.10~~ A notation of every revocation or suspension of a Certificate of Authorization.

12.6.15 ~~11.3.11~~ Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

12.6.16 ~~11.3.12~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

12.6.17 ~~11.3.13~~ Where, during or as a result of a proceeding under section 25 of the *Code*, a Member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

12.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the Code, including inspections of the nature referred to in subparagraph 12.10.1.

12.6.19 ~~11.3.14~~ Information that is required to be kept in the Register in accordance with the By-Laws.

12.6.20 Information that is required to be kept in the Register in accordance with the RHPA Regulations.

12.7 Information to be kept in Register by RHPA Regulations - Members. Under the RHPA Regulations, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

12.7.1 If there has been a finding of guilt against a Member under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) and if none of the conditions in subparagraph 12.7.6 have been satisfied:

(a) a brief summary of the finding;

(b) a brief summary of the sentence; and

(c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

12.7.3 If a Member has been charged with an offence under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada) and the charge is outstanding:

(a) the fact and content of the charge; and

(b) the date and place of the charge.

12.7.4 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

(a) the fact of the finding;

(b) the date of the finding;

(c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

12.7.5 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

12.7.6 The conditions referred to in paragraph 12.7.1 are the following:

(a) The Parole Board of Canada has ordered a record suspension in respect of the conviction;

(b) A pardon in respect of the conviction has been obtained; and

(c) The conviction has been overturned on appeal.

12.7.7 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.

12.7.8 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

**12.8 ~~11.4~~ Additional Information to be kept in Register - Members.** For the purposes of paragraph ~~14-20~~<sup>\*</sup> of subsection 23(2) of the *Code*, and subject to paragraphs ~~11-8~~12.13 and ~~11-9~~12.14, the following additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

12.8.1 ~~11.4.1~~ Any changes to each Member’s name which have been made in the Register since the Member was first issued a Certificate of Registration.

12.8.2 ~~11.4.2~~ Each Member’s gender and registration number.

12.8.3 ~~11.4.3~~ The date when each Member’s Certificate of Registration was first issued or, if the Member was licensed under Part VI of the *Health Disciplines Act*, the date when the Member was first issued a licence by the College.

12.8.4 ~~11.4.4~~ Where a person ceased to be a Member as a result of his or her resignation or death, the last calendar year during which the person was a Member.

12.8.5 ~~11.4.5~~ Where a Member holds a Certificate of Registration as a Pharmacist, Intern~~or~~, Pharmacy Technician, or Intern Technician (following the date upon which the *Pharmacy Act Regulations* are amended to recognize Intern Technicians as a class of Certificates of Registration) the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician or

intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

12.8.6 ~~11.4.6~~ The classes of Certificate of Registration held or previously held by each Member, the date on which each was issued and, if applicable, the termination or expiration date of each.

12.8.7 Where a Member holds a Certificate of Registration as a:

(a) ~~11.4.7 Where a Member holds a Certificate of Registration as a~~ Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register; and

(b) Pharmacy Technician, following the date upon which the Pharmacy Act Regulations are amended to include a two-part register for Pharmacy Technicians, a notation as to whether the Member is listed in Part A or Part B of the Register. [Note: Amended to contemplate new two-part Register for Pharmacy Technicians.]

12.8.8 ~~11.4.8~~ Whether the Member has completed the necessary injection training requirements approved by the College.

12.8.9 ~~11.4.9~~ Where a Member is ~~a shareholder,~~an officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title, ~~if any,~~ the Member holds with that corporation. [Note: The reference to shareholder was deleted given the requirement set out above in paragraph 12.6.1 for information regarding a Member's status of a shareholder of any health professional corporation.]

12.8.10 ~~11.4.10~~ Where a Member is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Member holds with that corporation.

12.8.11 ~~11.4.11~~ Where a Member is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.

12.8.12 ~~11.4.12~~ Where a Member is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that authority.

12.8.13 ~~11.4.13~~ Where applicable, a summary of any restriction on a Member's right to practise:

(a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or

~~\*Effective May 30, 2017, upon proclamation of the Protecting Patients Act, 2017:~~

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary ~~of the restriction~~ shall ~~also~~ include ~~the source~~a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

12.8.14 ~~11.4.13.1~~ ~~— A summary of any currently existing charges~~Without affecting the requirement of paragraph 12.7, if there has been a charge or finding of guilt against a Member, of which the College is aware in respect of a federal ~~or,~~ provincial and/or state

offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Member's suitability to practise-in which case the summary shall include:

- (a) a brief summary of the charge or finding, as the case may be;
- (b) the date of the charge or finding, as the case may be;
- (c) the jurisdiction in which the charge was brought or finding of guilt was made; and
- (d) in the case of a finding of guilt, the existence and status of any appeal, [Note: Amended to reflect the language and existence of s. 12.5.1 and 12.5.3, for example.] unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 12.8.14 shall no longer be required. [Note: Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.1 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).]

12.8.15 11.4.13.2 — ~~A~~Without affecting the requirement of subparagraph 12.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of a federal, provincial and/or federal state offence ~~processes~~in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise. [Note: Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.2 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).]

~~11.4.13.3 — A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.~~

~~11.4.13.4 — The information described in paragraphs 11.4.13.1, 11.4.13.2 and 11.4.13.3 in respect of a former Member if the former Member's membership is revoked, suspended, resigned or otherwise terminates while the offence proceedings are pending or after being notified by the College that the information may be placed on the register.~~

[Note: Paragraph 11.4.13.3 removed as redundant to information required above. Paragraph 11.4.13.4 removed as redundant to the expanded paragraph below in respect of "Former Members".]

12.8.16 Without affecting the requirement of subparagraph 12.7.5, where the College is aware that a Member is currently licenced or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration;

- (a) the existence of;
- (b) the name of the granting organization; and
- (c) the jurisdiction in which it was granted; [Note: Expands scope of information contained in Register regarding Members practise of the profession or any other profession in another jurisdiction.]

12.8.17 ~~11.4.14~~ Where a Member's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

12.8.18 ~~11.4.15~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.13, where a Member's Certificate of Registration is suspended by the Registrar ~~for, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.~~

- ~~(a) non payment of a required fee;~~
- ~~(b) failure to provide to the College information or a declaration, required under the By-Laws;~~
- ~~(c) failure to provide to the College, upon request, evidence that the Member holds professional liability insurance in an amount and in a form required by the By-Laws; or~~
- ~~(d) any other administrative reason,~~

~~a notation of that fact and the date upon which the suspension took effect.~~

~~11.4.16 Where a Member's Certificate of Registration continues to be suspended for failure to submit to a physical or mental examination as ordered by a Board of Inquiry or the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect. [Note: Remainder of this provision deleted as a notation of a suspension of Certificate of Registration is required by paragraph 12.6.13.]~~

~~[Note: Previous 12.6.19 deleted as covered off by 12.8.18.]~~

12.8.19 ~~11.4.17~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.6, where a Member has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.

12.8.20 ~~11.4.18~~ Where terms, conditions or limitations on a Member's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

12.8.21 ~~11.4.19~~ Where a suspension of a Member's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

12.8.22 ~~11.4.20~~ Where a Member's Certificate of Registration is reinstated, the effective date of the reinstatement.

12.8.23 ~~11.4.20.1~~ ~~Where, after April 1, 2015,~~ the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this

information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation.

12.8.24 ~~11.4.20.2~~ — Where, for a complaint has been filed ~~after April 1, 2015 or for a matter in which~~ or an investigator is has been appointed under 75(1)(a) or 75(1)(b) of the *Code after April 1, 2015*, a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned;

- (a) a notation of that fact;
- (b) a summary of the caution;
- (c) the date of the panel's decision; and
- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

12.8.25 ~~11.4.20.3~~ — Where, for a complaint has been filed ~~after April 1, 2015 or for a matter in which~~ or an investigator is has been appointed under 75(1)(a) or 75(1)(b) of the *Code after April 1, 2015*, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a member to complete a specified continuing education or remediation program;

- (a) a notation of that fact;
- (b) a summary of the continuing education or remediation program;
- (c) the date of the panel's decision; and
- (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

12.8.26 ~~11.4.21~~ — Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding;

- (a) the date of the referral;
- (b) a brief summary of each specified allegation;
- (c) the notice of hearing;
- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

12.8.27 ~~11.4.22~~ Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

12.8.28 ~~11.4.23~~ A summary of any reprimand given ~~publicly after November 1, 2006~~ to a Member as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the *Code*.

12.8.29 ~~11.4.24~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.15, where the question of a Member's capacity has been referred to the Fitness to Practise Committee and is outstanding,

- (a) a notation of that fact; and
- (b) the date of the referral.

12.8.30 ~~11.4.25~~ ~~Where~~ Without affecting the requirement of subparagraph 12.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario ~~by a body that governs pharmacists or pharmacy technicians, in respect of any profession:~~

- (a) a notation of that fact;
- (b) the date of the finding and the name of the governing body that made the finding;
- (c) a brief summary of the facts on which the finding was based;
- (d) the penalty; and
- (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

12.8.31 ~~11.4.26~~ Where a decision of a panel of the Discipline Committee has been published by the College with the Member's or former Member's name included after December 31, ~~1999, 1999:~~

- (a) a notation of that fact; and
- (b) identification of, a link to, or a copy of the specific publication containing that decision.

12.8.32 ~~11.4.27~~ The language(s) in which the Member can provide professional services as reported by the Member.

~~11.4.28 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.~~

12.8.33 ~~11.4.29~~ Any other information not otherwise referred to in ~~paragraph 11.4~~ subparagraph 12.6.20, which the College and the Member have agreed shall be available to the public.

## 12.9 Former Members.

12.9.1 The term "Former Member" shall mean those individuals whose membership in the College is revoked, suspended or rescinded (in which case, recognizing that such

individual is deemed to have never held membership in the College) by the College or is otherwise resigned or terminated.

12.9.2 Where the College is aware of such information, the information described in subparagraphs 12.6.12, 12.7.1 to 12.7.4, 12.8.14 to 12.8.16 and 12.8.30 in respect of Former Members.

**12.10** ~~11.5~~ **Information to be kept in Register – Drug Preparation Premises.** ~~The~~ For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code: [Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.]

12.10.1 ~~11.5.1~~ The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under ~~Part IX of~~ the *Pharmacy Act Regulations*, including the relevant date.

12.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 14.

12.10.3 ~~11.5.2~~ Any other information which the College and a designated Member for the Drug Preparation Premises have agreed shall be available to the public.

**12.11** ~~11.6~~ **Information to be kept in Register – Health Profession Corporations.** For the purposes of paragraph ~~14-20\*~~ of subsection 23(2) of the *Code*, and subject to paragraphs ~~11.8~~ 12.13 and ~~11.9~~ 12.14, the following information referable to health profession corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

~~11.6.1 The address and telephone number of each location at which the health profession corporation carries on business.~~

12.11.1 ~~11.6.2~~ The Certificate of Authorization number of the health profession corporation and the date upon which that Certificate was first issued.

12.11.2 ~~11.6.3~~ Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

12.11.3 ~~11.6.4~~ Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.

12.11.4 ~~11.6.5~~ The name, as set out in the College's Register, of each of the shareholders, officers and directors of the health profession corporation who are Members and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 12.6.3.

**12.12** ~~11.7~~ **Information to be kept in Register - Pharmacies.** ~~The~~ For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to

subsection 23(5) of the Code: [\[Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.\]](#)

[12.12.1](#) ~~11.7.1~~ The pharmacy's name, address, telephone and fax number.

[12.12.2](#) ~~11.7.2~~ The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

[12.12.3](#) ~~11.7.3~~ The date the pharmacy opened.

[12.12.4](#) ~~11.7.4~~ The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

[12.12.5](#) ~~11.7.5~~ The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

[12.12.6](#) ~~11.7.6~~ Any terms, conditions and limitations on the Certificate of Accreditation.

[12.12.7](#) ~~11.7.7~~ Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

~~\*Effective May 30, 2017, upon proclamation of the *Protecting Patients Act, 2017*.~~

[12.12.8](#) ~~11.7.8~~ Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

[12.12.9](#) ~~11.7.9~~ Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

[12.12.10](#) ~~11.7.10~~ Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

[12.12.11](#) ~~11.7.11~~ A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, which notation shall include:

- (a) the date of the referral;
- (b) a brief summary of each specified allegation; and
- (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

[12.12.12](#) ~~11.7.12~~ The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the

Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

[12.12.13](#) ~~11.7.13~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

[12.12.14](#) ~~11.7.14~~ A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

[12.12.15](#) ~~11.7.15~~ Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

[12.12.16](#) ~~11.7.16~~ Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

[12.12.17](#) ~~11.7.17~~ Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

[12.12.18](#) ~~11.7.18~~ Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

[12.12.19](#) ~~11.7.19~~ Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;

- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

12.12.20 ~~11.7.20~~—Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

12.12.21 ~~11.7.21~~—Where a person has permanently closed the pharmacy, a notation of that fact and the date the pharmacy was closed.

12.12.22 ~~11.7.22~~—Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

**12.13 ~~11.8~~ Deletion of Information.**

*[Note: The paragraphs below have been amended to reflect the appropriate section references given the amendments to the Register provisions.]*

12.13.1 ~~11.8.1~~—Unless otherwise indicated, where the information described in paragraphs ~~11.3, 11.4, 11.5, 11.6 and 11.7~~ 12.6 to 12.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

12.13.2 ~~11.8.2~~—Despite paragraphs ~~11.4, 11.5, 11.6 and 11.7~~ 12.8 to 12.12, and subject to paragraphs ~~11.8.3, 11.8.4 and 11.8.5~~ subparagraphs 12.13.3, 12.13.4 and 12.13.5, the College is not required to maintain and may delete from the Register information about a Member, a Drug Preparation Premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

12.13.3 ~~11.8.3~~ ~~Despite paragraph 11.8.2, but subject to 11.8.4 and 11.8.5~~ Despite subparagraphs 12.13.2 and 12.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Member and a pharmacy where the Register contains information about the Member resulting from a direction or order of a Committee ~~of the College~~ or resulting from an offence proceeding.

12.13.4 ~~11.8.4~~—The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~11.4.13, 11.4.29, 11.7.17 or 11.7.22~~ 12.8.13, 12.8.33, 12.12.17, 12.12.22 and 12.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

12.13.5 ~~11.8.5~~—The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~11.4.20.2~~ 12.8.24 and ~~11.4.20.3~~ or 12.8.25 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified

continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

12.14 ~~11.9~~ **Disclosure.** All of the information referred to in paragraphs ~~11.4, 11.5, 11.6 and 11.7~~ 12.6 to 12.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

#### ARTICLE 13 ~~Article 12~~

### FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

#### 13.1 ~~12.1~~ Filing of Information by Members.

13.1.1 ~~12.1.1~~ The College shall forward to each Member who holds a Certificate of Registration as a Pharmacist or Pharmacy Technician each year, and may forward to any Member at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Member's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Member or, if the Member does not have a residence in Ontario, the Member's principal residence and, where available, the Member's e-mail address;
- (b) where a Member is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Member engages in the practice or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Member provides such services;
- (c) the Member's preferred address, preferred telephone number and where applicable, the Member's preferred e-mail address for communications from the College;
- (d) in the case of a Member who ~~holds a Certificate of Registration as a Pharmacist and who is listed in Part A of the Register, or as an Intern or a student or a pharmacy technician~~ is required to possess personal professional liability insurance in accordance with Article 3, information respecting the Member's personal professional liability insurance; [Note: Amended in anticipation of amendment to Pharmacy Act Regulations. Refer to the Note in Article 3 for more information.]
- (e) information respecting the Member's participation in the Quality Assurance Program;

13.1.2 ~~(f)~~ information required to be contained in the Register pursuant to the *Code* and the By-Laws;

(a) ~~(g)~~ such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations under any of those Acts;

(b) ~~(h)~~ information that relates to the professional characteristics and activities of the Member that may assist the College in carrying out its objects;

(c) ~~(i)~~ information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and

(d) ~~(j)~~ any other information that the College deems may assist it in carrying out its objects.

13.1.3 ~~12.1.2~~ Each Member shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Member.

13.1.4 ~~12.1.3~~ Where any information that a Member has provided to the College in response to a request under subparagraph ~~12.1.1~~13.1.1 has changed, the Member shall notify the College of the change within thirty (30) days of its effective date.

13.1.5 ~~12.1.4~~ In addition to the requirements in subparagraphs ~~12.1.2~~13.1.3 and ~~12.1.3~~13.1.4, a Member shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Member is required to provide to the College, pursuant to the *Code* or the By-Laws.

## 13.2 ~~12.2~~ **Filing of Information by Applicants for a Certificate of Accreditation.**

13.2.1 ~~12.2.1~~ Every Applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the Applicant proposes to commence operation of the pharmacy:

- (a) the full name of the Applicant and, where the Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Applicant is:
  - (i) a corporation or partnership, the business address of the corporation or partnership; or
  - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;
- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (g) any other information that the College deems may assist it in carrying out its objects.

13.2.2 ~~12.2.2~~ Every Applicant for a Certificate of Accreditation shall provide such additional information the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

13.2.3 ~~12.2.3~~ Every Applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

13.2.4 ~~12.2.4~~ Where any of the information that an Applicant has provided to the College under subparagraph ~~12.2.1, 12.2.2 or 12.2.3~~ 13.2.1, 13.2.2 or 13.2.3 has changed, the Applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

### 13.3 ~~12.3~~ **Filing of Information by Pharmacies.**

13.3.1 ~~12.3.1~~ In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:
  - (i) a corporation or partnership, the business address of the corporation or partnership; or
  - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;
- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (f) any other information that the College deems may assist it in carrying out its objects.

13.3.2 ~~12.3.2~~ Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph ~~12.3.1~~ 13.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

13.3.3 ~~12.3.3~~ In addition to the requirements in subparagraphs ~~12.3.1~~ 13.3.1 and ~~12.3.2~~ 13.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

### 13.4 ~~12.4~~ **Filing of Information for Closing Pharmacies.**

13.4.1 ~~12.4.1~~ Subject to subparagraph ~~12.4.2~~ 13.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;

- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

13.4.2 ~~12.4.2~~ Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph ~~12.4.1~~13.4.1 need only set out the information in subparagraph ~~12.4.1~~13.4.1(a) and (d).

### 13.5 ~~12.5~~ **Filing of Information by Health Profession Corporations.**

13.5.1 ~~12.5.1~~ The College shall forward to each health profession corporation each year, in a form approved by the Registrar, a request for such information as the health profession corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

13.5.2 ~~12.5.2~~ Every health profession corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the 10<sup>th</sup> day of March next following the forwarding of the request for information to the health profession corporation.

13.5.3 ~~12.5.3~~ Where any information that a health profession corporation has provided to the College in response to a request under subparagraph ~~12.5.1~~13.5.1 has changed, the health profession corporation shall notify the College of the change within thirty (30) days of its effective date.

13.5.4 ~~12.5.4~~ Despite ~~subsection 12.5.3~~subparagraph 13.5.3, a health profession corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

13.5.5 ~~12.5.5~~ In addition to the requirements in subparagraphs ~~12.5.2, 12.5.3~~13.5.2, 13.5.3 and ~~12.5.4~~13.5.4, a health profession corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the health profession corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

## ARTICLE 14 CHANGE OF CONTROL

### 14.1 **Change of Control.**

14.1.1 In the event that a Member engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Member must notify the College in the event that the Member becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

14.1.2 When used herein, the term “Change of Control” in respect of a Drug Preparation Premises shall mean:

- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;

- (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,  
in each case, by way of one or a series of related transactions. [Note: Added to ensure that the College is aware of transactions of a significant nature involving a Drug Preparation Premises.]

~~ARTICLE 15~~**Article 13**  
**MEMBER FEES**

15.1 Application of Fees. Unless otherwise indicated, the fees set out in this Article 15 shall be effective as of January 1, 2019.

15.2 ~~13.1~~ **Application and Issuance Fees** [Note: All changes to fees below reflect fees proposed to begin in 2019.]

15.2.1 ~~13.1.1~~ Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee ~~as follows: of \$375.00 plus applicable taxes, due and payable immediately upon the College opening a registration file for such person.~~

~~(a) on or before December 31, 2015, \$130.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$300.00 plus applicable taxes;~~

~~which fee shall be due and payable immediately upon the College opening a registration file for such person.~~

~~13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee as follows:~~

~~(a) on or before December 31, 2015, \$205.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$75.00 plus applicable taxes;~~

15.2.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$94.00, which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.

15.2.3 ~~13.1.3~~ The fee for the issuance of a Certificate of Registration as a Pharmacist is ~~as follows:~~ the applicable annual fee plus applicable taxes.

~~(a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes; and~~

~~(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.~~

15.2.4 ~~13.1.4~~ The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is ~~as follows:~~the applicable annual fee plus applicable taxes.

~~(a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes; and~~

~~(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.~~

15.3 ~~13.2~~ **Examination Fee.** An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee ~~as follows:~~of \$125.00 plus applicable taxes.

~~(a) on or before December 31, 2015, \$200.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$100.00 plus applicable taxes.~~

15.4 ~~13.3~~ **Annual Fees.**

15.4.1 ~~13.3.1~~ Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of ~~\$600.00;~~ (i) for the year beginning January 1, 2019, \$675.00 plus applicable taxes; and (ii) thereafter, \$750.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$300.00 plus applicable taxes.~~

15.4.2 ~~13.3.2~~ Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of ~~\$300.00;~~ (i) for the year beginning January 1, 2019, \$337.50 plus applicable taxes; and (ii) thereafter, \$375.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$150.00 plus applicable taxes.~~

15.4.3 ~~13.3.3~~ Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of ~~\$400.00;~~ (i) for the year beginning January 1, 2019, \$450.00 plus applicable taxes; and (ii) thereafter, \$500.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$200.00 plus applicable taxes.~~

15.4.4 ~~13.3.4~~ The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

15.4.5 ~~13.3.5~~ No later than 30 days before the annual fee is due, the Registrar shall notify the Member of the amount of the fee and the day on which the fee is due.

15.4.6 ~~13.3.6 A Member~~ A Pharmacist or Pharmacy Technician who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the ~~Member pays the annual fee within 30 days of when it is due, the penalty shall be \$100.00 plus applicable taxes. If the Member pays the annual fee 30 days or more after it is due, the penalty shall be \$150.00 plus applicable taxes.~~ Pharmacist or Pharmacist Technician pays the annual fee:

(a) ~~within thirty (30) days of when it is due, the penalty shall be \$125.00 plus applicable taxes; and~~

(b) ~~thirty-one (31) days or more after it is due, the penalty shall be \$188.00 plus applicable taxes. [Note: Changed to clarify that payments made within 30 days are subject to the fees set out in paragraph (a) and payments made 31 days or more are subject to the fees set out in paragraph (b).]~~

### 15.5 ~~13.4~~ **Fee to Lift Suspension or for Reinstatement.**

15.5.1 ~~13.4.1~~ Where a Member's Certificate of Registration has been suspended by the Registrar for ~~failure~~ failing [*Note: Changed to reflect change to QA & Registration Reg.*] to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of ~~\$150.00~~ 188.00 plus applicable taxes.

15.5.2 ~~13.4.2~~ Where a Member's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of ~~\$150.00~~ 188.00 plus applicable taxes.

15.5.3 ~~13.4.3~~ The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be ~~\$250.00~~ 313.00 plus applicable taxes.

15.6 ~~13.5~~ **Election Recount Fee.** The election recount fee payable by a candidate for election to the Council who requests a recount of the vote shall be \$500.00 plus applicable taxes.

### 15.7 ~~13.6~~ **Other Fees.**

15.7.1 ~~13.6.1~~ Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

15.7.2 ~~13.6.2~~ Where, pursuant to the *Pharmacy Act Regulations*, a member:

(a) has undertaken remediation by order of the Quality Assurance Committee;

(b) undergoes a practice review by an assessor after the remediation, and is found by the Quality Assurance Committee to continue to have a deficiency in his or her knowledge, skills or judgment that requires correction; and

~~(c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation;~~

(c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation. the member shall pay a fee of \$1000.00 plus applicable taxes for each such further practice review by an assessor, and for any additional practice -reviews that the member undertakes thereafter.

