ONTARIO COLLEGE OF PHARMACISTS
COUNCIL MEETING AGENDA
SUNDAY MARCH 25 (1:00 P.M.) – TUESDAY MARCH 27 2018
BALLROOM, THE WHITE OAKS CONFERENCE RESORT & SPA
253 TAYLOR ROAD
NIAGARA-ON-THE-LAKE
ONTARIO, L0S 1J0

1. Noting Members Present

2. Declaration of Conflict

3. Approval of Agenda

4. President's Opening Remarks
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6. Notice of Motions Intended to be Introduced

7. Motions, Notice of Which Had Previously Been Given

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9. Matters Arising from Previous Meetings
10. **For Decision**

10.1 Briefing Note – Finance and Audit Committee ................................. Appendix 10.1
- Audited Financial Statements for 2017 (includes Presentation of Audited Financial Statements by Auditor)

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

11. **For Information**

11.1 Briefing Note – Opioid Strategy Update ........................................ Appendix 11.1

11.2 Briefing Note – Registrar’s Report on Election of Members to Council .... Appendix 11.2

11.3 Briefing Note - Registrar’s Report to Council ...................................... Appendix 11.3
- Strategic Priorities – Reporting Update
- Ministry/Government Activities
- Legislative Initiatives
- Federal/Provincial Initiatives
- Inter-Professional Relationships
- Other Stakeholder Meetings
- Miscellaneous Items

12. **Other Matters**

12.1 Strategic Planning Session

12.2 Presentation: Communicating in the Public Eye

13. **Unfinished Business**

14. **Motion of Adjournment**

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

*Thank you.*
FOR DECISION FOR INFORMATION X

INITIATED BY: Régis Vaillancourt, President

TOPIC: President’s Report to March 2018 Council

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

BACKGROUND: I respectfully submit a report on my activities since the December 2017 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.

College Meetings:
December 12th - Cannabis Task Force Meeting
January 16th – Conference call – New Council Member Orientation (Nadia Facca)
January 31st – Patient Relations Committee Meeting
February 7th – Cannabis Task Force Meeting
February 21st – Finance and Audit Committee Meeting (teleconference)
March 5th – Cannabis Task Force Meeting (teleconference)
March 8th – Executive Committee Meeting

Other Stakeholder Meetings:
February 4-6th – CSHP Professional Practice Conference 2018

In addition to the above information, I wish to advise that a member of the Executive Committee will be contacting each nominee for election to Council in the upcoming election cycle to conduct a pre-orientation interview. The purpose of the interview is to emphasize, through direct personal communication, the College’s public interest mandate. The recommendations of the Task Force on Council Member Competence will replace this practice for the 2019 election cycle.
FOR DECISION FOR INFORMATION X

INITIATED BY: Régis Vaillancourt, President

TOPIC: Evaluation Report of December 2017 Council Meeting

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

BACKGROUND: At the December 2017 Council meeting, we provided Council members with the opportunity to provide their feedback. 13 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?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Always</th>
<th>Frequently</th>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
<th>Response Count</th>
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<tbody>
<tr>
<td>1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2. Members were well prepared to participate effectively in discussion and decision making</td>
<td>7</td>
<td>6</td>
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<td>0</td>
<td>13</td>
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<td>3. In accordance with the governance philosophy, Council worked interdependently with staff</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>13</td>
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<tr>
<td>4. There was effective use of time</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>13</td>
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<tr>
<td>5. There was an appropriate level of discussion of issues</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>12</td>
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<td>6. The discussion was focused, clear, concise, and on topic</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>13</td>
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2. Did the meeting further the public interest?

YES = 12 = 92.31%
NO = 1 = 7.69%

I feel that there was no real dialogue with the council members. Essentially I felt that the President, Vice President and Councillor had a certain agenda that was previously agreed upon and when members spoke up, the Registrar would convey her point and the member would not have a chance to rebuttal. So basically the Registrar, Vice President or President would have the final say and there was no real dialogue.

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

- Discussion was allowed on most of the agenda items and on the presentations by staff and guest speakers
For this particular meeting, there was robust discussion on a number of items in the agenda with most Council members actively participating.

No one issue comes to mind, as all matters were handled very well.

I thought our discussion about the College of Nurses presentation was robust. I also thought that our discussion around the comments from the last meeting about conflicts of cannabis was also good.

NAPRA standards.

Model Standards for Pharmacy Compounding of Non-Sterile Preparations.

I found that the presentation by CNO demonstrated efforts being made by a college to change with the times and allow for increased efficiency, however the discussion that ensued was healthy and illustrated many of the difficulties facing colleges with implementing changes while moving forward. I believe that through further presentations and discussion, OCP will move forward with its own plan.

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.

- CNO presentation was excellent, but the reaction of a few Council members was not very progressive or open to new approaches.
- I felt that often the discussion was rushed, that members weren't given the floor fully to elaborate their concern or question, of note, the cannabis discussion.
  - None
  - None
  - None
  - None
  - Changes to registration.
  - Modernizing the College of Nurses of Ontario’s Governance. The discussion that ensued where members mentioned how this is the beginning of the end of self-governance was very interesting. The registrar mentioned "the bus is moving any ways, it's either we stay behind and cry or get on it". This made me think, what's the point of having the meeting in the first place if the decisions have already been made (the bus is moving any ways). In every meeting we're reminded of the privilege of self-governance but in this meeting we're suddenly told that this was actually not the most efficient way to govern according to studies and the bus is moving so we should just accept it. If this is not the right way to govern, then why in God's name is our entire government not chosen based on competency? There was basically no chance for dialogue and the decision was made by the ministry of health, again it made me question the purpose of the meeting.
  - None.
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?

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<td>Completely Satisfied</td>
<td>6</td>
</tr>
<tr>
<td>Mostly Satisfied</td>
<td>6</td>
</tr>
<tr>
<td>Neither Satisfied Nor Dissatisfied</td>
<td>0</td>
</tr>
<tr>
<td>Mostly Dissatisfied</td>
<td>1</td>
</tr>
<tr>
<td>Completely Dissatisfied</td>
<td>0</td>
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<tr>
<td>Total Responses</td>
<td>13</td>
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6. Suggestions for improvement and General Comments (name of respondent - optional)

- Is it really necessary for there to be a motion to just accept a report, even before there is any discussion of the content? Seems a bit too rigid. Motions related to decisions, yes absolutely, but just to receive a report, I think is unnecessary.
- As mentioned, to give members the time they need to express themselves balanced with moving the discussion forward.
- To be more precise and transparent the Council should be made aware of items of discussions at the Executive Committee in advance so they can be prepared for discussion on those matters well prepared.
- To our President, keep the excellent work of moderating!
- Effective meeting.
- Great meeting. Well run by all.
- None.
- Listen to the council members and be transparent with what the ministry of health has already dictated and shouldn't be discussed in the first place because that's a waste of time.
- Council meetings are always informative, well run, very organized and a pleasure to attend. Our President keeps the meeting running smoothly. A big "thank you" to the staff for all their hard work and expertise. Congratulations to all the council members for their participation and healthy dialogue. Keep up the great work!

Respectfully submitted,

Régis Vaillancourt, President
MINUTES OF MEETING
OF COUNCIL
DECEMBER 11, 2017
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<td>Motion of Adjournment</td>
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Elected Members

District H  Dr. Régis Vaillancourt, Ottawa
District H  VACANT
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 Poulase, Hamilton
District M  Mr. Mike Hannalah, Toronto
District M  Mr. Kyro Maseh, Toronto
District M  Ms. Laura Weyland, Toronto
District N  Mr. Gerry Cook, London
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
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Ms. Christine Henderson, Toronto
Mr. Robert Hindman, Shuniah
Mr. Azeem Khan, Pickering
Mr.Javaid Khan, Markham
Mr. James MacLaggan, Bowmanville
Ms. Elnora Magboo, Brampton
Ms. Sylvia Moustacalis, Toronto
Ms. Joan A. Pajunen, Kilworthy - Regrets
Mr. Shahid Rashdi, Mississauga - Regrets
Ms. Joy Sommerfreund, London - 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

Invited Guests

Ms. Anne Coghlan, Executive Director and CEO, College of Nurses of Ontario
Ms. Vania Sakelaris, Principal, VAS & Associates Inc.
Ms. Megan Sloan, past President of Council, College of Nurses of Ontario
Ms. Georgina Veldhorst, Associate, VAS & Associates, Inc.

1. Noting Members Present

Member attendance was noted. President Vaillancourt advised Council members that the co-facilitators selected to help Council with the 2018 Strategic planning session were in attendance as observers at today’s meeting and he invited Council members to introduce themselves to both during the morning and lunch breaks.

2 Declaration of Conflict

There were no conflicts declared.

3. Approval of Agenda

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

4. President’s Opening Remarks

President Vaillancourt welcomed Council members to the meeting. He then introduced Mr. Azeem Khan (Public Member) who was recently appointed to College Council for a period of three years. Mr. Khan will be serving on the Inquiries, Complaints and Reports Committee (ICRC) and the Discipline Committee. Mr. Khan was invited to briefly introduce himself to Council.

4.1 Briefing Note - President’s Report to December 2017 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. The report was received for information by Council.
4.2 Briefing Note - September 2017 Council Meeting Evaluation

The President referred Council members to the September 2017 Council meeting evaluation and commended the high response rate to the survey. He added that it was very important for Council to continue to provide feedback which will serve to ensure efficiency and enhance Council members’ participation at these meetings.

Dr. Vaillancourt and Registrar Lum-Wilson then responded to questions from the floor regarding how the feedback is used to improve processes.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of September 2017 Council Meeting

It was moved and seconded that the Minutes of the September 2017 meeting be approved. CARRIED.

6. Notice of Motions Intended to be Introduced

There were none.

7. Motions, Notice of Which Had Previously Been Given

There were none.

8. Inquiries

There were none.

9. Matters Arising from Previous Meetings

9.1 Briefing Note – Proposed Changes to the Pharmacy Act - Registration and Quality Assurance Regulation

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

President Vaillancourt requested Ms. James, Director, Quality, to present the Briefing Note to Council.

At the September meeting, Council was presented with draft amendments to the quality assurance and registration regulations. These amendments were aimed at implementing an Intern Pharmacy Technician class of registration, incorporating pharmacy technicians into the quality assurance regulations, eliminating unnecessary steps in registration, and shifting from
an hourly reporting of practice to a self-declaration of competency in conjunction with practice assessments. The College was directed by Council to move forward with a 60-day open consultation on the proposed amendments.

Ms. James reported that a total of 41 submissions were received from pharmacy professionals and the public including a submission from the Ontario Pharmacists Association. She advised that the majority of the feedback indicated overall support for the regulation amendments and accordingly, no further changes were recommended to Council. In response to questions from the floor on specific details (e.g. liability insurance for students, protocol and assessment of members during site visits), Ms. James assured Council that communication is considered to be key and that the registrants will be kept informed and updated as we move forward with these proposed amendments.

Following discussion, a motion to approve the proposed amendments to General Regulation 202/94 for submission to the Ministry of Health and Long-Term Care was moved and seconded. Council members present voted unanimously in favour of the motion. There were no negative votes or abstentions. CARRIED.

Council noted that the proposed regulations, together with supporting documentation, will be submitted to the Ministry of Health and Long-Term Care early in the New Year and Council will be kept informed if further discussion is necessary following government’s review of the submission.

10. For Decision

10.1 Briefing Note – Finance and Audit Committee – Appointment of Auditor

A motion to receive the Briefing Note from the Finance and Audit Committee was moved and seconded. CARRIED.

Mr. Khan, Chair of the Finance and Audit Committee, advised that in September 2017, the College received notice that the previous auditors had merged with another firm. In view of the timing of notification in relation to year end activity, the Committee met to consider options which included either appointing the newly merged firm, taking the services to market to select a new auditor, or appointing a firm that had previously been identified as a suitable option.

Following consideration of all the options, the Finance and Audit Committee was in agreement that the firm Tinkham and Associates LLP Chartered Accountants satisfied the College’s requirements and accordingly, have recommended their appointment as Auditor for the College for the 2017 fiscal year. Council further noted the Finance and Audit Committee’s commitment to take the services to market no later than 2019.

A motion to approve the appointment of Tinkham & Associates LLP Chartered Accountants as Auditors for the College for the fiscal year 2017 was moved and seconded. CARRIED.
10.2 Briefing Note – Executive Committee – NAPRA Compounding Standards

A motion to receive the Briefing Note from the Executive Committee was moved and seconded. CARRIED. Ms. Resnick, Deputy Registrar, was requested to present the Briefing Note to Council.

Ms. Resnick provided Council with some background information regarding this Briefing Note. In the fall of 2016, the College posted on its public website draft Model Standards for Pharmacy Compounding of Non-Sterile Preparations, which were developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), for consultation. Model Standards represent the minimum requirements that must be met regardless of practice site and against which performance can be measured. Responses were received from a number of stakeholder groups including pharmacists, pharmacy technicians and pharmacy organizations. The submissions were generally supportive with suggestions to aid clarity and the College provided this feedback to NAPRA’s National Advisory Committee on Pharmacy Practice.

