

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA - COUNCIL CHAMBERS, 483 HURON STREET, TORONTO

MONDAY SEPTEMBER 17, 2018 – 8:30 A.M. TO 10:00 A.M.
TUESDAY SEPTEMBER 18, 2018 – 12:15 P.M. TO 5:00 P.M.

- 1. Noting Members Present**
- 2. Declaration of Conflict**
- 3. Approval of Agenda**
- 4. President's Opening Remarks**
 - 4.1 Reflections from a Patient
 - 4.2 Briefing Note - President's Report to September 2018 Council Appendix 4.2
 - 4.3 Briefing Note – June 2018 Council Meeting Evaluation Appendix 4.3
- 5. Approval of Minutes of Previous Meeting**
 - 5.1 Minutes of June 2018 Council Meeting Appendix 5.1
- 6. Notice of Motions Intended to be Introduced**
- 7. Motions, Notice of Which Had Previously Been Given**
- 8. Inquiries**
- 9. Briefing Note – Registrar's Report on Election of Members to Council**
..... Appendix 9
- 10. Briefing Note – Elections Committee** Appendix 10
- 11. Election of President**
- 12. Election of Vice President**
- 13. Appointment of Nominating Committee**
- 14. Election of Executive Committee Members**
- 15. Election of Committee Chairs**
- 16. Adjournment (10:00 a.m.)**

Following adjournment, from 10:30 a.m. on Monday September 17 to noon on Tuesday September 18, Council members and Board members from other regulatory Colleges will participate in an interactive Governance Training Workshop.
 Council will reconvene at 12:15 p.m. on Tuesday September 18, 2018.

TUESDAY SEPTEMBER 18, 2018 - 12:15 P.M.

- 17. Registrar's Annual Performance Appraisal – *in camera***
- 18. Approval of Appointments to Statutory and Standing Committees**
- 19. Matters Arising from Previous Meetings**
 - 19.1 Briefing Note – Consultation Feedback – Standards of Operations for Pharmacies Appendix 19.1
 - 19.2 Briefing Note – Consultation Feedback – Supplemental Standard of Practice Appendix 19.2
- 20. For Decision**
 - 20.1 Briefing Note – Finance and Audit Committee
(*2019 Proposed Budget*) - *in camera* Appendix 20.1
 - 20.2 Briefing Note – Finance and Audit Committee (*Appointment of Auditors*) .. Appendix 20.2
 - 20.3 Briefing Note – Executive Committee (*By-law amendments*) Appendix 20.3
- 21. For Information**
 - 21.1 Briefing Note - Registrar's Report to Council Appendix 21.1
 - Strategic Priorities Progress Update
 - Ministry/Government Activities
 - Legislative Initiatives
 - Federal/Provincial Initiatives
 - Miscellaneous Items
 - 21.2 Briefing Note – Statutory and Standing Committee Reports Appendix 21.2
 - 21.3 Briefing Note – Policy on Interactions with Advocacy Groups Appendix 21.3
- 22. Other Matters**
- 23. Unfinished Business**
- 24. 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. There are breaks scheduled throughout the duration to allow members the opportunity to retrieve and respond to messages.

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

Thank you.

COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Régis Vaillancourt, President

TOPIC: President's Report to September 2018 Council

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

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

Attached to my report is a summary of Council member attendance at meetings (Appendix A) and a summary of the Council and Council member evaluation (Appendix B), the results of which will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest.

College Meetings:

June 26th – Nomination Committee
August 16th – Finance and Audit Committee Meeting
August 22nd – Nomination Committee
August 23rd – Executive Committee

Other Stakeholder Meetings:

N/A

In addition to the above information, I wish to advise that we have received a letter from the Ontario Association of Chiefs of Police (OACP) regarding a Provincial Pharmacy Crime Prevention & Public Safety Strategy. The letter has been attached below for review and discussion.

COUNCIL AND COMMITTEE MEETING ATTENDANCE

COUNCIL

Meeting Dates: √ = attended X = not attended	Sept 18 2017	Sept 19 2017	Dec 11 2017	Mar 25 2018	Mar 26 2018	Mar 27 2018	Jun 11 2018
Chair: Régis Vaillancourt	√	√	√	√	√	√	√
Kathy Al-Zand	√	√	√	√	√	√	√
Linda Bracken	√	√	√	√	√	√	√
Heather Boon ⁵	√	√	√	√	√	x	x
Billy Cheung	√	√	√	√	√	√	√
Gerry Cook	√	√	√	x	x	x	x
Christine Donaldson ¹	√	x					
David Edwards	√	√	√	√	√	√	x
Nadia Facca ²				√	√	√	√
Mike Hannalah	√	√	√	√	√	√	x
Christine Henderson	√	√	√	√	√	√	√
Robert Hindman	√	√	√	√	√	√	√
Javaid Khan ³	√	√	√	√	√	√	
Azeem Khan ⁴			√	√	√	√	√
James MacLaggan	x	x	√	x	x	x	x
Elnora Magboo	√	√	√	√	√	√	√
Kyro Maseh	√	√	√	√	√	√	√
Esmail Merani	√	√	√	√	√	√	√
James Morrison	√	√	√	√	√	√	√
Sylvia Moustacalis	√	√	√	√	√	√	√
Joan A Pajunen	√	√	x	√	√	√	√
Goran Petrovic	√	√	√	x	x	x	√
Tracey Phillips	√	√	√	x	x	x	x
Ruth-Ann Plaxton	√	√	√	√	√	√	√
Sony Poulose	√	√	√	√	√	√	√
Shahid Rashdi	√	√	x	x	x	x	√
Karen Riley	√	√	√	√	√	√	√
Rachelle Rocha	√	√	√	√	√	√	√
Leigh Smith	√	√	√	√	√	√	√
Joy Sommerfreund	x	x	x	x	x	x	√
Dan Stapleton	√	√	√	√	√	√	√
Doug Stewart	√	√	√	√	√	x	√
Ravil Veli	√	√	√	√	√	√	√
Wes Vickers	x	x	√	x	x	x	√
Laura Weyland	√	√	√	√	√	√	√

1. C. Donaldson resigned October 1, 2017
2. N. Facca elected December 21, 2017
3. J. Khan's Order in Council expired June 10, 2018
4. A. Khan appointed November 29, 2017
5. H. Boon resigned June 30, 2018

ACCREDITATION

Meeting Dates: √ = attended X = not attended	Nov 2 2017	Feb 28 2018	May 2 2018	July 17 2018 (TC)
Council Members				
Chair: Billy Cheung	√	√	√	√
Dean Miller	√	√	√	√
Elnora Magboo	√	√	√	√
Goran Petrovic	√	√	√	√
Joy Sommerfreund	√	√	√	√
Nadia Facca ¹		√	x	x
Non-Council Committee Member				
Ali Zohouri	√	√	√	√
Tracy Wiersema	√	√	√	√

1. N. Facca appointed January 17, 2018

DRUG PREPARATION PREMISES

Meeting Dates: √ = attended X = not attended	Feb 28 2018	May 2 2018	June 21 2018 (TC)
Council Members			
Chair: Billy Cheung	√	√	√
Dean Miller	√	√	√
Elnora Magboo	√	√	√
Goran Petrovic	√	√	√
Joy Sommerfreund	√	√	√
Nadia Facca ¹	√	x	x
Non-Council Committee Member			
Ali Zohouri	√	√	√
Tracy Wiersema	√	√	√

1. N. Facca appointed January 17, 2018

DISCIPLINE

Meeting Dates: √ = attended X = not attended	Orientation Oct 27 2017	Mid-Year Meeting Apr 20 2018
Council Members		
Chair: Doug Stewart	√	√
Kathy Al-Zand	x	√
Heather Boon	x	x
Linda Bracken	X	x
Gerry Cook	x	x
David Edwards	x	x
Mike Hannalah	√	√
Christine Henderson	√	√
Robert Hindman ¹	√	√
Azeem Khan ²		√
Javaid Khan	√	x

DISCIPLINE (cont.)

James MacLaggan	x	x
Kyro Maseh	√	x
Esmail Merani	x	x
James Morrison	√	x
Sylvia Moustacalis	√	√
Joan A. Pajunen	x	√
Tracey Phillips	x	x
Ruth-Ann Plaxton	√	x
Sony Poulouse	√	√
Karen Riley	√	x
Shahid Rashdi	√	√
Rachelle Rocha	√	√
Leigh Smith	√	√
Dan Stapleton	√	√
Regis Vaillancourt	x	x
Ravil Veli	√	√
Wes Vickers	x	√
Non-Council Committee Member		
Chris Aljawhiri	√	√
Jennifer Antunes	x	√
Anuolowapo Bank-Oni	√	√
Ramy Banoub	√	√
Erik Botines ³	√	√
Charles Chan ⁴	x	√
Michael Cheung	√	x
Alicia Chin	√	x
Fel dePadua	√	√
Dina Dichek	√	√
Jim Gay	√	√
Jillian Grocholsky	√	√
Andrew Hanna ⁵		x
Stephana Hung	√	√
Rachel Koehler	x	√
Andreea Laschuk ⁶	√	√
Katherine Lee	√	√
Chris Leung	√	√
Cara Millson	x	x
Doris Nessim	√	√
Don Organ	x	x
Akhil Pandit Pautra	√	√
Aska Patel	√	√
Mark Scanlon ⁵	x	
Jeannette Schindler	√	√
Connie Sellors	√	√
David Windross	√	√

1. R. Hindman resigned July 3, 2018
2. A. Khan appointed December 7, 2017
3. E. Botines resigned May 18, 2018
4. C. Chan resigned August 17, 2018
5. A. Hanna appointed January 8, 2018 and ineligible to serve as of August 9, 2018
6. A. Laschuk resigned August 20, 2018
7. M. Scanlon resigned December 21, 2017

EXECUTIVE

Meeting Dates: ✓ = attended X = not attended	Nov 23 2017	Mar 8 2018	May 24 2018	Jun 11 2018	Jun 27 2018 (TC)	July 19 2018 (TC)	Aug 23 2018
Chair: Régis Vaillancourt*	✓	✓	✓	✓	x	x	✓
Kathy Al-Zand*	✓	✓	✓	✓	x	x	✓
Christine Henderson	✓	✓	✓	✓	✓	✓	✓
Esmail Merani*	✓	✓	✓	✓	x	x	✓
Sylvia Moustacalis	✓	✓	✓	✓	✓	✓	✓
Doug Stewart	✓	✓	✓	✓	✓	✓	✓
Laura Weyland	✓	✓	✓	✓	✓	✓	✓

* These were the Election Committee members who declared a conflict and therefore did not attend June 27 and July 19 meetings. TC = Teleconference

FINANCE AND AUDIT

Meeting Dates: ✓ = attended X = not attended	Oct 11 2017	Dec 18 2017	Feb 21 2018	Jun 25 2018	Aug 16 2018
Chair: Javaid Khan ¹	✓	✓	✓		
Chair: Dan Stapleton ²	✓	✓	✓	✓	✓
Linda Bracken	✓	✓	✓	✓	✓
Gerry Cook	x	✓	✓	✓	x
Esmail Merani	x	✓	✓	✓	✓
Doug Stewart	x	✓	x	✓	✓

1. J. Khan's Order in Council expired June 10, 2018
2. D. Stapleton appointed as Chair replacing J. Khan

FITNESS TO PRACTISE

Meeting Dates: ✓ = attended X = not attended	Orientation Feb 12 2018
Council Members	
Chair: Kathy Al-Zand	✓
Christine Henderson	✓
Javaid Khan ¹	✓
James Morrison	✓
Ruth-Ann Plaxton	✓
Non-Council Committee Member	
Jocelyn Cane	✓
Dina Dichek	✓
Mark Scanlon ²	