15.7.3 The fee for an Applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a second third and/or subsequent time following initial assessment is \$1,000. [Note: Provision added to reflect recent resolution passed by the Council to accept PACE as fulfilling the current requirement that Applicants undertake Structured Practical Training..]

15.7.4 ~~13.6.3~~ The fee for the inspection of a Drug Preparation Premises pursuant to ~~Part IX~~ of the *Pharmacy Act Regulations*, including all activities related to the inspection, shall be ~~\$2,500.00~~ \$3,125.00 plus applicable taxes, and shall be payable, jointly and severally, by those Members who engage in, or supervise, drug preparation activities at the Drug Preparation Premises.

#### ~~ARTICLE 16~~ **Article 14** **PHARMACY TRANSACTION FEES**

16.1 Application of Fees. Unless otherwise indicated, the fees set out in this Article 16 shall be effective as of January 1, 2019.

#### **16.2** ~~14.1~~ **Application Fee.**

16.2.1 ~~14.1.1~~ Subject to subparagraph ~~14.1.2~~ 16.2.2, the application fee for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall be ~~as follows:~~ \$625.00 plus applicable taxes.

~~(a) — on or before December 31, 2015, \$250.00 plus applicable taxes;~~

~~(b) — between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes; and~~

~~(c) — on and after the Effective Date:~~

~~(i) — \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or~~

~~(ii) — \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~

16.2.2 ~~14.1.2~~ Where an Applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class. applies for ~~certificates of accreditation~~ Certificates of Accreditation to establish and operate the pharmacies, the application fee shall be ~~as follows:~~ \$625.00 plus applicable taxes for the first application, and \$63.00 plus applicable taxes for each additional application.

~~(a) — on or before December 31, 2015, \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application;~~

~~(b) — between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application; and~~

~~(c) — on and after the Effective Date:~~

- ~~(i) for the first application, \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class;~~
- ~~(ii) for each additional application, \$50.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and~~
- ~~(iii) for greater certainty, this subparagraph 14.1.2 shall not apply to an Applicant seeking a Certificate of Accreditation of the hospital pharmacy class.~~

**16.3 14.2 Issuance Fee.**

~~14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy shall be:~~

- ~~(a) until the Effective Date, \$750.00 plus applicable taxes; and~~
- ~~(b) on and after the Effective Date:
 
  - ~~(i) \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and~~
  - ~~(ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~~~

~~14.2.2 Subject to subparagraph 14.2.4 and 14.2.5, the additional fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.~~

16.3.1 ~~14.2.3 Subject to subparagraph 14.2.5~~16.3.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.shall be:

~~14.2.4 Subject to subparagraph 14.2.5, there shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.~~

- (a) \$938.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$469.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the community pharmacy class; and
- (b) \$4375.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$2,188.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the hospital pharmacy class.

16.3.2 ~~14.2.5 For greater certainty, on and after the Effective Date~~Subject to subparagraphs ~~14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to~~16.3.4, the additional fee for the issuance of a Certificate of Accreditation of the community pharmacy class to establish and operate a community pharmacy that permits the operation of remote dispensing locations, shall be \$938.00 plus applicable taxes for each remote dispensing location to be operated.

16.3.3 The fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be:

(a) \$1,200.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class; and

(b) \$313.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class.

16.3.4 There shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

**16.4 ~~14.3~~ Fee for Amended Certificates - Remote Dispensing Locations.**

16.4.1 ~~14.3.1~~ The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be ~~\$250.00~~313.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

16.4.2 ~~14.3.2~~ The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be ~~\$750.00~~938.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

**~~14.4~~ Lock and Leave.**

~~14.4.1~~ Subject to subparagraphs ~~14.2.2~~ and ~~14.2.3~~, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection ~~146(2)~~ of the ~~Drug and Pharmacies Regulation Act~~, shall be ~~\$250.00 plus applicable taxes.~~

~~14.4.2~~ The fee referred to in subparagraph ~~14.4.1~~ shall not apply where an Applicant seeks the approval at the same time as it applies to establish and operate a pharmacy (other than an existing pharmacy that the Applicant has acquired or that has relocated).

~~14.4.3~~ On and after the Effective Date, subparagraphs ~~14.4.1~~ and ~~14.4.2~~ shall be of no force or effect.

16.4.3 For greater certainty, subparagraphs 16.4.1 and 16.4.2 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

[Note: Lock and leave provisions deleted to reflect removal of application process for same in DPRA Regulations.]

**16.5 ~~14.5~~ Renewal Fee.** The fee for the renewal of a Certificate of Accreditation shall be paid on or before May 10 of each year and shall be in the amount of:

~~(a) on or before December 31, 2015, \$860.00 plus applicable taxes;~~

~~(b) between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes; and~~

~~(c) on and after the Effective Date:~~

- (a) ~~(i) \$940.00~~\$1,175.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
- (b) ~~(ii) \$3500.00~~\$4,375.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

**16.6** ~~14.6~~ **Additional Renewal Fee.** The additional renewal fee for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be ~~\$1,000.00~~\$1,250.00 plus applicable taxes for each such re-inspection, and shall be paid on or before May 10~~th~~ of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.

## ARTICLE 17~~Article 15~~ CERTIFICATE OF AUTHORIZATION FEES

17.1 **Application of Fees.** Unless otherwise indicated, the fees set out in this Article 17 shall be effective as of January 1, 2019.

17.2 ~~15.1~~ **Application Fee.** The application fee for a Certificate of Authorization for a health profession corporation is ~~\$1,000.00~~\$1,250.00 plus applicable taxes.

17.3 ~~15.2~~ **Renewal Fee.**

17.3.1 ~~15.2.1~~ The fee for the annual renewal of a Certificate of Authorization is ~~\$300.00~~\$375.00 plus applicable taxes.

17.3.2 ~~15.2.2~~ The annual renewal fee for a Certificate of Authorization must be paid on or before March 10 of each year.

17.3.3 ~~15.2.3~~ No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the health profession corporation of the amount of the fee and the day on which it is due.

## ARTICLE 18~~Article 16~~ CODES OF ETHICS AND CONDUCT

18.1 ~~16.1~~ **Code of Ethics.** There shall be a Code of Ethics for Members, which is Schedule A to this By-Law.

18.2 ~~16.2~~ **Code of Conduct.** There shall be a Code of Conduct for members of the Council and of Committees, which is Schedule B to this By-Law.

## ARTICLE 19~~Article 17~~ MAKING, AMENDING AND REVOKING BY-LAWS

19.1 ~~17.1~~ **Requirements.**

19.1.1 ~~17.1.1~~ By-Laws may be made, repealed or amended by at least two-thirds (2/3<sup>rds</sup>) of all members of Council present at a meeting of the Council and eligible to vote.

19.1.2 ~~17.1.2~~ Amendments may be proposed by not fewer than three (3) members of the Council or by the Executive Committee.

19.1.3 ~~17.1.3~~ Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the members of the Council.

19.1.4 ~~17.1.4~~ The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all members of the Council of the proposed amendments.

19.2 ~~17.2~~ **Repeal of Former By-Laws.** The repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All members of the Council and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law.

19.3 ~~17.3~~ **Effective Date.** This By-Law shall come into force and effect on the date that it is approved by the Council. Upon this By-Law coming into force and effect, By-Law No. ~~34~~ shall hereby be repealed.

19.4 ~~17.4~~ **Conflict.** If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it shall, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Council, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by Council and sealed with the corporate seal of the College the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
President  
(Corporate Seal)

\_\_\_\_\_  
Vice-President



## SCHEDULE A

# Ontario College of Pharmacists Code of Ethics

### Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP’s Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

### Who does the Code of Ethics Apply to?

The Code of Ethics applies to all members of the College, in accordance with their scope of practice, including registered pharmacists, ~~pharmacy students~~, interns, [intern technicians](#) and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be members of the College.

The Code of Ethics is applicable in all pharmacy practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All members are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

### Compliance with the Code of Ethics

The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of members. Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds members accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All members of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

### **Understanding the Professional Role and Commitment of Healthcare Professionals**

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

*What does being a healthcare professional require of pharmacists and pharmacy technicians?*

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

*Where does this obligation come from?*

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

### **Ethical Principles that Govern Healthcare Practice**

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

*Beneficence (to benefit):*

The first foundational principle that forms and guides our commitment to *serve* and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

*Non maleficence (do no harm, and prevent harm from occurring):*

The second foundational principle that guides our commitment to *serve* and *protect* the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

*Respect for Persons/Justice:*

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability,

autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

*Accountability (Fidelity):*

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

## **Code of Ethics and Standards of Application**

*The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all members of the College as regulated healthcare professionals.*

### **1. Principle of Beneficence**

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

#### **Application**

Pharmacists and Pharmacy Technicians serve and benefit the patient and society’s best interests.

#### **Standards**

1. 1 Members ensure that their primary focus at all times is the well-being and best interests of the patient.
1. 2 Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients.
1. 3 Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
1. 4 Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
1. 5 Members ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
1. 6 Members provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
1. 7 Members ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
1. 8 Members consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
1. 9 Members prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
1. 10 Members participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
1. 11 Members make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
1. 12 Members participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
1. 13 Members strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.

- 1.14 Members, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.
- 1.15 Members ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Members strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

## 2. Principle of Non Maleficence

The ethical principle of “Non Maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

### Application

Pharmacists and Pharmacy Technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

### Standards

- 2.1 Members refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Members practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient’s needs.
- 2.3 Members disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.
- 2.4 Members act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Members challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Members provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Members ensure that when they are involved in the patient’s transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Members provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Members respect the patient’s right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Members ensure that the healthcare professional/patient relationship is not exploited by the member for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Members do not under any circumstances participate in sexual behaviour including, but not limited to:
  - i. Sexual intercourse or other forms of sexual relations between the member and the patient;
  - ii. Touching of a sexual nature, of the patient by the member; or
  - iii. Behaviour or remarks of a sexual nature, by the member towards the patient.
- 2.12 Members do not under any circumstances participate in any form of harassment including, but not limited to:
  - i. Bullying or intimidating;

- ii. Offensive jokes or innuendos;
  - iii. Displaying or circulating offensive images or materials; or
  - iv. Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
- i. that the member does not directly convey their conscientious objection to the patient;
  - ii. that the member participates in a system designed to respect the patient's right to receive products and services requested;
  - iii. that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Members may only consider ending the professional/patient relationship when the member has met the following conditions:
- i. In his/her judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
  - ii. Considers the condition of the patient;
  - iii. Considers the availability of alternative services; and
  - iv. Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Members assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.
- 2.16 Members in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Members maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Members raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Members assign tasks only to those individuals who are competent and trained to do them.
- 2.20 Members ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

### **3. Principle of Respect for Persons/Justice**

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.

#### **Application**

Pharmacists and Pharmacy Technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

#### **Standards**

- 3.1 Members recognize and respect the vulnerability of patients.
- 3.2 Members respect and value the autonomy and dignity of patients.
- 3.3 Members practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Members listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.

- 3.5 Members respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 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.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 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.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

#### **4. Principle of Accountability (Fidelity)**

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

##### **Application**

Pharmacists and Pharmacy Technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Members practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.
- B. Members refrain from participating in unethical business practices.
- C. Members avoid conflict of interest.

##### **Standards**

## **A. General Responsibilities**

- 4.1 Members abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.
- 4.2 Members conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- 4.3 Members ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.4 Members assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.5 Members do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.6 Members ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.7 Members maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.8 Members understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.9 Members must be diligent in identifying and responding to red flag situations that present in practice.
- 4.10 Members report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.11 Members take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.12 Members do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.13 Members participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.14 Members ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.15 Members co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.16 Members recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each member individually and the profession as a whole.

## **B. Participate in Ethical Business Practices**

- 4.17 Members recognize that their patient's best interests must always override their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.
- 4.18 Members only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.19 Members will not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.20 Members do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.21 Members will not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.22 Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.

- 4.23 Members are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.24 Members do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.25 Members do not participate in any practice that involves falsifying patient health records or member practice records.
- 4.26 Members must ensure that they do not participate in any form of advertising or promotion that contravenes this *Code*, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

### **C. Avoid Conflict of interest**

*Members need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.*

- 4.27 Members avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.28 Members avoid dual relationships and other situations which may present a conflict of interest and potentially affect the member's ability to be impartial and unbiased in their decision-making.
- 4.29 Members declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.30 Members involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.31 Members enter into relationships with industry which are appropriate and in compliance with this *Code* and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.32 Members do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.33 Members do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.34 Members ensure that they do not participate in referral programs with other members or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.35 Members limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

## SCHEDULE B

### THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

- (a) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* and their regulations, and the by-laws and policies of the College;
- (b) be prepared to participate in Council meetings and Committee work including reading background materials and briefing documents;
- (c) diligently take part in Committee work and actively serve on Committees as appointed by the Council;
- (d) regularly attend meetings on time (including not missing three (3) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
- (e) offer opinions and express views on matters before the College, Council and Committee, when appropriate;
- (f) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Council and Committee members;
- (g) uphold the decisions made by a majority of Council and Committees, regardless of the level of prior individual disagreement;
- (h) place the interests of the College, Council and Committee above other interests;
- (i) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and remove oneself from discussing or voting on any issue where there is a conflict of interest;
- (j) refrain from including or referencing Council or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one’s titles or positions held at the College in one’s curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
- (k) preserve confidentiality of all information before Council or Committee unless disclosure has been authorized by Council or is otherwise exempted under the RHPA (e.g., it is already in the public domain);
- (l) refrain from attempting to influence a statutory decision unless one is a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;

- (m) respect the boundaries of staff whose role is not to report to or work for individual Council or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Council or where otherwise appropriate; and
- (n) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

## **SCHEDULE C**

### **RULES OF ORDER OF THE COUNCIL**

1. Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Council Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council Member must second the motion before it can be debated.
2. When any Council Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.
3. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
4. Observers at a Council meeting are not allowed to speak to a matter that is under debate.
5. A Council Member may not speak again on the debate of a matter until every other Council Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer.
6. No Council Member may speak longer than five (5) minutes upon any motion except with the permission of Council.
7. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.
8. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
9. When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.
10. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.
11. No Council Member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Council Member so interested shall be disallowed.
12. Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Council Members then present and eligible to vote.
13. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the by-laws, he or she shall rule the motion out of order and give his or her reasons for doing so.

14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
15. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
16. Council Members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.
17. Council Members and others present in the room shall turn off cell phones or put them on vibrate during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
18. Council Members shall be silent while others are speaking except to bring a permissible motion.
19. In all cases not provided for in these rules or by other rules of Council, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.
20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the by-laws, including audio or video conferencing.

Document comparison by Workshare Compare on August-29-18 10:28:57 AM

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Document 2 ID	file:///C:/Users/turner/Desktop/Revised By-laws - Fasken - August 29th.docx
Description	Revised By-laws - Fasken - August 29th
Rendering set	Standard

Legend:	
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Moved from	
<a href="#">Moved to</a>	
Style change	
Format change	
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Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
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Moved from	18
Moved to	18
Style change	0
Format changed	0
Total changes	2184

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

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Staff

**TOPIC:** Discipline Cost Recovery

**ISSUE:** Consider developing a policy that would formalize the criteria and manner in which cost awards are sought when findings of professional or propriety misconduct are proven to increase the proportion of discipline costs that are recovered from subjects of discipline and decrease the financial burden on the rest of the profession.

**BACKGROUND:**

- Feedback from registrants through the by-law consultation included questions as to why the annual fees were increased for all registrants to cover the cost of increased discipline costs.
- It is a well-established principal within administrative law that the general membership of the profession should not bear the total costs related to a member's misconduct.
- While the College does currently seek costs in some instances, the actual costs incurred are significantly higher than the costs ordered by the Discipline Committee.
- The College's current approach to cost awards is based on precedents and can vary from case to case.

**ANALYSIS:**

- The majority of health colleges in Ontario regularly seek and are granted cost awards arising from disciplinary matters.
- Common formulas for costs awards are percentage of actual costs and fixed hearing day costs.

**RECOMMENDATION:** Staff draft a Council policy to address cost orders at the Discipline Committee and report recommendations to Council in March 2019.

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

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

<b>FOR DECISION</b>	<b>X</b>	<b>FOR INFORMATION</b>
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**INITIATED BY:** Executive Committee

**TOPIC:** Governance

**ISSUE:** In support of strengthening public trust in the ability of the College to regulate the profession in the public interest and given the international, Canadian and provincial trends to move to best practice in self- regulation, Council is being asked to:

1. Partner with the Advisory Group for Regulatory Excellence (AGRE) to develop options for legislative changes to support the government in governance reform.
2. Support a framework and principles for governance change, as presented in Appendix 1.

**BACKGROUND:**

- The College, along with other Health Colleges and the Ministry of Health and Long- Term Care (MOHLTC), have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes over the past several years.
- In the summer of 2015, AGRE supported the MOHLTC in increasing transparency and enhancing public protecting. Concepts conceived by AGRE were included in the *Protecting Patients Act (PPA)*, 2017. (See Attachment 1). Amendments introduced through the PPA included removing the prescriptive language in the RHPA respecting composition of statutory committees and providing the Minister with the power to make regulations controlling all aspects of the structure and composition of College statutory committees.
- In December 2016, the College of Nurses of Ontario (CNO) fully endorsed recommendations made by a governance Task Force and supported implementation of a plan entitled Final Report: A vision for the future ([Vision 2020](#)). Vision 2020 is a progressive plan to transform the governance model for CNO to align with worldwide best practice.
- In the summer of 2017, the AGRE policy group developed a proposed Eligibility and Competency-Based Appointment Framework to screen individuals seeking to serve on statutory committees, a theme that emerged from the Governance Discussion Paper prepared for AGRE. (See Attachment 2)
- In response to the initiatives noted above, OCP Council, in June 2017, approved a [competency based screening process](#) to vet applications of professional members interested in serving as Non Council Committee Members on OCP statutory committees. This demonstrated Council's leadership and commitment to implement best practices in governance.

- Looking internationally, governments in Ireland, Australia and New Zealand are actively considering or implementing the model introduced by the United Kingdom in which a Professional Standards Authority (PSA), an independent body that reports directly to parliament, oversees the nine health professions regulators.
- Locally, the newly elected government is continuing the governance review from previous leadership and is preparing to take steps to strengthen public trust and engender best practices in regulatory governance. A specific role within government has been established to lead an expedited review of legislation and regulation to identify barriers to improving effectiveness and efficiency of operations and strengthening ministry oversight, signaling strong appetite for change. (See Attachment 3)
- In parallel, Colleges are considering the issue of governance modernization. In September 2018, CPSO discussed the CNO [Vision 2020](#) at Council and formally endorsed the proposed governance framework and acknowledged the value in aligning with other Health Colleges to proactively impact regulatory changes.
- Recently, in November, AGRE formally expressed a commitment to working with government to develop policy recommendations that build on CNO's Governance Vision 2020 to modernize the governance structures of health regulatory bodies in Ontario with a view to strengthening public confidence in self-regulation. (See Attachment 4)

## ANALYSIS:

- The newly elected government has demonstrated a renewed commitment to modernizing regulatory processes and structures. This presents an opportunity for the College to join the AGRE colleges in proactively supporting the government to establish governance changes that best serve, and are seen to serve, the public interest.
- The CNO Vision 2020 contains a comprehensive review of best practice recommendations and is being followed keenly by AGRE. A governance framework based on these recommendations is presented in Appendix 1. The framework is underpinned by best practice governance principles that Council and other colleges continue to exemplify, also included in Appendix 1, and represents a governance structure well-suited to serve the public interest.
- In particular, best practice supports a small governing board made up of an equal number of public and professional members, with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. Literature indicates that this structure aligns with best practice governance principles, meets the changing expectations of society and strengthens the ability to be, and be seen to be, a protector of the public.
- Legislative changes are being presented to CNO Council in December 2018, demonstrating a high level of activity in governance reform. Partnering with CNO and AGRE colleges allows the College to join other regulatory leaders to proactively work with government to support change, rather than having changes imposed on the sector.
- Any legislated changes proposed will require government approval and are likely to be introduced and implemented gradually.

**RECOMMENDATION:** Recommend that Council support a partnership with AGRE to help inform proposed legislative changes required to support the government in modernizing governance.

Recommend that Council support the governance reform framework and principles in Appendix 1.

**NEXT STEPS:**

- Partner with AGRE colleges to further develop and refine the recommendations for governance reform to proactively support legislative change.
- Keep Council informed and provide regular updates at Council meetings for consideration.

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

## APPENDIX 1: Governance Framework Recommendations and Governance Principles

### Governance Framework Recommendations

#### 1. Reduction in Council size:

- Best practices indicate that smaller boards are more readily able to engage in generative discussion and effective-decision making, fully utilizing each member.
- Advisory groups and stakeholder engagements are methods to further enhance diversity of input.

#### 2. Council Composition

- A board made up of equal numbers of professionals and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.

#### 3. Separation of Council and statutory committees

- Allows for greater delineation of strategic (Council) and operation (statutory committee) function and promotes independence of those functions.

#### 4. Competency-based Council:

- Literature and governance trends support competency based boards. Having all Council members with the needed competencies and attributes will support the board to meet all of the principles.

### Governance Principles

#### 1. Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

#### 2. Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

#### 3. Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

#### 4. Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

#### 5. Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

## **6. Integrity**

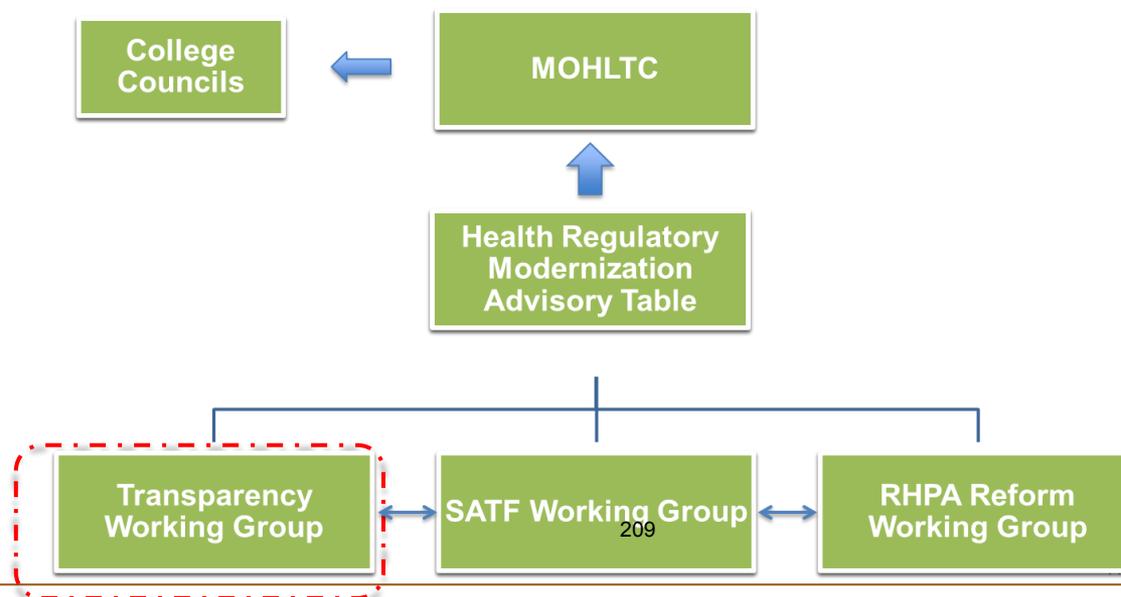
- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

## **7. Transparency**

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

# Governance Structure

- Several initiatives that will involve reviews of the RHPA scheme will take place concurrently with the work on the transparency strategy.
- To support coordination of these efforts and collaboration with the colleges, a Health Regulatory Modernization Advisory Table (HRMAT) comprising of Registrars, ministry representatives who will advise on the efforts of the working groups and endorse its work (e.g. guidelines, standards, etc.) to the ministry.
- The Transparency Working Group will be reporting to the HRMAT on its work for approval before disseminating final guidance products to the colleges.
- The ministry will work with college Councils to implement guidelines, standards, recommendations consistently across all colleges.