Following a nation-wide consultation by NAPRA, which elicited over 800 comments, many of which were extremely detailed, NAPRA undertook a new approach with the Standards. The release of the Standards will now be accompanied by a Guidance document which will provide pharmacists and technicians who compound non-sterile preparations with the details necessary to evaluate their practice, develop service-related procedures, and implement appropriate quality controls for both patients and compounding personnel.

Council noted for information that NAPRA is expected to publish the Standards and the Guidance document in early 2018. In the meantime, the College will work toward establishing an appropriate implementation date (to be recommended to Council at its meeting in June 2018) and will develop a comprehensive communication and education plan for registrants and stakeholders.

Ms. Resnick then responded to questions from the floor and provided clarity where needed, after which, a motion was moved and seconded that Council adopt the Model Standards for Pharmacy Compounding of Non-Sterile Preparations with the implementation date to be recommended to Council in June 2018. CARRIED.

Council noted that more information on this issue will be available in the coming months.

10.3 Briefing Note – President – Governance

Noting that representatives from the College of Nurses of Ontario (CNO) had been invited to address Council about their own governance review, President Vaillancourt recommended that discussion of his Briefing Note be deferred until after CNO’s presentation had taken place.
11.0 For Information

11.1 Briefing Note - Registrar’s Report to Council

President Vaillancourt requested the Registrar, Ms. Lum-Wilson, to address Council. Referring to the Strategic Priorities document appended to her report, Registrar Lum-Wilson presented to Council a status report on the achievement of goals and highlighted for Council the noteworthy accomplishments for this reporting period. These included achievement of a 100% Community Practice Assessment consistency rate among the assessors; a significant improvement in the time taken to enter a complaint intake; launch of a new partnership with North East LHIN to develop a regional model for achievement of hospital standards, including NAPRA model standards for sterile compounding; and the work done so far on exploring ways to work with Toronto Central LHIN to identify best practice models that directly link community pharmacy with primary care as well as address transitions of care.

Ms. Lum-Wilson reported that the College hosted 4 regional meetings in communities throughout the province, attracting a significant number of attendees, and that topics included key initiatives such as the Opioid Strategy, Medication Safety, and Protecting Patients Act. She noted the initial steps being made to advance the College’s Opioid Strategy and announced that recruitment was currently underway for membership on the Opioid Working Group which will work on development and implementation of specific initiatives identified under this Strategy.

She also referred to the College’s announcement on October 26, 2017 of Pharmapod as the selected vendor for the College’s medication safety continuous quality assurance program.

Ms. Lum-Wilson then responded to questions from the floor on the issues she reported on thus far.

12. Other Matters

12.1 Presentation: College of Nurses of Ontario (CNO) – Vision 2020

Following a short break, and their introduction by Ms. Lum-Wilson, Ms. Anne Coghlan and Ms. Megan Sloan addressed Council about their own governance renewal journey in pursuit of increased effectiveness and public trust. In 2016, the CNO Council approved a vision for a revised governance structure to be in place by the year 2020. The vision is for a small governing board made up of an equal number of public and nurse members – with all members being appointed to the board and having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. This new vision is rooted in evidence and best practice in regulatory governance in Canada and around the world. Following the presentation, Council members took the opportunity to ask questions and were provided with more detail about the work behind implementing the vision.
10.3 Briefing Note – President – Governance

A motion to receive the President’s Briefing Note on Governance was moved and seconded. CARRIED.

Dr. Vaillancourt advised Council that at the Executive Committee meeting in November, consideration was given to instituting a competency screening process for members seeking election to College Council.

Screening for competence is consistent with action being considered by the Advisory Group for Regulatory Excellence (AGRE), which is developing a proposed Eligibility and Competency Based Committee Appointment Framework. The Framework will set out a process for how a person who might be interested in being considered for appointment to a College statutory committee would travel through the application and selection journey. The Framework is part of AGRE’s governance project and aligns with changes set out in the Protecting Patients Act, 2017.

Accordingly, the Executive Committee recommended that a Task Force be struck to examine the legal and practical requirements of instituting such a screen within the parameters of the existing legislative/regulatory framework.

Following discussion, a motion that Council strike a Task Force to study and make recommendations on introducing a competency screening process for candidates for election to College Council was moved and seconded. Council members voted unanimously in favour of the motion. CARRIED.

11.0 For Information

11.1 Briefing Note - Registrar’s Report to Council (continued)

The Chair invited Ms. Lum-Wilson to resume her report to Council. Referring to the section on the Employment Standards Act, Council noted for information that the College has been asked to provide the Ministry of Labour with a written submission on whether exemptions, as they relate to pharmacists, should be maintained. She advised that the College is undertaking a consultation to inform this submission and anticipates completion by the end of January 2018.

Council noted that the College also provided a submission to the Standing Committee on Bill 160 (the Strengthening Quality and Accountability for Patients Act, 2017). The submission reminded the government of the College’s readiness to assume oversight of drug distribution in Long Term Care Homes and other institutions. If passed, the Bill would make it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations.

Ms. Lum-Wilson went on to advise that during this reporting period, meetings were held with various stakeholders to develop and maintain relationships. These include dialogue with provincial health critics and information sharing meetings with and presentations to the Ontario
Pharmacists Association, the Canadian Foundation for Pharmacy (Pharmacy Forum) and the Ontario Branch, Canadian Society for Hospital Pharmacists.

The College also participated in a Stakeholder Dialogue convened by the Ministry of Health and Long-Term Care to examine the challenge of Modernizing the Oversight of the Health Workforce in Ontario. Ms. Lum-Wilson advised that the framework within which regulatory colleges operate and are held accountable for optimal patient care was considered by participants and more information on this very important issue will be forthcoming as developments occur.

Another notable issue was the National Association of Pharmacy Regulatory Authorities (NAPRA) new governance model, which came into effect in November. Council noted that Ms. Lum-Wilson was appointed to serve as Vice Chair of this new Board over the next year.

Referring to the section on the Communications Plan 2018, the Registrar invited Mr. Leach, Manager of Communications, to briefly make a presentation to Council and provide an overview of the College’s communications plan for 2018. Council heard that the plan aims to increase focus on the public and stakeholder-facing communication, education and engagement activities in an effort to build greater awareness and confidence in the College’s public interest mandate.

11.2 Memorandum re: 2018 Strategic Planning Session

Vice President and Chair of the Strategic Planning Process, Ms. Weyland, briefly spoke to Council about the proposed plan for the 2018 Strategic Planning Session. Council noted that a planning group, consisting of Council members and senior College staff, has been struck to move this work forward. She re-introduced co-facilitators Ms. Sakelaris and Ms. Veldhorst who were selected to help Council with this initiative.

Council members were advised that the facilitators will be in touch to elicit Council’s input and perspective with respect to the upcoming planning retreat and further, that Council will be updated as details of the pre-planning activities and retreat are finalized.

13. 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.
14. Motion of Adjournment

It was moved and seconded that the Council meeting be adjourned at 1:48 p.m. and to reconvene on Sunday, March 25, 2018, or at the call of the President. The motion CARRIED.

Ushma Rajdev
Council and Executive Liaison

Régis Vaillancourt
President
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<td>Briefing Note – Proposed Changes to the Pharmacy Act (Registration and Quality Assurance Regulation)</td>
<td>5</td>
</tr>
<tr>
<td>Briefing Note - Registrar’s Report to Council</td>
<td>8,9</td>
</tr>
<tr>
<td>Briefing Note – September 2017 Council Meeting Evaluation</td>
<td>5</td>
</tr>
<tr>
<td>Coghlan, Anne</td>
<td>8</td>
</tr>
<tr>
<td>Governance – Election of Council Members</td>
<td>8,9</td>
</tr>
<tr>
<td>Memorandum re: 2018 Strategic Planning Session</td>
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</tr>
<tr>
<td>NAPRA Compounding Standards</td>
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<tr>
<td>Presentation: College of Nurses of Ontario – Vision 2020</td>
<td>8</td>
</tr>
<tr>
<td>President's Report to December 2017 Council</td>
<td>4</td>
</tr>
<tr>
<td>Registration and Quality Assurance Regulation</td>
<td>5</td>
</tr>
<tr>
<td>September 2017 Council Meeting Evaluation</td>
<td>5</td>
</tr>
<tr>
<td>Sloan, Megan</td>
<td>8</td>
</tr>
<tr>
<td>Strategic Planning 2018</td>
<td>8</td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE  
MEETING DATE: MARCH 2018  

FOR DECISION X FOR INFORMATION

INITIATED BY: Finance and Audit Committee  
TOPIC: Audited Financial Statements  
ISSUE: Approval of 2017 Audited Financial Statements  

BACKGROUND: Late last year, the College appointed a new audit firm, Tinkham LLP, Chartered Professional Accountants, to undertake the financial and pension audits for the College. Upon review of the College's accounting practices, the auditors recommended a change to the manner in which annual member and pharmacy fees are recognized as revenue. To more accurately reflect the financial position at year end, the portion of annual fees that relate to a future period will be recorded as deferred revenue. As the change required a restatement of prior year financials, the impact to the Statement of Income and Expenses for 2017 is minimal.

ANALYSIS: Both College management and the Finance and Audit Committee support the recommended change to the revenue recognition practice. Accordingly, the financial statements for 2016 have been restated and the change is reflected in the audited statements for 2017, presented for approval herein.

In the opinion of the auditor, the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2017.

RECOMMENDATION: That Council approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2017 as prepared by management and audited by Tinkham LLP, Chartered Professional Accountants.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):
# Financial Statements

**Ontario College of Pharmacists**

**December 31, 2017**

<table>
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<th>Financial Statement</th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>Independent Auditor's Report</td>
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<tr>
<td>Schedules of Expenses</td>
<td>11 - 12</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT

To the Members of

Ontario College of Pharmacists

We have audited the accompanying financial statements of the Ontario College of Pharmacists, which comprise the statement of financial position as at December 31, 2017 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Ontario College of Pharmacists as at December 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The financial statements of the Ontario College of Pharmacists for the year ended December 31, 2016 were audited by another firm of Chartered Accountants who expressed an unmodified opinion on those statements on March 20, 2017.

TORONTO, Ontario

Licensed Public Accountants
## Statement of Financial Position

As at December 31

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$819,908</td>
<td>$256,155</td>
</tr>
<tr>
<td>Short term investments (note 4)</td>
<td>1,500,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Accounts receivable and cost recoveries</td>
<td>238,088</td>
<td>269,343</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>167,086</td>
<td>312,764</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>2,725,082</td>
<td>2,338,262</td>
</tr>
<tr>
<td><strong>Long term investments (note 4)</strong></td>
<td>7,885,335</td>
<td>7,731,305</td>
</tr>
<tr>
<td><strong>Property and equipment (note 5)</strong></td>
<td>4,221,956</td>
<td>4,149,710</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$14,832,373</td>
<td>$14,219,277</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$1,329,731</td>
<td>$1,270,936</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>3,864,864</td>
<td>3,650,492</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>5,194,595</td>
<td>4,921,428</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally restricted (note 6)</td>
<td>8,600,000</td>
<td>8,480,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,037,778</td>
<td>817,849</td>
</tr>
<tr>
<td><strong>Total Net assets</strong></td>
<td>9,637,778</td>
<td>9,297,849</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                      | $14,832,373| $14,219,277|

**Commitments (note 7)**

Approved on behalf of the Council

______________________________
______________________________

See accompanying notes to the financial statements.
## Statement of Operations

**Year ended December 31**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member fees - Pharmacists</td>
<td><strong>$9,398,808</strong></td>
<td><strong>$9,096,175</strong></td>
</tr>
<tr>
<td>- Pharmacy technicians</td>
<td><strong>1,810,125</strong></td>
<td><strong>1,681,265</strong></td>
</tr>
<tr>
<td>Community pharmacy fees</td>
<td><strong>4,493,145</strong></td>
<td><strong>4,251,909</strong></td>
</tr>
<tr>
<td>Hospital pharmacy fees</td>
<td><strong>687,896</strong></td>
<td><strong>747,545</strong></td>
</tr>
<tr>
<td>Registration fees and income</td>
<td><strong>636,520</strong></td>
<td><strong>792,555</strong></td>
</tr>
<tr>
<td>Investment income</td>
<td><strong>238,720</strong></td>
<td><strong>245,374</strong></td>
</tr>
<tr>
<td></td>
<td><strong>17,265,214</strong></td>
<td><strong>16,814,823</strong></td>
</tr>
</tbody>
</table>

| **Expenses**             |               |               |
| Council and committee expenses (schedule I) | **2,107,776** | **1,910,026** |
| Personnel (schedule II)  | **11,647,379**| **11,170,738**|
| Regulatory programs (schedule III) | **1,213,216** | **1,245,576** |
| Operations (schedule IV) | **1,608,372** | **1,468,495** |
|                          | **16,576,743**| **15,794,835**|

| Excess of revenues over expenses from operations for the year before amortization | **688,471** | **1,019,988** |

| Amortization             | **348,542**   | **351,230**   |

| Excess of revenues over expenses for the year | **$339,929** | **$668,758** |

See accompanying notes to the financial statements.
## Statement of Changes in Net Assets