1. J. Khan's Order in Council expired June 10, 2018
2. M. Scanlon resigned December 21, 2017

INQUIRIES, COMPLAINTS AND REPORTS

Meeting Dates: √ = attended X = not attended	Orientation Oct 16 2017	Mid-Year Meeting May 7 2018
Council Members		
Chair: Laura Weyland	√	√
Kathy Al-Zand	√	X
Christine Allen ¹		
Heather Boon ²	X	X
Linda Bracken	√	√
Billy Cheung	√	√
Gerry Cook	X	X
Christine Donaldson ³		
Mike Hannalah	√	√
Christine Henderson	√	X
Robert Hindman ⁴	√	X
Azeem Khan ⁵		
Javaid Khan ⁶	√	√
Elnora Magboo	√	√
Kyro Maseh	√	√
James Morrison	√	√
Sylvia Moustacalis	√	√
Joan A. Pajunen	√	√
Goran Petrovic	√	√
Sony Poulouse	X	√
Shahid Rashdi	X	X
Rachelle Rocha	√	√
Joy Sommerfreund	√	X
Ravil Veli	√	√
Non-Council Committee Member		
Elaine Akers	√	√
Sajjad Giby ⁷		√
Frank Hack	X	√
Bonnie Hauser	√	X
Mary Joy	√	√
Elizabeth Kozyra	√	X
Chris Leung	√	√
Jon MacDonald	√	X
Dean Miller	X	X
Akhil Pandit Pautra	√	√
Vyom Panditpautra	√	√
Chintankumar Patel	X	√
Aska Patel	√	√
Saheed Rashid	X	√
Jeannette Schindler	√	X
Ian Stewart	√	√
Dan Stringer	√	√
Asif Tashfin	√	X
Frank Tee	√	X
Tracy Wiersema	X	√
Debra Willcox	√	√

1. C. Allen appointed July 1, 2018
2. H. Boon resigned June 30, 2018
3. C. Donaldson resigned October 1, 2017
4. R. Hindman resigned July 3, 2018
5. A. Khan appointed November 29, 2017
6. J. Khan's Order in Council expired June 10, 2018
7. S. Giby appointed October 18, 2017

PATIENT RELATIONS

Meeting Dates: √ = attended X = not attended	Nov 16 2017	Jan 31 2018	Aug 29 2018 (TC)
Council Members			
Chair: Joy Sommerfreund	√	√	√
Kathy Al-Zand	√	√	√
Linda Bracken	√	√	√
Sony Poulose	√	√	√
Karen Riley	√	√	√
Rachelle Rocha	√	√	√
Dan Stapleton	√	√	√
Non-Council Committee Member			
Fel DePadua	√	√	√

QUALITY ASSURANCE

Meeting Dates: √ = attended X = not attended	Oct 30 2018	Panel Meeting Jan 22 2018	Panel Meeting Mar 19 2018	May 14 2018
Council Members				
Chair: Tracey Phillips	√	√	√	√
Ruth-Ann Plaxton	√	√	x	√
Leigh Smith	√	√	x	√
Nadia Facca ¹	x	x	x	√
Sylvia Moustacalis	√	x	x	√
Robert Hindman ²	√	x	√	√
Elnora Magboo	√	√	x	√
Dan Stapleton ³				
Non-Council Committee Member				
John MacDonald	√	x	√	√
Tina Boudreau	x	x	√	x
Shelley Dorazio	√	√	x	√
Lavinia Adam	√	x	√	√

1. N. Facca appointed January 17, 2018
2. R. Hindman resigned July 3, 2018
3. D. Stapleton appointed July 12, 2018

REGISTRATION

Meeting Dates: √ = attended X = not attended	Nov 14 2017	Apr 23 2018
Council Members		
Chair: Ravil Veli	√	√
Billy Cheung	√	√
Robert Hindman ¹	√	√
Esmail Merani	x	√
Vyom Panditpautra	√	√
Sony Poulouse	√	√
Karen Riley ²	√	
Wes Vickers	√	√
Academic Appointments		
Dave Edwards	x	√
Sharon Lee ³	x	√
Non-Council Committee Member		
Tammy Cassin	√	√
Sajjad Giby	x	√
Deep Patel	x	√