# Governance Discussion Paper

February 14, 2017

Prepared for AGRE by:

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## Introduction

The purpose of this discussion paper is to provide background and context for the Advisory Group for Regulatory Excellence (AGRE) roundtable discussion regarding governance.

Since AGRE was formed in 2012 the group has had considerable success in collaborating together to develop the AGRE Transparency Principles, engaging with the provincial government regarding these principles and having them adopted in bylaw by the AGRE regulators. As will be seen from the Bill 87 Protecting Patients Act summary provided in the Background section, this forward-thinking work on transparency both anticipated and was able to shape to some extent the Ontario government's policy direction. Regulators who have adopted the AGRE Principles and amended their bylaws accordingly are therefore well-prepared for transparency amendments to the Regulated Health Professions Act (RHPA) that may become effective through Bill 87.

The current focus of AGRE regulators on governance is similarly intended to position regulators to get "ahead of the curve" on regulatory governance. This is in response to apparent trends in the regulatory landscape, anticipation that the Ontario government is looking to impose changes to the governance sample framework of all regulated health professions and the College of Nurses of Ontario's (CNO's) December 2016 Council decision to pursue a new "Vision 2020" for its governance structure.

While the governance conversation so far has been a high-level discussion among the AGRE Group, this paper is intended to share information and context in order broaden the discussion to AGRE College Executive Committees and eventually Councils.

## Background

### *Trends in Regulatory Governance*

There are important external influences and trends that provide both impetus and context for AGRE to look at regulatory governance at this time. These are international (particularly related to regulatory developments in the UK, Australia and New Zealand), national and provincial.

Richard Steinecke, Robert Lapper and others who provide guidance to regulated professions on these issues have highlighted that these trends in regulatory governance have and are anticipated to continue to influence Ontario government policy in the near future.

Robert Lapper, CEO of the Law Society of Upper Canada has spoken about changing trends in regulatory governance, including in a presentation to CPSO Council in February 2016. He was a member of CNO's Governance Task Force and in his address to CNO Council in December 2016 stated that "At very least every professional regulator will have to consider...and be able to justify, in the public interest, its own sample framework of professional regulation, against the benchmarks that these trends arguably establish." External trends that he pointed out are included in the summary here<sup>1</sup>:

- "There is a growing tendency in the western democratic world to question whether self-regulating professions truly live up to their mandate to protect the public interest."

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<sup>1</sup> Direct quotes are from Robert Lapper's CNO presentation.

- "Regulatory governance is in the spotlight. Regulatory outcomes that are perceived to favour the professional over the public interest are often the subject of intense media scrutiny. Governments are called to account and address the public outcry that ensues."
- Governments have diminished self-regulation in many countries. This has included, in the UK the "co-regulation" of health and legal professions under standards authorities governed by public and not professional members. Similar reforms are being active considered or implemented in Ireland, Australia and New Zealand.
- In Canada, governments are increasingly inclined to oversee the regulation of professions. For example fairness legislation in a number of jurisdictions scrutinizes the registration practices of regulators and imposes significant reporting requirements.
- In recent years governments have become more likely to intervene in professional regulation. In BC both teachers (2012) and the real estate profession (2016) have lost the right to self-regulate. The 2012 appointment of a supervisor for the College of Denturists of Ontario (CDO) also signalled willingness by the government to use a power it had not exercised previously<sup>2</sup>.
- Reviews of professional regulation worldwide have led to trends such as:
  - Moving to more balanced professional/public representatives in governance (UK health and legal professions).
  - Selection of members from specific practice sectors rather than regions (Nursing and Midwifery Board – Ireland).
  - Moving from election of professional members to competency or criteria based appointment of professional members or to a mix of election and appointment of professional members (Federation of Law Societies, Canada / UK Health and Legal Professions).
  - Reducing Board/Council sizes (UK health professions<sup>3</sup>, *Barreau du Québec*, other Canadian Law Societies).
  - "Professionalizing" or specializing some regulatory functions (Professional discipline tribunals – Law Society of Upper Canada, New Zealand Health Practitioners Disciplinary Tribunal).

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<sup>2</sup> The power to appoint a College supervisor is outlined in the RHPA as "**College supervisor** s. 5.0.1 (1) The Lieutenant Governor in Council may appoint a person as a College supervisor, on the recommendation of the Minister, where the Minister considers it appropriate or necessary. 2014, c. 14, Sched. 2, s. 9." Evidence that this is the first exercise of this power can be read in the CDO Council Highlights of September 12, 2013: <https://cdo.in1touch.org/document/1160/73rd%20Council%20Highlights.pdf%20>.

<sup>3</sup> The General Medical Council (GMC) was reduced from 104 members to 35 in 2003 (source: *Dyer, Clare (10 May 2003). "New slimmed down GMC takes shape". BMJ. 326: 1002.*). The Professional Standards Authority report (September 2011) *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*, advised that "boards with a range of 8-12 members are associated with greater effectiveness". Subsequently consultations were undertaken and the boards of health councils were reduced - the GMC and the General Dental Council each now have 12 members, the Nursing and Midwifery Council went from 14 to 12 members, the General Osteopathic Council went from 14 to 10 members.

## *The UK's Professional Standards Authority (PSA)*

- A very significant and influential international development has been the move away from the self-regulation of professions in the UK. As indicated in Grey Areas<sup>4</sup> "With the publication of its paper on Right Touch Regulation in 2010, the United Kingdom's Professional Standards Authority (PSA) leapt to the forefront of international thinking on professional regulation." The subsequent updating of that paper in 2015 as well as publishing another paper entitled Rethinking Regulation "called for a radical overhaul of the regulation of the health and social service professions in the UK".
- Richard Steinecke reported<sup>5</sup> that "The PSA is being considered by the Ministry of Health and Long-Term Care of Ontario (Ministry) as a possible sample framework for oversight of the RHPA Colleges."
- The PSA<sup>6</sup> was established in 2012. It was previously known as the Council for Healthcare Regulatory Excellence (CHRE)<sup>7</sup>. The PSA oversees statutory bodies that regulate health professionals in the UK and social care in England. Where occupations are not subject to statutory regulation, it sets standards for those organisations that hold voluntary registers and accredits those that meet them.
- The PSA is a publicly appointed body. None of the members of the Board of Directors of the PSA can have been practitioners of a profession overseen by the PSA. The PSA is funded by fees and levies charged to the bodies it oversees or, in the case of advice to government agencies or international bodies, fees charged to the recipients of the advice.
- The March 2013 PSA report *Fit and Proper? Governance in the public interest*<sup>8</sup> indicates that:

"Over the past decade the governance of the health and care professional regulators in the UK has been transformed. The UK approach is no longer self regulation but shared regulation; regulation shared by professions and the public in the interests of society as a whole. The councils or boards of the professional regulators are now much smaller, and have a balanced number of appointed professional and public members, rather than the large, elected, representative bodies of old. Presidents have become chairs and many are public rather than professional members. The focus of regulation on serving the public rather than the professions

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<sup>4</sup> Steinecke Maciura LeBlanc. Grey Areas (October 2016 - No. 210), retrieved January 25, 2016 from: <http://www.sml-law.com/wp-content/uploads/2016/10/Greyar210.pdf>.

<sup>5</sup> Richard Steinecke provided a 10-page analysis of the legal authority of the PSA and implications for the RHPA to AGRE in July 2016. The points included in this paper are a very brief synopsis of his much more detailed review.

<sup>6</sup> The full name of this body is the Professional Standards Authority for Health and Social Care.

<sup>7</sup> The CHRE was established in 2002 as a body to oversee the regulation of healthcare professionals in the UK following the 2001 Kennedy "Bristol heart scandal" report which looked at the causes of high rates of paediatric cardiac deaths at the Bristol Royal Infirmary. "[National body to oversee healthcare professionals](#)". The Guardian. Retrieved February 7, 2017.

<sup>8</sup> Professional Standards Authority (March 2013) *Fit and Proper? Governance in the public interest*. Retrieved February 7, 2017: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/fit-and-proper-2013.pdf?sfvrsn=2>.

is manifest in these reforms, and is mirrored in similar developments in professional regulation in other sectors, such as the regulation of legal professionals."

- The functions of the PSA fall into four broad categories:
  1. Provide oversight of health and social work regulators, which includes:
    - a) reviewing all disciplinary decisions of regulators;
    - b) conducting an annual performance review of each regulator;
    - c) mentoring and providing advice to regulators (e.g. how to handle dishonest behaviour of members, Rethinking Regulation paper);
    - d) directing regulators to make rules; and
    - e) (in future) considering complaints against regulators.
  2. Accredit unregulated professions: Unregulated professions may apply for may apply to have their "voluntary" register accredited by the PSA. There are currently 50 registers accredited by the PSA - ranging from Acupuncture to Yoga therapy.
  3. Advise government: The PSA provides policy advice and develops discussion papers for government<sup>9</sup>. For example, the PSA undertook research and provided specific advice to government on board size and effectiveness that resulted in the reduction of the size of health councils. The PSA also advises the Privy Council about the quality of the processes eight of the regulators use to recommend candidates for appointment and re-appointment as chairs and members of their councils. The PSA "check(s) the process the regulator has used, and assess(es) whether it is fair, transparent and open, whether it inspires confidence, and whether it ensures all selection decisions are based on evidence of merit."<sup>10</sup> The PSA advises the Privy Council whether each process meets the standard, but does not assess the suitability of individual candidates or have any say in who is appointed.
  4. Other activities: The PSA is sometimes retained to conduct reviews and publish reports internationally, and has done so for the Royal College of Dental Surgeons of Ontario (2013) and the College of Registered Nurses of BC (2015).
- As outlined by Robert Lapper during his December 2016 address to CNO Council:

"In its original report and subsequent updates the PSA has set out governance strategies that it recommends toward the objective of rebuilding trust between professionals, the public and regulators".<sup>11</sup> These include:

  - Smaller sized Councils/Boards;
  - Equal numbers of professionals on Councils/Boards; and

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<sup>9</sup> PSA policy advice to government can be found at: <http://www.professionalstandards.org.uk/publications/policy-advice>.

<sup>10</sup> The PSA's role in advising the government on appointments can be found at: <http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/appointments-to-councils>.

<sup>11</sup> Governance recommendations were originally described in the September 2011 CHRE report *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*. Retrieved February 7, 2017: <http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/board-size-and-effectiveness-2011.pdf?sfvrsn=12>.

- Transparency of appointment processes (which assumes that Boards/Councils are not elected by members of the profession.)"

The establishment of the PSA and effective removal of the right of self-regulation from health professions is significant and was anticipated to influence Ontario government policy, particularly in response to the recommendations of the Sexual Abuse Task Force Report. While Bill 87 does not create a new oversight body or a separate adjudicative tribunal to handle complaints of sexual abuse, it does create new powers of oversight by the Minister, including direction regarding the structure of and appointments to statutory committees and investigatory activities related to sexual abuse.

### *Bill 87, Protecting Patients Act, 2016*

On December 8, 2016 the Ontario Minister of Health and Long-term Care (MOHLTC) introduced for first reading Bill 87, which includes significant changes to the RHPA and Code in the following areas:

1. Increased powers of the Minister of MOHLTC;
2. Investigations, prosecution of and mandatory revocations related to sexual misconduct and funding for victims of sexual abuse, etc.; and
3. Transparency, including expansion of the public register and new self-reporting obligations.

Richard Steinecke provided an analysis of Bill 87 in a December 22, 2016 memo to the Federation of Health Regulatory Colleges of Ontario (FHRCO). In his introduction he states:

"Bill 87 will make significant changes to the *RHPA*. The changes go well beyond reforming the sexual abuse provisions. For example, enormous powers will be transferred to the Minister including the power to restructure the statutory committees of the College, such as by reducing or even removing professional members from their composition. The Minister will also have the authority to require Colleges to provide information to the Minister about the Colleges' handling of individual cases."

There are several amendments that are specifically relevant to discussions about governance and are anticipated to have a high impact on Colleges. These include the increased power of the Minister of MOHLTC to oversee and direct College functions by controlling the composition and actions of statutory committees. These are highlighted in Steinecke's analysis as follows:

- Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees (committees established by by-law are not affected). The regulations can establish their composition, panel quorum, eligibility requirements and disqualification grounds. For example, the Minister could require a majority of public members (or even all public members) on committees or panels. *This provision has the potential to compromise a fundamental principle of self-regulation, namely that the profession is governed by its own members* [emphasis added]. However, it should be noted that these regulations would not alter the composition of the Councils of the Colleges in either size or composition
- Sexual abuse: Minister Prescribed Functions: RHPA s. 43(1)(w). The Minister can make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases (e.g., requiring the use of investigators with particular credentials, mandating the videotaping of witness interviews, making rules of procedure allowing for the videotape to be received as the evidence in-chief of a

witness). In addition, the Minister can make regulations providing for further “functions and duties” for Colleges (e.g., requiring Colleges to provide legal counsel paid for by the College for individuals alleging sexual abuse; requiring Colleges to conduct research on sexual abuse by their members).

- Bill 87 also includes changes to the public register and self-reporting obligations (RHPA s. 43(1)(t) and the Code s. 23, 94(1)(l.2)). These proposed amendments are largely consistent with AGRE’s Transparency Principles and include those related to expansion of information provided on the public register, new mandatory self-reporting obligations and the posting of Council meeting information on College websites.<sup>12</sup>

## Regulatory Governance in Ontario

### AGRE Discussions

- Following the success of the Transparency Project AGRE identified at their January 14, 2016 meeting a second identified task: the need to focus on governance. This was inspired by comments made by Deputy Minister of MOHTC Bob Bell<sup>13</sup> and Assistant Deputy Minister Denise Cole at public meetings. Their remarks included:
  - How can College Councils function in the public interest when Council members are elected by peers/College members? Will Council members be considering the interests of those who elected them to Council? Are professional members really needed on College Councils?
  - Councils are too large.
  - There are too many Colleges.
  - Should College Presidents be elected from amongst the full profession, i.e., not by the College Council?
- AGRE recognized an opportunity to proactively and positively influence system change for *RHPA* Colleges, in a manner similar to the successful transparency initiative. There was agreement to hold a retreat to dedicate time to this issue, and the Policy Working Group (WG) developed an initial list of governance issues to be discussed at a retreat.
- The half-day retreat was held April 6, 2016 and was attended by the AGRE representatives. The focus of the governance discussion was on "how anticipated amendments to the RHPA could be influenced at early stages of decision-makers' thoughts and conversations".
- The retreat consisted of brain-storming sessions regarding Councils, committees and next steps. Questions included what Councils could look like, who the members would be, how they would become members, what their roles would be etc., with similar questions being considered for the structure and composition of committees. This discussion yielded good discussion and some general themes emerged, which are briefly summarized here:

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<sup>12</sup> These points were excerpted from Richard Steinecke's December 22, 2016 Analysis of Bill 87 prepared for the Federation of Health Regulatory Colleges of Ontario (FHRCO).

<sup>13</sup> Similar comments were subsequently made at a February 2016 meeting of FHRCO and during a presentation that Mr. Bell gave at a spring 2016 CPSO Council meeting.

- Councils:
  - All Council members (professional and public) should have similar competencies - this is difficult to ensure given the current sample framework of elections and appointments.
  - Possible that appointing rather than electing could enhance recruitment of effective members.
  - Consistent governance training and evaluation is needed to enhance performance and effectiveness of Councils.
  - Theoretically electing members brings geographic representation and connection to the profession, but some professional members may feel that they represent a constituency.
  - Important that public appointments are not political.
  - All Council members have same role so should be remunerated the same.
  - Currently there may be a disproportionate representation of certain demographics (e.g. those who practice in settings that allow paid time away) - how can greater participation be enabled?
  - Principles: Have competent Council members, selected through an application process, reflective of society (gender-balanced, representative of the profession).

The brainstorming also generated the following specific ideas:

- All Council members should have similar competencies: intelligent/knowledgeable; prepared; open-minded/willing to learn; up-to-date with current standards of practice, boundaries, trends, etc.; understanding of the public interest; independent (i.e., not an advocate); available; possessing integrity and transparency.
- Council member skill sets: Should include financial background; critical reasoning skills (actuary or lawyer); similar qualities as those required for members of for-profit Boards; previous regulatory experience (e.g., served on Committees); and perspectives (not representation); from different types of practice.
- Competencies/skill sets should be measured in a transparent, objective way: e.g. formal application; interview; references; recruitment; similar to robust screening processes used when hiring staff.
- Three types of recruitment:
  - Council (Board) members (by External Governance Committee)
  - Committee members (by Internal Governance Committee)
  - Discipline committee members (by Internal Governance Committee)
- Two Governance Committees to be formed:
  1. External Governance Committee: External body to appoint Board members
  2. Internal Governance Committee: to appoint Committee members

Both committees to be comprised of representatives from the College, other Colleges and government.
- Colleges to become Boards:
  - Board activities to be reduced to focus on governance/policy
  - Full Board to serve as Executive - no separate Executive Committee
  - Board members would not sit on Committees.
  - Size of Boards to be same for all health Colleges (e.g., between 8-12 members)

- 50/50 balance of professional and public members
- College Committees to include:
  - Board-Related (comprised of members with Board experience):
    - Governance Committee
    - Finance/Audit Committee
    - Other College-specific committees
  - Member-Related (comprised of members with clinical expertise, appointed by the Board):
    - Registration Committee
    - Quality Assurance Committee
    - Patient Relations Committee
    - Fitness to Practice Committee
    - Inquiries, Complaints, and Reports Committee
    - Discipline Committee
  - All committee members to require same competencies plus additional clinical/profession-specific knowledge as needed. Discipline Committee to be created as a pool of panel members, perhaps with a system similar to jury selection process.

- As an initial follow-up to this retreat in June 2016 the Policy WG provided an update at a subsequent meeting which included the status of governance discussions at AGRE Colleges. The purpose of this review was to evaluate the state of organizational or Council readiness, along a continuum from unaware of governance issues to making a decision to change their governance structure, as follows:

**Unaware -> Aware - No discussion -> Aware - Discussion -> Ready -> On board-> Decision**

- Generally speaking, most of the Colleges were considered to be at the 'aware' stage. The CNO was at that time characterized, after two years of governance work, to be at the 'ready' stage.
- It was agreed that as a next step a discussion paper should be developed and a "governance roundtable" held to further develop AGRE's governance initiative.
- Subsequent to these discussions, in December 2016 CNO's Leading in Regulatory Governance Task Force Final Report was submitted to Council and all recommendations were approved. In terms of the continuum above CNO can now be considered to be at the "On board" stage of governance transformation and working towards implementation planning and decisions.
- The following section provides an overview of CNO's "Vision 2020" as background and a sample framework for discussion at the AGRE governance roundtable.

## CNO's Leading in Regulatory Governance Task Force Report

- The College of Nurses of Ontario's (CNO's) Leading in Regulatory Governance Task Force was formed in December 2014, with the purpose of the work being:
  - To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
  - To seek new governance perspectives and approaches to enhance Council's excellence in governance.
  - To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.
- As stated in its Final Report "The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario."<sup>14</sup> The theme was that regulators need to be proactive in order to strengthen public trust.
- Activities undertaken by the Task Force to develop its recommendations included:
  - a Spring 2015 evaluation of CNO Council governance by an external governance expert;
  - an extensive literature review of academic studies about governance sample frameworks and group dynamics including which included looking at: governance sample frameworks and policies; regulatory board and committee structures; election/appointment/recruitment processes; leadership etc.
  - a review of trends and best practices in the governance of regulators around the world;
  - a report of a survey of regulators about governance; and
  - Council's input and insights provided at governance workshops.
- The Governance review milestones included in the attached final report attest to the significant consultation with and involvement of CNO Council in the Task Force's work. Some of the significant issues Council wrestled with regarding the draft framework when it was initially presented were:
  - ensuring that a diversity of views would continue to inform Council decision-making;
  - concerns, including about engagement of members, inherent in moving from an election to appointment process; and
  - concern regarding the power of the Governance Committee.The Task Force used this feedback to modify the vision presented in the final report.
- At its December 6 - 7, 2016 Council meeting, CNO Council devoted a half-day discussion to the Task Force's final report, reviewing the proposed vision (sample framework) and the recommendations.
- The governance vision recommended by the Task Force is very different from the current RHPA model. Some of the most significant elements are:
  - Move from a council to board of directors governance structure.
  - Replace the current CNO Council (35 - 39 members) with a 12-member board.
  - Have an equal number of nurse and public directors (6 nurses, with at least one registered and one registered practical nurse member) rather than a majority of professional members.
  - Eliminate Executive Committee - the Board will act as the Executive Committee.

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<sup>14</sup> The Final Report, literature review and all other Task force materials are posted on CNO's website at: <http://www.cno.org/en/what-is-cno/councils-and-committees/council/Governance-Review/>.

- Establish and make attendance at a governance "boot camp" mandatory for those interested in participating on the board or committee, to ensure that they understand the roles and expectations.
- Directors (board members) will not serve on statutory committees.
- Make selection of all directors and committee members based on a competency-based application and appointment process (no elections). Ensure that the board is intentionally structured to bring different perspectives.
- Committee members to be appointed to represent a diversity of nursing and other backgrounds and bring specific, relevant knowledge and skills required for committee work.
- Advisory Groups to be established as a new mechanism to ensure continued engagement with the profession, provide knowledge and input to Council on nursing issues specific to sectors, regions, practice areas etc.
- Two standing committees (Governance and Nominating) be established to handle all processes related to appointments to the board and committees.
- All directors will receive the same honorarium, as will all committee members.

- **CNO's Governance vision:**

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

## Components<sup>15</sup> of Recommendations for CNO Governance Vision 2020

### 1. Size

- The board will have 12 members, with no Executive Committee
- The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.

### 2. Composition

- The board will have equal numbers: 6 public and 6 nurse members (at least 1 RN, 1 RPN, and 1 NP).

### 3. Competency based

- Directors to be selected based on competencies (knowledge, skills, attitude) needed for the role.

### 4. Competency-based application and appointments process

- Board, statutory and standing committee members, board and committee leadership will all be appointed by the board based on competencies and a transparent, open appointments process.
- A Nominating Committee will recommend appointments of board and committee members.
- Governance Committee will recommend the competencies and board and committee leadership.
- Attendance at a “boot camp” to be required for individuals interested in applying for appointment.

### 5. Chair and Vice-Chair

- Effective leadership will be characterized by:
  - The Chair and Vice-Chair having the leadership competencies identified by the board.
  - Appointment/succession recommended by Governance Committee, approved by the board.

### 6. Director and board development

- Each director will be supported in understanding and meeting their role expectations and accountabilities through: participation in a “boot camp” during the appointment process, orientation and ongoing development/continuous learning, support for informed decision-making, staff support.
- Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.

### 7. Evaluation of Board and Directors

- Good governance as journey; with performance bar on the board and individual directors rising.
- The board will constantly improve through: a Governance Committee, ongoing meetings, self-evaluation, peer feedback and board evaluation to support continuous improvement; and an evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available.

### 8. Role clarity of board and statutory committees

- The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.

### 9. Statutory committees

- Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee.
- Statutory Committee chairs will be appointed by the board on the recommendation of the

<sup>15</sup> Please note that this table is an excerpt of the 2020 Vision Components from pp. 12 - 20 of the Task Force's Final Report. In the Final Report these components are more fully described, with Evidence/Rationale and Principles. A

Governance Committee.

- The board will appoint all statutory committee members and Chairs based on competencies and on the background needed for the specific committee.
- Statutory committees will be composed of non-directors.
- Statutory committees will report to the board on their legislated mandates.