**Year ended December 31**

<table>
<thead>
<tr>
<th></th>
<th>Internally Restricted</th>
<th>Unrestricted</th>
<th>2017 Total</th>
<th>2016 Total (notes 3 &amp; 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, beginning of year</strong></td>
<td>$ 8,480,000</td>
<td>$ 817,849</td>
<td>$ 9,297,849</td>
<td>$ 8,629,091</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses for the year</strong></td>
<td>-</td>
<td>339,929</td>
<td>339,929</td>
<td>668,758</td>
</tr>
<tr>
<td></td>
<td>8,480,000</td>
<td>1,157,778</td>
<td>9,637,778</td>
<td>9,297,849</td>
</tr>
<tr>
<td><strong>Inter-fund transfers representing:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations and hearings reserve fund:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net expenses in the year</td>
<td>(1,626,983)</td>
<td>1,626,983</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inter-fund transfer</td>
<td>1,746,983</td>
<td>(1,746,983)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance, end of year</strong></td>
<td>$ 8,600,000</td>
<td>$ 1,037,778</td>
<td>$ 9,637,778</td>
<td>$ 9,297,849</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
## Statement of Cash Flows

Year ended December 31

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(note 10)</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenues over expenses for the year</td>
<td>$339,929</td>
<td>$668,758</td>
</tr>
<tr>
<td>Item not requiring a cash outlay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td>348,542</td>
<td>351,230</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>688,471</td>
<td>1,019,988</td>
</tr>
<tr>
<td><strong>Changes in non-cash working capital balances</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable and cost recoveries</td>
<td>31,255</td>
<td>(105,472)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>145,678</td>
<td>(197,277)</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>58,795</td>
<td>(244,839)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>214,372</td>
<td>439,067</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,138,571</td>
<td>911,467</td>
</tr>
<tr>
<td><strong>Cash used in investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of investments (net)</td>
<td>(154,030)</td>
<td>(988,671)</td>
</tr>
<tr>
<td>Purchase of equipment</td>
<td>(134,657)</td>
<td>(85,192)</td>
</tr>
<tr>
<td>Building renovations</td>
<td>(286,131)</td>
<td>(82,063)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(574,818)</td>
<td>(1,155,926)</td>
</tr>
<tr>
<td><strong>Change in cash during the year</strong></td>
<td>563,753</td>
<td>(244,459)</td>
</tr>
<tr>
<td><strong>Cash, beginning of year</strong></td>
<td>256,155</td>
<td>500,614</td>
</tr>
<tr>
<td><strong>Cash, end of year</strong></td>
<td>$819,908</td>
<td>$256,155</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
1 Organization

The Ontario College of Pharmacists (the "College") regulates pharmacy to ensure that the public receives quality services and care. The vision of the College is to lead the advancement of pharmacy to optimize health and wellness through patient centered care.

The College is the registering and regulating body for pharmacy in Ontario. All persons within Ontario who wish to dispense prescriptions and sell products defined as drugs to the public must first have met the professional qualifications set by the College, and be registered as a pharmacist or pharmacy technician. Likewise, all pharmacies must meet certain standards for operations and be accredited by the College. In addition to setting initial standards, the College ensures ongoing adherence to the professional and operational standards.

The College is a not-for-profit organization, incorporated as a non-share corporation in 1871 under the laws of Ontario and, as such, is generally exempt from income taxes.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

a) Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all financial assets and financial liabilities at amortized cost.

Financial assets and liabilities include cash, short term and long term investments, accounts receivable and cost recoveries and accounts payable and accrued liabilities.

b) Property and equipment

Property and equipment are recorded at cost. Amortization is provided over the estimated useful lives of the assets at the following annual rates:

- Buildings: 4% declining balance
- Furniture and equipment: 15% declining balance
- Computer equipment: straight line over 3 years
- Computer software: straight line over 2 years

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2017.

c) Revenue recognition

i) Fees

The College's principal source of revenue is membership and pharmacy fees which are recognized as revenue in the period to which these fees relate. Membership and pharmacy fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the statement of financial position and will be accounted for in income in the year to which they pertain.

ii) Investment income

Investment income consists of interest and is recognized as earned.

iii) Other revenues

All other revenues being registration and other fees, rental income and other miscellaneous income are recognized as revenue when services are provided or as earned.
2 Significant accounting policies continued

d) Management estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, accounts receivable valuation, useful lives for amortization of property and equipment and other assets and liabilities valuation. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis.

3 Change in accounting policy

The College has retroactively changed its policy to recognize annual member and pharmacy fees revenue proportionately over the fiscal year to which they relate. In prior years, members' annual fees were recognized as revenue as fees became due. The change in accounting policy has reduced opening unrestricted net assets at January 1, 2016 by $3,151,538 and reduced the excess of revenues over expenses for the year ended December 31, 2016 by $437,404.

4 Investments

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As at December 31</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Short term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaranteed investment certificate - BMO Bank of Montreal 0.85% maturing May 23, 2018 (2016 - 1.10%, maturing March 13, 2017)</td>
<td>$ 1,500,000</td>
<td>$ 1,500,000</td>
</tr>
<tr>
<td><strong>Long term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaranteed investment certificates - BMO Bank of Montreal 2.30% to 2.55% (2016 - 2.30% to 2.55%) maturing April 27 to October 18, 2019 (2016 - April 27 to October 18, 2019)</td>
<td>7,885,335</td>
<td>7,731,305</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 9,385,335</td>
<td>$ 9,231,305</td>
</tr>
</tbody>
</table>
5 Property and equipment

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated Amortization</td>
</tr>
<tr>
<td>Land</td>
<td>$363,134</td>
<td>-</td>
</tr>
<tr>
<td>Buildings</td>
<td>6,390,172</td>
<td>2,914,129</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>1,474,624</td>
<td>1,228,125</td>
</tr>
<tr>
<td>Computer hardware</td>
<td>374,759</td>
<td>325,734</td>
</tr>
<tr>
<td>Computer software</td>
<td>614,796</td>
<td>527,541</td>
</tr>
<tr>
<td></td>
<td>$9,217,485</td>
<td>$4,995,529</td>
</tr>
<tr>
<td>Net book value</td>
<td>$4,221,956</td>
<td>$4,149,710</td>
</tr>
</tbody>
</table>

6 Net assets - internally restricted

The Council of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Cost</td>
</tr>
<tr>
<td>Investigations and hearing reserve fund</td>
<td>$2,000,000</td>
<td>$2,280,000</td>
</tr>
<tr>
<td>Contingency reserve fund</td>
<td>4,900,000</td>
<td>4,670,000</td>
</tr>
<tr>
<td>Fee stabilization fund</td>
<td>1,700,000</td>
<td>1,530,000</td>
</tr>
<tr>
<td></td>
<td>$8,600,000</td>
<td>$8,480,000</td>
</tr>
</tbody>
</table>

i) Investigations and hearings reserve fund

The Investigations and Hearings Reserve Fund is designated to cover costs including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for funding for therapy and counselling which exceed annual budget provisions for those activities.

ii) Contingency reserve fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Council.

iii) Fee stabilization fund

The Fee Stabilization Fund is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees.
7 Commitments

a) The College is committed to a payment of $150,000 in 2018 to the University of Waterloo to support the Pharmacy 5in5 program in the Faculty of Science, School of Pharmacy.

b) The College contracted the Work, Stress and Health Services of the Centre for Addiction and Mental Health ("CAMH") effective October 1, 2014 to monitor members deemed to be incapacitated in accordance with the provisions of the legislation. Members are monitored over a period of time, depending on the nature of their incapacity. During fiscal year 2017, the College expended $102,229 (2016 - $128,636) towards the monitoring of identified members. The College estimates future payments, based on enrolled members at December 31, 2017 to be as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$128,499</td>
</tr>
<tr>
<td>2019</td>
<td>74,666</td>
</tr>
<tr>
<td>2020</td>
<td>57,166</td>
</tr>
<tr>
<td>2021</td>
<td>28,000</td>
</tr>
<tr>
<td></td>
<td>$288,331</td>
</tr>
</tbody>
</table>

c) The College has entered an agreement with Pharmapod Canada Limited to provide a medication incident reporting system. The College has an outstanding commitment to Pharmapod Canada Limited of $195,000 for the development of the system which will be paid in 2018. In addition, one time costs estimated at $400,000 will be paid in 2019 to register all pharmacies in Ontario and annual subscription fees estimated at $1,250,000 will be paid commencing 2019 and annually thereafter.

d) The College is committed to annual rental payments under operating leases for office equipment and a vehicle, expiring from December 2019 to December 2020 as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Equipment</th>
<th>Automobile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$23,422</td>
<td>$10,188</td>
</tr>
<tr>
<td>2019</td>
<td>23,422</td>
<td>10,188</td>
</tr>
<tr>
<td>2020</td>
<td>23,422</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>$70,266</td>
<td>$20,376</td>
</tr>
</tbody>
</table>

e) The College has indemnified its past, present and future directors, officers and volunteers against expenses (including legal expenses), judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding, subject to certain restrictions, in which they are sued as a result of their involvement with the College, if they acted honestly and in good faith with a best interest of the College. The College has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits and actions, but there is no guarantee that the coverage will be sufficient should any action arise.

In the normal course of operations, the College has entered into agreements that include indemnities in favour of third parties, either express or implied, such as in service contracts, lease agreements and purchase contracts. In these agreements, the College agrees to indemnify the counterparties in certain circumstances against losses or liabilities arising from the acts or omissions of the College. The terms of these indemnities are not explicitly defined and the maximum amount of any potential liability cannot be reasonably estimated.
8 Credit facility

The College has a credit facility available in the amount of $1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2017, the facility had not been drawn upon.

9 Financial instruments

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

General objectives, policies and processes

Council has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash balances with banks, accounts receivable and cost recoveries and investments.

Accounts receivable are generally unsecured. This risk is mitigated by the College's requirement for members to pay their fees in order to renew their annual license to practice. The College also has collection policies in place.

Credit risk associated with cash and investments is minimized by ensuring that these assets are invested in financial obligations of major financial institutions.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and equity risk.

The College is not exposed to currency or equity risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk.

Changes in risk

There have been no significant changes in risk exposures from the prior year.

10 Comparative figures

The 2016 comparative figures were audited by another firm of Chartered Accountants. Also, certain comparative figures have been reclassified to conform to the presentation adopted in the current year.
## Schedule I
### Council and Committee Expenses

<table>
<thead>
<tr>
<th>Year ended December 31</th>
<th>2017</th>
<th>2016 (note 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Council</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Committees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation</td>
<td>52,759</td>
<td>48,786</td>
</tr>
<tr>
<td>Discipline</td>
<td>387,885</td>
<td>299,338</td>
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<tr>
<td>Discipline - Committee expenses</td>
<td>1,422,448</td>
<td>1,228,484</td>
</tr>
<tr>
<td>Discipline - Prosecution</td>
<td>(183,350)</td>
<td>(144,300)</td>
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<tr>
<td>DPP committee</td>
<td>726</td>
<td></td>
</tr>
<tr>
<td>Executive</td>
<td>16,889</td>
<td>32,206</td>
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<tr>
<td>Finance and audit</td>
<td>6,858</td>
<td>7,044</td>
</tr>
<tr>
<td>Fitness to practice</td>
<td>42,365</td>
<td>69,739</td>
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<tr>
<td>ICRC</td>
<td>143,064</td>
<td>184,588</td>
</tr>
<tr>
<td>Patient relations</td>
<td>10,383</td>
<td>11,126</td>
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<tr>
<td>Quality assurance</td>
<td>74,874</td>
<td>62,422</td>
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<tr>
<td>Registration</td>
<td>24,942</td>
<td>19,143</td>
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<tr>
<td>Special committees</td>
<td>2,203</td>
<td>243</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2,107,776</strong></td>
<td><strong>$ 1,910,026</strong></td>
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</tbody>
</table>