1. R. Hindman resigned July 3, 2018
2. K. Riley conflicted due to appointment to PEBC in December 2017

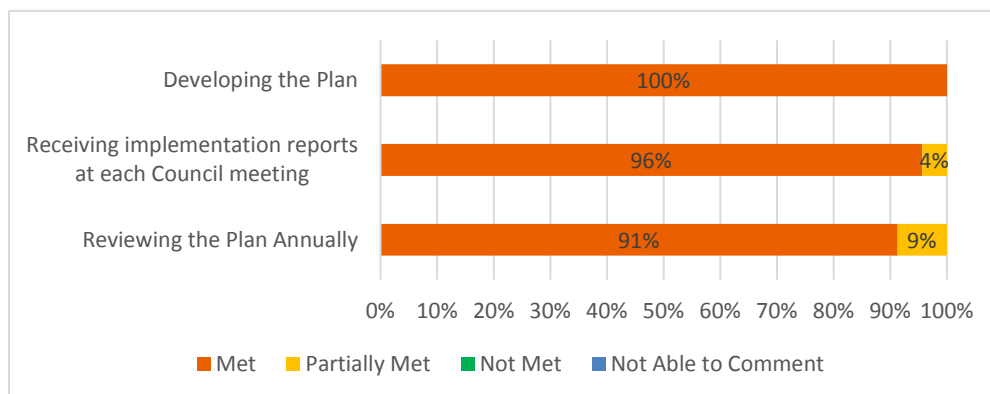
COUNCIL EVALUATION

Appendix B

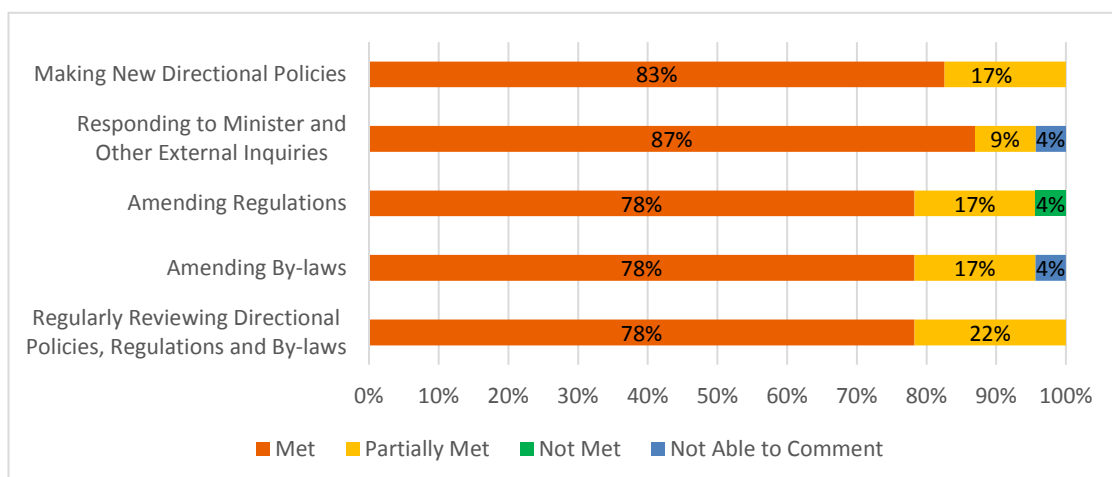
LEADERSHIP

23 RESPONSES

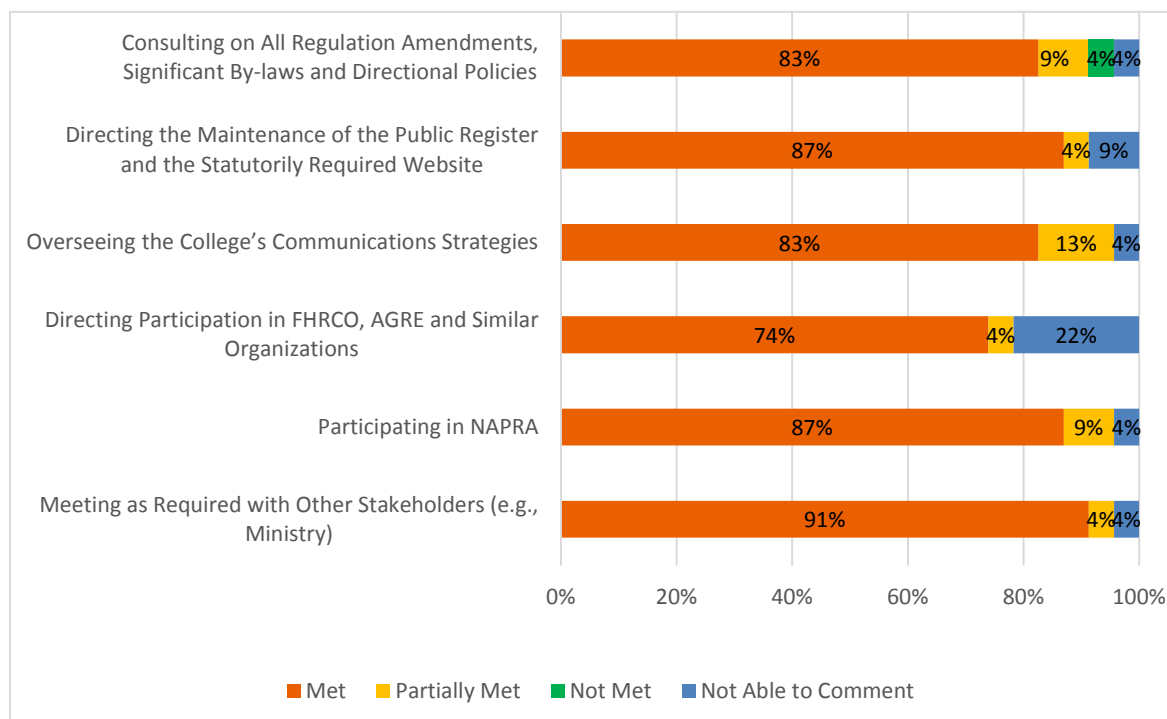
A – STRATEGIC PLANNING



B – MAKING DIRECTIONAL POLICIES AND DECISIONS



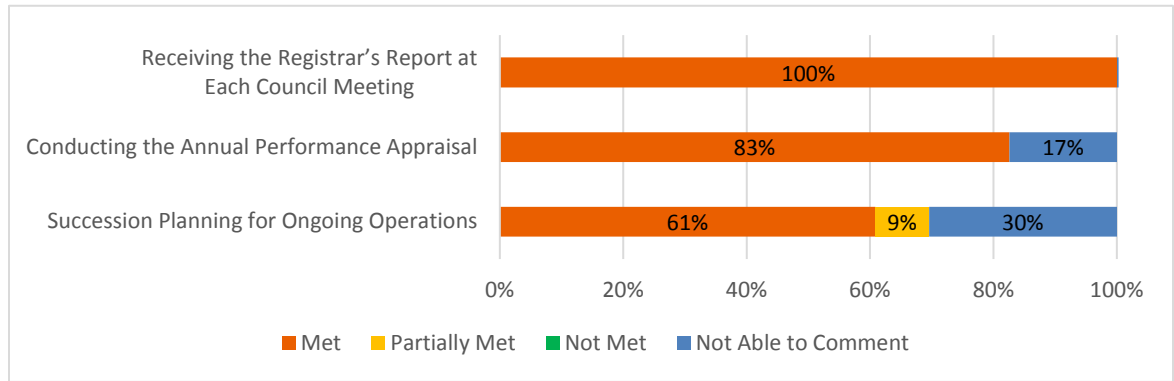
C – COMMUNICATIONS



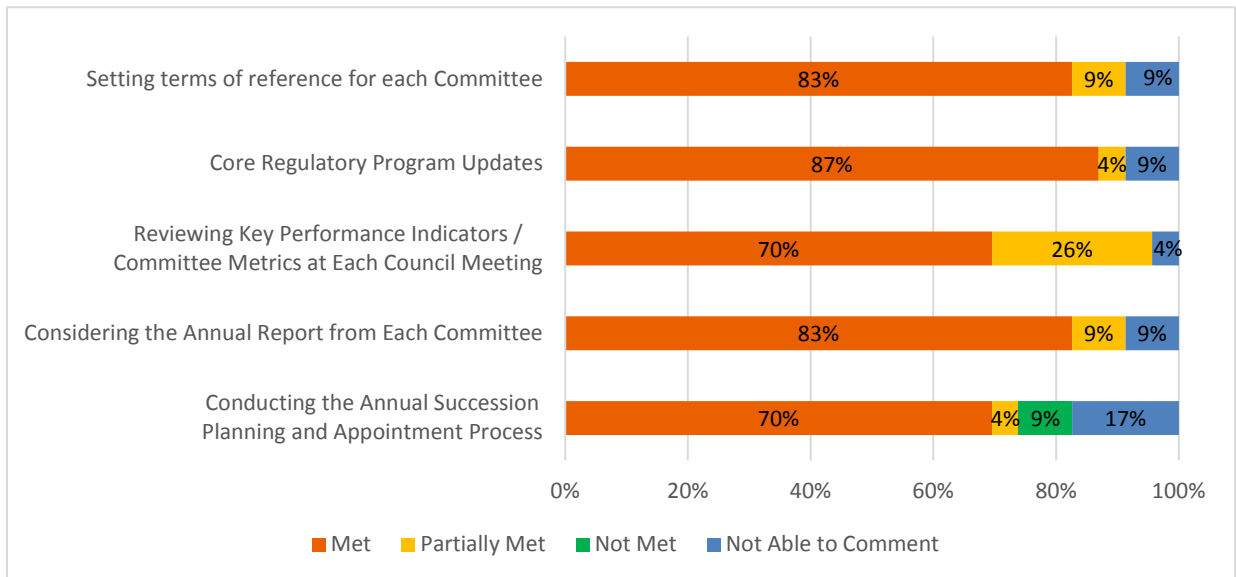
DIRECTION

23 RESPONSES

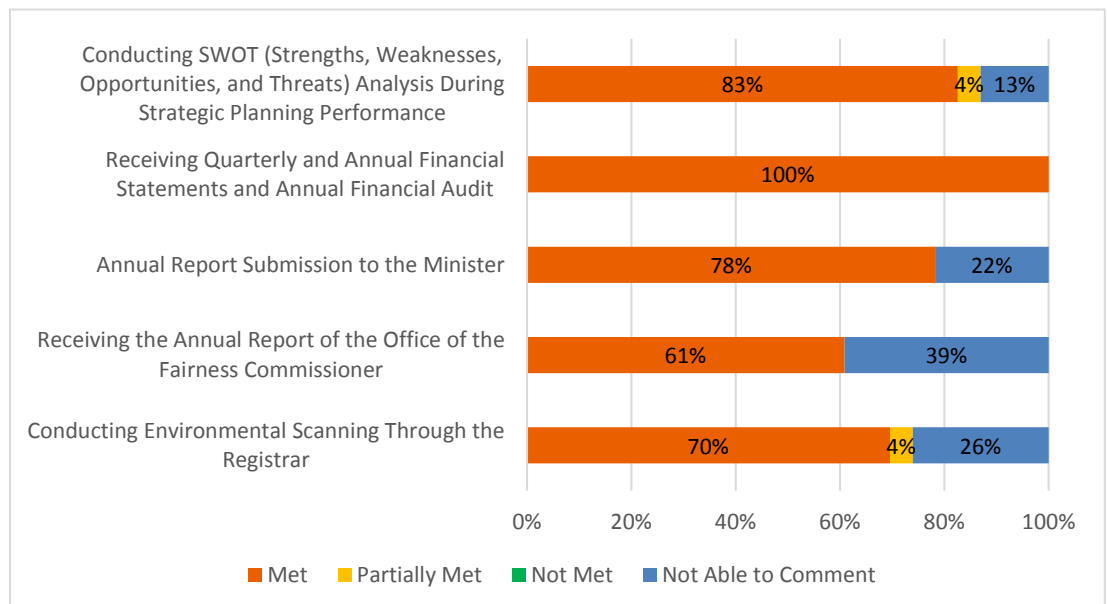
A – DIRECTING THE REGISTRAR



B – DIRECTING COMMITTEES



C – MONITORING COLLEGE PERFORMANCE



TOP THREE PRIORITIES REQUIRING ATTENTION

15 RESPONSES

PRIORITY #1	<ul style="list-style-type: none"> • Responding to the changing environment • Cannabis • Getting information on time • Transparency from Executive to Council • Continuing to work on public awareness • Building on relationships with other stakeholders • Ensuring members understand the mandate of the College • Adhere to the new Strategic Plan • Preparation by members prior to meetings • Constant focus on the strategic goals • Reviewing key performance indicators/committee metrics at each Council meeting • Coaching poor quality Council members • Transparency • Briefing notes and materials that are clear, specific, shorter and unambiguous about the pros and cons of new initiatives
PRIORITY #2	<ul style="list-style-type: none"> • Better preparation on the part of all Council members, willingness to engage, less focus on how soon the meeting will end • Taking the information gleaned from complaints to direct actions of the College to proactively address emerging innovative trends that might put the patient at risk • Opiate file • Creating a healthy environment for discussion • Free participation in discussions • Corporate influence in patient care • Building public confidence • Maintaining the public members, their knowledge and that they remain on the Council • Effective communications within the Council, the public, membership, and staff • Reinforcement of the public protection mandate of the College • Education for Council members • Conducting the annual succession planning and appointment process • Review of mandate again so Council members do not advocate • Accountability
PRIORITY #3	<ul style="list-style-type: none"> • Shorter, but more focused presentations by officials, with more time for Council to engage • Ensuring fulsome conversation with as many of the group as possible • Discipline costs • Considering the Council members' opinions • Faster action on issues raised by Council • Insurance interference with access to care • That consistent leadership with a vision is elected for more than one year • Real governance training....not just Robert's Rules • Conducting environmental scanning through the Registrar • Do we need to reopen our by-laws? • Fiscally responsible

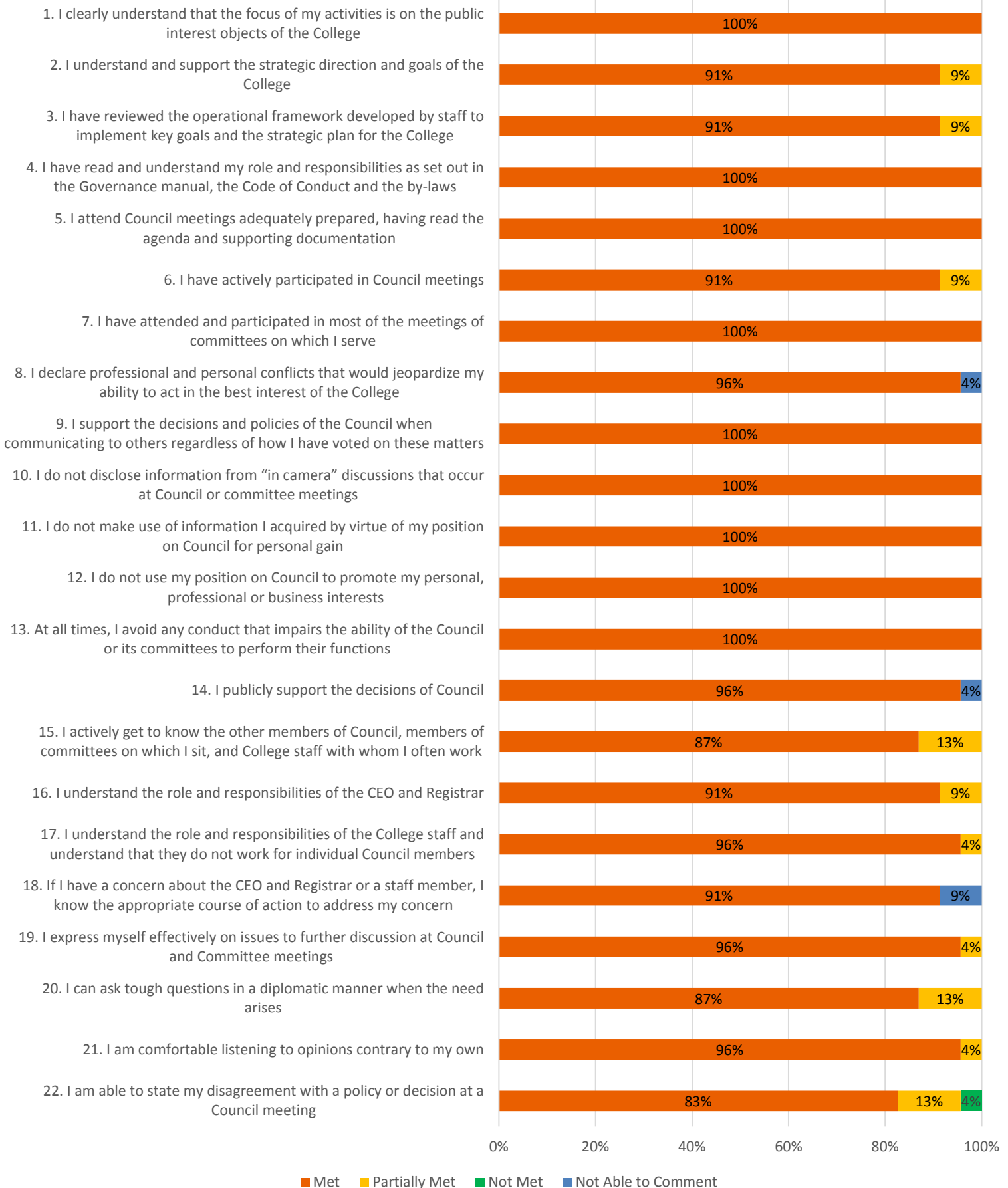
ADDITIONAL COMMENTS

4 RESPONSES

- 1 Very well run organisation
- 2 I have been impressed with the functioning of the Council and feel that it meets the above criteria, there is always room for improvement but the Council surpasses in most areas. I also feel that the forming of task forces to address important issues is an effective way of fully understanding and analyzing an issue
- 3 The Council faced a number of challenges this term which were successfully addressed and, in the end, served to strengthen Council as a whole
- 4 Overall, well done. I believe Council members need more information in some areas in order to be able to contribute more than just agreeing with what is presented

INDIVIDUAL COUNCIL MEMBER ASSESSMENT

23 RESPONSES



ADDITIONAL COMMENTS**7 RESPONSES**

- 1 I think that an ongoing challenge for all Council members, professional and public alike, is understanding conflict of interest and how to manage when a member may be conflicted on an issue. While OCP has done a good job in trying to address this issue, it would do us all good to continue to remember our obligations in this regard and consider this question as a continuing educational issue. Council could and should do more about addressing emerging professional issues impacting the profession.
- 2 I am sorry to have missed 2 meetings of Council this year, something that has not happened in all my years on Council!
- 3 Very collegial body.
- 4 I found that it took at least a year to be at the 'met' stage as being a public member the role was new to me and I lacked this experience in other areas of my life. Having said that, I feel I am a valued member of the Council and my views are listened to and taken into consideration.
- 5 Member attendance at Council meetings can be improved.
- 6 On item #15, I don't actively make effort to get to know staff and even members of Council and do this only on per need basis and only on matters under discussion. If this question intends to probe more than this level, I would love to get to know them better but time availability will be a challenge. On how to go about addressing concerns related to the CEO/Registrar and other College staff, my assumption is coursing it through the Council President for the first and to the CEO for the staff level but this is just my assumption. My other question is, if the concern is over our Council President himself, how does a Council Member go about raising it?
- 7 I often participate a little too much in meetings. I sometimes let my passion and enthusiasm take over.