#### **10. Standing Committees**

- There will be two new standing committees: Governance and Nominating

#### **11. Terms of office**

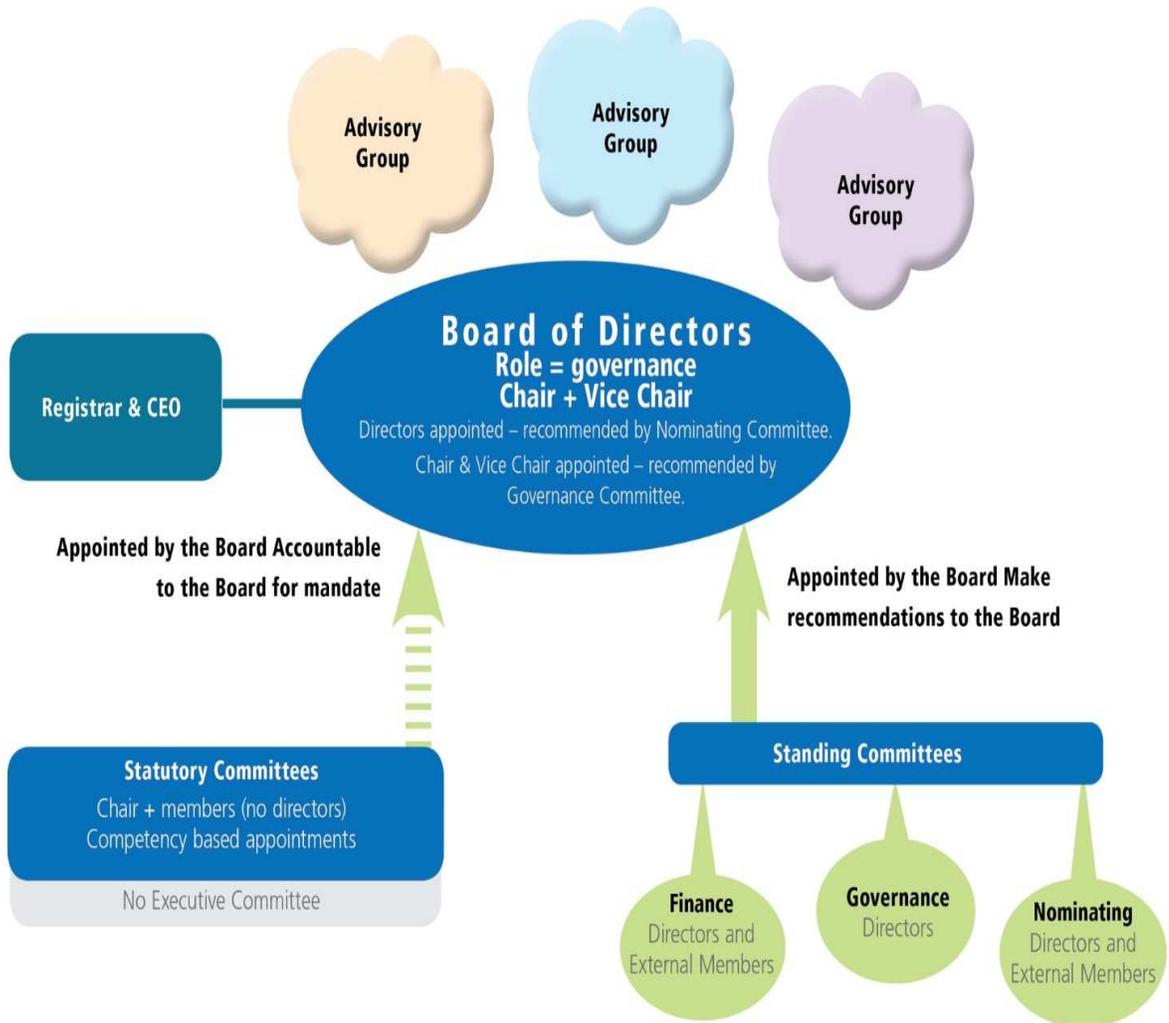
- Directors: 3-year term; 2-term maximum
- Leadership roles (Chair, Vice- Chair, Committee Chairs): 1-year term; one possible reappointment. Possible one-year term extension on the board if the Chair has reached the maximum 6 years of service term on the board.
- Committee members: 3-year term; 2-term maximum. Reappointments will be made within term limits and based on meeting role expectations

#### **12. Funding governance processes**

- The College will be accountable for funding the governance and statutory processes.
- all directors will receive the same honorarium; and
- all committee members will receive the same honorarium.

**CNO's Governance Model is provided on the next page as background and a sample framework for discussion.**

# Governance Model



## FOUNDATION



**CNO Council approved the following motions:**

- 1. That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” as it appears at attachment to the Leading in Regulatory Governance Task Force’s Final Report: A vision for the future.**
- 2. That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.**
- 3. That the working group’s terms of reference include working with Council to identify changes to advance the governance vision and that can take place before legislative change, and developing an action plan to support implementing those changes.**

## Summary

- Trends in regulatory governance internationally, nationally and provincially point to significant changes: more scrutiny of the role of regulators; a greater propensity of governments to oversee and intervene in professional regulation; the creation of bodies that oversee the activities of regulators; and in some cases, the effective removal of the privilege of self-regulation. This has included an overhaul of the structures of governing councils to smaller board structures with equal (to professional) or sometimes complete public membership.
- The Ontario government has been increasingly critical of regulators and has shown a growing interest and has taken actions to "pull back the reins" on self-regulation. In recent years this was evidenced by the oversight function created by the Office of the Fairness Commissioner and the unprecedented exercise of the government's power to appoint a supervisor for a regulatory body. Recent comments by the Deputy Minister and Assistant Deputy Minister of MOHLTC and the proposed increased powers of the Minister to restructure statutory committees, as outlined in Bill 87, point to the Ontario government's intention to increasingly oversee and intervene in the functioning of health Colleges.
- Common themes about the thinking and future of regulatory governance in Ontario are emerging, at least among the AGRE regulators. This can be seen from the notes of the AGRE 2016 governance retreat and CNO's Leading in Regulatory Governance Task Force report, which is provided as background and a sample framework for discussion. These themes include:
  - A smaller Council or board structure may be more effective in discussion and decision-making. ➤ A small board should focus on governance/policy only - no participation in committees.
  - Full Board to serve as Executive - no separate Executive Committee
  - Having an equal number of professional and public members reflects international trends and may foster greater public trust.
  - The competencies required of directors and committee members should be identified and members selected/appointed based on competency and skills suited to the role, not elections.
  - Potential participants in regulatory governance should have access and potentially be required to complete training in governance and the role of regulatory bodies.

- All Council members/directors should be compensated equally as should all committee members - there should be no distinction between the roles and competencies of professional and public members - they are all there to serve the public interest.

## Information Gaps & Additional Considerations

Proposed changes to governance represent significant modification of the current RHPA model. The CNO 2020 Vision was informed by broad and deep research into how governance can be made more effective and best serve the public interest. To develop and implement such a framework in Ontario would require additional research and information to fully understand the implications and determine next steps for AGRE regulators.

1. How can a new sample framework for governance as proposed by CNO be implemented in Ontario, and how long may it take? While AGRE transparency initiatives required that individual Colleges gain approval from their Council to make by-law changes, changes to governance as outlined in CNO's Vision 2020 will require amendments to the RHPA and Code, all profession-specific acts and College by-laws.
2. What specific sections of the RHPA and Code, profession-specific acts and bylaws would require amendment? What other legislation would be affected? How will the details such as Committee composition, quorum, performance evaluation and the role of advisory committees be established?
3. In other jurisdictions new governance models have been introduced and implemented by governments, not the governing bodies themselves. What are the challenges of having the governing body (i.e. Council) initiate develop and oversee the changes to its own structure? Will there be concerns regarding conflicts of interest, public perceptions of the College's motivation etc.?
4. How will members and professional associations react to moving from an election to appointment and Council to board structure? Will there be concern that members' perspectives will be less well represented? Will they perceive a new board governance structure as better serving the public interest?
5. The magnitude of the change in number and the new role of board directors outlined in the CNO sample framework is significant - to go from a Council of 36 members to a board of 12 directors. Other AGRE Councils currently have between 17 - 34 members. Does the magnitude of proposed change present different challenges? Would all AGRE Colleges choose to move to a governance structure of 12 members/directors? Alternatively, would the size of boards be determined by other factors, such as being reduced proportional to the current Council or total number of members of a profession?
6. Will the public perceive a new governance framework, such as that proposed in CNO's Vision 2020, as better serving the public interest?
7. What kind of communications will be needed to explain a change of governance structure, given that even the current RHPA model may not be well understood by stakeholders, including the public?

8. What will be the implications of CNO's initiative for other health Colleges (can one College alone change its governance structure)? Could the six AGRE Colleges pursue this collectively, or must the governance framework for all health Colleges be affected?
9. While the Ontario government has signalled through Bill 87 and other initiatives a growing willingness to oversee and intervene in College governance, is it truly willing to "rethink regulation"? How can AGRE best influence the provincial government?
10. How "ready" and what resources/capacity for change has each of the AGRE regulators? Does the proposed sample framework developed by CNO "fit" with the culture, issues, governance experience of each AGRE College?
11. What would be the effect of governance changes on non-health regulatory bodies? As these changes are intended to strengthen governance and better serve the public interest in the health sector, what about non-health professions (engineering, architecture, social work etc.)?

## Appendices:

*Appendix 1: College of Nurses of Ontario Leading in Regulatory Governance Task Force. (December 2016)  
"Final Report: A vision for the future"*

*Appendix 2: AGRE Member Regulators - Council Composition*

# Final Report:



# A vision for the future

Leading in  
Regulatory  
Governance  
Task Force



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## Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

### Overall Goal:

The College is recognized as a leader in regulatory governance.

### Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.



## Recommendation:

1. That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

### Implementation recommendations:

1. That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;
2. That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and
3. That the working group’s terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

### Recommendation 1: That Council adopt the recommended vision: “Vision: The College of Nurses of Ontario’s Board of Directors for 2020” (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College’s public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council’s feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council’s feedback.



## Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

## Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:



- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.

- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a “boot camp” for people interested in participating on the board or committees. This idea was raised in the October 2016 issue of Grey Areas, “Screening Committee Members,” where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

## Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.



**Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.**

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

▪ **Advancing the use of CNO knowledge:**

The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.

▪ **Leading in regulatory innovation:**

Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

**Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.**

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.



Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

**Implementation Recommendation 3: That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.**

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
  - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
  - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.



## Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College’s vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: “Good governance is a journey”. The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council’s never-ending governance journey.

## Attachments:

1. Vision: The College of Nurses of Ontario’s Board of Directors for 2020
2. A governance model based on the vision
3. Council’s Governance Principles
4. A timeline of the governance review
5. A literature review on governance (on the portal for Council members)
6. A review of trends in regulatory governance (on the portal for Council members)
7. A survey of regulators regarding governance (on the portal for Council members)



# Recommended Vision: The College of Nurses of Ontario's Board of Directors in 2020

## Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

## Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.



The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
<p><b>Size</b></p> <ul style="list-style-type: none"> <li>▪ The board will have 12 members (see page 13 for composition)</li> <li>▪ An Executive Committee will no longer be needed.</li> <li>▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity.</li> <li>▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evidence about board governance and group dynamics shows that: <ul style="list-style-type: none"> <li>▸ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse &amp; public on a regulatory board.</li> <li>▸ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up.</li> <li>▸ “social loafing” occurs with larger boards, meaning not all perspectives are on the table.</li> <li>▸ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards.</li> </ul> </li> <li>▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice</li> <li>▪ Council members provided feedback, starting with the Cathy Trower review, that <ul style="list-style-type: none"> <li>▸ size is an issue in relation to effective discussion.</li> <li>▸ smaller groups work better [the Task Force believes this is valid experiential evidence].</li> <li>▸ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency].</li> </ul> </li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>▪ A small board will not require an Executive Committee.</li> <li>▪ The board will have full accountability for its agenda and decisions.</li> <li>▪ Every member will be expected to participate.</li> <li>▪ Individual directors will carry the expectation for personal accountability.</li> </ul> <p><b>Adaptability</b></p> <ul style="list-style-type: none"> <li>▪ A small board will enable the group to come together quickly to respond to emerging issues.</li> </ul> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.</li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Composition</b></p> <ul style="list-style-type: none"> <li>▪ The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP).</li> </ul>	<ul style="list-style-type: none"> <li>▪ This composition: <ul style="list-style-type: none"> <li>▸ is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests.</li> <li>▸ reflects the board's commitment to the public interest and confirms the value of nurses' expert input.</li> <li>▸ is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation).</li> </ul> </li> <li>▪ A board of equal public and nurse members will be seen to be impartial and not controlled by the profession.</li> </ul>	<p><b>Independence</b></p> <ul style="list-style-type: none"> <li>▪ A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions.</li> </ul> <p><b>Integrity</b></p> <ul style="list-style-type: none"> <li>▪ A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.</li> </ul>
<p><b>Competency based</b></p> <ul style="list-style-type: none"> <li>▪ Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role.</li> <li>▪ Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking.</li> <li>▪ Individual directors will have a commitment to the public interest and a passion for nursing regulation.</li> <li>▪ The board will have the ability to balance innovation and risk.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Literature supports competency-based boards.</li> <li>▪ A move to competency-based boards is a trend in regulatory governance, as well as in other sectors.</li> <li>▪ Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations.</li> <li>▪ Public confidence will be enhanced if skills and competencies on the board are transparent.</li> </ul>	<p><b>All</b></p> <ul style="list-style-type: none"> <li>▪ Having all directors with the needed competencies and attributes will support the board to meet all of the principles.</li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Competency-based application and appointments process</b></p> <ul style="list-style-type: none"> <li>▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies</li> <li>▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. <ul style="list-style-type: none"> <li>▸ Attendance at a “boot camp” for individuals interested in applying for appointment will be required.</li> <li>▸ All applications will be reviewed by the Nominating Committee.</li> </ul> </li> <li>▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years.</li> <li>▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place.</li> <li>▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback.</li> </ul>	<ul style="list-style-type: none"> <li>▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public.</li> <li>▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs.</li> <li>▪ Appointment is a way of ensuring diversity of perspectives.</li> <li>▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower’s report. Election does not support succession planning, while appointment does.</li> </ul>	<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making.</li> </ul> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills.</li> </ul> <p><b>Independence</b></p> <ul style="list-style-type: none"> <li>▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest.</li> </ul> <p><b>Transparency</b></p> <ul style="list-style-type: none"> <li>▪ Transparency will be supported by <ul style="list-style-type: none"> <li>▸ clear and public criteria for appointment</li> <li>▸ an open process to volunteer to serve</li> <li>▸ an objective and fair process for reviewing candidates, and</li> <li>▸ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.</li> </ul> </li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Chair and Vice-Chair</b></p> <ul style="list-style-type: none"> <li>▪ Effective leadership will be characterized by: <ul style="list-style-type: none"> <li>▸ The Chair and Vice-Chair having the leadership competencies identified by the board.</li> <li>▸ Appointment/succession being recommended by the Governance Committee and approved by the board</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Selection of board leadership is consistent with competency-based appointment.</li> <li>▪ Selection of board leaders based on leadership competencies vs professional designation will support strong leadership.</li> <li>▪ A succession plan will build and maintain strong leadership.</li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>▪ The board will have accountability for setting the leadership competencies and a succession plan.</li> </ul> <p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ Selecting the best and most competent leaders will support the board in meeting this principle.</li> </ul> <p><b>Transparency</b></p> <ul style="list-style-type: none"> <li>▪ How and why members were appointed as chair and vice-chair will be clear to all members of the board.</li> </ul>
<p><b>Director and board development</b></p> <ul style="list-style-type: none"> <li>▪ Each director will be supported in understanding and meeting their role expectations and accountabilities.</li> <li>▪ Participation in a “boot camp” (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments.</li> <li>▪ Orientation and ongoing development will be expected.</li> <li>▪ Continuous learning will be part of the board culture.</li> </ul> <p>Directors will be well supported in informed decision-making</p> <ul style="list-style-type: none"> <li>▪ Decision-support materials will be evidence informed.</li> <li>▪ Staff will provide regulatory expertise, as needed.</li> <li>▪ Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education.</li> <li>▪ Orientation and ongoing education: <ul style="list-style-type: none"> <li>▸ are best practices in governance.</li> <li>▸ build on the learning from the boot camp prior to appointment to the board.</li> </ul> </li> <li>▪ Ongoing education was identified as a priority in the September 2015 Council workshop on culture.</li> <li>▪ The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves.</li> </ul>	<p><b>All</b></p> <ul style="list-style-type: none"> <li>▪ Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.</li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Evaluation of Board and Directors</b></p> <ul style="list-style-type: none"> <li>▪ Good governance will be recognized as a journey. <ul style="list-style-type: none"> <li>▸ The performance bar on the board and individual directors will keep rising.</li> </ul> </li> <li>▪ The board will constantly improve through: <ul style="list-style-type: none"> <li>▸ A Governance Committee that will support the board in meeting its commitments to strong governance.</li> <li>▸ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement.</li> <li>▸ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability.</li> </ul> </li> <li>▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. <ul style="list-style-type: none"> <li>▪ The board needs to continually improve to meet changing expectations.</li> <li>▪ The board will identify competencies. <ul style="list-style-type: none"> <li>▸ The evaluation processes will measure if specific competencies meet the board's changing needs.</li> </ul> </li> </ul> </li> <li>▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning.</li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement.</li> <li>▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest.</li> </ul> <p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance.</li> </ul> <p><b>Transparency</b></p> <ul style="list-style-type: none"> <li>▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.</li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Role clarity of board and statutory committees</b></p> <ul style="list-style-type: none"> <li>The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.</li> </ul>	<ul style="list-style-type: none"> <li>Mandates are unique and require different competencies for governance and statutory decision-making.</li> <li>The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario.</li> <li>Separation of board and statutory committee functions is a trend in regulation in other jurisdictions.</li> <li>Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa.</li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates.</li> </ul> <p><b>Competence</b></p> <ul style="list-style-type: none"> <li>Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles.</li> </ul> <p><b>Independence</b></p> <ul style="list-style-type: none"> <li>Having no directors on statutory committees will enhance the perception of the independence of those committees.</li> </ul>



Components of recommendation	Evidence/rationale	Principles
<p><b>Statutory committees</b></p> <ul style="list-style-type: none"> <li>▪ Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee.</li> <li>▪ Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee.</li> <li>▪ The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee.</li> <li>▪ Statutory committees will be composed of non-directors.</li> <li>▪ Statutory committees will report to the board on their legislated mandates.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different.</li> <li>▪ The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work.</li> <li>▪ With separate board and statutory committee members, individuals can develop expertise in specific roles.</li> <li>▪ As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion.</li> <li>▪ The risk of conflict from being both a board and statutory committee member is eliminated.</li> <li>▪ Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies.</li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates.</li> </ul> <p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles.</li> </ul> <p><b>Independence</b></p> <ul style="list-style-type: none"> <li>▪ Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.</li> </ul>

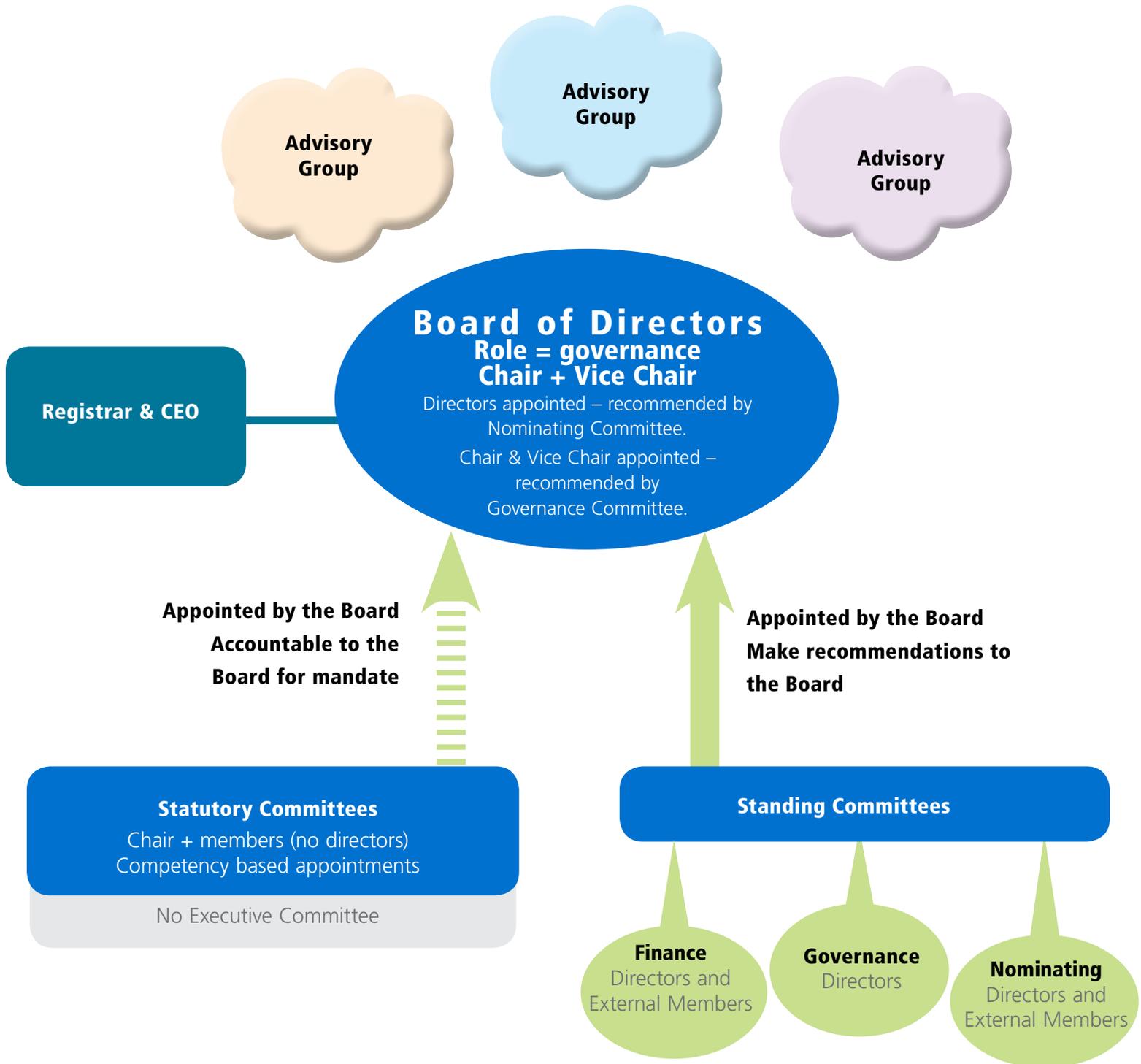


Components of recommendation	Evidence/rationale	Principles
<p><b>Standing Committees</b></p> <ul style="list-style-type: none"> <li>▪ There will be two new standing committees: Governance and Nominating</li> <li>▪ Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees</li> <li>▪ The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations.</li> <li>▪ The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6)</li> <li>▪ The Governance Committee will support evaluation processes (see page 7.)</li> </ul>	<p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates.</li> </ul> <p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles.</li> </ul> <p><b>Independence</b></p> <ul style="list-style-type: none"> <li>▪ Removing directors from statutory committees will enhance the perception of the independence of those committees from the College.</li> </ul> <p><b>All</b></p> <p>Having committees focusing on governance processes will support the board in meeting all governance principles.</p>



Components of recommendation	Evidence/rationale	Principles
<p><b>Terms of office</b></p> <ul style="list-style-type: none"> <li>▪ Directors: <ul style="list-style-type: none"> <li>▸ 3-year term</li> <li>▸ 2-term maximum</li> </ul> </li> <li>▪ Leadership roles (Chair, Vice-Chair, Committee Chairs): <ul style="list-style-type: none"> <li>▸ 1-year term with one possible reappointment</li> <li>▸ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board</li> </ul> </li> <li>▪ Committee members: <ul style="list-style-type: none"> <li>▸ 3-year term</li> <li>▸ 2-term maximum</li> </ul> </li> <li>▪ Reappointments will be made within term limits and based on meeting role expectations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Terms of office will ensure appropriate transition and succession.</li> <li>▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board.</li> <li>▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership.</li> <li>▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms).</li> </ul>	<p><b>Competence</b></p> <ul style="list-style-type: none"> <li>▪ Term limits support bringing needed new competencies and backgrounds to the board.</li> </ul> <p><b>Diversity</b></p> <ul style="list-style-type: none"> <li>▪ Regular change allows for new perspectives to be brought to the table.</li> </ul>
<p><b>Funding governance processes</b></p> <ul style="list-style-type: none"> <li>▪ The College will be accountable for funding the governance and statutory processes.</li> <li>▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: <ul style="list-style-type: none"> <li>▸ all directors will receive the same honorarium; and,</li> <li>▸ all committee members will receive the same honorarium.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair.</li> <li>▪ Equal pay for equal work is a fundamental societal value.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All principles will be supported by having a board where directors feel treated as equals.</li> <li>▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.</li> </ul>

# Governance Model



## FOUNDATION

Public Interest  
Mandate

Governance  
Principles

Evidence  
Informed

Continuous  
Improvement



# Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with the following principles:

## Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

## Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

## Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

## Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

## Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special interest perspectives

## Integrity

- We participate actively and honestly in decision making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

## Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance



# Governance review milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council.  Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting.  Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : <ul style="list-style-type: none"> <li>• Literature review</li> <li>• Report on trends in regulatory governance</li> <li>• Survey of regulators re. governance processes</li> </ul>
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: <ul style="list-style-type: none"> <li>• Council size and composition</li> <li>• How members join Council</li> <li>• Leadership and</li> <li>• Statutory committees</li> </ul>
September 2016	Council approved the Governance Principles (attached)  Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force

<sup>2</sup> Cathy Trower's summary of the Council survey and final report are in the Governance folder on the Council portal.