## Schedule II
### Personnel

<table>
<thead>
<tr>
<th>Year ended December 31</th>
<th>2017</th>
<th>2016 (note 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries</strong></td>
<td><strong>$ 9,621,320</strong></td>
<td><strong>$ 9,212,943</strong></td>
</tr>
<tr>
<td>Benefits</td>
<td>1,761,232</td>
<td>1,681,838</td>
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<tr>
<td>Personnel costs - other</td>
<td>264,827</td>
<td>275,957</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$ 11,647,379</strong></td>
<td><strong>$ 11,170,738</strong></td>
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<tr>
<td>Schedule III</td>
<td>Regulatory Programs</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Year ended December 31</strong></td>
<td><strong>2017</strong></td>
<td><strong>2016</strong></td>
</tr>
<tr>
<td>Association fees - NAPRA</td>
<td>$129,531</td>
<td>$126,371</td>
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<tr>
<td>Communication initiatives</td>
<td>100,594</td>
<td>94,590</td>
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<tr>
<td>Continuing education initiatives</td>
<td>-</td>
<td>471</td>
</tr>
<tr>
<td>Donations, contributions and grants - partnership</td>
<td>202,000</td>
<td>252,000</td>
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<tr>
<td>DPP inspection costs</td>
<td>-</td>
<td>361</td>
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<tr>
<td>Election expenses</td>
<td>5,895</td>
<td>3,930</td>
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<tr>
<td>Examinations, certificates and registrations</td>
<td>158,318</td>
<td>138,566</td>
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<tr>
<td>Government relations</td>
<td>42,000</td>
<td>42,000</td>
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<tr>
<td>Legal - regulatory</td>
<td>135,549</td>
<td>135,543</td>
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<tr>
<td>Practice assessment of competence at entry</td>
<td>57,417</td>
<td>83,386</td>
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<tr>
<td>Practice input initiatives</td>
<td>115,264</td>
<td>17,902</td>
</tr>
<tr>
<td>Professional development remediation</td>
<td>2,119</td>
<td>260</td>
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<tr>
<td>Professional health program</td>
<td>122,229</td>
<td>146,636</td>
</tr>
<tr>
<td>Quality assurance - program administration costs</td>
<td>139,300</td>
<td>201,560</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,213,216</strong></td>
<td><strong>$1,245,576</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Schedule IV</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year ended December 31</strong></td>
<td><strong>2017</strong></td>
</tr>
<tr>
<td>Association fees - general</td>
<td>$25,327</td>
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<tr>
<td>Audit</td>
<td>30,100</td>
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<tr>
<td>Bank charges</td>
<td>381,665</td>
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<tr>
<td>Consulting - operations</td>
<td>51,784</td>
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<tr>
<td>Courier and delivery</td>
<td>5,319</td>
</tr>
<tr>
<td>Donations and contributions - others</td>
<td>-</td>
</tr>
<tr>
<td>Information system maintenance</td>
<td>315,539</td>
</tr>
<tr>
<td>Insurance - errors and omissions</td>
<td>5,580</td>
</tr>
<tr>
<td>Legal - operations</td>
<td>2,780</td>
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<tr>
<td>Niagara Apothecary</td>
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</tr>
<tr>
<td>Expenses</td>
<td>49,898</td>
</tr>
<tr>
<td>Sales, grants and donations</td>
<td>(21,487)</td>
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<tr>
<td>Office services equipment leasing and maintenance</td>
<td>24,795</td>
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<tr>
<td>Postage</td>
<td>27,309</td>
</tr>
<tr>
<td>Property</td>
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</tr>
<tr>
<td>Expenses</td>
<td>337,503</td>
</tr>
<tr>
<td>Rental income</td>
<td>(193,471)</td>
</tr>
<tr>
<td>Publications - annual report and Pharmacy Connection</td>
<td>51,859</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>8,873</td>
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<tr>
<td>Supplies and stationery</td>
<td>24,019</td>
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<tr>
<td>Telecommunications</td>
<td>161,269</td>
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<tr>
<td>Travel and conferences</td>
<td>319,711</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$1,608,372</strong></td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE
MEETING DATE: MARCH 2018

FOR DECISION X FOR INFORMATION

INITIATED BY: Cannabis Task Force

TOPIC: Educating pharmacists to provide therapeutic support for patients using cannabis

ISSUE: The Cannabis Task Force is recommending that the College require all pharmacists to complete cannabis education in preparation for anticipated practice changes due to the legalization of cannabis for recreational use.

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

While serious adverse side effects are rare with cannabis, some adverse interactions are known to occur when cannabis is used with certain medications. Legal cannabis for recreational use presents an opportunity and need for pharmacists to educate the public and patients on the use of cannabis, its potential interaction with prescribed and over the counter medicines and its therapeutic value.

The College has created a Cannabis Task Force that is in the process of drafting a Cannabis Strategy, which will be presented to Council in June. One of the Strategy’s goals is to address the need for members to respond to changes in the pharmacy practice environment related to the impact on patients as a result of the legalization of recreational cannabis. Requiring education of members is considered a significant and time sensitive issue that needs to be brought forward to Council in advance of the completion of the Task Force’s work in order to signal the urgency for action and allow sufficient time for members to meet the requirement.

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

all services and is grounded in the standards of practice and code of ethics of the profession. As an example of this approach, when naloxone was introduced in pharmacies the College provided a list of available training programs and resources, with the expectation that pharmacists would self-select a course and acquire the knowledge needed to provide this service to their patients. Acknowledgment of completing a course was not required.

While it is rare for the College to diverge from the expectation that pharmacy professionals will maintain the competence needed to meet the standards of care, there are some examples where specific education has been required. For example, this was done with the introduction of the Expanded Scope of Practice Orientation Manual in 2013 and again with the introduction of the Code of Ethics in 2017. In both cases, it was expected that all members would review specific educational materials and required that they confirm (at annual renewal) that they understood the material and could apply the knowledge in practice.

When pharmacist scope of practice was expanded to include injection services, a different approach was taken to mandate education, given the new competencies associated with providing this service. The requirement was only for pharmacists who opted to perform the service, in which case, they were provided with a range of approved courses to choose from but required to complete prior to providing injection services.

CONSIDERATIONS: There are some points to examine when considering this recommendation:

- Due to the ubiquitous use of cannabis, once legalized for recreational use, pharmacists will have to consider the potential that any patient may need to be informed on the interaction of cannabis with other medications (much like they do for alcohol use).

- While the consumption of alcohol has a long-standing history, and therefore knowledge about its health impact is readily available and commonly considered, the recreational use of cannabis is less understood and information about its health impact is far more limited.

- The legalization of cannabis presents complex social and health issues; as a readily accessible healthcare professional, pharmacists play an important role in educating their patients, if equipped with the necessary knowledge.

- There are a limited but growing number of courses available related to cannabis for medicinal purposes (Appendix A).

- At present, the College expects registrants to respond to changes in practice environments on the premise they will gain and maintain competence to assist their patients to make informed decisions to achieve positive health outcomes.

- Although the expectation is that members are self-directed in aligning their personal education needs to their own practice, requiring specific education may be appropriate when there is sufficient evidence of broad based risk to the public.
RECOMMENDATION:
That the College require all Part A pharmacists to complete cannabis education in preparation for anticipated practice changes due to the legalization of cannabis for recreational use.

NEXT STEPS:
If approved, College staff will establish a process for implementation of the requirement and collaborate with continuing education providers to assure appropriate courses are accessible to pharmacists.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):
## Appendix A:

<table>
<thead>
<tr>
<th>COMPANY OR ORGANIZATION</th>
<th>MEDICAL, RECREATIONAL OR BOTH?</th>
<th>TARGET AUDIENCE</th>
<th>EDUCATIONAL PROGRAM</th>
<th>DELIVERY METHOD</th>
<th>FUNDING OR SPONSORSHIP</th>
<th>COURSE INFORMATION</th>
</tr>
</thead>
</table>
| **CANADIAN PHARMACISTS ASSOCIATION** | Medical | Pharmacists | "An Introduction to Medical Cannabis and Cannabinoids" | Online | Funded in part by an unrestricted educational grant from Shoppers Drug Mart/Loblaw. | Course Objectives are:  
• Describe, generally, the endocannabinoid system and its function  
• State the cannabinoid availability in Canada including both prescription cannabinoids and medical cannabis  
• Outline Canadian regulations regarding the use of cannabis for medical purposes  
• Explain the role of pharmacists in supporting patient care related to cannabinoid use |
A Clinician’s Guide to Medical Cannabis is put on by Master Clinician Alliance Inc. | Seven College approved programs existed in 2015, and were provided for a span of 12 months. These were funded by Tilray (a licensed Cannabis producer) and were a mix of live program and online courses.  
Currently two courses are approved by the college but are not running in upcoming sessions. |
| **TWEED MARIJUANA INC.** | Medical | Pharmacists | Marijuana for Medical Purposes: The Essentials for Effective Practice | Mixture of Live Program, Online and Webinars | Tweed (a licensed Cannabis producer). Course is a Mainpro M1 approved course.  
Bridge Medical Communications | Accredited continuing medical education program that is currently being updated and reviewed.  
Two Modules – OPQ and CCCEP accredited  
Module two is still being developed.  
Hired a 3rd party (Bridge Medical Communications) to create another class – four modules. Accredited OPQ and CCCEP |
| **ADVANCING PRACTICE** | Medical | Pharmacists | Medical Cannabis Certificate Program | Online | mdBriefCase Group Inc. Accredited by CCCEP | Certificate Objectives: (there are 9 models)  
• Understand and differentiate the main active components of medical cannabis  
• Explore national and provincial requirements for prescribing, using and distributing medical cannabis  
• Assess patients to determine if they are appropriate candidates for medical cannabis  
• Define the steps required to prescribe medical cannabis  
• Consider potential precautions, contraindications and medicolegal issues associated with medical cannabis therapy  
• Monitor and counsel patients using medical cannabis therapy |
| **Medical** | Pharmacists | The Ins and Outs of Marijuana, Pharmacist’s Guide to Medical Cannabis | Live program | N/A but accredited by CCCEP | Course Objectives:  
• Identify the key components of cannabis and their potential role in managing chronic conditions  
• Explore the potential caveats and benefits of cannabis  
• Examine the current state of cannabis legislation in Canada  
• Review the most common methods of cannabis administration  
• Examine the potential role of the pharmacist in cannabis use |
| **Medical** | Pharmacists | Medical Cannabis and Cannabinoids | Independent study program | N/A but accredited by CCCEP | Course Objectives:  
• Conceptualize the endocannabinoid system and function  
• Review cannabinoid availability in Canada including both prescription cannabinoids and herbal cannabis  
• Explore the Canadian regulations regarding the use of cannabis for medical purposes  
• Review the role of pharmacists in patients using cannabinoids |
| **Medical** | Pharmacists | Pain and Medical Cannabis | Live Program | N/A but accredited by CCCEP | Course Objectives: |

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March 2018 Council Appendix 10.2
<table>
<thead>
<tr>
<th>GROWWISE HEALTH</th>
<th>Medical Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment and Authorization Training</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Cannabis Treatment Options</strong></td>
<td></td>
</tr>
<tr>
<td>Emblem Corp. (a licensed producer) and Durham College</td>
<td></td>
</tr>
</tbody>
</table>

- Be familiar with current non-cancer pain guidelines and how physicians are currently treating patients living with chronic pain
- Understand the role of cannabinoids in the treatment of chronic non-cancer pain
- Develop a practical approach to cannabinoid counselling, initiation, titration and monitoring

Education services regarding:
- Assessment and Authorization Training
  A physician directed education program aimed at providing you with all of the tools needed to assess your patient for cannabis treatment. Includes assessment forms and protocols, as per CPSO and CFPC guidelines, a comprehensive follow-up care package, and a complete “best practice” checklist.
- Medical Cannabis Treatment Options
  A physician directed education program aimed at providing you with all of the tools needed to assess your patient for cannabis treatment. Includes assessment forms and protocols, as per CPSO and CFPC guidelines, a comprehensive follow-up care package, and a complete “best practice” checklist.
COUNCIL BRIEFING NOTE
MEETING DATE: MARCH 2018

FOR DECISION
FOR INFORMATION X

INITIATED BY: Susan James, Director of Quality

TOPIC: Update on the Ontario College of Pharmacists’ (OCP) Opioid Strategy

ISSUE: Monitoring implementation and measuring the impact of OCP’s Opioid Strategy.

BACKGROUND:
Through the guidance of the Opioid Task Force, an Opioid Strategy for Pharmacy was developed and approved by Council in September 2017. The Strategy identified four strategic priorities: 1) education for pharmacy professionals regarding opioid issues, 2) opioid dependence treatment and harm reduction, 3) prevention of overdose and addiction, and 4) quality assurance of practice. The Task Force also identified multiple initiatives to support each of the strategic priorities and outlined expected short, medium and long-term outcomes. At the time the Strategy was approved by Council, it was determined that quarterly reporting to Council would be provided as part of the Operational Plan report. This report has been provided following a request at the December Council meeting for more details on the specific activities in progress in relation to the Strategy.

ANALYSIS:

Measurement Approach
Reporting to Council on the progress of the Opioid Strategy will evolve over time. A four pronged, phased approach has been established to measure the progress and impact of the Opioid Strategy. This approach will follow a similar approach to the logic model, moving from pharmacy initiative-specific to broader system measures. While progress at the specific initiative level is available now, impact reporting will be developed over time as data sources and measurement approaches are identified.

The four prongs of the measurement approach are:

1. Measurement of progress on initiatives

Staff have implemented a dashboard to monitor progress on all initiatives related to the Strategy and will report on completion of each initiative associated with the strategy in the quarterly report to Council.

2. Measurement of the impact of key initiatives

This prong will focus on outcomes associated with specific initiatives. These outcome measures will be developed and also included in the quarterly report to Council.

3. Measurement of the impact of the Opioid Strategy

Short and medium-term outcomes for the Strategy will be measured to monitor pharmacy practice outcome indicators. These indicators may include the use of Narcotic Monitoring System (NMS) data and will be developed over the coming months.
4. Measurement of impact on population health outcomes

Indicators to monitor the long-term, system-level outcomes will be identified over the coming months and tracked over time. Measurement will include leveraging data collected by other organizations from within the health system, for example Health Quality Ontario and Public Health Ontario.