SENT VIA E-MAIL

August 3, 2018

Mr. Regis Vaillancourt
President and Chair
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Re: OACP Endorsement for a Provincial Pharmacy Crime Prevention & Public Safety Strategy

Dear Mr. Vaillancourt:

On behalf of the Ontario Association of Chiefs of Police (OACP), the governing body that has been the official voice of police leaders in Ontario since 1951, I wish to extend our full and enthusiastic endorsement of a formalized crime prevention and public safety strategy for all Ontario pharmacies. A primary mandate of the OACP is to define critical policing issues and develop sound and constructive positions to assume an advocacy role in partnership with the community.

The above noted strategy certainly fits this mandate and we feel it addresses the growing issue of public safety that is unique to neighbourhood pharmacies throughout Ontario. Our support follows the work undertaken over the past several months in the Windsor-Essex region with the "Windsor-Essex Pharmacy Safety Initiative" that has identified some creative practices to improve safety. The Windsor-Essex initiative has benefitted greatly from its multi-partnered approach involving all possible stakeholders, and combining comprehensive implemented actions with best practice information obtained from other jurisdictions.

This same approach would be an ideal and appropriate fit for all of Ontario. For its success, we feel the strategy needs the confirmed backing of the Ontario College of Pharmacists to ensure the ultimate goal of sustained safety will resonate with all Ontario pharmacies.

A key aspect of this strategy going forward would involve looking at the use of time delay safes to store narcotics and other valuables that are the targets of pharmacy robberies. Such a move to this however would only come with a thorough and well thought out public promotion and communication strategy supported by all

stakeholders before implementation is to take place. There are a number of other safety-rooted elements that would also form part of the overall strategy.

I enclose for your information, a Status of Project Work Plan provided to us by the Mr. Barry Horrobin, Director of Planning & Physical Resources for the Windsor Police Service.

The OACP values the partnership and sound working relationship we have with many different organizations and the public throughout Ontario. As such, we feel strongly about this proposed provincial strategy as something that will significantly and collectively improve the safety at all Ontario pharmacies, and one which will positively affect employees and customers alike.

We would be very pleased to provide any additional information you may require about this important public safety strategy, including presenting more detailed specifics of the proposed provincial safety strategy to your board, along with any other interested party, at a time that is convenient and workable for your organization.

The OACP is committed to this strategy as something that will create a positive impact on public safety for all Ontarians. Please contact Mr. Joe Couto, our Director of Government Relations and Communications, at 416-926-0424 ext. 22 or jcoutho@oacp.ca to pursue this important matter further.

Sincerely,



Chief Kimberley Greenwood
Barrie Police Service
President, Ontario Association of Chiefs of Police

KG/jc

Attachment

WINDSOR-ESSEX PHARMACY SAFETY INITIATIVE

– Status of Project Work Plan –

Prepared by: **Barry Horrobin, B.A., M.A., CLEP, CMM-III**
Director of Planning & Physical Resources – WINDSOR POLICE SERVICE

The following is a summary of activities that have either been completed or are still being pursued as components of the ***"Windsor-Essex Pharmacy Safety Initiative"***. The work undertaken (which has included provincial Proceeds of Crime grant funding) is a continuation of an ongoing partnership between all police services in Windsor & Essex County (Windsor, LaSalle, Amherstburg and the OPP) with all pharmacies in the region (through the Essex County Pharmacists Association) toward the common goal of optimizing safety and security for employees and customers alike.

Project Objectives

1. Elevate the awareness of the very unique crime and disorder challenges specific to pharmacy environments to all owners, employees, and customers of neighbourhood pharmacies located throughout the Windsor-Essex region. This shall be accomplished by engaging stakeholders directly with police partners in a series of organized meetings & information sharing sessions to get everyone on the same platform of knowledge.
2. Fully explore unique methodologies that have been implemented in other jurisdictions that have shown to decrease the incidence and severity of acts of crime and disorder that occur at pharmacies. This may include such things as employing GPS product tracking systems when thefts occur and the potential use of time-delayed safes to store higher risk pharmaceuticals such as opioids and other narcotics.
3. Strengthen the physical environments of every pharmacy in the Windsor-Essex region to offer greater resistance against crime and disorder by assisting each pharmacy owner and staff with the use of a detailed self assessment threat and risk tool built on the principles of crime prevention through environmental design (CPTED).
4. Provide specific training to pharmacy employees on how to handle crime situations if/when they occur so as to minimize the impact of victimization and to safeguard against harm and loss and also prevent future occurrences.
5. In using all the aforementioned methodologies, work cohesively with all stakeholders and partners to achieve tangible reductions in the incidence of crime and disorder, while at the same time elevating the confidence and feelings of safety by pharmacy staff and customers.

Tasks & Actions

KEY MILESTONE #1: Conduct an informational workshop/session for pharmacy industry employees to gain direct stakeholder input and commitment to improvements.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: April 2017

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #2: Baseline perception of safety in and around pharmacy properties of pharmacy owners and employees at the outset of the project.

Activities: To guide any significant action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: September & October 2017

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #3: Completion of a Crime Prevention Through Environmental Design (CPTED) assessment of the physical configuration of every pharmacy in Windsor and Essex County to identify safety strengths to work from and address opportunities where safety may be compromised and needs corrective attention.

Activities: Prior to any significant formal action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: October to December 2017

Responsibility: All Police partners

KEY MILESTONE #4: Marketing campaign to provide complete understanding of the potential safety benefits of using time delay safes for storing high risk drugs.

Activities: Conduct awareness and safety benefits marketing in the form of a workshop(s), pamphlets, e-newsletters, etc. to promote time delay safe benefits.

Time Frame: Fall 2018

Responsibility: Pharmacists Association with Police partner assistance

KEY MILESTONE #6: Conduct a follow up informational workshop/session for pharmacy industry employees to obtain feedback on safety initiative deliverables.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: March 2018

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #7: Completion of a full set of comparative crime & disorder and crime severity index (CSI) metrics before vs. after implementing the project.

Activities: Assemble full set of comparative statistical measures to gauge the impact of the project's activities on reducing crime and severity.

Time Frame: Summer/Fall 2018

Responsibility: All Police partners

KEY MILESTONE #8: Perception of safety in and around pharmacy properties of pharmacy owners and employees following the project's implementation.

Activities: Following implementation of the various project activities, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: Fall 2018

Responsibility: All Police partners and the Pharmacists Association



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Régis Vaillancourt, President

TOPIC: June 2018 Council Meeting Evaluation

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 June 2018 Council meeting, we provided Council members with the opportunity to provide their feedback. 16 Council members responded to the survey. A summary of the input is being provided to Council for information.

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

Answer Options	Always	Frequently	Often	Occasionally	Never	Response Count
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	14	2	0	0	0	16
2. Members were well prepared to participate effectively in discussion and decision making	10	5	1	0	0	16
3. In accordance with the governance philosophy, Council worked interdependently with staff	12	4	0	0	0	16
4. There was effective use of time	13	2	1	0	0	16
5. There was an appropriate level of discussion of issues	11	4	1	0	0	16
6. The discussion was focused, clear, concise, and on topic	10	5	1	0	0	16

2. Did the meeting further the public interest?

YES = 16 = 100%

NO = 0 = 0%

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

- I am pleased with the outcome of the Cannabis discussion. As a member of the Cannabis task force, I wanted to explain that between the conclusion of the task force, I attended a cannabis training session, which included a tour of a facility in Niagara. At this session, I was taught that vaping was a safe alternative to smoking, which is why I initiated the discussion. I just neglected to mention that important fact in my introductory comments. It does appear however that there is

a need for standardization of the courses being offered (work in progress) and of course, more study on the issue.

- The presentation by the mother of the boy who died due to a medication error. It reinforced the importance of the new program at OCP.
- The discussions around the cannabis strategy was very good, the task force did a good job in incorporating all the issues
- N/A
- Good discussion re OCP's position statement on cannabis. Participation from many. Suggestions were incorporated into the position statement with help of staff and council.
- OCP's position with reference to government opioids laws/regulations/policies.
- Cannabis

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.

- The Cannabis Position Statement - I understand why so many pharmacist directors felt they couldn't participate in the discussion, but it meant that the discussion had limited pharmacist input.
- The discussion on the position paper was too lengthy, and folks who were on the task force were the ones raising the issues, this could have been resolved at the task force level rather than at Council.
- So unfortunate that so many members were not present to help with a critical subject.
- N/A
- None
- 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?

Answer Choices	Responses
Completely Satisfied	12
Mostly Satisfied	4
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	16

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

- The meeting felt like it was being rushed along at some points.
- I find the meetings are becoming better organized and managed, better clarity of the role of staff and the Council members.
- Just a general comment.... the CEO/Registrar's report is excellent in that we hear not just that a meeting took place but some of what occurred. Perhaps the President's report could share a little more than just a list of meetings/events.

- President, VP and staff should respect each member's input with an open mind and not cut in or brush off comments made. OCP Council should not be a rubber stamp tool.
- Excellent, respectful and productive meeting. Everyone had an opportunity to voice their opinion on the agenda items. Well chaired.
- Add a few days more to meeting-material distribution.
- I found that this was one of the most efficient meetings that we had. It did move relatively quickly though.

Respectfully submitted,

Régis Vaillancourt, President



MINUTES OF MEETING

OF COUNCIL

JUNE 11, 2018

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MONDAY, JUNE 11, 2018 – 9:01 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

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

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

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Ms. Christine Henderson, Toronto
Mr. Robert Hindman, Shuniah
Mr. Azeem Khan, Pickering
Mr. James MacLaggan, Bowmanville - **Regrets**
Ms. Elnora Magboo, Brampton
Ms. Sylvia Moustacalis, Toronto
Ms. Joan A. Pajunen, Kilworthy
Mr. Shahid Rashdi, Mississauga
Ms. Joy Sommerfreund, London
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. Melissa Sheldrick
Dr. Lisa Dolovich, Leslie Dan Faculty of Pharmacy, University of Toronto

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

President Vaillancourt clarified for Council that at the June 2017 and September 2017 Council meetings, when Council discussed the issue of the sale of cannabis, several members had declared their conflict and were not present for the discussion. He advised Council that members who considered that they had a conflict with respect to agenda item 10.1 (Briefing Note of the Cannabis Position Statement) will be asked to declare their conflicts prior to the discussion. He then asked for any other declarations of conflict. There were none.

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 advised that Mr. Khan, Public Member from Markham, was no longer on Council as his Order-in-Council had expired as of June 10. In addition to serving on the Discipline, ICRC and Fitness to Practise Committees, Mr. Khan also chaired the Finance and Audit Committee and the President informed Council that he had appointed Mr. Dan Stapleton Chair of the Finance and Audit Committee for the remaining Council term.

He then went on to advise that elections will be held in Districts H and N this year and that at its meeting on May 24th, the Executive Committee had appointed Dr. Hindmarsh and Ms. Williams as scrutineers for these elections.