<sup>3</sup> These reference documents and all Task Force reports are in the Governance folder on the Council portal.



**COLLEGE OF NURSES  
OF ONTARIO**  
**ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO**

THE STANDARD OF CARE.

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**Appendix 2: AGRE Member Regulators - Council Composition**

<b>Councils: AGRE Member Regulators - Council Composition</b>					
<b>Ontario College</b> (s. re. Council)	<b>Required in legislation</b>		<b>Additional requirements</b>	<b>Current - January 2017</b>	
	<b>Professional</b>	<b>Public</b>		<b>Professional</b>	<b>Public</b>
<i>College of Nurses</i> (s. 9(1) of the <a href="#">Nursing Act</a> )	21*	14-18	*14 RNs and 7 RPNs	21	15
	<b>Total: 35 - 39</b>			Total: 36	
<i>College of Optometrists</i> (s. 6.(1) of the <a href="#">Optometry Act</a> ).	10 (9 + 1*)	7	*selected from faculty of School of Optometry	10	7 (1 resigning)
	<b>Total: 17</b>			Total: 17	
<i>College of Physicians and Surgeons</i> (s.6(1) of the <a href="#">Medicine Act</a> )	19 (16 + 3*)	13 - 15	*16 elected and 6 appointed from faculties of medicine *3 appointed from faculties of medicine are voting members	22	12 (3 vacancies)
	<b>Total: 32 - 34</b>			Total: 34	
<i>College of Physiotherapists</i> (s. 6(1) of the <a href="#">Physiotherapy Act</a> ).	8 - 10 (7-8 + 1-2*)	5 - 7	7-8 elected members + 1-2 selected from physiotherapy faculty members	8 elected + 2 faculty members	7
	<b>Total: 13 - 17</b>			Total: 17	
<i>College of Pharmacists</i> (s.7(1) of the <a href="#">Pharmacy Act</a> )	11 - 19*	9 - 16	*9 - 17 elected members, of which 2-4 must be pharmacy techs; Deans of 2 ON Schools of Pharmacy	16	12
	<b>Total: 20 - 35</b>			Total: 28	
<i>Royal College of Dental Surgeons</i> (s. 6. (1) of the <a href="#">Dentistry Act</a> )	12 - 14* (10 - 12 + 2)	9 - 11	*10 - 12 elected members + 2 selected from dentistry faculty	14	10
	<b>Total: 21 - 25</b>			24	

**Ministry of Health  
and Long-Term Care**

Office of the Deputy Minister

Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A 1R3  
Tel.: 416 327-4300  
Fax: 416 326-1570

**Ministère de la Santé  
et des Soins de longue durée**

Bureau du sous-ministre

Édifice Hepburn, 10<sup>e</sup> étage  
80, rue Grosvenor  
Toronto ON M7A 1R3  
Tél. : 416 327-4300  
Télééc. : 416 326-1570



October 18, 2018

**MEMORANDUM TO:** Health Sector Partners

**FROM:** **Helen Angus**  
Deputy Minister  
Ministry of Health and Long-Term Care

**RE:** Ministry Realignment

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We are all committed to a patient-centred health care system that is effective and efficient and delivers high quality care for patients. Many of you are rethinking your care pathways and processes to put the patient at the centre of your organization. I believe there is great value in the ministry also organizing itself in a way that better reflects how the health system is organized, making it easier for you and patients to interact with us.

I want you to be aware of some structural changes announced today that will clarify and simplify lines of accountability and allow our organization to be more nimble and outcome focused by:

- Aligning acute and emergency services, bringing hospitals, provincial programs and emergency services together;
- Bringing together community and mental health and addictions services, including integrating youth mental health services;
- Ensuring end-to-end planning and implementation for long-term care homes;
- Integrating capital, workforce and system capacity planning;
- Aligning the Chief Medical Officer of Health with population and public health oversight;
- Combining public drug programs and assistive devices;
- Better connecting the Provincial Chief Nursing Officer with policy to provide strategic clinical nursing expertise on a broad range of health care policy and transformation initiatives. Aligning our policy, research, and innovation work to ensure patient-focused outcomes; and
- Centralizing the responsibilities for LHIN-managed health services under an Associate aligned with key capacity, workforce and planning functions allowing for end-to-end management of health services for better outcomes and improved integration.

**Associate Deputy Minister, Health Services** (renamed from Delivery and Implementation) Melanie Fraser, who recently joined our ministry, will have the following divisions reporting to her:

- **Acute and Emergency Services** led by Melissa Farrell, Assistant Deputy Minister, including hospitals, quality improvement, provincial programs and emergency health services.
- **Capacity Planning and Capital** led by Michael Hillmer, Assistant Deputy Minister on an interim basis, including health capital investment, capacity planning, health workforce planning and regulatory affairs.
- **Community, Mental Health and Addictions and French Language Services** led by Tim Hadwen, Assistant Deputy Minister, including local health planning and delivery, primary care and home care, as well as child, youth, forensic and justice mental health services. Transfer of programs from the Ministry of Children, Community and Social Services will be effective October 29.
- **Long-Term Care Homes**, led by Brian Pollard, Assistant Deputy Minister, including long-term care home renewal.

Divisions now reporting directly to me as the Deputy Minister include:

1. **Drugs and Devices**, led by Suzanne McGurn, Assistant Deputy Minister, including assistive devices.
2. **Ontario Health Insurance Plan**, led by Lynn Guerriero, Assistant Deputy Minister, including claims services.
3. **Chief Medical Officer of Health and Population and Public Health**, led by Dr. David Williams, including all population and public health programs and services.
4. **Strategic Policy and Planning**, led by Patrick Dicerni, Assistant Deputy Minister, including the Provincial Chief Nursing Officer, health workforce regulatory oversight, and health innovation to embed innovation earlier in the development of our strategic direction.
5. **Corporate Services**, led by Peter Kaftarian, CAO, on an interim basis.
6. **Secretariat for Ending Hallway Medicine**, led by Fredrika Scarth, Director.
7. **Associate Deputy Minister and Chief Information Officer**, led by Lorelle Taylor, Associate Deputy Minister and Chief Information Officer.
8. **Communications and Marketing**, led by Jean-Claude Camus, Assistant Deputy Minister.

As we transition, Sharon Lee Smith, Denise Cole and Roselle Martino will stay on with the ministry on assignments to support priority areas. Sharon Lee will lead the ministry Indigenous engagement efforts ensuring there is stability in our key relationships and addressing any critical issues. Denise will lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role. Roselle will continue to advise on the opioid strategy.

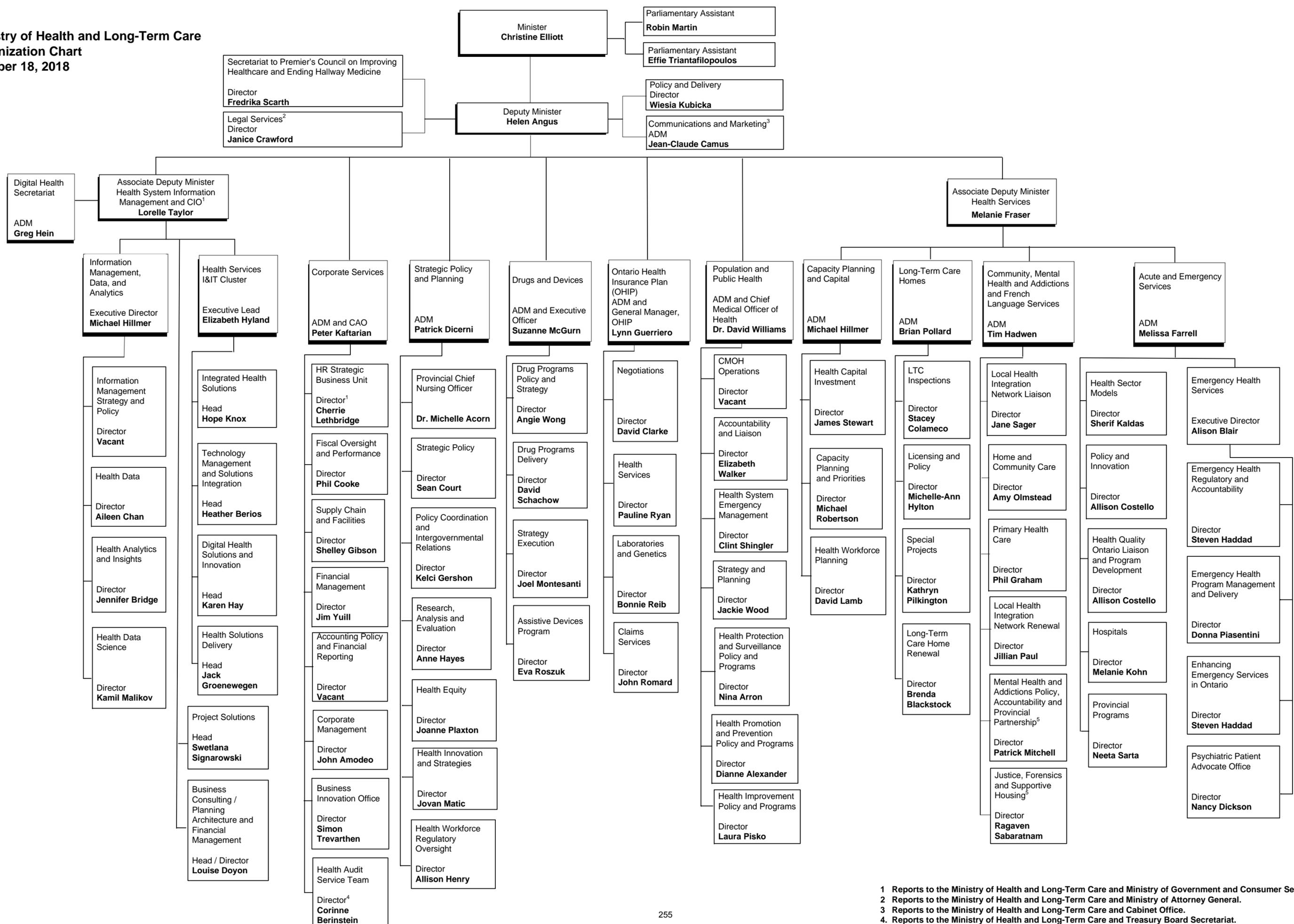
Included in this email is a link to our new [organizational chart](#).

I would like to take this opportunity to thank you in advance for your partnership and collaboration. Today's announcement will ensure we are ready to work with you on the challenges and opportunities ahead.

Sincerely,

Helen Angus

**Ministry of Health and Long-Term Care  
Organization Chart  
October 18, 2018**



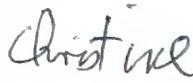
**1** Reports to the Ministry of Health and Long-Term Care and Ministry of Government and Consumer Services.  
**2** Reports to the Ministry of Health and Long-Term Care and Ministry of Attorney General.  
**3** Reports to the Ministry of Health and Long-Term Care and Cabinet Office.  
**4** Reports to the Ministry of Health and Long-Term Care and Treasury Board Secretariat.  
**5** Effective as of October 29, 2018

- College of Nurses of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of Optometrists of Ontario
- Ontario College of Pharmacists
- Royal College of Dental Surgeons of Ontario

November 7, 2018

Hon. Christine Elliott, Minister  
Ministry of Health and Long-Term Care  
Hepburn Block – 10th Fl  
80 Grosvenor St  
Toronto ON M7A 2C4

Dear Minister Elliott:



**Re: Governance Modernization**

The Advisory Group for Regulatory Excellence (AGRE) has been working on various proposals to modernize the governance structures of health regulatory bodies in Ontario. We feel this work is aligned with the government's previous work in this area and its current commitment to streamlining processes and structures. We would like to meet with you or your staff to discuss our work and how to move forward with improvements to health regulatory governance in Ontario.

AGRE was formed in 2012 by the Registrars of colleges with a long history of self-regulation and shared expertise in the regulation of professions with scopes of practice that pose significant risk of harm to the public – College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario and the Ontario College of Pharmacists. The Colleges of Physiotherapists and Optometrists later joined the other four as founding members of AGRE.

These regulatory leaders identified both an opportunity and an obligation to demonstrate leadership in strengthening current regulatory mechanisms. AGRE's goal is to identify opportunities and make policy recommendations which will strengthen public confidence in self-regulation.

AGRE took the lead on developing an innovative approach to increasing transparency of regulatory information in the public interest. The work done by AGRE was ultimately incorporated into the *Protecting Patients Act, 2017*.

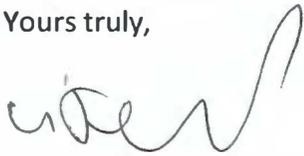
AGRE has been considering the issue of governance modernization in the public interest for some time, and all AGRE councils are looking at governance issues, although they are at different stages of discussion.

AGRE is following the CNO's Governance Vision 2020 proposal with keen interest. The recommendations in that proposal are consistent with discussions that have occurred at AGRE, particularly those concerning reducing council size, separation of council and committee functions, equal representation of public and professional members on councils and competency-based selection.

Consistent with its role, AGRE is using its regulatory expertise to develop options for a Council and committee selection process that is both competency-based and consistent for public and professional members. These options could include consideration of a joint appointments committee or an interim hybrid appointments and elections process.

AGRE looks forward to discussing this work with the Minister or Ministry staff as it progresses. I can be contacted at RCDSO by email at [IFefergrad@rcdso.org](mailto:IFefergrad@rcdso.org) or phone at 416-934-5625.

Yours truly,



Irwin Fefergrad, Chair  
AGRE Registrars Group

cc. Deputy Minister Helen Angus  
Assistant Deputy Minister Patrick Dicerni  
Assistant Deputy Minister Denise Cole  
Director Allison Henry  
Manager (Acting) Thomas Custers  
Policy Analyst Tara Breckenridge  
AGRE Member Registrars

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

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Executive Committee

**TOPIC:** Preferred Provider Networks (PPNs)

**ISSUE:** Consideration of the regulatory role related to preferred provider networks.

**BACKGROUND** Preferred provider networks have existed in both the public and private sector in a variety of industries for many decades. A **preferred provider network (PPN)** is a group of providers (e.g. pharmacies) that have come to an agreement with a specific payer (e.g. insurance company) to provide services (e.g. dispensing prescriptions) in accordance with certain pre-agreed terms (e.g. to dispense generic drugs only)<sup>1</sup>.

Preferred provider networks are very prominent in the US in multiple forms within the healthcare industry<sup>1</sup>. Health Net, an organization that provides health benefits to over 5 million individuals across the US has a long-established PPN<sup>2</sup>. This PPN involves hospitals, health care providers and other relevant organizations to discount services by in-network providers.

There has been recent growth in PPNs in Canada as Canadian payers have identified PPNs as a financially sound model to control costs<sup>1</sup>. PPN structures are present in a variety of healthcare settings in Canada including optometry, physiotherapy, chiropractic care and pharmacy. Pt Health for example, an organization that provides services such as physiotherapy and chiropractic care in Canada, has established a PPN that allows network participants services at a discounted rate<sup>3</sup>. Rostering models in primary care (Family Health Organization, Family Health Group) would also be considered a type of PPN, as government must pay separately if patients seek services outside of their rostered clinician.

### **PPNs in Pharmacy**

PPNs are gathering popularity in the pharmacy industry as insurance companies try to combat the rising cost of drugs. In 2017, PPNs comprised 85% of Medicare prescription drug benefit plans in the US<sup>4</sup>. Payers incentivize patients to use a pharmacy within the network through various channels such as subsidizing the prescription co-pay. In addition, payers often discourage patients from using out of network pharmacy providers through penalties such as a higher co-pay or even no drug coverage. PPNs often offer additional services to participating patients such as providing these patients with dedicated counselling sessions, adherence support services, and education for their conditions. Since the prevalence of PPNs is rising, pharmacies are pressured to participate in these networks in order to maintain their patient base. PPN models exist in many forms, including chronic medications PPNs, for example Express Scripts Canada mail-order pharmacy<sup>5</sup>, medical marijuana PPNs, for example Manulife and Shoppers Drug Mart<sup>6</sup> and specialty drug PPNs (see below).

<sup>1</sup> <https://ecatalyst.mckesson.ca/documents/1030040/1030056/6-en.pdf/ddad79bd-4a0a-483b-ba72-2da67faf49d5>

<sup>2</sup> <https://www.healthnet.com/>

<sup>3</sup> <https://www.pthealth.ca/ppn/>

<sup>4</sup> <https://www.drugchannels.net/2016/10/exclusive-preferred-pharmacy-networks.html>

<sup>5</sup> <https://wwwuat.express-scripts.com/index.html>

## Specialty Drugs PPNs

The pharmaceutical landscape is evolving with a rise in the number of specialty drugs in the market. Specialty drugs are medications with specific handling (e.g. refrigeration) or dosing form (e.g. injection) requirements and are typically a significantly higher cost than traditional small molecule oral drugs<sup>6</sup>. These specialty drugs can be critical in a patient's care, but are associated with a large financial burden. This model is also often driven by pharmaceutical manufacturers trying to maintain or increase market share. In Canada, the cost of specialty drugs is estimated to increase to 42% of total drug claim costs by 2020<sup>7</sup>. PPNs are increasingly becoming more prevalent in the area of specialty drugs as manufacturers and payers aim to reduce this financial burden. Insurance providers such as SunLife<sup>8</sup> and GreenShield<sup>9</sup> have introduced preferred provider (pharmacy) networks for specialty drugs in partnership with pharmaceutical manufacturers.

## Nationwide response to pharmacy PPNs

Currently, no province or territory in Canada has regulations or guidelines in place to prohibit pharmacy preferred provider networks except for Quebec, where it was established and is enforced by the government, not the regulatory authority. The College of Pharmacists in Nova Scotia encompasses the issue of patient choice within their Code of Ethics. They have reminded members not to engage in arrangements that limit patient choice.

## ANALYSIS:

### Regulatory Jurisdiction

In considering this issue it is first necessary to acknowledge that the College does not have any legislative or regulatory jurisdiction over the practices of employers, insurance companies or pharmaceutical manufacturers. Preferred provider arrangements are established by employers who negotiate and purchase group benefit plans from third parties on behalf of their employees. Therefore, the College does not have a regulatory mechanism to restrict the use of PPNs.

### Regulatory Role

Given the College does not have regulatory jurisdiction to restrict the use of PPNs, the fundamental question for the Council is whether the current preferred provider networks in pharmacy have an impact on the public's well-being such that there is any regulatory role for the College. In order to facilitate an efficient approach for this discussion, Harry Cayton's "[Right Touch Regulation](#)" assessment model has been used for the analysis. Right Touch Regulation uses a decision tree to help focus on the risk that is being managed and to assist in targeting a proportionate response by asking a series of questions. This approach has been applied previously when the College reviewed the ownership requirements for pharmacies.

### *What is the problem? Is the problem about risk? What are the risks?*

**In response to concerns raised previously by members of Council, the College's Executive Committee has considered the matter of PPNs and has identified three core issues: infringement on freedom of choice, disruption of continuity of care, and limited access to care.**

### Freedom of Choice

There is a view that preferred provider (pharmacy) networks have a negative impact on the public because patients are restricted in their choice of pharmacy provider in order to be eligible for

<sup>6</sup> <https://business.financialpost.com/cannabiscannabis-business/manulife-joining-shoppers-drug-mart-in-medical-marijuana-program>

<sup>7</sup> <https://www.schueler.ca/combat-rising-drug-costs/>

<sup>8</sup> [https://www.sunlife.ca/Canada/smallbusiness/Focus+news/2012+issues/Sun+Lifes+Specialty+Drugs+Preferred+Provider+Network+is+coming?vgnLocale=en\\_CA](https://www.sunlife.ca/Canada/smallbusiness/Focus+news/2012+issues/Sun+Lifes+Specialty+Drugs+Preferred+Provider+Network+is+coming?vgnLocale=en_CA)

<sup>9</sup> [https://www.providerconnect.ca/Carriers/GreenShield/Pharmacy/PharmacyManuals/en\\_CA/PharmacyClaimsManualOct2008.pdf](https://www.providerconnect.ca/Carriers/GreenShield/Pharmacy/PharmacyManuals/en_CA/PharmacyClaimsManualOct2008.pdf)

PPN benefits. If patients' regular pharmacies are not part of the preferred provider network, patients have no choice but to transfer their prescriptions to an in-network pharmacy if they wish to receive third party reimbursement for the medication.

### **Risk of disruption of continuity of care**

Some patients have a PPN only for their specialty drugs, and another pharmacy for all other medications. Concerns have been raised with regards to the lack of continuity of care and increased risk of medication incidents when a patient uses more than one pharmacy. Since neither pharmacy has access (unless specifically requested) to the complete medication list of the patient, potential drug interactions could go unnoticed. If a patient transfers all their medications to an in-network pharmacy, the medical history (e.g. intolerances, lifestyle information) recorded with the previous pharmacy potentially could be lost during the transfer hence disrupting continuity of care. Patients may have formed a trusting relationship with their current pharmacist and be frustrated to transfer their care to another pharmacist whom they have never met.

### **Risk of limiting access to care**

Lack of access is identified as a concern with PPNs, particularly in rural areas, whereby patients may have to travel long distances in order to access an in-network pharmacy, regardless of whether there is a pharmacy in the local community that can provide the required medication.

*How great are the risks? Do the existing PPN terms result in a risk to members of the public? Are the risks currently managed?*

Of the components described above, only two are considered to be risks to the patients associated with PPN practices: the risk of disruption of continuity of care and the risk of limited access to care. Each of these risks is managed through the existing regulatory framework which requires pharmacy professionals to practice according to the standards of care for the profession.