Update for Q1 2018:
The following qualitative overview provides a summary of recent accomplishments.

• **External Opioid Working Group**
  An external working group has been established to assist in identifying and developing tools and resources to support the strategy initiatives. This group will also provide subject matter expertise to assist in further development and implementation of initiatives under the strategy. This working group consists of pharmacy professionals, from both hospital and community practice settings, with expertise in substance use disorder, acute and chronic pain management, and academia, as well a patient with lived experience. This group will meet approximately four times per year, with the first meeting scheduled for March 6, 2018.

• **Communications**
  The College continuously updates its website to reflect relevant tools and resources related to the management of opioid therapy, and regular communications are sent to pharmacy professionals alerting them to the availability of these tools. Current resources include:

  • the Opioids Practice Tool (2,820 hits since the strategy was launched)
  • the Narcotics Practice Tool (4,719 hits since the strategy was launched)
  • Naloxone guidance (3,590 hits since the strategy was launched)

The Ontario Pharmacists Association’s tool, *Pharmacist Clinical Tool for Initiating Naloxone Discussions*, was also recently added to the College’s website. In addition, a link to Health Canada’s [Resources for Patients and Families](#) was also recently added.

• **Initiatives**
  Key initiatives in progress to support the strategy include:

  o Development of an opioid treatment policy, including best practices and expectations for opioid dispensing and security;
  o Identification and communication of resources to support pharmacist management of opioid therapy such as, morphine equivalent dosing tool(s) and opioid tapering resources;
  o Release of “Assessing Opioid Prescriptions” module for Pharmacy 5in5 (May 2018)
  o Identification of tools to support improved documentation, monitoring and follow-up of patients with chronic pain.
  o Enable pharmacy technician observed dosing of methadone/suboxone.
  o Collaborate with NAPRA to develop tools and resources to support pharmacist communication with patients for difficult scenarios related to opioid use.

• **Engagement and collaboration**
  Current engagement to support the opioid strategy includes government discussions on the need to access electronic health records and system-wide data analysis, and working with stakeholders to enhance opioid security and public protection (for example the College has been involved in discussions, through the PMLR regarding use of opioid NMS data, with Health Canada regarding the security of narcotics in hospitals, and with Health Quality Ontario (HQO) to identify better ways to capture pharmacy services through HQO indicators).
INITIATED BY:  Nancy Lum-Wilson, CEO & Registrar

TOPIC:      Election of Members to Council

ISSUE:      By-Election Results for District H

BACKGROUND:

• Following Ms. Donaldson’s resignation on October 1, 2017, per the by-laws, the Executive Committee called a by-election in District H.

• The Scrutineers’ Report and Poll results are attached for Council’s Information.

RECOMMENDATION:  Receive the Election results for Information
December 21, 2017

To the President and Members of Council of the Ontario College of Pharmacists:

We, the undersigned scrutineers, hereby certify that we attended the College commencing at 9:00 a.m. on Thursday, December 21, 2017, and verified the votes in the District H by-election for Council for 2017.

The result is as follows:

**District H By-Election (1 seat):**

- Nadia Facca

Dr. Zubin Austin
Scrutineer

Ms. Deanna Williams
Scrutineer
Poll Result

District H – By-election - 2017

Report date: Wednesday 20 December 2017 17:01 EST

District H – By-election

Poll ID: 140366
As at Poll close: Wednesday 20 December 2017 17:00 EST
Number of voters: 408 · Group size: 2305 · Percentage voted: 17.70
Ranked by votes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Candidate ID</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>15915810</td>
<td>Nadia Facca</td>
<td>227</td>
<td>55.64</td>
</tr>
<tr>
<td>2</td>
<td>15915809</td>
<td>Deborah Emery</td>
<td>95</td>
<td>23.28</td>
</tr>
<tr>
<td>3</td>
<td>15915811</td>
<td>Tina Hwu</td>
<td>86</td>
<td>21.08</td>
</tr>
</tbody>
</table>
INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Report to March 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 December 2017 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 Progress Update

A key part of the Registrar’s performance is to regularly provide an update to Council on the College’s Operational Plan. College staff have been working on an improved planning and reporting structure and I am pleased to present to Council a preview of the report that will be presented to Council at each quarterly meeting.

Attached is the College’s Risk Management Report. As outlined in the Council Governance Manual, the Registrar is tasked with reporting annually on risk management activities to inform Council on how risks that may impact the College’s ability to achieve its public protection goals are being managed.

Ministry/Government Activities

During this reporting period, I continued to meet with various officials from multiple branches of the Ministry of Health and Long-Term Care and together with senior team members, we provided updates on our work on relevant issues and discussed opportunities for ongoing collaboration. These include:

(1) Health Quality Ontario to share information on the College’s initiatives respecting our opioid strategy and the medication safety program;

(2) Ontario Public Drug Programs Division, the Drug Programs Policy and Strategy Branch and the Drug Programs Delivery Branch to share information on College initiatives (e.g. scope of practice, medication safety program, Employee Standards Act consultation, proposed regulation changes);

(3) Health System Quality and Funding and Health Capital Investment Branches to inform them of activities underway with the hospital sector to assist in addressing their concerns around the deadline for compliance with sterile compounding standards and minimal immediate impact on capital costs.
On February 26, 2018, Dr. Eric Hoskins announced his resignation, which took effect immediately. Dr. Hoskins will lead an advisory council created to consider national pharmacare. Replacing him as Minister is Dr. Helena Jaczek, whose experience includes serving as Minister of Community and Social Services, as well as Parliamentary Assistant to the Minister of Health and Long-Term Care, the Minister of the Environment and the Minister of Health Promotion.

**Health Workforce Planning and Regulatory Affairs Division (HWPRAD)**

This quarter saw some organizational changes within HWPRAD, which underwent an organizational review resulting in a new structure:

1. **Health Workforce Regulatory Oversight Branch** (formerly Health System Labour Relations and Regulatory Policy Branch) is responsible for all affairs relating to regulatory oversight of Ontario’s healthcare workforce, including administering the *Regulated Health Professions Act*, overseeing the province’s health regulatory colleges, and providing secretariat support to the Health Professions Regulatory Advisory Council (HPRAC). It also provides strategic direction for the creation of regulatory policies to support safe, high-quality patient care. New units within the branch are: Regulatory Oversight and Performance Unit, Regulatory Design and Implementation Unit, and Strategic Regulatory Policy Unit.

2. **Health Workforce Planning Branch** (formerly Health Workforce Policy Branch) is accountable for all matters relating to health workforce planning, including labour relations; initiatives such as the physician’s locum programs, PSW training fund, and Nursing Graduate Guarantee program; and oversight of HealthForceOntario Marketing and Recruitment Agency (HFOMRA). It is also responsible for data analytics to support health workforce planning decisions. The branch’s new units are: Health Workforce Evidence Unit, Health Workforce Planning and Programs Unit, and Health Workforce Strategic Policy Unit.

Another change was the creation of the Office of the Provincial Chief Nursing Officer and Dr. Michelle Acorn has been appointed to serve in this capacity.

**Legislative Initiatives**

**Protecting Patients Act 2017**

This legislation, formerly known as Bill 87, was introduced by the Ontario government to further protect patients by strengthening and reinforcing Ontario's zero tolerance policy on sexual abuse of patients by any regulated health professional. The Act includes, among others, a schedule to amend the *Regulated Health Professions Act, 1991* (RHPA). The College remains in contact with the Ministry as regulations are developed. The Ministry consulted with the College on the draft regulations related to the definition of a patient for the purposes of sexual abuse, additional information that will be required to be posted on college registers, and setting out offences which would result in mandatory revocation. Whether or not regulations will be formally introduced and aspects of the Act proclaimed prior to the June 2018 provincial election has yet to be determined.

On March 6, 2016, the Ministry of Health and Long-Term Care announced its proposal of three new regulations made under the RHPA. The College provided feedback on the wording of the regulations. The proposed regulations have been posted to Ontario’s Regulatory Registry and can be found at: [http://www.ontario.ca/registry/view.do?language=en&postingId=27006](http://www.ontario.ca/registry/view.do?language=en&postingId=27006). Comments on the proposed regulations will be accepted until March 22, 2018.
Retirement Homes Act, 2010 (RHA)
On March 9, the Ministry of Seniors Affairs announced its intention to propose two minor technical amendments to the RHA requiring the disclosure of offences by applicants for a retirement home licence, as well as staff and volunteers in retirement homes, to include cannabis-related offences under applicable federal law.

Federal/Provincial Initiatives

Opioid Abuse
On December 7, 2017, Minister Hoskins announced the government will provide naloxone kits to police and fire services as opioid-related deaths continue to increase. Additionally, in response to a new federal policy that provides for the ability of provinces to request an exemption under federal law for temporary overdose prevention sites, Minister Hoskins wrote to the Federal Health Minister declaring a public health emergency in Ontario due to the opioid crisis, and formally requested that the federal government allow Ontario to approve and fund additional overdose prevention sites.

Work continues on the College’s own comprehensive Opioid Strategy, which was approved by Council in September 2017 and is designed to complement provincial and national efforts already underway. Please see the Strategic Priorities progress report for an update on activities as well as the Briefing Note on this issue.

Cannabis
In November 2017, the government passed Bill 174, Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017. The bill regulates the use and distribution of recreational cannabis once legalized by the federal government in July 2018.

Although the provincial and federal governments have not expressed intentions to change the current process for accessing cannabis for medical purposes, there continues to be increased pressure from stakeholders to redesign the system. At its September meeting, Council agreed to establish a task force, which has since been created and met several times to develop a strategy to promote the ability of members to respond to changes in the pharmacy practice environment related to the use of cannabis for medical purposes and its interaction with the legalization of recreational cannabis. The strategy, which will be presented to Council in June, will be developed to serve and protect the public, and be consistent with the position of NAPRA, as endorsed by Council. At a recent meeting, the Task Force made a motion to recommend that the College mandate continuing education for pharmacy professionals regarding cannabis. A Briefing Note has been developed on this issue.

Bill 160, the Strengthening Quality and Accountability for Patients Act, 2017
As reported to Council at its meeting in December, the College provided a submission to the Standing Committee on Bill 160. The submission reminded the government of the College’s readiness to assume oversight of drug distribution in Long Term Care Homes and other institutions. On December 12, 2017, Bill 160 passed third reading and received royal assent.

The NDP amendment to Bill 160 that would have given the Executive Officer the ability to require group insurance plans and manufacturers to maintain patient choice in provider was rejected at the Committee stage. However, the government may explore this issue in the future, where the Ministry of Finance would take the lead. The Executive Committee, at its meeting on March 8th, discussed the issue of Preferred Provider
Networks (PPNs), and have directed staff to conduct a review of pharmacy regulatory authorities who have established a position on this issue to determine if it warrants further discussion.

**Employment Standards Act (ESA)**

One of the current government’s key priorities has been to implement measures to make workplaces fairer for workers. In addition to the recently passed Bill 148, *Fair Workplaces, Better Jobs Act, 2017*, the Ministry of Labour has been reviewing whether workers in industries that currently have exemptions, special rules or exclusions from the Employment Standards Act, 2000 (ESA) should be maintained.

As reported at the December meeting, the College was asked to provide the Ministry of Labour with a written submission on whether exemptions, as they relate to pharmacists, should be maintained. The College was asked to approach the consultation from the perspective of the front-line pharmacist and public safety. Responses from both pharmacists and members of the public informed our submission which was provided to the Ministry of Labour in mid-February 2018.

**Inter-Professional Relationships**

**Federation of Health Regulatory Colleges of Ontario (FHRCO) Update**

The Federation of Health Regulatory College of Ontario (FHRCO) maintains a strategic focus on regulatory matters while promoting effective communication and cooperation among its members.

Information shared by member colleges during this reporting period include issues such as scope of practice, increase in the numbers of complaints and discipline cases faced by a number of colleges and consequently increased operational costs, as well as status updates regarding the development of training videos for use for college councils, committees and staff regarding patient sexual abuse.

On February 13, 2018, the College of Physicians and Surgeons of Ontario announced the appointment of Dr. Nancy Whitmore as the College’s next Registrar/CEO. Dr. Whitmore will join the College on June 4, 2018. Dr. Rocco Gerace’s retirement became effective on February 23, 2018 and Dan Faulkner is taking on the role of A/Registrar in the interim.

**Other Stakeholder Meetings**

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

The new governance model is now underway and in my role as the Vice Chair of the new Board, I have participated in several conference calls related to the operations of NAPRA. The Annual Board Meeting has been scheduled towards the end of April and I will update Council on the various NAPRA initiatives at the June Council meeting.

**Hospital Practice Advisory Committee presentation**

On Monday February 12th, I met with members of the College’s Hospital Practice Advisory Committee involving hospital pharmacy professionals from across the province and presented an overview of the College’s evolving role within our healthcare system. Our collaborations within Local Health Integration Networks and Health Quality Ontario were referenced as examples to demonstrate the value of partnerships in moving forward with putting patients first and supporting our common quality agenda.
Shoppers Drug Mart Associate Conference
On January 27th, I presented at the Shoppers Drug Mart Associate Conference in Toronto where I shared with conference delegates the current and emerging priorities of the College and reinforced the patients-first messages shared at the Fall 2017 regional meetings.