He added that this year, the Executive Committee decided that as nominations are received, each candidate eligible to run for election will be contacted by a member of the Executive

Committee to conduct a pre-orientation discussion. The purpose of the discussion will be to emphasize the College's public interest mandate, he added.

4.1 Patient Reflections

Acknowledging the College's move towards identifying new ways to engage patients and the public in our work, President Vaillancourt advised that at the beginning of future Council meetings, patient perspectives would be shared to help ground the discussions and reinforce the importance of the public-protection mandate of the College. He then introduced Ms. Melissa Sheldrick, the mother of Andrew Sheldrick who passed away following a medication error in 2016, and invited her to address Council.

4.2 Briefing Note – President's Report to June 2018

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 Briefing Note was received for information by Council.

4.3 Briefing Note – Evaluation Report of March 2018 Council Meeting and Strategic Planning to 2018 June Council

Referring to the March 2018 Council Meeting Evaluation, President Vaillancourt thanked Council members for providing feedback, adding that this was another way for Council to hold itself accountable, ensure efficiency and enhance Council members' participation at these meetings. He encouraged members to continue to provide input.

The Briefing Note was received for information by Council.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of March 2018 Council Meeting

It was moved and seconded that the Minutes of the March 2018 Council 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 - Cannabis Task Force – Cannabis Strategy

Council received for information, the Cannabis Strategy for Pharmacy, aimed at supporting pharmacy professionals to respond to changes in the pharmacy practice environment related to the use of cannabis for medical purposes and the implications associated with the legalization of recreational cannabis.

The development of the Strategy was guided by the College's public-protection mandate and is consistent with the position of the National Association of Pharmacy Regulatory Authorities (NAPRA) related to cannabis and pharmacy, which was previously endorsed by Council in June 2017.

The Briefing Note was received for information by Council.

10. For Decision

10.1 Briefing Note – Cannabis Task Force – Cannabis Position Statement

Noting that the Briefing Note concerned the dispensing of cannabis for medical purposes in pharmacies, and previous discussions on the matter had resulted in declarations of conflict by some of the Council members, Dr. Vaillancourt asked members to determine for themselves if there were conflicts of interest that needed to be declared.

The following members declared a conflict and left the Council Chambers: Mr. Cheung, Mr. Maseh, Dr. Merani, Ms. Plaxton, Mr. Poulouse, Ms. Smith, Mr. Veli and Ms. Weyland.

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

It was noted that throughout the creation of the Strategy, the Task Force expressed support for the development of a College position statement building on the existing NAPRA position and further defining an appropriate regulatory opinion within the provincial context.

Council reviewed and discussed the position statement recommended by the Task Force, which expands the position on the distribution of cannabis and builds on the previous

endorsement of the NAPRA position concerning the distribution of recreational cannabis in pharmacies.

There was discussion that cannabis is an evolving matter and that as the legislative and regulatory framework in Canada and Ontario related to access and distribution of cannabis evolves and becomes more defined over time, that both the position and the Strategy may need to be updated.

Comments were also made that it was important for the College to strike a responsible balance to make sure that the public is protected as society adapts to increased legal access to recreational cannabis and the emerging matter of cannabis for medical use while supporting the profession of pharmacy to play an active and appropriate role as medication and clinical experts to promote positive patient outcomes.

The position statement recommended by the Task Force read as follows:

With the recognition that the dispensing of cannabis within pharmacy is currently not permitted within the existing legal framework, the College:

- **would not oppose any federal or provincial legislation that would permit the dispensing of non-smoked forms of cannabis within pharmacies;**
- **would not oppose legal dispensing within pharmacies regardless of whether cannabis is approved as a drug by Health Canada or whether it receives an assigned Drug Identification Number; and**
- **strongly opposes the distribution by pharmacies of any smoked forms of cannabis for any purpose.**

Council then proceeded to extensively debate the position statement, as well as the proposed amendments suggested from the floor. In view of the several suggestions for amendments and clarification, the President called a short break to allow for revisions to be made to the statement in order that Council could review and discuss it prior to voting. The revised statement was then considered one bullet-point at a time, with Council members voting on each amendment (underscored).

With the recognition that the dispensing of cannabis within pharmacy is currently not permitted within the existing legal framework, the College:

- **would not oppose any federal or provincial legislation that would permit the dispensing of non-smoked forms of cannabis for medical use (15 out of 19 members voted in favour) within pharmacies;**
- **would not oppose legal dispensing for medical use (17 out of 19 members voted in favour) within pharmacies regardless of whether cannabis is approved as a drug by Health Canada or whether it receives an assigned Drug Identification Number provided that sufficient quality control measures are put in place by Health Canada, (16 out of 19 members voted in favour) and**
- **opposes the distribution by pharmacies of any forms of cannabis for the exclusive use or purpose of smoking and in accordance with any provincial legislation. (15 out of 19 members voted in favour)**

It was moved and seconded that Council approve the amended statement. 16 out of 19 members voted in favour of the motion. Ms. Facca voted against the motion. **The motion CARRIED.**

Council members who had declared a conflict were invited back to the meeting room and provided with a summary of the outcome of the discussion.

10.2 Briefing Note – Registration Committee – PACE Approval

A motion to receive for discussion the Briefing Note from the Registration Committee was moved and seconded. CARRIED. Mr. Veli, Chair of the Registration Committee, was invited to present the Briefing Note to Council.

Mr. Veli requested Ms. James, Director, Quality, to address Council. Ms. James explained that in February 2014, Council accepted the pilot implementation of PACE (Practice Assessment of Competence at Entry) as a new model embedding principles of fairness and objectivity while allowing for assessment of candidate knowledge, skills and abilities. A comprehensive evaluation of PACE processes and outcomes, including stakeholder surveys and focus groups, was undertaken which confirmed that PACE was accomplishing its goals, specifically to (1) differentiate between those who are competent to practice and those who aren't and (2) reduce the amount of time required for the structured practical training requirement for those who are competent to practice.

Following discussion, **a motion was moved and seconded, that Council approve the Practice Assessment of Competence at Entry (PACE) program as the structured practical training program requirement for pharmacist applicants noted in General Regulation 202/94 under the Pharmacy Act s. 6.(1) 3 and s.13(1) 2.** Council members voted in favour of the motion. Mr. Maseh voted against the motion. **The motion CARRIED.**

Council noted that the development of PACE for pharmacy technicians will follow the implementation of changes to the experiential requirements for Canadian pharmacy technician programs, and will take effect in 2019.

10.3 Briefing Note – Registration Committee – Council Resolutions

A motion to receive for discussion the Briefing Note from the Registration Committee was moved and seconded. CARRIED. Mr. Veli, Chair of the Registration Committee, was invited to present the Briefing Note to Council.

Mr. Veli requested Ms. James to address Council. Ms. James explained that now that the PACE program was approved, the existing Council Resolutions that recognize Ontario entry-level PharmD graduates and Canadian Society of Hospital Pharmacists (CSHP) residents as meeting the SPT program requirements for registration purposes needed updating.

Following brief discussion on the minor updates appended to the Briefing Note, **a motion was moved and seconded that Council approve graduation from the University of Toronto and University of Waterloo entry level PharmD programs as meeting all of the**

requirements for structured practical training as referred to in subsections 6 (2) and 13 (3) of General Regulation 202/94 and the Canadian Society of Hospital Pharmacists' Residency program (completed in Ontario) as meeting the requirements for structured practical training as referred to in subsections 6 (1) 3 and 13 (1) 2 of General Regulation 202/94 and that Council approve administrative updates to Council Resolutions identified in Appendix A.

Council members voted unanimously in favour of the motion. **The motion CARRIED.**

11 For Information

11.1 Briefing Note – Supplemental Standards of Practice – Medication Safety

At the Chair's request, Ms. Resnick, Deputy Registrar/Director, Conduct, addressed Council.

Following approval in 2017 by Council, the College launched a province-wide Medication Safety Program with the goal of identifying medication incident trends and supporting continuous quality improvement in pharmacy practice. The components of the program were confirmed in spring of 2017, and are aligned with NAPRA's Model Standards of Practice (specifically Section 3: Safety and Quality).

Ms. Resnick provided an update on the early implementation, the plan for full program roll-out, and the next steps. Noting that the program is a mandatory program for the College and falls within the College's objects related to emerging issues in the practice of the profession and standards of quality, the general requirements of the program fall within NAPRA's Model Standards of Practice. A draft supplemental Standard of Practice has been developed for consultation to provide additional detail on what is expected in Ontario.

Council noted that the College will conduct a consultation on this supplemental standard before finalizing it for Council adoption in September 2018.

It was noted that the program is funded by the College and like any program that falls within the regulatory and public-protection mandate, it is expected that the cost will be recovered through fees which will be incorporated into fee recommendations for 2019 which will also be brought to Council in September 2018.

The Briefing Note was received for information by Council.

11.2 Briefing Note – Model Standards for Pharmacy Compounding of Non-Sterile Preparations

At the Chair's request, Ms. James addressed Council. Following Council's adoption of the Model Standards for Pharmacy Compounding of Non-Sterile Preparations in December 2017, the College initiated a stepwise implementation of the Standards, starting with an expectation for pharmacy professionals to familiarize themselves with the Standards and begin to identify their knowledge and practice gaps.

With support from the NAPRA Board, staff from the provincial pharmacy regulatory authorities, having identified several benefits to adopting a national approach, agreed to work collaboratively on the implementation of the standards using a phased in approach. Ms. James explained that implementation will be guided by a national working group with representatives from provincial pharmacy regulatory authorities and pharmacy professionals. The working group will meet in September 2018 and use a risk-based approach to determine the first set of critical elements required for the next phase of implementation. It was further noted that high-risk activities such as the handling of hazardous products will be prioritized and Council will be asked to consider and approve an implementation date based on the recommendations of this working group.

The Briefing Note was received for information by Council.

11.3 Briefing Note – CVO New Regulatory Model/Controlled Acts/Compounding

At the Chair's request, Ms. Resnick addressed Council. She explained that in Ontario, both licensed veterinarians and pharmacists may compound, dispense or sell drugs that are to be administered to animals. The College of Veterinarians of Ontario's (CVO) Council recently approved recommendations for modernizing The Veterinarians Act to an authorized-acts model. This includes changes that will impact pharmacists, specifically that pharmacists would not be permitted to prescribe, adapt or administer any drug or substance to, or for, an animal.

Council noted that feedback will be sought regarding these changes from pharmacists involved in the practice of compounding drugs to be administered to animals. The feedback will be brought back to Council for information and provided to CVO to inform their work.

The Briefing Note was received for information by Council.

11.4 Briefing Note - Registrar's Report to Council

President Vaillancourt invited the Registrar, Ms. Lum-Wilson, to address Council.

Following the March 2018 Council meeting, where Council participated in a facilitated planning session aimed at setting a new strategic framework to guide the work of the College over the next three years, College staff worked on formalizing the framework and developing an operational plan for 2019 that aligns with the new strategic priorities identified by Council.

Ms. Lum-Wilson presented the final 2019-2021 Strategic Framework and 2019 Operational Plan to Council and advised that each quarter Council will receive a scorecard tracking the progress against the operational objectives identified in the operating plan. Council members expressed appreciation of this means of tracking, noting that it allowed for measurement of performance to targets.

Referring to the section on Governance Training, she reported that together with Vice President Weyland, she had recently participated in a two-day workshop organized by the Council on Licensure, Enforcement and Regulation (CLEAR) and intended for seasoned regulatory board members to help them build on their experience in board service. She

advised Council that she was currently engaging with CLEAR to bring this training workshop to Council at the September Council meeting. As a result, the meeting is expected to require two full days, plus the Sunday evening event.