### **Disruption of continuity of care**

Currently, it is well known that many patients do not obtain all of their medications from a single pharmacy. However, all pharmacists are required to adhere to the Standards of Practice to ensure optimal delivery of patient care. This would include ensuring a complete patient medical and medication history is obtained from all sources including previous pharmacies prior to providing care. Given this requirement, continuity of care should be ensured regardless of which or how many pharmacies patients use. Pharmacy professionals who provide specialty drugs to patients will have expertise in therapeutic knowledge with regards to these specialty products. When a patient has more than one pharmacy, collaboration is especially important and expected to ensure continuity of care and patient safety. Assuming pharmacy professionals uphold these practice standards and responsibilities, patients will receive a similar standard of care from their in-network pharmacy. If pharmacy professionals fail to uphold these standards, there is a mechanism in place to address the concern through the College's complaints process. Hence, the risk with regard to lack of continuity of care can be managed.

### **Lack of access to care**

PPNs can increase access to specialty medications for patients who would otherwise not have been able to have the funds for the full cost of their medications. Delivery options exist and should be established in accordance with Standards of Practice, for example, the use of appropriate cold chain protocols to ensure that patients in both urban and rural settings continue to have uninterrupted access to care. In addition, mechanisms to ensure patients have access to a professional who is knowledgeable about their medications should be in place. Hence, if timely delivery mechanisms and a professional who can support the patient in their medication management is available, the risk with regard to access to care can generally be managed.

## *Are there any other factors, beyond risks to patients that should be considered?*

### **Freedom of choice**

Although not a risk to public safety, freedom of choice is a public interest issue, an important tenet of patient's first health care, and supported in regulation. The [Professional Misconduct](#) regulation prohibits "entering into any agreement that restricts a person's choice of a pharmacist without the consent of the person". PPN enrollment however, requires patient consent, and hence the PPN framework does not breach the Professional Misconduct regulation. Regardless, since many PPNs involve costly medications such as specialty drugs, some contend that patients cannot financially afford to decline consent for network participation, and hence do not truly have a choice but to transfer their specialty drugs to the in-network provider. In these situations, the tenet of freedom of choice is not upheld.

### **Affordability**

The principle of affordability is linked to access to care. In 2017, the Canadian Institute for Health Information reported that drug costs accounted for the second largest share of health spending (16.4%), behind hospital costs (28.3%) and ahead of physician services (15.4%)<sup>10</sup>. Employers are not required to provide coverage for drugs but may choose to use PPNs to provide a financially viable method to ensure coverage of drugs as well as high cost drugs for their employees, thereby increasing access to care for their population. In accordance with the [Code of Ethics](#), pharmacy professionals are expected to "make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society".

## *Is there a good regulatory solution? What is the suggested plan of action (from a regulatory perspective)? What consequences (intended and unintended) are likely to flow from any of the potential recommendations?*

The concern regarding true freedom of choice is valid as is access to care. However, given the current economic environment and the public discourse on access to care, on balance, it would appear that the public interest would be better served by providing improved access. In addition to offering delivery options to patients, an open PPN model that allows any pharmacy willing to satisfy established criteria to be included in the PPN, would allow better access to care than the existing closed PPN models.

In addition, the identified risks associated with PPNs are addressed through the requirement to meet the standards of practice; and the College has not been presented with any evidence that would cause it to conclude that PPNs are in violation of any regulations or the Code of Ethics. However, as always, the College would have concerns should any established or emerging business model restrict, prevent or create new barriers to pharmacies or pharmacy professionals from being able to act on their professional obligations.

Although the College does not have legislative or regulatory jurisdiction to restrict the use of PPNs, communication to government about the impact on patients, and the potential to enhance access to care through an open PPN model, would be aligned with the College mandate to serve the public interest and improve patients' well-being. It would also be prudent for the College to remind members that they are expected to practice in accordance with the Standards of Practice and to ensure that continuity of care, access to care and patient safety is not compromised, regardless of whether there are multiple providers involved in the care of a patient.

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<sup>10</sup> <http://nationtalk.ca/story/cihi-total-health-spending-in-canada-reaches-242-billion>

**RECOMMENDATION:** That Council direct the Registrar to formally communicate the College's concerns about the impact of closed PPNs on patient well-being and suggest government encourage employers and unions to support open PPN models.

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

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

FOR DECISION	X	FOR INFORMATION
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**INITIATED BY:** Susan James, Director, Quality

**TOPIC:** Opioid Policy

**ISSUE:** Approval of Opioid Policy

**BACKGROUND:**

- To ensure that a sustainable and effective approach is taken to addressing opioid-related issues, the Ontario College of Pharmacists (the College) has developed a multi-pronged Opioid Strategy to simultaneously address relevant areas of practice. One of the initiatives of the Opioid Strategy is the development of an Opioid Policy to outline the College's expectations for pharmacy professionals regarding opioids.
- The purpose of the Opioid Policy is to promote safe and appropriate opioid use through education and training, sharing of evidence-based best practice and outlining expectations.
- An External Working Group comprised of representatives from key stakeholder groups, pharmacy professionals from various geographic areas and practice settings, and persons with lived experience assisted in the development of this policy.
- The development of the Opioid Policy was guided by the following principles:
  - The policy should be in alignment with federal and provincial strategies;
  - The policy should be in alignment with Health Quality Ontario Quality Standards;
  - The policy should provide direction regarding the appropriate processes, policies and procedures that pharmacists should have in place, and the considerations that pharmacy professionals should incorporate into their workflow processes to ensure best patient outcomes;
  - The policy is not intended to be clinical in nature, duplicate information contained in clinical practice guidelines, or direct specific details for the development of processes, policies and procedures;
  - The policy will include further direction regarding the standard of practice and operation applicable to any opioid therapy, regardless of the indication, and highlight the requirements for Opioid Agonist Treatment; and
  - The policy will not duplicate information contained in other College guidelines or policies, or other resource documents (e.g. CAMH pharmacist's guide to methadone and buprenorphine for opioid use disorder, clinical guidelines on opioid prescribing, health quality standards).
- On September 13, 2018 the College posted the draft Opioid Policy for public consultation. The consultation ended on October 29, 2018.

**ANALYSIS:** The [consultation](#) resulted in seven responses from pharmacists, three from pharmacy associations (the Canadian Society for Hospital Pharmacists (CSHP), the Ontario Pharmacists Association (OPA) and the Neighbourhood Pharmacy Association of Canada (NPAC)), and one from Families of Addiction Recovery (FAR). All feedback provided before the submission deadline is posted on the College's [website](#). There were two submissions, which arrived after the consultation deadline: one from the Centre for Addiction and Mental Health (CAMH), and one from the College of Physicians and Surgeons of Ontario (CPSO). All feedback has been considered in the analysis. CAMH feedback was primarily editorial and has been incorporated where appropriate throughout the policy.

The consultation was framed by posing specific questions to guide feedback within the purpose of the Opioid Policy, which is to promote safe and appropriate opioid use through education, and training, sharing of evidence-based best practice and outlining expectations:

- Does the document achieve this objective?
- Does the Opioid Policy align with the principles (listed above)?

The comments fell into four primary themes: the need for stricter rules for pharmacy professionals regarding opioid therapy, the request for more clinical information within the policy, the request for various types of support for pharmacists who are facing barriers within their practice, and the request for clarification of roles and responsibilities in the assessment section of the policy.

## 1. Need for stricter rules for pharmacists regarding opioid

### therapy: Consultation Feedback:

- Three pharmacists identified a need for stricter opioid rules such as mandated dispensing of naloxone kits with high-risk medications, and mandated documentation of NMS checks. One association (CSHP) voiced the need for health care providers to be vigilant in appropriately accounting for narcotics.

### College Response:

- The Opioid Policy, as with all College policies and guidelines, allows for professional judgement regarding the provision of naloxone and the assessment of NMS alerts since each scenario and approach may be unique and require an individualized approach
- Currently, the Ontario Drug Policy Research Network (ODPRN) is in the process of collecting information from the public on barriers to the access of naloxone. The College will assess the information obtained from this study and continue to monitor access to naloxone in order to take action if and as necessary.
- Although the policy, in addition to the College assessment process, does highlight the importance of narcotic accounting, additional work is also being done in this regard. The College is establishing a Partnered Table on safety and security of controlled substances in hospital high-risk areas to identify gaps in narcotic accounting and develop action items to address them.

## 2. Need for clinical direction and resources on various aspects of opioid therapy such as tapering and dosing of opioids:

### Consultation Feedback:

- One pharmacist highlighted the need for guidelines for pharmacists for tapering and dosing. FAR suggested the need for resources for pharmacists to assist patients undergoing addiction recovery.

**College Response:**

- The Opioid Policy, in accordance with its principles for development, is not intended to duplicate information contained in other College guidelines or policies, or other resource documents. The policy does make reference to the Practice Tool which guides pharmacists to clinical guidelines and resources to support them in areas such as tapering/deprescribing, helping patients through addiction recovery and communicating with patients and other health care providers

**3. Need for support for pharmacists facing barriers within their practice:****Consultation Feedback:**

- Three pharmacists requested education, communication resources and advocacy for pharmacists to enable tapering/deprescribing of opioids and support when collaborating with other health care providers and patients
- Two associations (NPAC and OPA) requested support financially through increased remuneration for pharmacists or increased labour support in order to satisfy policy requirements.

**College Response:**

- Regarding requests for clinical support: The College's Practice Tool highlights a variety of educational and communication resources for pharmacy professionals with regard to opioids. This Practice Tool is updated regularly to reflect the most current and comprehensive resource list
- Regarding requests for financial support: The mandate of the College is to serve and protect the public interest. The College does not advocate for remuneration for the profession. The Opioid Policy requirements have been drawn from the [NAPRA Model Standards of Practice for Canadian Pharmacists](#) which highlight minimum standards that must be adhered to for pharmacists. The Opioid Policy does not mandate any new requirements beyond what has always been expected of all pharmacy professionals.

**4. Need for clarification of roles and accountabilities in the "Assessment" section:****Consultation Feedback:**

- Three associations (OPA, NPAC and CPSO) expressed concern over the requirements outlined by the assessment section of the policy. The concerns revolved around the depth of assessment that was outlined by the policy and whether the requirement to always apply such a standardized process to assessment was appropriate given variation among situations
- The feedback from CPSO highlighted a need for interprofessional collaboration and regular communication within circles of care to ensure optimal patient care, flagged concerns around the depth of assessment requirements, and suggested stronger language in the policy to encourage pharmacists to share information with physicians when patients are thought to be misusing opioids.

**College Response:**

- Assessment is an important component of the pharmacist's role as a health care professional with expertise in medication management. However, the College recognizes that individual patient characteristics and professional judgement play a significant role when a pharmacist is determining the level of assessment required for each situation. Hence, the college has amended the draft Opioid Policy to allow for professional judgement when determining the depth of assessment required
- The College is collaborating regularly with other stakeholders such as CPSO to ensure a multidisciplinary approach to patient care is supported in primary care environments. This policy highlights the importance of this collaboration and shared accountability for patient care.

Based on the analysis of the feedback, revisions to the Opioid Policy have been made. Please see Attachment 1 for the amended draft policy.

**NEXT STEPS:**

- Pending Council approval, the Opioid Policy will be posted on the College's website, and communicated broadly.
- All pharmacy professionals are currently expected to adhere to the NAPRA Model Standards of Practice. The draft Opioid Policy provides further expectations with regard to providing opioid therapy. College practice and operational assessments will be updated to encompass requirements from the Opioid Policy once the policy is in effect.

**RECOMMENDATION:** Recommend that Council approve the amended draft Opioid Policy to outline the College's expectations for pharmacy professionals regarding opioids.

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

## APPENDIX A: AMENDED DRAFT OPIOID POLICY

### Opioid Policy

#### Legislative references

- [Drug and Pharmacies Regulation Act R.S.O. 1990, c. H.4](#)
- [Narcotics Safety and Awareness Act, 2010, SO 2010, c. 22](#)
- [Controlled Drugs and Substances Act, S.C., 1996, c. 19](#)
- [Safeguarding our Communities Act, 2015, SO 2015, c. 33](#)

#### Additional references

- [NAPRA Model Standards of Practice for Canadian Pharmacists](#)

### Introduction

Opioids can be effective medications in the treatment of various conditions. However, opioid use and misuse is on the rise in Ontario, resulting in a serious opioid crisis with growing numbers of opioid-related deaths. In the province of Ontario from January to October 2017, there were over 1000 opioid-related deaths, a significant rise from 2016<sup>1</sup>.

Many strategies have been initiated in Ontario to help address the opioid crisis. Health Quality Ontario (HQP) has established [Quality Standards](#) addressing opioid prescribing for acute and chronic pain management, and opioid use disorder treatment to provide guidance for prescribing practices. The Ontario College of Pharmacists (the College) instituted an [Opioid Strategy](#) to address opioid related issues relevant to pharmacy practice in alignment with the College's mandate to serve and protect the public. The College's Opioid Strategy focuses on advancing opioid related education, harm reduction initiatives, strategies to prevent opioid use disorder, and promoting quality assurance specific to opioid security and dispensing.

### Purpose and Scope

This policy outlines the College's expectations for pharmacy professionals regarding opioids. The purpose of this policy is to promote safe and appropriate opioid use through education and training, sharing of evidence-based best practice and outlining expectations. This policy provides further direction to pharmacists regarding the [NAPRA Model Standards of Practice](#) and is applicable to any opioid therapy regardless of the indication or practice setting. This policy is not intended to be clinical in nature, or duplicate information contained in other guidelines, policies, or resource documents.

<sup>1</sup>MOHLTC. Newsroom: <https://news.ontario.ca/mohltc/en/2018/3/ontario-moving-quickly-to-expand-life-saving-overdose-prevention-programs.html>. Accessed July 6, 2018.

## Definitions

**Controlled Substance:** Any drug or substance found in the Schedules to the Controlled Drugs and Substances Act. This includes narcotics, amphetamines, methylphenidate, cannabis and cannabinoids, barbiturates, benzodiazepines, anabolic steroids, and other such drugs, as well as precursor chemicals<sup>2</sup>.

**Diversion:** Any non-intended or non-medical use of a prescribed opioid (including prescribed opioid agonist medication), or use by any individual other than the individual for whom it was prescribed<sup>3</sup>.

**Harm Reduction:** Policies and programs that aim to minimize immediate health, social, and economic harms associated with the use of psychoactive substances, without necessarily requiring a decrease in substance use or a goal of abstinence<sup>3</sup>.

**Opioid:** Substance commonly prescribed for pain management that binds and activates opioid receptors in the brain, suppressing the ability to feel pain<sup>3</sup>.

**Opioid Agonist:** Substance that binds to and activates mu ( $\mu$ ) opioid receptors, providing relief from withdrawal symptoms and cravings in people with opioid use disorder, and pain relief if used for chronic pain management<sup>3</sup>.

**Opioid Use Disorder:** A problematic pattern of opioid use leading to clinically significant impairment or distress that meets the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) Diagnostic Criteria for Opioid Use Disorder<sup>3</sup>.

## Principles

The Opioid Policy was developed to support the College's mandate to serve and protect the public interest and is grounded on the following principles:

- Pharmacy professionals should employ the same respectful, patient-centered, professional approaches and attitudes towards all patients receiving opioid therapy, regardless of indication.
- Pharmacy practice should be in alignment with the federal and provincial strategies and HQO Quality Standards with regards to opioids
- Pharmacists should abide by the most recent clinical practice guidelines and the appropriate standards of practice to ensure best patient outcomes for individuals on opioid therapy

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<sup>2</sup> Controlled Drugs and Substances Act. S.C. 1996, c. 19 (Current to April 24, 2018). Available from: <http://laws-lois.justice.gc.ca/PDF/C-38.8.pdf>. Accessed July 6, 2018.

<sup>3</sup> CRISM National Guideline for the Clinical Management of Opioid Use Disorder. Available from: [https://crism.ca/wp-content/uploads/2018/03/CRISM\\_NationalGuideline\\_OUD-ENG.pdf](https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf). Accessed July 6, 2018.

- Pharmacists play an important role in ensuring appropriate access to controlled substances
- Pharmacists must abide by specific requirements when providing Opioid Agonist Treatment

## Policy

### A. Education and Training

Although pharmacists must be confident that they have sufficient clinical knowledge, relevant training and skills with regard to *any* medications, special considerations need to be made for opioid therapy. Pharmacists should have knowledge of the best evidence and relevant clinical practice guidelines specific to opioid therapy. Pharmacists should ensure they review opioid related educational material including [tools](#) on the College website to ensure they provide optimal care to all patients on opioid therapy.

### B. Assessment

Pharmacists must assess, within their scope and to the best of their abilities, whether the prescribed opioid therapy is appropriate given the clinical status of the patient. Pharmacists should use their professional judgement and consider individual patient circumstances when determining the level of assessment necessary to ensure appropriateness. Whilst conducting this assessment, pharmacists can refer to relevant College policies and guidelines, quality standards, clinical practice guidelines and evidence. Relevant resources and tools can be found on the [Practice Tools](#) section of the College's website. The following considerations should, when appropriate, be included in the assessment:

- Complete patient history (including allergies, medical conditions, concomitant prescription and non-prescription medications (including herbals), past medication history, lifestyle factors) and clinical status of patient
- Possible alternative or adjunctive appropriate non-opioid and non-pharmacological treatment options (eg. lifestyle change, dietary change, physical therapy)
- Appropriateness of medication as prescribed (eg. reviewing dose, indication, formulation, route, frequency, quantity, duration of therapy, previous opioid use)
- Monitoring parameters (eg. adverse effects, efficacy)
- Identifying, in collaboration with prescribers, patients that are interested in and would benefit from opioid tapering
- Patient's risk for opioid use disorder
- Narcotic Monitoring System (NMS) notifications prior to dispensing

## C. Communication

### Communication with Patients & Caregivers

Pharmacists should ensure that patients/caregivers are active participants in their care. Patients should be encouraged to ensure they have opportunities to discuss their therapy with their pharmacists. Communication should be a two-way dialogue, ensuring patient/caregiver concerns are addressed in a timely manner. Pharmacists should engage in a discussion with patients/caregivers of patients prescribed opioids to ensure patients feel supported and well informed about:

- Realistic expectations regarding outcomes/benefits from opioid therapy (i.e. improved function vs. complete eradication of pain)
- Potential adverse effects and risks associated with opioids
- Signs of substance use disorder
- Monitoring parameters to ensure continuous appropriateness of opioid therapy
- Safe storage and appropriate return and disposal of unused opioid medications

### Communication with Prescribers

The pharmacist and the prescriber play an important and complementary role in the care of a patient on opioid therapy. Pharmacists should establish regular two-way communication with prescribers to ensure continuity of care, reduce risk of opioid misuse and diversion, and optimize patient outcomes.

Pharmacists must, when appropriate, actively communicate pertinent information to prescribers such as:

- Potential drug therapy problems with evidence-based recommendations and solutions
- Patients with possible substance use disorder
- Patients who would be interested in and benefit from opioid tapering or alternative therapy
- Relevant NMS alerts

## D. Documentation

As is required with all medications, pharmacists should record relevant and pertinent details with regards to opioid therapy in an accessible and standardized manner in accordance with the [College Documentation Guidelines](#). When faced with a decision that requires professional or clinical judgement, documentation should include: the decision, the rationale for the decision, expected patient outcome and plan for monitoring and follow up. Pharmacists should also ensure documentation of rationale and response to NMS alerts. Communication with patients and other healthcare professionals surrounding the decision should also be documented.

## E. Managing Therapy: Monitoring and Follow-up

In order to ensure continuity of care, pharmacists should continue to monitor and follow up with patients that are prescribed ongoing opioid therapy. Monitoring should include reassessment of appropriateness and effectiveness of opioid therapy, and reassessment of safety of therapy including identifying and addressing any adverse events the patient may be experiencing. Pharmacists should work with patients and primary care providers to develop a plan for follow-up to address any concerns. Updates should be documented and provided to prescribers with recommended next steps, as appropriate.

### Tapering Opioids for Pain

Pharmacists should ensure that they have the necessary knowledge and skills, and collaborate with prescribers to ensure tapering is carried out appropriately in a patient-centered and safe manner. Patients/caregivers and families should be counselled on information pertaining to tapering such as opioid withdrawal symptoms.

## F. Security and Disposal

The regulations regarding controlled substances require that pharmacists take all steps necessary to secure these drugs in their possession. This includes ensuring that the medications are accounted for, inventory is accurate, security measures are in place to minimize diversion, outdated stock is identified and removed, and medications are disposed of properly.

Pharmacists are responsible for the safety and security of all drugs, including post-consumer returns and unserviceable controlled substances, until they are destroyed. Destruction must occur on a regular basis as any accumulation may increase diversion risk. Further information can be found on the [Fact Sheet: Destruction of Narcotics, Controlled Drugs, and Targeted Substances](#).

Narcotic reconciliation must be conducted on a regular basis to ensure accountability and traceability of medications. Pharmacists also need to account for damaged, unserviceable or outdated controlled substances. More information can be found on the [Fact Sheet: Narcotic Reconciliation and Security Fact Sheet](#). Any theft, forgery or loss of controlled substances must be reported to the [Office of Controlled Substances](#) within 10 days after discovery.

### Fentanyl

Pharmacy professionals must adhere to the [Safeguarding our Communities Act, 2015](#). Specific guidelines for dispensing fentanyl patches are outlined in the [Fact Sheet: Patch-for- Patch Fentanyl Return Program](#).

## G. Harm Reduction

### Naloxone

Naloxone is a potentially lifesaving medication indicated for use in opioid overdose. Since naloxone is classified as a Schedule II drug, pharmacists should ensure they act in accordance with NAPRA Supplemental Standards of Practice for Schedule II and III drugs when dispensing naloxone. Pharmacy professionals can refer to the [Guidance for Pharmacy Professionals when Dispensing or Selling Naloxone](#) for specific guidelines and education requirements.

## Opioid Agonist Treatment (OAT)

Buprenorphine/naloxone and methadone play an important role in treatment of opioid use disorder because they are opioid agonists which cause little to no euphoria. A pharmacist should have the necessary knowledge and training to provide OAT. This includes sufficient knowledge of:

- Standards of practice, policies and legislation for pharmacists providing OAT
- Differences between types of OAT and how to assess which is most appropriate for the patient
- Opioid withdrawal signs and symptoms and management
- Opioid use disorder signs and management
- Strategies for harm reduction

### OAT Requirements

Pharmacists should practice in accordance with [CAMH's Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder](#). Pharmacists dispensing methadone should be in compliance with the [Fact Sheet: Key Requirements for Methadone Dispensing](#) as outlined by the College.

**Recordkeeping** - Robust recordkeeping and documentation processes should be in place to support accuracy of information for administered doses to ensure safety at all times especially during transitions of care (i.e. patient entering or being discharged from hospital or correctional institution, guest dosing).

**Patient Agreements** - A written agreement serves as best practice to outline expectations and prevent miscommunication.

**Transfer of Custody** - If methadone doses are transferred to a prescriber for administration, policies and procedures should be in place to ensure documentation of receipt, administration and daily reconciliation of doses.

**Education and Training** – Pharmacists dispensing buprenorphine/naloxone and methadone should be familiar with the principles and guidelines outlined in [CAMH's Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder](#). For pharmacies dispensing methadone, the Designated Manager (DM) must be trained in methadone via the [CAMH Opioid Dependence Treatment Core Course](#) or comparable course within six months of beginning a methadone practice. In addition to the DM, within one year, at least one staff pharmacist must complete these training requirements. Training must be updated at a minimum of every 5 years. Ideally all pharmacists providing buprenorphine/naloxone and methadone services should have knowledge of the best evidence and relevant clinical practice guidelines. It is the DM's responsibility to inform all pharmacists working in a pharmacy, including relief pharmacists, if that pharmacy provides OAT services.

## Appendix A: Additional Resources

- [Centre for Addiction and Mental Health \(CAMH\) Opioid Agonist Maintenance Treatment: A Pharmacist's Guide to Methadone and Buprenorphine for Opioid Use Disorder](#)
- [Practice Tools on the College's website](#)
  - [Opioids](#)
  - [Narcotics](#)
  - [Methadone and Buprenorphine](#)
  - [Documentation](#)
- [College of Physicians and Surgeons of Ontario \(CPSO\) Methadone Maintenance Treatment Program Standards and Clinical Guidelines](#)

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

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Susan James, Director Quality

**TOPIC:** Pharmacy Safety Initiative

**ISSUE:** Engagement with the Ontario Association of Chiefs of Police to explore the development of a provincial Pharmacy Safety Initiative.