Miscellaneous Items

Ontario Hospital Association (OHA)
Earlier in the year, we also met with the OHA to apprise them of the direction in which the College is heading, including discussing the current trending data from the most recent cycle of hospital assessments.

Also attached for Council’s information is a letter that was sent to hospital CEOs regarding the College’s expectations respecting standards for sterile compounding, together with relevant information on how hospitals can prepare for implementation of the standards by the January 1, 2019 deadline. In addition, the OHA partnered with the College to host a follow-up webinar which was attended by over 100 hospital sites. The webinar allowed the College an opportunity to further explain the approach being taken toward achievement of the standards, and address specific questions from hospital representatives. Feedback indicates it was a very productive discussion and has set the stage for continued collaboration between OHA and the College.

Medication Safety Program
Implementation of Phase 1 of the Medication Safety Program has commenced in 104 pharmacies across Ontario. The College and Pharmapod collaboratively hosted five successful training sessions during January 2018, three in Toronto, one in London and one in Ottawa, and an initial staff training session in February 2018. Currently phase 1 pharmacies are engaging with Pharmapod to complete the on-boarding and go-live process. In anticipation of full roll-out in late 2018, the College has initiated a communication plan to inform pharmacies about next steps in implementing the program. Over the upcoming months the College will monitor feedback received from phase 1 pharmacies to identify areas for improvement regarding the platform, implementation processes, tools, resources and communication required to support successful implementation across all Ontario pharmacies.

Pharmacy5in5
In late January, the University of Waterloo School of Pharmacy officially launched Pharmacy5in5, an interactive learning platform which was supported by the College and designed to help pharmacists and pharmacy technicians throughout the province provide high quality patient care by strengthening their knowledge in a variety of practice areas. Recognizing the time pressures faced by many pharmacy professionals, the platform lets practitioners test their knowledge on a given topic by taking a short quiz and answering just five questions in five minutes. Topics include renewals, immunization, injection administration, adaptations, naloxone, and more. Additional modules will be added over time, including a module on Assessing Opioid Prescriptions in May and Educating Pharmacists on Cannabis in June. The University was pleased to report that as of March 1st there are 1,310 users on the system (938 pharmacists, 213, pharmacy students, 70 pharmacy technicians, 21 pharmacy technician students, 68 others). It is anticipated that information gleaned from the aggregate results of user experiences with the platform will ultimately help both the College and the University of Waterloo understand pharmacy professionals’ progress in optimizing their scope of practice and providing safe and quality pharmacy care.
Medical Assistance in Dying (MAiD)
Federal legislation regarding medical assistance in dying maintains the human right of health professionals to freedom of conscience, meaning that they are not required to perform or assist in the provision of an assisted death. Following a human rights challenge, the Superior Court of Justice on January 31 released a decision supporting the CPSO’s effective referral requirement in relation to its Professional Obligations and Human Rights policy. This policy establishes the duty to provide an effective referral if a physician has a conscientious or religious objection to providing a service as well as the duty to provide the service in an emergency.

The Guidance to Pharmacists and Pharmacy Technicians on MAiD which advises of the legal framework and professional expectations as shaped by federal and provincial legislation and relevant College policies will be reviewed in light of experience to date, including interprofessional issues and lessons learned. This College continues to meet with the Ministry of Health and Long-Term Care and the Office of the Chief Coroner, together with the colleges of nurses and physicians, to discuss the current and future process for reporting and tracking the provision of MAiD.

Roundtable on Pharmacy Performance Indicators
The College is working with Health Quality Ontario to host a roundtable in June that will bring together important stakeholders to set the stage for the development of a set of quality indicators for pharmacy. We expect approximately 30 influential thought leaders to take part in the event, with three main objectives:

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

This full day roundtable will be an exciting opportunity to support our shift to an outcomes focus and place pharmacy within the wider health system, positioning the College to better measure optimization of scope, and positioning Pharmacy for better collaboration with the system, in alignment with Strategic Priorities 2 and 3 (Optimize Practice within Scope; Inter- and Intra-Professional Collaboration). Council will be informed and updated on the key discussion points and take-away actions as this work progresses.

Public Register
In addition to any implications the anticipated Protecting Patients Act 2017 regulations may have on what we currently post on our public register, the College is establishing a process related to how it manages member requests to remove information from the register pursuant to Section 23(7) of the Health Professions Procedural Code. Consistent with the philosophy adopted when the College redeveloped its public register in March 2016, the approach taken in how the College manages such requests – aligned with its public-protection mandate – will be guided by our commitment to transparency and informed through direct public input.

Media interest
The College has received sustained interest among media outlets since the last Council meeting on various matters of public interest. The Manager of Communications will be making a presentation to Council on Tuesday March 27 related to media and social media and the roles of the College, Council and Committee members in how we effectively communicate in the public eye.
Ontario Pharmacy Evidence Network (OPEN)
The Ministry of Health recently announced that they have awarded OPEN $2 million to support a suite of new research projects. OPEN is a collaborative network of more than 50 researchers dedicated to advancing medication management. The co-chairs of OPEN, Lisa Dolovich at the University of Toronto, Leslie Dan Faculty of Pharmacy and Nancy Waite at the University of Waterloo School of Pharmacy, also hold professorship positions sponsored by the College. The main research projects to be undertaken with this new funding will include studies on: development of community pharmacies as connected health hubs, community and healthcare provider-supported de-prescribing, and development of the first provincial data atlas describing delivery of medication management services. For more information, click on the link: http://www.open-pharmacy-research.ca/about/media-room/media-releases/open-awarded-major-funding-from-ministry-of-health-and-long-term-care/
In accordance with the expectations outlined in the Council Governance Manual, a Risk Management Plan was created by staff and reported to Council in 2015. As indicated in the manual, the Registrar is to report to Council annually on the status of the risk management plan and any updating that is required. Accordingly, a Risk Management Report is included in the Registrar’s report in March each year. The Plan continues to appropriately represent the philosophy, intentions and high level activity undertaken to manage risks to the College and its operations. This report highlights the activity undertaken over the past year that contributes to risk mitigation and management.

Overview

While the College’s Risk Management Plan is appended below for reference, the philosophy, goals and approach are repeated herein for guidance on this Risk Management Report:

Risk Management Philosophy
The College has embraced a collaborative, strategic approach to risk management, which includes identifying and addressing the threats and opportunities the organization faces. The views and participation of personnel at all levels of the organization, including Council, will be sought as the College identifies risk management priorities and implements strategies for modifying, retaining and/or financing risk. This collaborative effort will culminate in the creation of a Risk Management Plan. The Plan will be reported to Council annually.

Risk Management Goals
Any and all risk management activities should be designed to enable, rather than impede the mission of the Ontario College of Pharmacists.

Approach to Risk Management
The College takes a multi-tiered approach to risk management:

- Strategic - organization-wide
- Operations - statutory obligation (committee and/or program)
- Operations – corporate services and support

The Registrar/CEO works with the various entities in the organization to identify and evaluate risks and create appropriate risk management plans.
Activity – 2017

Strategic – Organization Wide

- In recognition of increased public scrutiny and mistrust of professional self-regulation, the Council supported initiatives to pursue competence screening for non-council committee applicants as well as nominees for election to council. Council continues to monitor the governance renewal initiatives across the industry both domestic and international.
- The College has also increased engagement with public stakeholders, including government, in response to the increased public scrutiny.
- In response to increased media attention to conflict of interest concerns of professional members adjudicating disciplinary matters of professional peers, conflict screening in panel selection was examined and strengthened.
- Council and committee members, through orientations and supplemental communications, were reminded of the framework for responding to media requests on behalf of the college. Plans are in place to review the Code of Conduct for Council and Committee Members to expand on expectations respecting engaging in communication on social media platforms.
- To ensure that a proposed framework for processing requests for removal of information from the public register by registrants balances public expectations with member expectations, the College engaged an independent agency to elicit feedback through public focus groups.

Operations, Statutory Obligations (Committees/Programs)

- Processes and documents for both issuance and renewal of certificates of accreditation were reviewed and refined to ensure procedural fairness, transparency and defensibility and to facilitate decision making by the Accreditation Committee. The AC orientation manual was revised accordingly.
- To strengthen the validity and defensibility of pharmacy assessments, reassessments are now being conducted by different practice assessors.
- A Medication Safety Program was introduced to encourage shared learning in the profession through anonymous reporting and analysis of medication errors and near misses.
- The Policy Team at the College has been strengthened to ensure the capability to undertake thorough analysis and response to emerging system issues that impact on the College’s mandate.
- All matters received in the Investigations area are now categorized according to risk (high, medium or low) and are prioritized for investigation accordingly.
- Risk Assessment Tool used by the Inquiries Complaints and Reports Committee (ICRC) has been modified to incorporate the recent amendments to the RHPA (Making an Interim Order Sooner).
- ICRC Panels have received additional training and resource materials for making Interim Orders to mitigate any risk of being challenged on their decisions and reasons for making an interim Order.
- A priority Matrix has been developed to issue decisions such as those which require information to be posted on the Register (OCs, SCERPS, and referrals to the DC) in advance of others which impose less risk to the public and are not governed by statutory timelines.
• Benchmarks were established to assess the performance of individual prosecutors in relation to the time taken to complete certain tasks and the costs associated with a prosecutor litigating a College case. Prosecutor selection is based on performance.
• A standardized checklist was developed to establish the parameters of penalty orders as a way of mitigating against any inconsistencies in penalty instructions for similar cases.
• An administrative process to manage applications for funding for therapy/counselling from patients who have experienced sexual abuse by College registrants along with a policy to enable staff to process requests on behalf of the Patient Relations Committee has been established.

Operations, Corporate Services and Support

Staff Operations

• Organizational realignment executed in a manner that optimized the talents of staff while protecting the College against legal retribution.
• Customized Management Training Program delivered through McMaster University delivered to all staff engaged in line management/supervision to improve consistency of expectations across the organization.
• In person meetings and webinars by Pension Plan Managers held to educate and guide staff in managing their defined contribution pension funds.
• Human resource policies and practices reviewed in light of changes introduced to passage of Fair Workplaces, Better Jobs Act (Bill 148).
• Whistleblower policy introduced to reinforce expectations of high standards of business and personal ethics in the conduct of duties of all employees, management and council/committee members.
• Practice for field staff participation in teleconference meetings while on the road discontinued due to distracted driving concerns.
• Business Process department established to support improved operational planning and reporting and focused quality improvement efforts. Process defined to address areas of risk with structured mitigation/action plans.

Financial

• Installed and implemented new software for fixed asset management. Tool provides ease of tracking component serial number, locations, users, etc. as well as recording of dispositions and transfers.
• Internal controls procedures reviewed and updated to document processes in preparation for new audit firm.
• ACCPAC (accounting control software) was upgraded to 300 Premium (Version 2017).
• Payroll timelines were adjusted to introduce a holdback period to reduce the risk of overpayment.

Technology and Information Management

• Organizational realignment in 2017 created an IT position dedicated to Security. The position has responsibility for maintaining day to day operations of the in-place security solutions as well as the identification, investigation and resolution of security breaches, both internal and external, detected by those systems.
• TELUS contracted to perform an external vulnerability test of all OCP web applications and websites. All issues identified have now been resolved.
• Several exercises were undertaken to reinforce an email risk conscious culture at the college throughout 2017.
• Access rights to network servers and database applications were reviewed and revised to ensure the most restrictive access without compromising efficient work processes.
• The password policy was updated in 2017 forcing stronger password choices and preventing staff from using any of the last three passwords they have used.
• OCP’s patch management system has been expanded to ensure all endpoints, meeting laptops and teleworker PC’s are automatically updated with security updates and patches weekly.
• Firewalls, endpoint security, antivirus and anti-malware are installed to minimize the potential threat of hackers and outsiders.
• Wireless upgrades to the Wi-Fi system completed in 2017 include an interface that provides monitoring of access points, staff usage and connected devices.
• Backup and data recovery procedures were reviewed and updated. Backups are tested every three months to ensure data is recoverable.
• The College uses Moneris’ payment gateway for integrating online payments and our Pivotal database. Moneris is Payment Card Industry Data Security Standard (PCI-DSS) certified at the highest level of PCI compliance. Programming changes to OCP’s online payment application were implemented to remain aligned and in compliance with the latest Moneris updates.
• A Zone Approach to Email Management was implemented to better manage email messages, thereby reducing operational risks. The Zone Approach provides a systematic approach to managing and deleting emails, while allowing end users to retain the information they need to perform their job.

Facility/Site Safety and Security

• Construction of new meeting space at 186 St. George undertaken in line with current code and with a view to enabling full accessibility.
• DVR cameras in the stairwell and entry points of 483 Huron were updated to new IP cameras to enable remote monitoring and provide a more consistent surveillance feed.