Registrar Lum-Wilson went on to provide other information updates which included work to be done with Health Quality Ontario to develop the principles for quality indicators for pharmacy, an update on Bill 160 (Strengthening Quality and Accountability for Patients Act, 2017), which received Royal Assent in late Fall 2017, and which will require the reporting of information about financial relationships that exist within Ontario's health care system, healthcare research and education, and to enable the collection, analysis and publication of that information in order to, among other things, strengthen transparency .

Respecting the Employment Standards Act, Ms. Lum-Wilson reported that last fall, the Ministry of Labour requested a written submission from the College related to exemptions that apply to pharmacists as part of the Ministry's consultation activities. The College issued its submission in February 2018. Following this submission, the Ministry requested additional input on which exemptions should be maintained, modified or removed. The College's follow-up position was shared with the Ministry in late April and is posted on our website. A decision by the Ministry of Labour is pending.

Another significant initiative being explored is with the North East LHIN, and includes a potential "Demonstration Project" that involves optimizing practice for mental health patients through collaboration between primary care and community pharmacists. This work is linked with the Optimizing Practice within Scope Strategy. More information will follow in the coming months as the initiative evolves.

Ms. Lum-Wilson reported that at the April 24-26, 2018 NAPRA meeting, members participated in strategic discussion of priorities and that she was pleased to report that the College's priorities were well aligned with those being contemplated nationally such as professional autonomy (pressures and factors impacting professional behaviour); cross-jurisdictional pharmacy service (provision of services to patients outside their home jurisdiction); and opioid use (the pharmacist role in patient care).

Another development of note is the discussion that the College is currently engaged in with the National Association of Boards of Pharmacy (NABP). The College is working with NABP to develop an information sharing agreement between the two organizations which will essentially allow the College access to data to better regulate the profession in the public interest.

12. Other Matters

12.3 Presentation by Dr. Dolovich and Ms. James re Optimizing Practice within Scope Strategy

At the Chair's request, Ms. James provided brief introductory remarks respecting this Strategy and today's presentation. The College developed a strategy to support pharmacists and pharmacy technicians practising to scope. The College also commissioned the Ontario Pharmacy Evidence Network (OPEN), to prepare a paper aimed at providing the profession of pharmacy with strategic, informed guidance to help envision the future of pharmacy.

She then introduced Dr. Dolovich, co-lead of the OPEN program, to present to Council the themes emerging through this research. Ms. James presented to Council on how these themes will contribute to and enhance the College's own Optimizing Practice Strategy.

Council members had the opportunity to ask questions and discuss some of the emerging themes. It was acknowledged that while the paper was commissioned by the College, the content was not intended to be endorsed by Council as it represented the opinions and views of the multidisciplinary researchers and not those of Council. The paper will be published later this year with the objective of promoting discussion among pharmacy stakeholders regarding pharmacy practice within the health care system.

Council was advised that following discussion of this paper by the Executive Committee, it was noted that one of the emerging themes from the paper that could be given immediate attention by the College was the issue of "Deprescribing for narcotics and controlled substances. Staff were directed to pursue discussion with government and possible regulatory changes to enable this practice change. Council members expressed their agreement with this direction. **A motion to this effect was moved and seconded. CARRIED.**

12.1 Appointment of Elections Committee

President Vaillancourt advised Council members that Ms. Al-Zand, Public Member, and Past President, Dr. Merani, had indicated their willingness to serve with him on the Elections Committee and accordingly, **a motion to approve the appointment of the Elections Committee was moved and seconded. CARRIED.**

12.2 Motion respecting Future Council Meeting Dates

To support planning for various College activities, **a motion was moved and seconded to approve a meeting schedule for the next year as follows:**

Monday, March 25, 2019

Monday, June 17, 2019

Monday, September 23 and Tuesday, September 24, 2019*

*(*Subsequent to this meeting, the dates were updated to **Monday, September 16 and Tuesday September 17, 2019**)*

Monday, December 9, 2019

CARRIED.

13. Unfinished Business

President Vaillancourt reminded Council members to provide an evaluation of today's meeting, adding that the feedback will serve to ensure efficiency and enhance Council members' participation at these meetings.

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 2:25 p.m. and to reconvene on Monday, September 17, 2018, or at the call of the President. The motion CARRIED.

**Ushma Rajdev
Council and Executive Liaison**

**Régis Vaillancourt
President**

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COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Nancy Lum-Wilson, CEO & Registrar

TOPIC: Registrar's Report on Election of Members to Council

ISSUE: Election Results for 2018

BACKGROUND:

- Per the by-laws, elections were held in Districts H (2 seats) and N (3 seats)
- The Scrutineers' Report and Poll results are attached for Council's Information.

RECOMMENDATION: Receive the Election results for Information



August 2, 2018

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, August 2, 2018, and verified the votes in the elections for Council for 2018.

The results (in alphabetical order) are as follows:

District H Election (2 seats): Nadia Facca
Régis Vaillancourt

District N Election (3 seats): Tom Kontio
Karen Riley
Juanita (Leigh) Smith

A handwritten signature in blue ink, reading 'Dr. Wayne Hindmarsh', is positioned above a horizontal line.

Dr. Wayne Hindmarsh
Scrutineer

A handwritten signature in blue ink, reading 'Deanna Williams', is positioned above a horizontal line.

Deanna Williams
Scrutineer



Poll Result

2018 Council Elections

Report date: Wednesday 01 August 2018 17:05 EDT

District H

District H Election – 2018 (2 seats for a three-year term)

Poll ID: 145224

As at Poll close: Wednesday 01 August 2018 17:00 EDT

Number of voters: 412 · Group size: 2327 · Percentage voted: 17.71

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15944236	Régis Vaillancourt	188	45.63
2	15944238	Nadia Facca	181	43.93
3	15944239	Darcy McLurg	125	30.34
4	15944237	Jin-Hyuen Huh	94	22.82
5	15944240	Tina Hwu	76	18.45
6	15944241	Harsit Patel	63	15.29

District N

District N Election – 2018 (3 seats for a three-year term)

Poll ID: 145225

As at Poll close: Wednesday 01 August 2018 17:00 EDT

Number of voters: 446 · Group size: 2252 · Percentage voted: 19.80

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15944242	Karen Riley	298	66.82
2	15944245	Juanita (Leigh) Smith	231	51.79
3	15944244	Tom Kontio	205	45.96
4	15944243	Felvant (Fel) dePadua	189	42.38
5	15944246	Abilashen (Lashen) Naidoo	160	35.87



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Elections Committee

TOPIC: Consideration of slate of candidates for Council Elections

ISSUE: Council Member preferences to Chair or serve on College Committees for the 2018-2019 Council year

BACKGROUND: The Elections Committee is formed pursuant to College by-laws and comprises the President, one elected member and one public member of Council. The duty of the Elections Committee is to invite expressions of interest in sitting on and chairing Committees from all members of Council, seek candidates for the offices of President and Vice-President and where there are not sufficient expressions of interest to fill every Committee, recruit additional Committee members sufficient to fully constitute every Committee.

ANALYSIS: The Committee is pleased to note a high degree of interest in serving Council, and our Report attachment reflects this range of interest. We hope that by circulating this material, Council members will be better able to fully consider the candidates, as well as decide on their own involvement. It is to be remembered that the College officers, Executive Committee members and Committee Chairs must be elected by Council, and the Report from the Nominating Committee and Committee Chairs appointing remaining members of our statutory and standing committees must be approved by Council.

Also, per the by-laws, during the elections process, names can be withdrawn or members nominated in addition to the election slate being presented. Based on the above, all members are involved in the process.

Conflicts

- Any Committee which refers matters to Discipline would be a source of potential conflict. The *Pharmacy Act* however, is quite clear that no member of the Discipline Committee can serve on the Accreditation Committee.

NOTE: As in previous Council meetings, after the election of the President and Vice-President, Executive Committee and Committee Chairs has taken place, the Council meeting will proceed according to the Agenda and following adjournment, the Nominating Committee and Chairs of the Statutory and Standing Committees will convene to discuss the appointments. ***Every effort will be made to appoint members according to their preferences; however, it should be noted that members will also be appointed to committees where a need is identified.***

The finalized slate will be provided to Council for approval the following day.

RECOMMENDATION: The attached slate of candidates is being commended for Council's consideration.

CANDIDATES FOR ELECTION:

Candidate for President: Laura Weyland

Candidate for Vice President: Doug Stewart

Candidates for Election to the Executive Committee:

President, Vice President, Past President, *(i.e. four members of Council who are members of the College) and 3 public members*

Elected Members:

Laura Weyland (President)
Régis Vaillancourt (Past President)
Doug Stewart (Vice President)
Billy Cheung
James Morrison
Rachelle Rocha

Public Members:

Kathy Al-Zand
Christine Henderson
Sylvia Moustacalis
Joan A. Pajunen
Wes Vickers

Candidates for Election of Committee Chairs:

ACCREDITATION & DPP:

Régis Vaillancourt

DISCIPLINE:

Christine Henderson/Ravil Veli/Wes Vickers

FINANCE AND AUDIT:

Dan Stapleton

FITNESS TO PRACTISE:

Kathy Al-Zand/Karen Riley

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE:

Billy Cheung/Mike Hannalah/Rachelle Rocha

PATIENT RELATIONS:

Linda Bracken/Karen Riley

QUALITY ASSURANCE:

Tracey Phillips

REGISTRATION:

Ravil Veli

Committee Preferences 2018-2019

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
ELECTED MEMBERS									
H – Régis Vaillancourt	Past Pres	C		•	•		•	•	
H – Nadia Facca		•						•	
K – Esmail Merani				•					•
K – Tracey Phillips								C	
L – Billy Cheung	•	•				C			•
L – James Morrison	•		•		•	•			
L – Sony Poulouse*		•							
M – Mike Hannalah		•				C		•	•
M – Kyro Maseh							•		•
M – Laura Weyland	P		•			•			
N – Tom Kontio*			•			•			
N – Leigh Smith*			•					•	
N – Karen Riley*					C		C		•
T – Ruth-Ann Plaxton*					•			•	
TH – Goran Petrovic		•				•			
P – Rachelle Rocha	•	•				C	•		
P – Doug Stewart*	VP		•	•					
	EXECUTIVE	ACCREDITATION & DPP	DISCIPLINE	FINANCE & AUDIT	FITNESS TO PRACTISE	ICRC	PATIENT RELATIONS	QUALITY ASSURANCE	REGISTRATION

• – would like to be a member C – would like to chair P – President VP – Vice President * or appoint wherever needed

Committee Preferences 2018-2019

September 2018 Council
Appendix 10

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
PUBLIC MEMBERS									
Kathy Al-Zand	●		●		C		●		
Linda Bracken			●				C	●	
Christine Henderson	●		C		●	●			●
Azeem Khan		●	●		●	●	●	●	●
James MacLaggan - <i>did not respond</i>									
Elnora Magboo		●				●		●	
Sylvia Moustacalis	●		●						●
Joan A Pajunen	●		●			●		●	●
Shahid Rashdi			●		●		●		
Joy Sommerfreund*		●				●	●		
Dan Stapleton			●	C			●		
Ravil Veli*			C			●			C
Wes Wickers	●		C		●				●
DEANS									
Christine Allen, U of T*									
David Edwards, U of W									●
	EXECUTIVE	ACCREDITATION & DPP	DISCIPLINE	FINANCE & AUDIT	FITNESS TO PRACTISE	ICRC	PATIENT RELATIONS	QUALITY ASSURANCE	REGISTRATION

● – would like to be a member

C – would like to chair

P – President

VP – Vice President

* or appoint wherever needed



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

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

TOPIC: Standards of Operation

ISSUE: Approval of Standards of Operation for pharmacies in Ontario.