**BACKGROUND:**

- In August 2018, the Ontario Association of Chiefs of Police (OACP) sent a letter (Attachment 1) to the College requesting its endorsement for the expansion of the Pharmacy Safety Initiative, a recent pilot project conducted in the Windsor-Essex region with the goal of improving safety.
- The Windsor-Essex project addresses the unique crime and disorder challenges experienced in community pharmacy environments through collaborative information sharing and stakeholder engagement.
- It is a multi-partnered approach involving several stakeholders (local police, Ontario Provincial Police, pharmacists, Rexall and Shoppers Drug Mart), and drawing on three years of experience with a similar initiative of the College of Pharmacists of British Columbia and the Vancouver Police.
- The strategy includes a number of safety-rooted elements, including the use of time delay safes as a key aspect.
- The OACP feel that this initiative would be beneficial for all of Ontario and plans to spread the program across the province, but believe that its success would require the endorsement and strong support of the College.
- The OACP will be sharing the details of the project with Council at the December meeting, with a request that the College engage in discussions about potential spread of the program.

**ANALYSIS:**

- One of OCP's three strategic priorities is to "Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."
- One known threat to safe pharmacy practice is the incidence of pharmacy robberies, potentially putting both patients and pharmacy staff at risk.
- Many kinds of crime are decreasing across Canada, however, pharmacy crime and disorder challenges are increasing in certain jurisdictions across the country.
- Pharmacy robberies are often committed by individuals in search of narcotics, which are then frequently used for trafficking. Efforts to reduce diversion of these drugs through theft from pharmacies would be aligned with the harm reduction component of the College's [Opioid Strategy](#).
- The OACP intends to seek funding for this initiative through the Ministry of Community Safety and Correctional Services and will be the main driver of the project.

- In order to consider supporting an initiative of this nature, a thorough analysis of the pilot project, exploration of potential mechanisms and consideration of downstream impact is required.

#### **NEXT STEPS:**

- If Council agrees that the College should engage with the OACP to explore provincial spread of the Pharmacy Safety Initiative the next steps would be to review and analyze the potential benefits of this initiative for the province of Ontario, and consider options for implementation.

**RECOMMENDATION FOR COUNCIL:** That Council approve College engagement with the Ontario Association of Chiefs of Police for the purpose of exploring a mechanism that the College could endorse and support for implementation of a provincial Pharmacy Safety Initiative.

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



SENT VIA E-MAIL

August 3, 2018

Mr. Regis Vaillancourt  
President and Chair  
Ontario College of Pharmacists  
483 Huron Street  
Toronto, ON M5R 2R4

**Re: OACP Endorsement for a Provincial Pharmacy Crime Prevention & Public Safety Strategy**

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Dear Mr. Vaillancourt:

On behalf of the Ontario Association of Chiefs of Police (OACP), the governing body that has been the official voice of police leaders in Ontario since 1951, I wish to extend our full and enthusiastic endorsement of a formalized crime prevention and public safety strategy for all Ontario pharmacies. A primary mandate of the OACP is to define critical policing issues and develop sound and constructive positions to assume an advocacy role in partnership with the community.

The above noted strategy certainly fits this mandate and we feel it addresses the growing issue of public safety that is unique to neighbourhood pharmacies throughout Ontario. Our support follows the work undertaken over the past several months in the Windsor-Essex region with the "Windsor-Essex Pharmacy Safety Initiative" that has identified some creative practices to improve safety. The Windsor-Essex initiative has benefitted greatly from its multi-partnered approach involving all possible stakeholders, and combining comprehensive implemented actions with best practice information obtained from other jurisdictions.

This same approach would be an ideal and appropriate fit for all of Ontario. For its success, we feel the strategy needs the confirmed backing of the Ontario College of Pharmacists to ensure the ultimate goal of sustained safety will resonate with all Ontario pharmacies.

A key aspect of this strategy going forward would involve looking at the use of time delay safes to store narcotics and other valuables that are the targets of pharmacy robberies. Such a move to this however would only come with a thorough and well thought out public promotion and communication strategy supported by all

stakeholders before implementation is to take place. There are a number of other safety-rooted elements that would also form part of the overall strategy.

I enclose for your information, a Status of Project Work Plan provided to us by the Mr. Barry Horrobin, Director of Planning & Physical Resources for the Windsor Police Service.

The OACP values the partnership and sound working relationship we have with many different organizations and the public throughout Ontario. As such, we feel strongly about this proposed provincial strategy as something that will significantly and collectively improve the safety at all Ontario pharmacies, and one which will positively affect employees and customers alike.

We would be very pleased to provide any additional information you may require about this important public safety strategy, including presenting more detailed specifics of the proposed provincial safety strategy to your board, along with any other interested party, at a time that is convenient and workable for your organization.

The OACP is committed to this strategy as something that will create a positive impact on public safety for all Ontarians. Please contact Mr. Joe Couto, our Director of Government Relations and Communications, at 416-926-0424 ext. 22 or [jcoutho@oacp.ca](mailto:jcoutho@oacp.ca) to pursue this important matter further.

Sincerely,



Chief Kimberley Greenwood  
Barrie Police Service  
President, Ontario Association of Chiefs of Police

KG/jc

Attachment

# WINDSOR-ESSEX PHARMACY SAFETY INITIATIVE

## – Status of Project Work Plan –

Prepared by: **Barry Horrobin, B.A., M.A., CLEP, CMM-III**  
Director of Planning & Physical Resources – WINDSOR POLICE SERVICE

The following is a summary of activities that have either been completed or are still being pursued as components of the "*Windsor-Essex Pharmacy Safety Initiative*". The work undertaken (which has included provincial Proceeds of Crime grant funding) is a continuation of an ongoing partnership between all police services in Windsor & Essex County (Windsor, LaSalle, Amherstburg and the OPP) with all pharmacies in the region (through the Essex County Pharmacists Association) toward the common goal of optimizing safety and security for employees and customers alike.

### Project Objectives

1. Elevate the awareness of the very unique crime and disorder challenges specific to pharmacy environments to all owners, employees, and customers of neighbourhood pharmacies located throughout the Windsor-Essex region. This shall be accomplished by engaging stakeholders directly with police partners in a series of organized meetings & information sharing sessions to get everyone on the same platform of knowledge.
2. Fully explore unique methodologies that have been implemented in other jurisdictions that have shown to decrease the incidence and severity of acts of crime and disorder that occur at pharmacies. This may include such things as employing GPS product tracking systems when thefts occur and the potential use of time-delayed safes to store higher risk pharmaceuticals such as opioids and other narcotics.
3. Strengthen the physical environments of every pharmacy in the Windsor-Essex region to offer greater resistance against crime and disorder by assisting each pharmacy owner and staff with the use of a detailed self assessment threat and risk tool built on the principles of crime prevention through environmental design (CPTED).
4. Provide specific training to pharmacy employees on how to handle crime situations if/when they occur so as to minimize the impact of victimization and to safeguard against harm and loss and also prevent future occurrences.
5. In using all the aforementioned methodologies, work cohesively with all stakeholders and partners to achieve tangible reductions in the incidence of crime and disorder, while at the same time elevating the confidence and feelings of safety by pharmacy staff and customers.

## Tasks & Actions

**KEY MILESTONE #1:** Conduct an informational workshop/session for pharmacy industry employees to gain direct stakeholder input and commitment to improvements.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: April 2017

Responsibility: All Police partners and the Pharmacists Association

**KEY MILESTONE #2:** Baseline perception of safety in and around pharmacy properties of pharmacy owners and employees at the outset of the project.

Activities: To guide any significant action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: September & October 2017

Responsibility: All Police partners and the Pharmacists Association

**KEY MILESTONE #3:** Completion of a Crime Prevention Through Environmental Design (CPTED) assessment of the physical configuration of every pharmacy in Windsor and Essex County to identify safety strengths to work from and address opportunities where safety may be compromised and needs corrective attention.

Activities: Prior to any significant formal action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: October to December 2017

Responsibility: All Police partners

**KEY MILESTONE #4:** Marketing campaign to provide complete understanding of the potential safety benefits of using time delay safes for storing high risk drugs.

Activities: Conduct awareness and safety benefits marketing in the form of a workshop(s), pamphlets, e-newsletters, etc. to promote time delay safe benefits.

Time Frame: Fall 2018

Responsibility: Pharmacists Association with Police partner assistance

**KEY MILESTONE #6:** Conduct a follow up informational workshop/session for pharmacy industry employees to obtain feedback on safety initiative deliverables.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: March 2018

Responsibility: All Police partners and the Pharmacists Association

**KEY MILESTONE #7:** Completion of a full set of comparative crime & disorder and crime severity index (CSI) metrics before vs. after implementing the project.

Activities: Assemble full set of comparative statistical measures to gauge the impact of the project's activities on reducing crime and severity.

Time Frame: Summer/Fall 2018

Responsibility: All Police partners

**KEY MILESTONE #8:** Perception of safety in and around pharmacy properties of pharmacy owners and employees following the project's implementation.

Activities: Following implementation of the various project activities, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: Fall 2018

Responsibility: All Police partners and the Pharmacists Association

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Nancy Lum-Wilson

**TOPIC:** Federation of Health Regulatory Colleges of Ontario (FHRCO) Meeting – Update on Governance and Ministry of Health and Long-Term Care Direction

**ISSUE:** On October 11, 2018, Deanna Williams and a team from Health Workforce and Regulatory Affairs Division (HWPRAD) attended the FHRCO meeting to provide the first substantive update on the Best Practice Report subsequent to the *Protecting Patients Act, 2018*; and the government direction for Regulated Health Colleges further to the establishment of a new Progressive Conservative Government respectively.

**BACKGROUND:**

**Update from Best Practice Analysis**

Canada is ahead of other countries in establishing funding for sexual abuse victims.

International trends in self-regulation sector, largely imposed by government, include

- Increased transparency
  - There is a link between transparency and trust
  - Expectation that decision-making displays integrity, is competent and reliable/consistent
  - Explanation of “why” the Discipline Committee makes the decisions it makes, eg. why an allegation is withdrawn; why a decision is made not to refer to discipline; how is the decision in the best interest of the public
  - Societal expectations have changed and regulators regulate to the edge of the law, push the envelope and develop new precedents
  - Include statements in decisions about Conflict of Interest
  - Focus on risk and evidence in decisions
  
- Movement to best practice in governance
  - Separation between Council and committees
  - Reduce size of Council
  - Composition of Council and Committees to include increased lay representation (Ireland – 51%, United Kingdom – 50%)
  - Inclusion of Public members as Chairs (removal of the use of “President” title, since “President” is really just the Chair of the Council)
  - Council Evaluation – best practice for evaluation of Council is one that the Ontario Hospital Association uses which includes self-score, scoring separately by all peers, scoring on how entire Board performs and the entire evaluation is administration through a third party; and openly post entire evaluation on website

- Pressures in government to increase accountability and oversight of the sector
  - Increased measurement
  - Increased involvement of government

#### Call to Action

- Allow public members to run for Chair
- Remove the use of “President” and substitute for Chair
- Reduce size of Council
- Remove all Council members from statutory committees unless required by statute (the College of Physicians and Surgeons of Ontario is the only college that has a Patient Relations Committee that is fully independent from Council)
- Abolish elections and move to competence based appointments and if not currently possible, then
  - implement an independent robust screening process with specific competence criteria and skills
  - Implement training process that includes expectations in governance of a regulatory body, and requirement that those that run for election must pass the training in order to be eligible
  - Implement a mandatory two-year best practice “cooling–off” period if heavily involved in association or staff in association
- Push the transparency envelope as far as possible
  - Explain the why in reasons for Inquiries, Complaints and Reports Committee as well as Discipline Committee decisions

#### **Ministry Update**

- Health has not yet completed its foundational briefing yet.
- A plan for Ministry of Health and Long-Term Care is under development and will go to Treasury Board in the fall
- The “line by line” review is “not a math exercise.” It is an exercise in reviewing administration and structure, and includes the regulatory colleges. The Ministry will be working on if and how various Colleges can/should be amalgamated but it is not immediate; they plan to share a framework with FHRCO in future
- This government wants to reduce “red tape” and regulatory burden
  - Looking for ways to streamline regulation and reduce micromanaging of the professions
  - Only two areas of the *Regulated Health Professions Act* where regulations *MUST* be established; all other areas state “*MAY*”. Colleges should explore with government where by-laws and policies can be used to implement, rather than using regulation
  - Government has messaged to staff that Cabinet has no time to address regulations for anything that is not a priority for this government
- There will be some fundamental changes in how we structure and manage healthcare and the Colleges should consider how the perception of large administrative structures are viewed by this government, including how regulation becomes a barrier to front-line care delivery – 26 colleges is too many
- This government is bold and swift in taking action
- Modernizing the oversight of health workers, including unregulated health workers, was one of the first briefings requested by the government and is a priority for them

- Some thinking on whether we still need scopes of practice for different professions and whether there should be a move to competence as the framework to ensure equitable access to quality care
  - Care teams rather than scopes of practice
  - Scopes are a barrier to optimal care and promote “tribalism”
- Committees of Cabinet have not yet been established except Management Board and Treasury Board
- Colleges are NOT independent from government; they exist because of legislation that has delegated the authority to them
  - Colleges are still accountable to the government and there will be increased oversight, including the establishment of performance indicators for the Regulatory Colleges (OCP will sit on the government working group which is expected to complete its work by March 2019)
  - Expectation of stronger relationships with HWPRAD, including policy staff attending every Council meeting as well as scrutiny of agendas and dialogue on why certain items are considered a priority for Council and how it serves the mandate of the College and is in the best interest of the people

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

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Nancy Lum-Wilson, CEO and Registrar

**TOPIC:** Report to December 2018 Council

**ISSUE:** As set out in the Governance Manual, Council holds the Registrar accountable for the operational performance of the organization. As well, the Registrar is responsible for reviewing the effectiveness of the College in achieving its public interest mandate and the implementation of the Council’s strategic plan and directional policies. As such, the Registrar is expected to report on these activities at every Council meeting.

**BACKGROUND:** I respectfully submit a report on the activities that have taken place since the September 2018 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the President and the Vice President, summarized below are some of the meetings I attended and matters that I dealt with on behalf of the College during the reporting period.

**Strategic Priorities Scorecard**

A key part of the Registrar’s performance is to regularly provide an update to Council on the College’s Operational Plan. Attached for Council’s information is an update of progress made on the various strategic directions since the September 2018 Council meeting.

**Ministry/Government Activities**

During the fall legislative session, the government introduced several new initiatives including:

- The addition of 6,000 new long-term care beds, with 640 new beds and spaces in place to prepare for the upcoming flu season.
- Passed new legislation that allows for the private sale of cannabis for recreational purposes.

The Ontario Legislature is scheduled to rise on December 14, 2018 for its annual winter break, returning on February 19, 2019.

**Ministry of Health and Long-Term Care Reorganization**

On October 19, 2018, Minister Elliott announced that the Ministry of Health and Long-Term Care (MOHLTC) had undergone an organizational realignment, resulting in the merger of some divisions and branches. Of interest to the College, the branches of the Health Workforce Planning and Regulatory Affairs Division (HWPRAD) were realigned, with Health Workforce Planning now reporting under the Capacity Planning and Capital Division, and Health Workforce Regulatory Oversight reporting under the Strategic Policy and Planning Division. The previous ADM of HWPRAD has been assigned to lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role. The organizational chart is included in the following link:

[:http://www.health.gov.on.ca/en/common/ministry/orgchart10182018.pdf](http://www.health.gov.on.ca/en/common/ministry/orgchart10182018.pdf)

With the government and newly organized Ministry of Health and Long Term Care moving forward with their mandate, College staff and I have resumed meetings with various officials from multiple branches of the Ministry to provide updates on our work and relevant issues. One of these meetings was with the new Deputy Minister, in mid-November, whereby I was able to note how well our current strategic initiatives align with the Ministry's priorities for outcome and risk-based regulatory management, access, patient-centered care and increased efficiency.

### **Public Inquiry into the Long Term Care Homes System**

On November 2<sup>nd</sup>, the College participated in a full day consultation with the Commissioner on the *Public Inquiry into the Safety and Security of Residents in the Long-term Care Homes System*. The morning session also included representatives from the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, and the AGRE Colleges. The focus of the session was to provide input into Part 2 of the Inquiry, which is directed at determining what can be done to reduce the vulnerability of the system to potential Health Care Serial Killers (HCSKs) in the future. In the afternoon session, our College was asked to meet with the Commissioner and her staff in order to assist in their examination of the medication management systems in long-term care homes with a view to possible system solutions to increase safeguards for long term care residents. . The Commissioner has also indicated further engagement with the College as she prepares her recommendations for release of her final report in July 2019.

### **Ministry of Labour**

College staff initiated conversations with the Ministry of Labour and are collaborating on future opportunities to both educate respective staff on roles and responsibilities of each organization as well as the development of a reporting framework to be followed when, during pharmacy assessments, College staff discover situations that place pharmacy staff at risk.

### **Legislative Initiatives**

#### **Changes to the *Food and Drug Regulations***

As of December 1, 2018, changes to the *Food and Drug Regulations* will result in 75 veterinary medically important antimicrobials moving from over-the-counter status to prescription status.

Additional amendments to the *Food and Drug Regulation* earlier this year require reporting for pharmacy professionals who compound antimicrobial drugs that contain active pharmaceutical ingredients for veterinary use.

Although commercial feed mills (CFMs) do not require a licence from Health Canada in order to sell prescription drug mixes, they cannot sell prescription premixes to the customers, having to first mix them in the feed.

The College of Veterinarians of Ontario (CVO) has introduced a policy, [Satellite Location – Remote Dispensing Options for Farmed and Large Animal Anti-Microbial Drugs](#), to permit remote dispensing of antimicrobials to farmed or large animal owners, pursuant to a prescription from a licenced veterinarian and with a valid veterinarian-client-patient relationship in CVO- accredited satellite locations.

Concurrently, common themes arising from our consultation on the CVO proposed amendments to the Veterinarians Act, mainly that only those pharmacists who have obtained sufficient training in this field should provide veterinary service, has been communicated to the Registrar of the CVO.

## **Cannabis**

On October 17th, 2018, the use of cannabis for recreational purposes became legal in Canada. Currently, the only legal place to purchase cannabis for recreational use in Ontario is through the province's online store. On April 1, 2019 a licensed private retail store system will be introduced. Municipalities will have a one-time window to opt-out of permitting cannabis retail stores within their municipal boundaries and they can enact by-laws that further restrict smoking cannabis beyond the provincial minimum standards in places like parks. First Nations communities will also be provided with a similar opportunity but without time limits.

The current practice of access to cannabis for medical purposes has not changed; however, there is a growing movement from various stakeholders, including the Ontario Pharmacists Association (OPA), the Canadian Pharmacists Association and the Neighbourhood Pharmacy Association of Canada to advocate for pharmacists to have the ability to access and distribute for medical purposes. *"Pharmacists have the necessary expertise to mitigate the potential risks associated with cannabis for medical use, including harmful drug interactions, contraindications, and potential addictive behavior,"* the Canadian Pharmacists Association said on its website. *"Pharmacists have an existing infrastructure that is already in place to handle controlled substances."*

In October the College also finalized the development of competencies and educational outcomes for *Cannabis and Patient Care in Pharmacy*. These competencies were developed by an expert working group established by the College, and vetted by representatives at each of the provincial regulatory authorities, in order to confirm acceptance for use nationally. The competencies are available through Canadian Council for Continuing Education in Pharmacy (CCCEP) and they are now in the process of working with continuing education providers to promote development of education programs that will satisfy the requirements for CCCEP accreditation. Pharmacists in Ontario will be able to begin reporting completion of an approved course during the 2019 annual renewal process, and will be required to have completed a course by the 2020 renewal process.

## **Reporting Requirements for Medical Assistance in Dying**

New federal reporting requirements for medical assistance in dying (MAiD) will be in effect on November 1, 2018. Any written request for MAiD received on or after November 1, 2018, may trigger reporting requirements under the new regulations. Pharmacists who have dispensed a substance in connection with the provision of MAiD are required to report to Health Canada within 30 days after the day of dispensing.

Please view the "[Reporting requirements for medical assistance in dying](#)" page on the government of Canada website. The College has communicated this information to pharmacy professionals through eConnect.

## **Federal/Provincial Initiatives**

### **Pharmacy Indicators**

The College is leading the establishment of a set of quality indicators for pharmacy, in collaboration with Health Quality Ontario (HQO). In June 2018, the College and HQO co-hosted a roundtable that brought together a group of stakeholders to inform development of a set of principles to guide how to move forward.

Following this roundtable session, the College and HQO established an expert panel composed of a subset of roundtable participants and other stakeholders to achieve consensus on a preliminary set of indicators. The first panel meeting took place on November 7<sup>th</sup>, 2018 in order to review existing indicators in light of learnings from the roundtable and identify opportunities for possible new indicators if feasible and relevant.

To inform the panel's deliberations, the College hosted sector engagement sessions via interactive webinar on November 16<sup>th</sup>, 2018, with a teleconference meeting to follow in early December 2018. The final set of indicators will be selected in the spring of 2019 and the principles identified from the roundtable in June 2018 will be used to guide indicator implementation.

The College's focus on outcomes is aligned with work being initiated by the Health Workforce Regulatory Oversight Branch. They are establishing a College Performance Measurement Framework Working Group to provide expert input and advice on key deliverables required for the successful development and implementation of a performance measurement framework for Ontario's health regulatory colleges. Our College will be represented on this group and updates will be provided as work progresses.

### **Health Canada**

Over the past several months the College has been working closely with the Office of Controlled Substances at Health Canada, and in particular the Opioid Response Team, with a goal to ensure open communication and greater understanding of respective jurisdictions. These efforts have resulted in Health Canada providing the College with the first release of loss and theft data for Ontario, which will now be provided on a quarterly basis. While the existing data release is limited to drug information only, the two organizations are working to establish a data sharing agreement which will allow for inclusion of pharmacy data at the regional level and will support our indicator work to measure the impact of the Opioid Strategy and overall pharmacy practice outcomes.

The College has also been facilitating joint visits with Health Canada at pharmacy practices in Ontario, including central fill establishments and hospital pharmacy, in order to help Health Canada gather information which may be used to develop future policies and potential regulatory amendments to the *Controlled Drug and Substances Act (CDSA)* and relevant regulations.

In early November, representatives from NAPRA, including each of the provincial registrars, met with the Controlled Substances Directorate at Health Canada for our annual meeting to discuss a variety of issues related to the CDSA, including central-fill practices, electronic reporting of loss and theft, access to a safe supply of opioid medication and management of post-consumer waste. The meeting was extremely productive and serves as an important platform for bi-lateral information sharing and feedback about the role of pharmacy practice with respect to the safe supply and appropriate access to controlled substances.

### **Inter-Professional Relationships**

On October 11<sup>th</sup> the Ministry of Health and Long Term Care attended the FHRCO meeting and provided an update on activities at the Ministry. Deanna Williams also presented the highlights from her report to the government on best practices and international trends in governance. A separate briefing note has been included in the Council materials.

The AGRE Colleges, a subset of the Federation of Health Regulatory Colleges of Ontario (FHRCO) have committed to work together to develop policy recommendations that build on CNO's Governance Vision 2020 to modernize the governance structures of health regulatory bodies in Ontario with a view to strengthening public confidence in self-regulation. This work is aligned with the government's renewed commitment to modernizing regulatory processes and structures. A letter has been sent to the Minister to advise her of AGRE's intention.