Emergency Response Planning and Crisis Management

• Table top exercise created by the JHSC undertaken in 2017 verified workability of the Emergency Response Plan (ERP) and general strategy for business continuity.
Risk Management Plan

Change Creates Opportunity
Opportunity Creates Risk
Optimized Risk Creates Value

If we only have a compliance focus, we will miss opportunity.
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Section 1 - Risk Management Program

Risk Management Philosophy
The College has embraced a collaborative, strategic approach to risk management, which includes identifying and addressing the threats and opportunities the organization faces. The views and participation of personnel at all levels of the organization, including Council, will be sought as the College identifies risk management priorities and implements strategies for modifying, retaining and/or financing risk. This collaborative effort will culminate in the creation of a Risk Management Plan. The Plan will be reported to Council annually.

Risk Management Goals
Any and all risk management activities should be designed to enable, rather than impede the mission of Ontario College of Pharmacists.

Approach to Risk Management
The College takes a multi-tiered approach to risk management:

- Strategic - organization-wide
- Operations - statutory obligation (committee and/or program)
- Operations – corporate services and support

The Registrar/CEO works with the various entities in the organization to identify and evaluate risks and create appropriate risk management plans. Working together, these leaders develop protocols, program standards, policies and incident response plans.

Section 2 - Responsibility for Risk Management

Council
Receives periodic reports from the Registrar/CEO concerning the priority risks facing the organization and its risk management framework.
Contributes to a shared understanding of the enterprise level and strategic risks.
Receives periodic reports on the organization's risk financing and insurance strategies.
Receives and periodically reviews the organization's Risk Management Plan.

Registrar/Chief Executive Officer (CEO)
Keeps the Council apprised of staff-led risk assessment and risk management activity.
Presents a periodic summary of the critical risks facing the organization for Council discussion and feedback.
Monitors and reports on the compliance obligations of the organization.
Delegates responsibility for specific risk areas and tasks to appropriate staff.

Director, Corporate Services
Champions organization-wide effort to protect the vital assets of the College and engage key stakeholders in risk management activities.
Keeps the Registrar/CEO apprised of changes in critical risks and risk management strategies.
Engages staff throughout the organization in risk assessment and risk management activities.
Evaluates the insurance program.

Committee Chairs/ Program Managers
Responsible for complying with the obligations outlined in the Health Professional Procedural Code respecting procedure, timeliness, transparency, objectivity and fairness.
Section 3 - Governance Structure

Incorporation
The College was incorporated in the province of Ontario in February 1871. Its duties and objects are set out in Regulated Health Professions Act (RHPA), Pharmacy Act (PA) and Drug and Pharmacies Regulation Act (DPRA). Annual not-for-profit corporate filings are submitted annually as required by provincial law.

The Council of the College serves as the Board of Directors. The role of the Council, Committees and staff are outlined in the Governance Manual approved by Council and posted to the College website and serve to guide the various entities in fulfilling their obligations.

The authority to establish by-laws is prescribed in statute. The by-laws are reviewed and amended by Council periodically to support the governance approach and operational requirements.

The Council is committed to having the minutes accurately reflect the actions of Council. The minutes are circulated between meetings and approved at the next scheduled meeting after which they are posted to the website for public viewing.

Indemnification
The Council, committee members and staff are protected from action or other proceeding for damages under the immunity provisions of S. 38 of the RHPA for acts done/or intended to be done in good faith in the performance of a duty or exercise of power under the various statues.

Council, Committees and staff are educated on their obligations through orientation and training at the council, committee and staff levels.

Council Operations
OCP has adopted a Governance Manual containing the key assumptions and expectations of Council, Committees, Chairs and staff. The Manual will be reviewed annually during Council orientation and updates will be made on an as needed basis.

Orientation - To ensure that the members of the Council/Committees are properly trained and prepared for their service, the organization conducts orientation training for all members on an annual basis. Legal Counsel/s (with staff support) delivers the orientation at the Council and Committee levels and experienced members share their insights and coach the new members.

Development - The College strives to enhance the ability of its Council members to govern the organization by providing training for council members and chairs. Periodically the Council will assess the educational needs of the members and offer training, support or assistance as needed.

Assessment - The Council is committed to evaluating and improving its performance as a responsible, accountable and effective governing body. The Council periodically evaluates its performance and adopts a work plan to address any weaknesses.

A Code of Conduct for Council and Committee Members was adopted by Council in September 2014. Every year each Council/Committee member completes and signs a statement declaring any known conflicts and agreeing to comply with the policy. These annual statements are gathered in September of each year.
Staff Operations
The Registrar as CEO assembles the staff necessary to carry out the work of the College. Staff are organized as appropriate to carry out the duties in an efficient manner, accountable ultimately for implementation of the strategic priorities identified by Council, statutorily prescribed in the legislative framework and consistent with the culture and values of the organization. A Deputy Registrar is assigned to fulfill the duties of the Registrar if she is unable to do so.

Structure - The College has developed job descriptions for all paid positions in the organization to clearly communicate staff work objectives. These documents are created with input from line managers and are finalized before the recruitment process begins. Job descriptions help to establish pay structure between positions by evaluating responsibility and value to the College.

Organizational Accountability – The College views effective staff supervision as an essential component of risk management. Supervisory staff are expected to communicate their expectations of direct reports clearly and consistently and hold employees accountable with regard to key tasks and responsibility and compliance with the organization's employment policies. All employees are encouraged to raise concerns or questions about work priorities and assignments with their direct supervisor.

Employees may be assigned to projects operating under a matrix management or team approach. Major projects involve personnel from various units in the organization who work under the direction of a team leader. The team leader for a project is responsible for holding team members accountable. The team leader may impose discipline on a team member who fails to meet performance requirements or violates the code of conduct for the organization.

Orientation – The Human Resource department staff at the College are responsible for coordinating an orientation session for all new employees within the first week of employment. During this session, there is an overview of the mandate and organizational structure of OCP, key provisions of OCP's policies, procedures and guidelines are discussed, a benefits summary is provided along with forms which require completion by the employee. The employee is encouraged to ask questions about any aspect of employment policy or operations.

Employee Policies – The College believes that written employment policies are an essential risk management tool. The organization has compiled its key employment policies and publishes them on the intranet. The College reviews and updates its policies every two years or as new legislation is introduced in order to ensure that policies remain suitable for the organization and in compliance with provincial and federal employment laws. Policy updates are vetted through legal counsel where appropriate.

New policies are communicated via email and through the intranet to employees. Staff are provided with ample time to review policies and are required to confirm their understanding of and willingness to abide by any new policies. For legislated policies, the College will organize staff training sessions.

Assessment - The College requires annual reviews for all employees. Staff are asked to complete self assessments of key objectives and competencies outlined in the performance plan. Supervisors are responsible for scheduling review meetings and completing the performance review form in the dedicated Performance Management system. The performance review is tied into career development counselling and training. Supervisors conduct reviews with employees within six months of the hire date and thereafter on an annual basis as a minimum.
If needed, performance improvement plans can be used to facilitate constructive
discussion between an employee and supervisor to clarify the work performance to be
improved.

**Section 4 - Strategic, Organization Wide Risk**

The College recognizes that it must not only act in the public interest but be seen to act in
the public interest. Failure to do so exposes the College to the risk of losing the right to
self-regulation through the appointment of a Supervisor under the provisions of the
RHPA.

The College further recognizes that while it is incorporated as an independent body, it is
established by statute and its duty to serve and protect the public interest while regulating
the profession of pharmacy are delegated by the government.

The College also recognizes that it, as well as the profession it regulates, operates within
the broader context of a healthcare system. It is imperative to take this perspective into
account and ensure that the interests of the broader system and its delivery of quality
service to the public of Ontario take precedence over the interest of the College.

The College further recognizes that innovation, evolution and continuous improvement
in its programs and services and those of the profession we regulate are necessary to
meet the changing demands and expectations of our stakeholders.

**Section 5 - Statutory Programs and Services**

OCP undertakes their statutory obligations outlined in the legislation in accordance with
the provisions set out in the various Acts. These obligations must balance timeliness with
process and quality outcomes. Failure to do so could result in successful appeals and an
erosion of confidence in the College and its effectiveness as a self-regulatory
organization.

- Committee orientations are developed and delivered with the input from legal expertise.
- Legal support is available to guide decisions and practices.
- Statistical data is compiled and reported to monitor adherence.
- Committees report to Council annually.

**Section 6 - Operations Support**

**Financial Management**

On the recommendation of the Finance and Audit Committee, the Council approves an
annual budget that represents the financial plan for operations for the coming year. The
Finance and Audit Committee establishes policies in relation to contract execution and
cash reserves, whereas the Council establishes a policy for investment of surplus funds of
the College. Staff, under the direction of the Director of Corporate Services, establish
policies to ensure the consistent treatment of financial transactions in accordance with
sound accounting principles.

Council reviews the operations and activities of the College. This oversight responsibility is
delегated to the Finance and Audit Committee. The Registrar acts as the primary fiscal
agent. The Registrar may delegate to the Director of Corporate Services the responsibility
for implementing all financial management policies and procedures and managing the
various aspects of financial management.
The financial management objectives of the Ontario College of Pharmacists are to:

- preserve and protect financial assets needed for mission critical activities;
- exercise appropriate care in the handling of incoming funds and disbursement of outgoing funds;
- strive for transparency and accountability in fiscal operations.

Financial Responsibilities and Objectives
The Director of Corporate Services shall be responsible for developing and presenting to the Finance and Audit Committee a proposed budget for the upcoming fiscal year. The Finance and Audit Committee shall consider the budget and present it to the Council. The budget shall contain detailed projections for revenues and expenditures.

The College's financial statements shall be prepared on an accrual basis in accordance with Generally Accepted Accounting Principles (GAAP). The net assets of the organization and changes shall be classified as unrestricted or internally restricted to be used for specific purposes.

The presentation of the Financial Statements shall follow the Canadian accounting standards for not-for-profit organizations.

The Director of Corporate Services shall direct the preparation of quarterly Financial Statements and presentation of these statements to the Finance and Audit Committee.

The College has adopted a number of internal control measures as part of an overall effort to safeguard financial assets.

In addition, and to the extent possible given its size and circumstances, the organization strives to segregate the duties so that a single staff member isn't required to perform two or more incompatible functions.

It is the policy of the College to engage the services of a reputable, independent CPA firm to conduct an annual audit of the organization's financial statements. The audit is completed as soon as practical after the end of each fiscal year. The audit firm is selected by and reports to the College's Finance and Audit Committee. The Council shall approve the appointment at a Council meeting in the year for which the books are to be audited. A representative of the audit firm is requested to make an annual presentation to the Council by the Finance and Audit Committee.

The College’s Investment Policy establishes the principle that all investments shall ensure preservation of capital and sets out the restrictions and limitations of investments vehicles. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield.

In addition to the Investment Policy established by Council and the Reserve Fund and Contract Execution Policy established by the Finance and Audit Committee, internal accounting policies are in place to ensure consistency in processing, e.g. expense authorization, purchasing, corporate credit card use. Fraud Protection services offered by the College’s financial services provider were recently added. Policies are reviewed annually and new policies added as necessary in response to suggestions from the Auditors.
Technology and Information Management

Technology Policy
The College’s information and office technology systems (networks, software, computers, telephones, printers, copiers, etc.) are tools provided to employees and volunteers to enhance productivity and performance on the job. Limited non-business use is permitted when on personal time (e.g. during lunch hour or after work). Regardless of the type of use, employees must not have any expectation of privacy to data, information or files that are created, stored or used on the College's systems. College Management reserves the right to access the employee's computer or files at any time. Staff are expected to use good judgment in their use of the College's information and office technology systems, especially electronic mail. Access to all systems, including electronic mail and the Internet, is a privilege, not a right.

The failure to use good judgment or the abuse of the organization's policies may result in suspension of privileges or disciplinary action. If any employee discovers he or she has unintentionally violated this policy, that employee should notify his or her supervisor immediately.

Policy on Systems Inventory and Documentation
To safeguard its office and technology assets, the College maintains a complete inventory of its electronic equipment and computer and technology systems, including hardware, software, media and data. The inventory process includes documentation of how the networks and systems are configured. Responsibility for maintaining the inventory has been assigned to a regular staff member. The inventory is updated at least quarterly or whenever new equipment, media or software are acquired or discarded. The inventory is stored on-site as well as off-premises.

Physical Security for Technology Assets
The College is committed to protecting its office technology assets. The organization takes all reasonable steps to protect and safeguard systems and equipment from damage due to power fluctuations, water damage, dust, extreme temperature change and other environmental factors. In addition, the organization guards against threats due to viruses, worms, malicious software and hackers. The Manager, Technology Process is responsible for overseeing the security of office systems.

The College maintains numerous files containing personal data, financial information, and other confidential or proprietary information. These files may be in paper or electronic form. The systems administrator will limit access to certain electronic files based upon individuals' responsibilities and job tasks. Confidential documents will be secured in locked filing cabinets. Any employee whose work requires access to confidential documents should ensure that files are returned to their secure location. Persons who knowingly obtain unauthorized access to confidential information will be subject to discipline, up to and including termination. All incoming employees will be required to execute a Confidentiality Undertaking concerning access to and use of confidential information prior to being given access to any confidential information.