BACKGROUND:

- The Ontario College of Pharmacists (“the College”) has developed draft [Standards of Operation](#) that clarify the expectations regarding the operation of pharmacies in Ontario.
- Following the changes to the *Drug and Pharmacies Regulation Act* (DPRA) in 2016, the Standards of Operation are required to clarify the expectations of the College for accredited community and hospital pharmacies.
- Specific details outlining expectations for the operation of pharmacies were removed from the general regulations of the DPRA in favour of an outcome-based model which would allow the College to regulate in a more responsible and flexible manner. The College committed to formalizing these expectations as Standards of Operation for pharmacies.
- The purpose of the Standards of Operation is to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and to support the regulation of pharmacies in Ontario within the context of the outcome-based regulations under the DPRA.
- Within the Standards of Operation, the following changes to existing requirements were made:
 - Revisions to the Required Reference Guide for Ontario Pharmacies are being proposed, including revised Minimum Library Requirements. Rather than specifying that all pharmacies have a subscription to a Drug Information Service, the new requirements are outcome focused and allow pharmacy professionals to assess their practice and determine what references and resources are required to best meet their need. At a minimum, every pharmacy must continue to have at least one reference in each of the following areas: Canadian Drug Reference / Compendium; Drug Interaction Publication; Drug Therapy Publication; and Patient Counselling Guide.
 - Clear expectations regarding the implementation of the medication safety program, including a requirement that the environment allows for the [supplemental Standard of Practice](#) (sSOP) to be met. The sSOP, posted for consultation at the same time as the Standards of Operation, outlines the expectations for Ontario pharmacy professionals regarding medication safety based on the existing NAPRA Model Standards of Practice.

- No other changes were introduced through the Standards of Operation.
- The College posted the draft Standards of Operation for public consultation from June 22nd to August 6th, 2018.

ANALYSIS:

- The [consultation](#) resulted in nine responses; seven from pharmacists and two from associations (Ontario Pharmacists Association (OPA) and Canadian Society of Hospital Pharmacists (CSHP)).
- The comments fell into two themes: Lack of clarity on expectations, and concerns over changes to the required reference guide.

1. Lack of clarity on expectations:

Consultation Feedback:

- Two pharmacists, and both associations identified a need for further clarity on the expectations outlined in the standards.

College Response:

- Moving to an outcome-based model allows the College to regulate in a more responsible and flexible manner and necessitates less operational detail. However, the concerns around lack of clarity are important to consider throughout the implementation process. Access to existing guidelines, fact sheets, policies and related legislation will continue to be available through direct hyperlinks in the Standards. The College will ensure additional communication materials are made available if necessary

2. Feedback related to changes to the reference guide:

Consultation Feedback:

- Three pharmacists and one association (OPA) voiced concern over the revised Minimum Library Requirements.
- Respondents noted that removal of the requirement to have an annual subscription to a drug information service could prevent access to information in situations where pharmacists are not given open access to the internet, thus limiting pharmacist access to drug information as needed. However, one respondent voiced support of the revised reference materials.

College Response:

- The removal of the requirement for a specific subscription service is intended to allow pharmacy professionals the flexibility to select references and resources required to support the delivery of patient care.
- Through routine pharmacy assessments and communication with pharmacy owners, designated managers and organizations, the College will stress the expectation that pharmacy professionals must continue to be able to access the references and resources required to support the delivery of patient care.

- Concerns that fell outside the scope of this consultation included:
 - Recommending that the College require that the Hospital Pharmacy Administrator be a registered member of the College.
 - One pharmacist and one association identified this as an issue.
 - Concerns over the fees the College charges.
 - One pharmacist identified this as an issue.
 - Eliminating Preferred Pharmacy Networks
 - One pharmacist identified this as an issue.
- One consultation, from the Neighbourhood Pharmacy Association of Canada (NPAC), was submitted after the consultation deadline. NPAC stated support of the Standards of Operation, and agreed that the minor changes made are in the best interest of patients and the public.

Based on the analysis of the feedback and the absence of any opposition to the proposed Standards of Operation, no revisions to the proposed Standards are suggested.

NEXT STEPS:

- Pending Council approval, the Standards of Operation will be posted on the College's website, and communicated broadly with clarifying information.
- With the exception of the minor changes described above, the requirements in the Standards of Operation were unchanged and are already in effect. The minor changes will come into effect upon Council approval.
- Updated pharmacy assessment tools that reflect the Standards of Operation, for both community and hospital pharmacy, will be implemented in Winter 2019.

FOR DECISION FOR COUNCIL:

Recommend that Council approve the Standards of Operation to clarify the expectations of the College for accredited community and hospital pharmacies.

ONTARIO COLLEGE OF PHARMACISTS

STANDARDS OF OPERATION FOR PHARMACIES

DRAFT

STANDARDS OF OPERATION

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TERMS

Accredited Pharmacy: A pharmacy that has applied to the College and been granted a certificate of accreditation that permits the owner to operate a pharmacy.

Automated Pharmacy System: An automated pharmacy system is a mechanical system that performs operations or activities with respect to the storage and packaging of drugs or medications, and with respect to their dispensing or distribution directly to patients.

Cold Chain: A cold chain is a temperature-controlled supply chain. A cold chain is mandatory where products require a given temperature range during distribution and storage. Products that have not been maintained at the appropriate temperature are considered to be unsafe for distribution and sale.

Contact Person: The person(s) designated in a hospital pharmacy or an institutional pharmacy as the contact with the College.

Designated Manager: The pharmacist designated by the owner(s), in information provided to the College, as responsible for managing the pharmacy. The designated manager carries the same liability for the operation of the pharmacy as the owner(s).

Governance: There are clear definitions within the practice location of the rules, practices and processes in which the pharmacy is managed. Governance includes outlining the roles and accountabilities of the people involved in providing and managing pharmacy services.

Hospital Pharmacy Administrator: The person with oversight of the hospital pharmacy operation who is accountable for ensuring that all systems required to provide safe and effective pharmacy services are in place. The Administrator is not required to be a member of the College.

Medication Incident: A Medication Incident is defined as any preventable event that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to professional practice, drug products, procedures, or systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Member: A regulated health professional registered with the College.

Owner: The person or persons, who own the pharmacy, and where the owner is or includes a corporation, includes each director of the corporation. Every owner is responsible for ensuring the pharmacy is operated according to the law.

Pharmacy Services: A framework of a services that augment drug therapy, including enhanced medication related services, expanded patient care services and core dispensing services.

Remote Dispensing Location: A remote dispensing location means a place where drugs are dispensed or sold by retail to the public and that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation.

Risk Assessment and Management: Risk assessment and management systems are those which provide a structured approach to identifying and managing errors associated with an area of practice that is high risk and, therefore, has a greater potential for patient harm. Examples of high risk practices include compounding, dispensing methadone, high volume dispensing, and dispensing blister packs; these are all practices that may be associated with a greater than normal risk to patient safety.

Safe Medication Practices: Safe medication practices prevent and reduce medication errors through established policies and procedures and continuous quality improvement. Components of a safe medication practice include

providing access to current medication information, systems to identify high alert medications and procedures to store, count, administer, and dispose of medications. Wherever possible, an independent double check is used to verify products against prescriptions, and to check repackaged and labelled medications and volumes for reconstituted preparations prior to release.

DRAFT

INTRODUCTION

The purpose of the Standards of Operation is to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and to support the regulation of pharmacies in Ontario within the context of the outcome-based regulations under the *Drug and Pharmacies Regulation Act, 1990 (DPRA)*.

The standards apply to all accredited pharmacies and should be read in conjunction with the requirements established through legislation, College policies and guidelines, Standards of Practice for Pharmacists and Pharmacy Technicians, and the Code of Ethics. Members of the College, hospital pharmacy administrators, owners and directors, including non-pharmacist directors, are responsible for meeting these standards.

The College holds pharmacists, pharmacy technicians, designated managers, directors (on behalf of corporations), and hospital administrators (on behalf of hospitals) fully accountable where professional obligations, expectations and responsibilities are not met, and equally enforces the clearly outlined responsibilities accorded to each role.

All regulated health professionals working in the pharmacy should be familiar with these standards, and pharmacists and pharmacy technicians must understand that they are expected to raise concerns with the management of the pharmacy if they believe these standards are not being met and/or there is a perceived risk to patients related to pharmacy operations.

These standards address topics related to:

- Governance and legal compliance;
- Management and employee relations;
- Pharmacy premises and environment;
- Delivering Services;
- Equipment and technology;
- Information management; and
- Quality Improvement and Medication Safety.

The pharmacy environment includes the premises of the pharmacy along with the equipment, systems and staffing required to protect against and mitigate risks associated with the delivery of services, and as importantly, the culture established by the management of the pharmacy to support pharmacy professionals to meet the standards of professional practice.

In a hospital, the College has oversight over any location deemed to be a pharmacy in the regulations, anywhere drugs are compounded, dispensed or supplied for hospital patients, and any other location where drugs are stored or supplied from. In the case of the hospital pharmacy, access is secured and drug storage areas are protected with the appropriate security measures.

PRINCIPLES

This document is organized according to principles and standards. The principles provide the foundation on which the outcomes outlined in regulations to the *Drug and Pharmacies Regulation Act* are met.

GOVERNANCE AND LEGAL COMPLIANCE:

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

MANAGEMENT AND EMPLOYEE RELATIONS:

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient, public and staff safety.

PHARMACY PREMISES:

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient and staff safety.

DELIVERING SERVICES:

Policies and Procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

EQUIPMENT AND TECHNOLOGY:

The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

INFORMATION MANAGEMENT:

Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The Pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

GOVERNANCE AND LEGAL COMPLIANCE

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

STANDARDS

The pharmacy is in compliance with relevant legislation and regulations governing pharmacy accreditation, services and operations, privacy and security that are applicable in Ontario. Pharmacies must also ensure that provincial and national standards, and all requirements established by the College are met by the pharmacy and/or support professional practice

Owners, shareholders, officers and directors, whether or not they are registered with the College, understand their responsibilities and liabilities in regard to the operation and accreditation of the pharmacy.

The designated manager understands his / her role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.

Pharmacy staff members receive orientation and have access to the policies and procedures established by the owner and/or designated manager and understand their responsibilities to maintain the standards of accreditation.

Mechanisms are in place that allow feedback and concerns about the pharmacy, services and staff to be raised, and these are taken into account and action taken where appropriate.

Additional Resources

[Code of Ethics](#)

[Policy — Medication Procurement and Inventory Management](#)

[Policy — Professional Supervision and Pharmacy Personnel](#)

[Policy — Required Signage in a Pharmacy](#)

[Guidance - Accreditation and Operation of a Pharmacy](#)

MANAGEMENT AND EMPLOYEE RELATIONS

Members are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.

STANDARDS

All pharmacy staff members are oriented to the regulatory framework that governs both the place and the practice of pharmacy.

The pharmacy has an adequate number of qualified and trained staff to maintain the accepted standards of professional practice, and to deliver safe and effective patient care.

The pharmacy is operated within a culture of openness, honesty and learning.

Staff and management roles, responsibilities and accountabilities are understood and accepted.

Pharmacy staff members and trainees are provided with the appropriate level of supervision or delegation.

Pharmacy professionals employed have the skills, qualifications and competence to provide patient care and optimize health outcomes for patients.

Pharmacy professionals are provided access to the resources and training necessary to support patient outcomes.