### **Other Stakeholder Meetings**

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

NAPRA meetings were held November 6-7, 2018 in Halifax. PRA leaders from across Canada participated in generative discussions on priority healthcare topics such as opportunities to increase safety for patients using cannabis, collaboration in analyzing data from medication incident reporting, and the role of pharmacists in veterinary medicine. The Board participated in a demonstration of an electronic prescribing platform and discussed the role of digital health in creating efficiencies and enhancing patient safety. Following the Board's strategic planning session in the spring, the Board reviewed NAPRA's strategic goals and operating plan which demonstrated strong collaborative national leadership. In addition, the Board discussed governance and opportunities to strengthen the public and front-line clinician perspective on the NAPRA Board as well as opportunities for cross-Canada collaboration, such as creating national pharmacy standards for medication safety, similar to the supplemental Standard of Practice (sSOP) approved by Council in September 2018 and defining competencies for non-sterile compounding.

### **Miscellaneous Items**

#### **Pharmacare Consultation**

On September 25, I attended the Pharmacare Consultation which included representatives from insurance, employers, academics, public and primary care. While there was no consensus on who pays, the group supported the concept of a national pharmacare system and coverage that fell between essential drugs and robust coverage. The group also supported coverage for catastrophic care. Consultations are expected to be completed by end of October and an interim report will be available by end of December. The final report is expected to be made available to the Ministers of Health and Long-Term Care and Finance by Spring 2019, after which, it will be tabled at Cabinet, allowing the government to decide on the way forward.

#### **Opioid Abuse**

On October 22, 2018, Minister Elliott announced the government would continue to support the opioid injection sites but would implement a new approach to treatment services at these sites which will now be referred to as "Consumption and Treatment Service Centres". These organizations will now need to apply to provide treatment and rehabilitation services, and would also need to offer connections to health and social services, including primary care, mental health supports, housing, and employment. Before and after each site is selected, consultations would be held to ensure the voices of communities are heard. Sites would also need to have a plan in place to ensure community concerns are addressed on an ongoing basis.

Federally, various stakeholders and opposition MPs continue to advocate for the Government of Canada to both 1) investigate the role that drug companies played in creating the opioid crisis and 2) decriminalize narcotics. In the meantime, on October 20, 2018, federal regulations that require warning stickers and a patient information handout at the time of sale with all prescription opioids came into force. Pharmacists and practitioners are responsible for

obtaining or producing copies of the sticker and handout in order to meet these new requirements. Health Canada has published a [guidance document](#) to assist impacted stakeholders. Information about these changes and the frequently asked questions have been shared with pharmacy professionals through the College's regular communication channels.

### **Appointment of Inspectors**

In accordance with the College's by-laws, I am pleased to report that the following four staff members - Charles Chan, Julie Hoang, Andreea Laschuk and Brittney Shaw - have been appointed as Inspectors for the College. "Inspectors: as referenced under the *Drug and Pharmacies Regulation Act* (section 148(1)), are also referred to as Practice Advisors in the field and by the College.

### **Medication Safety Program**

The Ambassador phase of the program has been concluded and rollout of the medication safety program began in November 2018. A full implementation plan is in effect, consisting of gradual onboarding of the remaining 4300 pharmacies by summer 2019. Volunteers in the Ambassador phase have provided feedback that informed improvements to better align with participant needs, such as clearer guidance on when to report a near miss. A third-party researcher is also providing an independent evaluation of the program, which is expected to be available by the end of 2018.

Ambassadors demonstrated engagement with the program by recording and analyzing incidents and near misses. Between February 2018 and November 2018 there were 231 medication incidents and 724 near misses (intercepted before reaching the patient) recorded in the platform. Of those, 16 resulted in recorded patient harm. Understanding why these events happened, the outcomes of the incidents and how they can be prevented requires fulsome analysis of the data, which has not yet been performed. Analyzed aggregate information and recommendations will be shared broadly once a more robust, reliable and statistically relevant data set is available, following province-wide onboarding.

As next steps, the College will continue to support provincial roll-out of the program to all community pharmacies and begin to work with hospital pharmacy professionals to determine how best to proceed with implementation. An evaluation framework of the program is in development with a focus on assessing the meaningful use of the medication safety program and impact on system outcomes and overall safety. Further, the first analysis of the data is expected in mid-2019 and will contain learnings from the Ambassador phase.

### **Pharmacy Examining Board of Canada**

At its mid-year Board meeting held in Toronto on October 20, 2018, the Board approved a motion to transition the Pharmacist Evaluating Examination to a computer-based test, thus reducing the length of the exam which can now be administered in a single day. The Board Update is attached for Council's information in Attachment 2.

### **Neighbourhood Pharmacy Association of Canada**

On October 12, 2018, the Neighbourhood Pharmacy Association of Canada (NPAC) issued a news release congratulating Premier Ford on his first 100 days in office. In addition to applauding the government's proposed initiatives, the Association suggested enabling pharmacists to do more which will create capacity in healthcare and, similar to the OPA's government relations priorities, called upon the government to:

1. Enable patients to see a trained pharmacist close to home for the assessment and, if necessary, treatment of common ailments, such as pink eye, cold sores, acne, uncomplicated skin infections, and other conditions;

2. Allow patients to receive all publicly-funded immunizations, such as shingles and pneumonia vaccines, particularly for less mobile patients and seniors, from trained pharmacists who already administer flu shots and travel vaccines; and,
3. Ensure patients' therapies are being appropriately monitored in real-time for potential toxicities and effectiveness through pharmacist-administered point-of-care testing, such as A1C for diabetes, INR for blood disorders or lipids for cardiovascular health, and testing for strep and flu.

On November 12, I attended the NPAC Executive Summit. The agenda included a presentation from Dr. Rueben Devlin, the government's Special Advisor on Healthcare and Chair of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. The presentation clearly outlined the focus of government on efficiency, access and customer service (patient focus). In addition, there was clear support for the work of the College on the development of system quality outcome indicators; and also support for pharmacist involvement in distribution of cannabis for medical purposes.

### **Digital Health**

As reported in June, College staff are collaborating with eHealth Ontario on an initiative that will support pharmacy's access to provincial digital health tools including clinical viewers. Pharmacists and pharmacy technicians will require "ONE ID" credentials in order to access these tools and the College will be working with eHealth to facilitate the enrollment process for "ONE ID" through the member portals. The project will launch in November.

PrescribeIT is the electronic prescription service being rolled out across the country by Canada Health Infoway. The College is represented on one of five PrescribeIT working groups.

Participation on the "Implementers Working Group" will ensure that adherence to Standards of Practice is considered as implementation proceeds. A meeting of all working groups took place on November 14<sup>th</sup> after the Canada Health Infoway Partnership Conference.

### **Optimizing Practice Strategy**

At the June 2018 Council meeting, Lisa Dolovich presented on the development of a white paper by the Ontario Pharmacy Evidence Network (OPEN). The paper was commissioned by the College at the request of the Executive Committee for the purpose of stimulating broad based discussion amongst stakeholders about the future of pharmacy practice.

Release of the white paper, *Pharmacy in the 21<sup>st</sup> Century: Enhancing the Impact of Pharmacy on People's Lives in the Context of Health Care Trends, Evidence and Policies* has been pending publication in a peer review journal. The College has been advised that a condensed version of the white paper will be published in December, 2018, following which the full paper will be published on the OPEN website.

The College continues to move forward with its work on Optimizing Practice. Practice models that address barriers and leverage enablers to optimal practice are being identified and tested using continuous quality improvement (CQI) methodologies. One such initiative involves collaboration with community pharmacy professionals and primary care practitioners, with the overall goal of improving patient care and professional engagement. The demonstration project, beginning in Northern Ontario by the end of 2018, is designed to link community pharmacy to primary care to implement HQO's Quality Standard for Major Depression. Measurement of outcomes and considerations for spread to other areas will follow in 2019.

In October, the College also hosted externally facilitated focus groups with community and hospital pharmacists and pharmacy technicians in order to further explore the facilitators and barriers pharmacy professionals experience within their day-to-day practice when attempting

to perform optimally. A full report of the focus group findings will be shared with the College before end the year and will be analyzed to guide the next steps toward facilitation of optimized practice.

**Standards of Operation**

The College continues to work with corporate pharmacy to communicate the results of pharmacy assessments and the impact of the environment on the ability of pharmacists to practice optimally and to standard. The College expects to transparently share the results of our assessments by mid-2019.

12-Nov-18		Quarterly Scorecard – OCP Council - Q3 2018 Report																								
#	SP ref.	Indicator or Milestone Measure	Q1	Q2	Q3	Q4	YTD	Target																		
<i>Strategic Initiatives</i>																										
1	SP1	*Compliance with Protecting Patients Act					n/a	30-Dec-18																		
2	SP1	*Opioid Strategy Implementation			1-Aug		n/a	01-Aug-18																		
3	SP1	*Cannabis Strategy developed & presented to Council		11-Jun			n/a	01-Jun-18																		
4	SP2	*Council approval of Non-sterile Compounding Implementation Date					n/a	see summary																		
5	SP2/3	*Development of hospital Pharmacy Strategy - NE LIHN		22-Jun			n/a	30-Jun-18																		
6	SP2/3	*Med Safety program implementation - 100 test sites	3-May				n/a	28-Feb-18																		
7	SP2/3	*Med Safety program-commence full roll out					n/a	01-Dec-18																		
<i>Regulatory Mandate</i>																										
8	SP2	% of assessments meeting critical equipment elements in Sterile Comp.(Hospital)	100.0%	99.0%	93.0%		97.3%	100%																		
9	SP2	% of assessments meeting critical BUD elements in Sterile Comp.(Hospital.)	67.0%	75.0%	79.0%		73.7%	75% (Q3)																		
10	SP2	% of Pharmacists who require remediation following practice assessment	1.8%	3.5%	2.0%		2.5%	< 3%																		
11	SP2	% of Pharmacists assessed meeting more than 75% of indicators w/out coaching	44.2%	37.2%	48.6%		43.4%	CB																		
12	SP2	% Statutory compliance with complaint disposal within 150 days	3.0%	40.0%	55.0%		32.0%	66% min																		
13	SP1	% Statutory compliance with issuance of NOC within 14 days	91.0%	100.0%	98.0%		95.0%	95% min																		
14	SP1	% HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)	3/3	4/5	2/4		75.0%	75% min																		
15	SP1	% of decisions for uncontested hearings issued within 60 days	11.0%	25.0%	61.5%		37.0%	66% min																		
16	SP1	% of Registrar's Inquiries disposed of within 365 days	46.7%	45.5%	50.0%		47.4%	55% min																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Legends</th> <th>SP Ref. (Strategic Plan Reference)</th> </tr> </thead> <tbody> <tr> <td>* Indicates a Milestone</td> <td>SP1 = Core Programs - Fulfillment of Mandate - Societal Expectations</td> </tr> <tr> <td> Completed Milestone</td> <td>SP2 = Optimize Practice Within Scope - Quality health care services</td> </tr> <tr> <td><b>CB</b> = Collecting Baseline</td> <td>SP3= Inter &amp; Intra Professional Collaboration</td> </tr> <tr> <td>n/a = not applicable, ND = no data</td> <td></td> </tr> <tr> <th>Indicator Performance to Target</th> <th>*Milestone Performance to Target</th> </tr> <tr> <td>On Target within 10%</td> <td>On Track (proceeding per plan)</td> </tr> <tr> <td>Approaching Target &gt;10%-25%</td> <td>Potential Risk</td> </tr> <tr> <td>Needs Improvement &gt;25%</td> <td>Risk/Roadblock</td> </tr> </tbody> </table>									Legends	SP Ref. (Strategic Plan Reference)	* Indicates a Milestone	SP1 = Core Programs - Fulfillment of Mandate - Societal Expectations	Completed Milestone	SP2 = Optimize Practice Within Scope - Quality health care services	<b>CB</b> = Collecting Baseline	SP3= Inter & Intra Professional Collaboration	n/a = not applicable, ND = no data		Indicator Performance to Target	*Milestone Performance to Target	On Target within 10%	On Track (proceeding per plan)	Approaching Target >10%-25%	Potential Risk	Needs Improvement >25%	Risk/Roadblock
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Scorecard Measure	Q3 2018 Council Summary / Improvement Strategies
<p><b>#1</b> Compliance with Protecting Patients Act</p>	<p><b>Project is proceeding as planned.</b></p>
<p><b>#2</b> Opioid Strategy implementation</p>	<p><b>This project milestone was completed.</b>  Refer to BN for further information.</p>
<p><b>#3</b> Cannabis Strategy - Developed &amp; presented to council</p>	<p><b>This project milestone was completed.</b></p>
<p><b>#4</b> Council approval of non-sterile Compounding Implementation Date</p>	<p><b>Project is proceeding as planned.</b>  Refer to BN for further information.</p>
<p><b>#5</b> Development of hospital Pharmacy Strategy - NE LIHN</p>	<p><b>This project milestone was completed.</b></p>
<p><b>#6</b> Med safety program Implementation - 100 test sites</p>	<p><b>This project milestone was completed.</b></p>
<p><b>#7</b> Med Safety program- commence full roll out</p>	<p><b>Project is proceeding as planned.</b>  Refer to the Registrar's report for further information.</p>
<p><b>#8</b> % Assessments meeting critical equipment elements in Sterile Compounding</p>	<p><b>The 3<sup>rd</sup> quarter was met.</b></p>
<p><b>#9</b> % Assessments meeting critical BUD elements in Sterile Compounding</p>	<p><b>The 3<sup>rd</sup> quarter was met within 10% of the 3<sup>rd</sup> quarter target.</b>  Hospital Practice Advisors are monitoring and following up to ensure compliance.</p>
<p><b>#10</b> % of Pharmacists who require remediation following practice assessment</p>	<p><b>The 3<sup>rd</sup> quarter was met.</b>  On track to achieve the cumulative target of &lt;3% by December 2018.</p>
<p><b>#11</b> % of Pharmacists assessed meeting more than 75% of indicators without coaching</p>	<p><b>Collecting Baseline – No change from Q2 Report</b></p>

<p><b>#12</b> % Statutory compliance with complaint disposal within 150 days</p>	<p><b>The 3rd quarter is approaching target, the YTD was not met.</b></p> <p><b>Conduct Operations:</b> In Q3, the ICRC disposed of 83 complaints and the decisions team issued 87 decisions. Of the 87 decisions issued, 76 were complaints, and 55% of those were issued within 150 days of the date filed (compared to 3% in Q1 and 40% in Q2).</p> <p>In Q3, the decisions team continued to prioritize complaint decisions that <u>could</u> be issued within 150 days above some other types of decisions. Of the 76 complaint decisions issued, 58% of them <u>could have been</u> issued within 150 days, and 55% of them were. A consequence of this is that the age of the pending decisions that could not be issued within 150 days grew higher, including decisions with significant outcomes (cautions and/or remedial training).</p> <p>An additional decision writer joined the College in Q3. Further improvement is anticipated over time.</p>
<p><b>#13</b> % Statutory compliance with issuance of NOC within 14 days</p>	<p><b>The 3<sup>rd</sup> quarter was met.</b></p>
<p><b>#14</b> % HPARB complaint decisions confirmed</p>	<p><b>The 3<sup>rd</sup> quarter was not met, the YTD was met.</b></p> <p>2/4 decisions were confirmed in Q3. 2 decisions referred back to panel:</p> <ul style="list-style-type: none"> <li>- 1 was due to adequacy of the investigation; HPARB directed that the ICRC provide the member with an opportunity to make a full response to all the concerns identified by the ICRC, which formed the basis for their decision to issue an oral caution and remedial training.</li> <li>- 1 was due to an unreasonable decision; HPARB required the ICRC to reconsider their decision of advice/recommendation and remedial training because the information in the file did not support the ICRC’s conclusions.</li> </ul> <p>Since both of the HPARB decisions were issued, the ICRC had their annual orientation meeting, which reinforced best practices when making decisions.</p>
<p><b>#15</b> % of decisions for uncontested hearings issued within 60 days</p>	<p><b>The 3<sup>rd</sup> quarter was met, the YTD was not met.</b></p> <p>Ongoing process improvement opportunities are being explored.</p>
<p><b>#16</b> % of Registrar's Inquires disposed of within 365 days</p>	<p><b>The 3<sup>rd</sup> quarter was met, the YTD is approaching target.</b></p>

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

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

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**N E W S**


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**L E T T E R****PEBC UPDATE**


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 Vol. 22 No. 2 November 2018
 

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## 2018 Mid-Year Board Meeting Summary

The Pharmacy Examining Board of Canada held its 2018 Mid-Year Board Meeting on October 20, 2018 in Toronto. Three standing committees met over two days preceding this meeting. The following are highlights of issues addressed, recommendations made by the Board and an update on the Pharmacy Technician Examinations. For further information, you may contact Board appointees, the President, Janet MacDonnell, or the Registrar-Treasurer, Dr. John Pugsley.

### Board Appointments

New appointments to the Board:

Canadian Society of Hospital Pharmacists – Dr. Terri Schindel

### 2018-2019 Executive Committee

President – Janet MacDonnell

Vice-President – Kaye Moran

Past-President – Kendra Townsend

Omar Alasaly

Dinah Santos (elected on October 20, 2018 to fill a vacancy due to the resignation of Kim Abbass).

Gary Wong was appointed to serve as a member of the Executive Committee from June to October 2018.

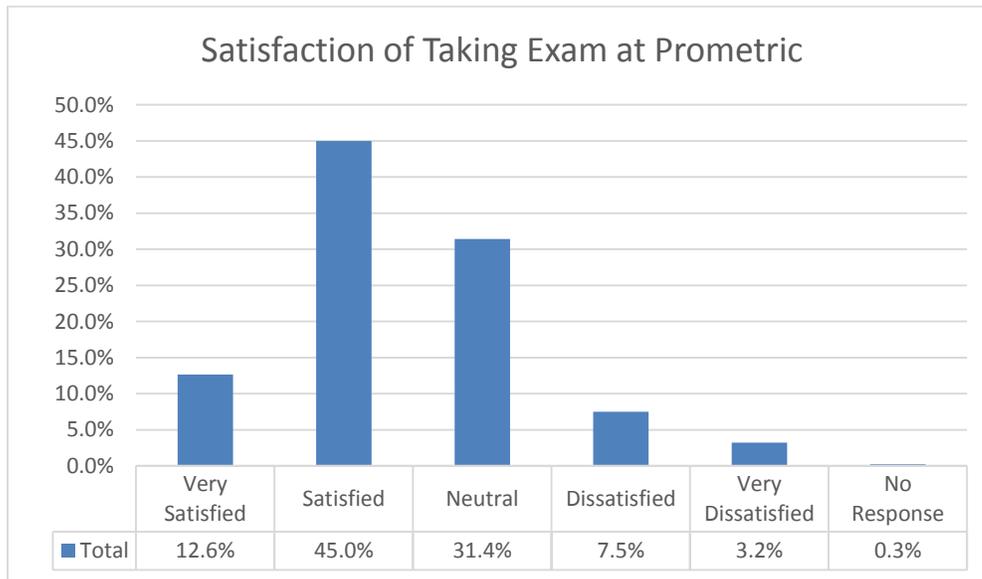
### Successful Second Administration of Computer-Based Testing

In May 2018, PEBC administered the second sitting of computer-based testing (CBT) for the Pharmacist Qualifying Examination-Part I (MCQ). The exam was held between May 22 – 26<sup>th</sup> across 17 sites in Canada. A total of 1642 candidates sat for the exam. In preparation for the May administration, a number of changes were made to enhance the administration of the exam and the candidate experience. These changes included adjusting the scheduling of the three daily sittings at examination centres to provide exam personnel a brief gap between the sittings to reduce congestion between candidates leaving the exam and those entering. Also, when candidates arrived at the site, they were provided with a one-page document outlining some key points about the exam. Ahead of the exam, candidate resources were updated to further enhance their understanding of the administration of the exam.

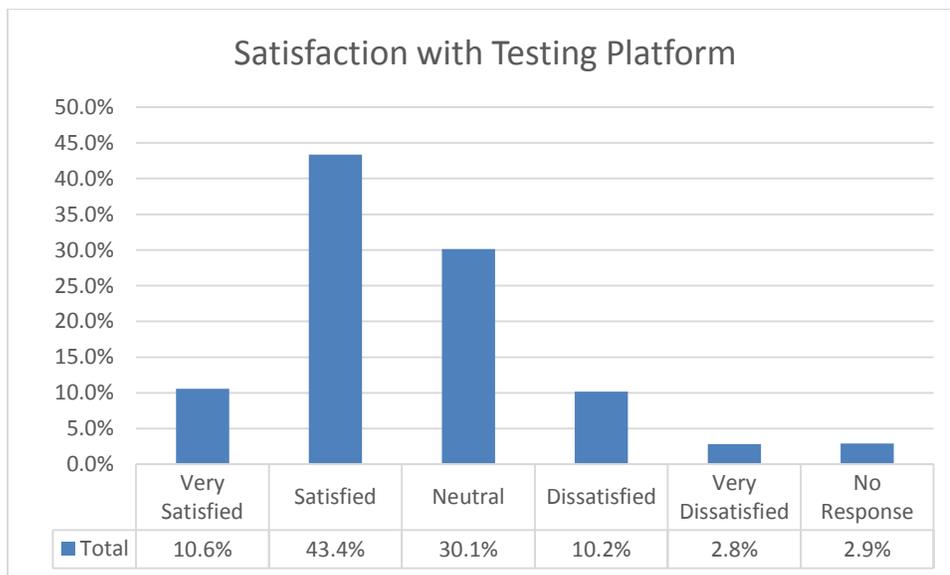
A post-exam survey was administered with 1589 candidates at least partially completing the survey. The most significant concerns were around the extent of time provided and management of time throughout the exam. Candidates felt rushed to complete the exams, especially due to the number of calculation questions, and the need to use the onscreen calculator rather than a hand-held calculator. Also, candidates complained about the difficulty in tracking their progress through the exam, as they disliked the progress bar which showed percentage of the exam completed.

### Survey Responses

#### 1. How satisfied are you with the experience of taking your exam at this Prometric testing centre?



#### 2. How satisfied were you with the performance of the testing platform during your exam?



The survey feedback was beneficial in identifying areas where PEBC can continue to improve the administration of the exam. Regarding the request for handheld calculators, PEBC will send standard scientific calculators to all of Prometric's sites for use during the PEBC exams beginning with the November administration. This is expected to alleviate the main concern from the last administration. Also, Prometric has been making enhancements to the test delivery platform which will be ready in time for the November administration. These changes will allow candidates to readily see the number of items which have been completed, which is represented as a fraction (i.e., 47/100 questions attempted).

Also, there will be a display that allows candidates to more easily identify and skip to any items that are unanswered or flagged. PEBC expects that these changes will have a significant benefit to candidates in managing their time.

PEBC will be implementing computer-based testing for other multiple choice exams. The Pharmacist Evaluating Examination will be administered by CBT in July 2019. The move to expand CBT is part of PEBC's ongoing commitment to providing a rigorous certification process and contributing to the delivery of safe, progressive and effective health care to Canadians.

## **Committee on Examinations**

The Committee on Examinations reviewed the research results of an attenuation study to determine the appropriate length of testing time for transition of the Pharmacist Evaluating Examination to a computer-based test. The primary focus was to consider the potential to reduce the length of the exam to support a single day administration. PEBC contracted with Prometric to undertake the research study. The study confirmed the reliability of the forms and the pass-fail decision consistency using 200 scored questions. Based on the review of the research study, the Committee on Examinations recommended that the Board approve the reduction of the length of the Pharmacist Evaluating Examination to 200 scored items. The Board approved the motion. The examination will be administered in a single day over 4.5 hours with three administration times at Prometric testing centres across Canada and in London, England.

## **Strategic Planning Session**

The Board of Directors and designated staff participated in a Strategic Planning Session held on October 19, 2018. The session was facilitated by Helen Hayward, a former partner with Western Management Consultants. A preliminary Action Plan for 2019—2021 was created and will be subsequently fine-tuned by the Executive and approved by the Board at the February 2019 Annual Meeting.

## **Board Meetings**

The next Annual Board Meeting will be held on February 23, 2019, with Committee Meetings preceding.