Disaster Recovery Plan
Information technology is critical to the College's ability to provide its programs and services. As a key component of our operations, the Manager, Technology Process is responsible for establishing a disaster recovery plan for our network and computer operations. All employees and volunteers will support this staff person in developing, maintaining and testing the plan. All personnel involved with the disaster response must be familiar with the plan and their assigned roles and responsibilities.
Internet Security
In order to protect personal information, the College uses technologies and processes such as encryption, access control procedures, network firewalls and physical security. These measures increase the security and privacy of information traveling to, from and within our website. Only our authorized employees or agents carrying out permitted business functions are allowed to access personal information. Employees who violate our privacy access policies may be subject to disciplinary actions, up to and including termination.

Website Functionality
The College depends on its website to distribute information and meet its reporting and public register obligations. An inoperable website or one functioning less than optimally can have serious consequences with regard to the organization’s reputation and service delivery. To ensure that the website remains fully operational at all times, the Communications Department has established a monitoring procedure which includes a complaint or notice feature allowing visitors/users to report problems encountered while using the website. The Communications Department has also established a goal of responding to all complaints or notices of site errors or problems within eight hours. The Communications Department has also provided detailed instructions to staff about their role in reporting website irregularities or other malfunctions.

Web Content
To maintain the integrity of the organization's website, the Communications department staff oversee the content and look and feel of the site. They are responsible for ensuring that content meets the organization's quality standards and due diligence has been completed to ensure that the organization is within its rights to use any material it posts.

Website Disclaimer
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Facility/Site Safety and Security

Facility Needs
Ontario College of Pharmacists seeks to utilize its resources and assets fully in achieving its mission. The prudent use of facilities and resources is required to protect the safety and well-being of all personnel - including staff, volunteers and service recipients - while safeguarding the organization's financial assets.

Building Security
The College buildings are configured to provide light of site surveillance of individuals entering the buildings. Monitored access cards enable the College to identify traffic in off-hours. The buildings are monitored 24/7 through an external alarm monitoring service. Security cameras are installed at entry points and in the parking areas. Policies are in place to communicate expectations of staff and visitors during and after hours. Additional procedures are enacted during periods of high alert as required.

Preventative Maintenance and Inspections
The College undertakes preventive maintenance for all its building and related facilities. Maintenance protocols are in place for fire safety, mechanical and electrical equipment,
cleaning, grounds maintenance, elevator maintenance, waste disposal, food handling, etc. In accordance with legislation, the College maintains a joint Workplace Health and Safety Committee comprised of staff and management. Workplace inspections are conducted monthly. Issues brought forward by the Committee are addressed promptly, or where investment is required, are implemented in a timely manner.

Policy Concerning Invitees
The College will permit other organizations affiliated with the College (Federation of Health Regulatory Colleges of Ontario (FHRCO), National Association of Pharmacy Regulatory Authorities (NAPRA)) to use College property for meetings provided that the events will not interfere with the business of the College. College facilities staff will be present to manage security and equipment issues and respond in the event of an emergency. Where facilities staff are unavailable, a meeting designate will be trained on the fire, safety, and evacuation procedures.

As a facility owner, Ontario College of Pharmacists is committed to providing outside users of its premises with a safe environment. This commitment includes, but is not limited to meeting building code requirements, making timely repairs, and providing and maintaining appropriate security.

Section 7 - Emergency Response Planning and Crisis Management

Emergency Response Policy
Ontario College of Pharmacists has adopted an Emergency Response policy whose purpose is to provide direction to the stakeholders of the organization in the wake of an emergency that may threaten the mission of the organization and the safety of its personnel and stakeholders. The Registrar/CEO is responsible for managing the organization’s emergency response in accordance with the following priorities:

- to save lives;
- to protect health and to provide for the safety and health of all responders;
- to protect property and infrastructure;
- to protect the environment; and
- to restore the principle functions of the organization.

Business Continuity Planning Policy
The College’s Emergency Response Plan addresses business continuity by assessing the potential impact to core and ancillary business functions and outlining impacts. The members of the ER team are responsible for developing strategies for crisis communication, financing a business interruption incident and for implementing mitigation strategies.

A table top exercise is executed every second year to test the plan and remind members of the ER team of the procedure.

Vital Records, Data and Documents Backup Policy
In order to ensure the continuity of mission-critical services, Ontario College of Pharmacists will duplicate and store off site all information identified as essential to fulfilling its business continuity plan.

Crisis Communications Policy
The College is committed to taking a pre-emptive approach to public relations crises, using disclosure whenever possible as the preferred strategy for preventing or minimizing a crisis. No one is authorized to speak to the news media during a crisis without clearance from the Registrar/CEO. The Registrar/CEO or her designee will be responsible for developing crisis communication strategies.
When a crisis unfolds, the designee will gather and verify information about the crisis, and with the Registrar/CEO, will assess the severity of the matter and determine how information is to be released, who should speak for the organization and who is to be notified.

Section 8 - Insurance Program

Insurance/Risk Financing Strategy
To safeguard the assets and resources of the College the organization maintains insurance for those insurable risks of major importance to mission-critical operations and the financial health of the organization. It is the Director, Corporate Services’ responsibility to oversee the organization’s insurance program and report annually to the Registrar/CEO.

Insurance Program for Ontario College of Pharmacists
The College relies on HIROC (Health Insurance Reciprocal of Canada) under umbrella coverage through FHRCO for insurance advice and services relating to:

Errors and Omissions/Directors and Officers Liability…………………………………….…………$5 Million

Liability Insurance…………………………………………………………………….…………….$5 Million
- Bodily Injury
- Property
- Tenant Coverage
- Healthcare Professional
- Contingent Employer
- Employee Benefits
- Cyber Threats
- Environment Impairment
- Non-Owned Automobiles

Crime Insurance – Employee Dishonesty…………………………………………..…………$2 Million
- Loss, money order and counterfeit paper, depositors forgery………..$200,000

Travel Accident Coverage…………………………………………………………….…..…..$100,000

Property…………………………………………………………………………………… $9.8 Million

Property coverage extensions
- rental income…………………………………………………………………………….$228,000
- business interruption/valuable paper and records…………………………..$100,000

Company leased vehicles (Ed Johnstone and Sons, brokerage)……………..…....$.1 Million

Relationship with Insurance

Advisors Selection Process
The College works cooperatively with the members of FHRCO to realize efficient, cost effective coverage for our common operations.
February 16, 2018

Re: Implementation of Model Standards for Sterile Compounding

Dear Hospital CEO,

In September 2016, the Ontario College of Pharmacists (the College) adopted the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations with an implementation date of January 1, 2019. These standards apply to all pharmacies, including hospitals, which undertake sterile compounding.

In addition to regular hospital assessments and ongoing dialogue between College practice advisors and hospital pharmacies, the College has also implemented a communication program to educate relevant pharmacies and institutions of their obligations under the new standards. As the implementation date is now just under a year away, this letter is intended to provide you with a reminder of the College’s expectations in relation to these standards. All hospital sites engaged in sterile compounding will be completing an assessment in 2018.

Requirements for January 1, 2019
Sterile compounding is a high-risk activity and preparation of sterile compounds requires comprehensive standards to ensure quality and safety. Knowledge of the environment in which these preparations are prepared, training of personnel, policies and procedures, quality assurance procedures as well as appropriate standards for facilities and equipment are required to ensure public safety.

We acknowledge the work and efforts completed to date among pharmacies and institutions to comply with the standards and provide safe, high quality medications to patients. We also recognize that hospitals are diverse, with various operating models and programs, and therefore some hospitals may need additional time to implement the needed infrastructure modifications in order to meet the requirements for facilities and equipment. Accordingly, the College expects that by January 1, 2019:

a) All hospital pharmacies will be fully compliant with all critical elements of the standards, as specified in the Assessment document (see Appendix A).
b) Hospital pharmacies that require additional time to achieve full compliance on all elements of the standards, including facility or equipment upgrades, will have an action plan towards full compliance – including timelines and risk mitigation strategies satisfactory to the College – in place and submitted to us within 30 days of your 2018 assessment. College Practice Advisors will work collaboratively with pharmacies to review and finalize action plans and remain available to assist towards compliance with the standards.

Preparing for implementation

As it is our expectation that hospitals are currently engaged in preparing for the implementation of the standards by the deadline, your hospital is encouraged to:

a) Review the College’s revised assessment document (click here) that identifies the critical elements that must be met by January 1, 2019 (see Appendix A for details).

b) Conduct a gap analysis, if not already done, to compare against the standards, and particularly the critical elements, to assess gaps in pharmacy infrastructure, equipment, training, policies, procedures and practice. Once gaps are identified, resources should be directed to address those gaps; and

c) Check the College’s website and communication tools on a regular basis for updates and resources to support pharmacies in preparing for implementation of the new standards.

We have been working with the Ontario Hospital Association to host a webinar that will help to address questions and provide additional context for hospitals as we approach the January 1, 2019 deadline. The webinar is scheduled for Monday, February 26 @3 pm. More details on attending the webinar will be communicated to you at a later date.

I am confident that together we can achieve our shared goals of quality and safe patient care. If you have any questions regarding the requirements for compliance, please reach out to Judy Chong, Manager, Hospital Practice at jchong@ocpinfo.com or 416-962-4861 ext. 2247.

Regards,

Nancy Lum-Wilson

CC: MOHLTC, LHIN, Cancer Care Ontario, Ontario Hospital Association, Canadian Society of Hospital Pharmacists-Ontario Branch
APPENDIX A

The following categories of standards from the Model Standards for Pharmacy Compounding of Nonhazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations (NAPRA 2016) contain elements that are considered critical for the January 1, 2019, deadline. Identification and explanation of those critical elements can be found in the Assessment Report, here. (insert Link) We also encourage you to review the Standards in their entirety to identify other areas that may require attention in order to develop your action plan to bring the pharmacy into full compliance.

Personnel

- The Pharmacy Manager or Pharmacy department head is responsible for developing, organizing and supervising all activities related to pharmacy compounding of sterile preparations.
- The sterile compounding supervisor develops, organizes and oversees all activities related to the compounding of sterile preparations.
- The compounding pharmacist or pharmacy technician performs or supervises compounding activities, ensuring compliance with policies and procedures related to the compounding of sterile preparations.
- The sterile compounding supervisor ensures policies and procedures are in place and adhered to for all compounded sterile preparations.
- All compounding personnel have received specific training and completed a competency assessment program in the workplace.
- All cleaning and disinfecting personnel have received initial training and completed a competency assessment program in the workplace.

Personnel Involved in Aseptic Compounding

- There is a quality assurance program in place that addresses the personnel involved in aseptic compounding.

Conduct of Personnel

- Conduct of personnel in controlled areas must meet NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations.

Compounded Sterile Preparation Protocols, Compounded Sterile Log Preparation & Patient File

- Effective documentation and record keeping processes are in place according to standards of practice and NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations.
- The Pharmacy has access to the current required references as listed in the NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations.

Facilities and Equipment

- The storage of non-hazardous drugs is in compliance with the NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations.
- When a segregated compounding area is used, the specific conditions outlined in NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations standards must be met.
• Equipment for the compounding of sterile preparations is designed, built, and maintained in accordance with NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations. For example by January 1, 2019:
  o An appropriate Primary Engineering Control (PEC)/hood is certified and validated.
  o The refrigerator must be commercial, biomedical grade.
• There is a cleaning and disinfecting procedure in place that addresses all compounding areas.
• There is a cleaning, disinfecting, deactivating and surface decontamination procedure in place for compounding personnel that addresses all compounding areas.

Verification of Equipment and Facilities
• There is a quality assurance program in place that addresses the verification of equipment and facilities.

General Maintenance Log
• The general maintenance logs are complete, accurate and maintained as per standards of practice and NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations.

Beyond Use Date and Dating Methods
• The Pharmacy’s operating procedures describe the risk assessment process used to establish the BUD and the storage conditions according to NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations. For example by January 1, 2019:
  o High risk preparations made from non-sterile ingredients or equipment must meet beyond use dates.
  o There must be a policy in place to specify beyond use dating of single dose vials.

Aseptic Compounding of Sterile Preparations
• There is a process in place to ensure aseptic compounding of sterile preparations meets the NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations.
• There is a process for verification of the final compounded sterile preparation.

Labelling
• Labelling of the final compounded sterile preparation meets NAPRA Model Standards for Pharmacy Compounding of Sterile Preparations and provincial requirements.

Recall of Sterile Products or Final Compounded Sterile Preparations
• There is a process in place when a product or preparation does not meet requirements due to issues of internal control and/or a complaint or a product recall.

Quality Assurance Program
• There is a quality assurance program in place that addresses the content of the program itself, the results & actions taken, the product preparation process and documentation.

Packaging, Receipt & Transport and Delivery

• The Pharmacy has policies and procedures in place to ensure safe packaging, transport and receipt of compounded sterile preparations.

Incident and Accident Management

• The Pharmacy has policies and procedures in place to address incident and accident management with respect to sterile compounding.

Waste Management

• The Pharmacy has a waste management process in place.