Management ensures that pharmacy professionals comply with their professional and legal obligations and are empowered to exercise professional judgement in the interests of patients and the public.

Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff.

Pharmacy professionals are empowered to provide feedback and raise concerns about how pharmacy services are organized and delivered.

Additional Resources

[Code of Ethics](#)

[Standards of Practice](#)

- [Standards of Practice for Pharmacists](#)
- [Standards of Practice for Pharmacy Technicians](#)

[Policy -- Administering a Substance by Injection or Inhalation](#)

[Policy - Medical Policy Directives and the Delegation of Controlled Acts](#)

[Policy - Methadone Maintenance Treatment \(MMT\) and Dispensing](#)

[Policy — Professional Supervision and Pharmacy Personnel](#)

[Guidance - Operation of a Remote Dispensing Location](#)

PHARMACY PREMISES

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient, public and staff safety.

STANDARDS

The pharmacy is designed, constructed and maintained to ensure the integrity and the safe and appropriate storage of all drugs and medications; including, the proper conditions of sanitation, temperature, light, humidity, ventilation, segregation and security.

The pharmacy is designed to permit optimal work flow management, mitigate risk, support patient care and maintain safe and effective drug distribution while providing healthcare and services to patients.

The pharmacy is designed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.

The public areas of the pharmacy meet legislated standards for accessibility for persons with disabilities.

There is a program to ensure the regular cleaning of the pharmacy, including all premises, furniture, equipment and appliances, and automated pharmacy systems, if any.

Controlled drugs and substances are stored and managed according to national guidelines and provincial requirements.

There is a program for the safe return and disposal of prescription drugs according to national and provincial guidelines.

Additional Resources

Code of Ethics

Standards for Pharmacy Compounding

- [Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Non-Sterile Preparations](#)

Standards of Practice

- [Standards of Practice for Pharmacists](#)
- [Standards of Practice for Pharmacy Technicians](#)

Policy -- Administering a Substance by Injection or Inhalation

Guidance - Accreditation and Operation of a Pharmacy

- [Checklist – Opening a New Pharmacy](#)
- [Checklist – Opening a Remote Dispensing Location](#)
- [Required Reference Guide for Ontario Pharmacies \(Pharmacy Library\)](#)

Guidance - Operation of a Remote Dispensing Location

DELIVERING SERVICES

Policies and Procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

STANDARDS

The dispensary is secure and safeguarded from unauthorized access and drugs are located in the area of the pharmacy consistent with the appropriate drug schedule classification to support optimal practice.

Procedures are in place to maintain safe and effective procurement and inventory management. Medicines and medical devices are:

- Obtained from a reputable source
- Safe and fit for purpose
- Stored securely
- Safeguarded from unauthorized access
- Supplied to the patient safely
- Disposed of safely and securely

Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services.

Staff members receive the appropriate training to deliver specialized services, such as sterile compounding for example, and the pharmacy is constructed to address any risks to staff or the public associated with pharmacy practice.

All services are based on a review and assessment of patients' circumstances and provided in order to optimize therapeutic outcomes.

Patients are provided the information needed to make decisions about their health and health care.

Documentation and record-keeping requirements are established and all of the required records are kept and maintained.

Additional Resources

[Code of Ethics](#)

[Standards for Pharmacy Compounding](#)

- [Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Non-Sterile Preparations](#)

[Standards of Practice](#)

- [Standards of Practice for Pharmacists](#)
- [Standards of Practice for Pharmacy Technicians](#)

[Policy -- Administering a Substance by Injection or Inhalation](#)

[Policy -- Faxed Transmission of Prescriptions](#)

[Policy - Methadone Maintenance Treatment \(MMT\) and Dispensing](#)

[Policy -- Operating Internet Sites](#)

[Guideline — Documentation](#)

[Guideline — Record Retention, Disclosure and Disposal](#)

Guidance - Accreditation and Operation of a Pharmacy

- Checklist – Opening a New Pharmacy
- Checklist – Opening a Remote Dispensing Location
- Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

Guidance - Operation of a Remote Dispensing Location

Methadone Maintenance Treatment (MMT) and Dispensing Policy

DRAFT

EQUIPMENT AND TECHNOLOGY

The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

STANDARDS

The pharmacy has the appropriate layout, equipment and technology to support practice.

The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:

- Facilities for washing utensils and sterilizing equipment;
- Specialized equipment for the practice of pharmacy;
- Adequate work space;
- Hand-washing facilities for employees;
- Secure and temperature appropriate storage facilities.

Equipment is calibrated and certified as required and supported by documentation.

Additional Resources

Standards for Pharmacy Compounding

- [Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#)
- [Standards for Pharmacy Compounding of Non-Sterile Preparations](#)

Policy — Medication Procurement and Inventory Management

Policy – Protecting the Cold Chain

Guidance - Accreditation and Operation of a Pharmacy

- [Checklist – Opening a New Pharmacy](#)
- [Checklist – Opening a Remote Dispensing Location](#)

Guidance - Operation of a Remote Dispensing Location

INFORMATION MANAGEMENT

Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

STANDARDS

The information technology deployed at the pharmacy meets the minimum standards for national technical, functional and administrative requirements outlined in national standards for pharmacy practice management systems.

Pharmacy professionals are able to access references and resources as required to support the delivery of patient care.

The personal health information of patients and those who receive pharmacy services is protected through the implementation of both administrative and technical safeguards.

The pharmacy has an established schedule for the retention, retrieval and destruction of information.

The pharmacy has technology necessary for the storage and retrieval of all documents associated with the practice of pharmacy at that location.

Additional Resources

[Code of Ethics](#)

[Policy -- Centralized Prescription Processing \(Central Fill\)](#)

[Policy -- Operating Internet Sites](#)

[Guideline — Record Retention, Disclosure and Disposal](#)

[Guidance - Accreditation and Operation of a Pharmacy](#)

- [Checklist – Opening a New Pharmacy](#)
- [Checklist – Opening a Remote Dispensing Location](#)
- [Required Reference Guide for Ontario Pharmacies \(Pharmacy Library\)](#)

[Guidance - Operation of a Remote Dispensing Location](#)

[Pharmacy Practice Management System Requirements](#)

- [Pharmacy Practice Management Systems Supplemental Requirements](#)

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The Pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

STANDARDS

Pharmacy services are effectively managed and delivered to support patient safety, according to requirements established by the College. Quality improvement practices include a process for detecting, recording, analysing, correcting and sharing lessons learned from medication incidents.

The community pharmacy has implemented the Medication Safety Program in a manner that supports pharmacy professionals in meeting the requirements under the supplemental Standard of Practice.

In hospitals, the organization supports pharmacy professionals in meeting the requirements under the supplemental Standard of Practice by reporting incidents involving medications to the safety incident management system.

Pharmacy professionals are aware of obligations to report adverse reactions involving medications, including prescription and non-prescription medications, natural health products, and vaccines, and are supported to do so.

Additional Resources

[Code of Ethics](#)

[Standards of Practice](#)

- [Standards of Practice for Pharmacists](#)
- [Standards of Practice for Pharmacy Technicians](#)
- [Supplemental Standard of Practice](#)

[Policy -- Centralized Prescription Processing \(Central Fill\)](#)

[Policy — Medication Procurement and Inventory Management](#)

[Policy – Protecting the Cold Chain](#)

[Guideline -- Multi-Medication Compliance Aids](#)

[Guidance - Accreditation and Operation of a Pharmacy](#)

- [Checklist – Opening a New Pharmacy](#)
- [Checklist – Opening a Remote Dispensing Location](#)

[Guidance - Operation of a Remote Dispensing Location](#)



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Anne Resnick, Director, Conduct, and Deputy Registrar

TOPIC: Medication Safety Program

ISSUE: Approval of supplemental Standard of Practice in Ontario.

BACKGROUND:

- The Ontario College of Pharmacists (“the College”) has developed a draft supplemental Standard of Practice (sSOP – Appendix A) that clarifies the College’s expectations regarding the mandatory standardized medication safety program in Ontario pharmacies (see Appendix B for a status update on the medication safety program).
- The medication safety program is a mandatory program of the College, and falls within the College’s objects related to emerging issues in the practice of the profession and standards of quality practice more generally.
- Although the medication safety program specifies the use of a standardized reporting platform, the general requirements of the program fall within the expected [Model Standards of Practice](#) outlined by the National Association of Pharmacy Regulatory Authorities (NAPRA).
- More specifically, the Model Standards of Practice outline requirements related to Safety and Quality (Section 3) that speak to continuing professional development, quality assurance and quality improvement related to medication management.
- The purpose of this supplemental Standard of Practice is to provide further clarity regarding practice expectations for pharmacy professionals in Ontario, in order to meet the Standards as outlined under Section 3 (Safety and Quality).
- The College posted the draft supplemental Standard of Practice for public consultation from June 22 to August 6, 2018.

ANALYSIS:

- The [consultation](#) resulted in 18 responses; 16 from pharmacists and two from associations, Ontario Pharmacists Association (OPA) and Canadian Society of Hospital Pharmacists (CSHP).
- The consultation was framed by presenting the following question to guide feedback: Does the supplemental Standard of Practice provide clear guidance on the College’s expectations of pharmacy professionals in regards to the Medication Safety Program?

- The comments fell into two themes: lack of clarity on expectations for hospital pharmacy and communication.

1. Lack of clarity on expectations to hospital pharmacy:

Consultation Feedback:

- CSHP posed questions related to application of the reporting requirement on hospital pharmacies.
- Although the reporting platform is being implemented across community pharmacies, CSHP and four of the respondents noted that applying a similar approach to hospitals would result in redundant documentation processes and inefficient use of time.
- Three of the respondents recognized the importance of holding pharmacy professionals accountable for managing medication safety events and addressing unsafe practices through continuous quality improvement.

College Response:

- The College will consider this feedback when it begins implementation of standardized medication safety reporting in hospitals after the program has been fully established in community pharmacies.

2. Communication

Consultation Feedback:

- Two respondents expressed interest in learning more about the benefits of the program on public safety.
- OPA and one of the respondents noted the importance of emphasizing the anonymous aspect of the reporting to encourage open and honest reporting.
- OPA is eager to work with the College to reinforce messaging about the program.
- CSHP posed questions related to application of the reporting requirement on hospital pharmacies.

College Response:

- The College will develop a strategic communication plan to create awareness about the program and include specific communication about the points raised.
- The College will leverage support offered by OPA to ensure optimal transition to the sSOP.

- There were two other concerns raised that fell outside the scope of the consultation; fee increases and time constraints.
- Regarding fees, the Medication Safety Program falls within the regulatory and public-protection mandate of the College and will be recovered through College fees, which are subject to Council approval.
- Regarding the concern that time constraints will pose a barrier to implementation, the College will emphasize the importance of shared accountability among pharmacy professionals, Owners and Designated Managers (DMs) and will provide guidance to support members in meeting the sSOP through the College's Community Practice Advisors (CPAs).
- One consultation, from the Neighbourhood Pharmacy Association of Canada (NPAC), was submitted after the consultation deadline. NPAC extended support for the sSOP and

strongly supports the standardized approach to continuous quality improvement and system-wide learning.

Based on the analysis of the feedback and the absence of any opposition to the proposed sSOP, no revisions to the proposed sSOP are suggested.

NEXT STEPS:

- Pending Council approval, the sSOP will be posted on the College's website and communicated broadly.
- All pharmacy professionals are currently expected to adhere to the NAPRA Model Standards of Practice. The sSOP provides further expectations with regards to the standardized medication safety program and will take effect upon Council approval.
- The College's pharmacy assessment criteria will be updated to align with the sSOP.

RECOMMENDATION FOR COUNCIL:

Recommend that Council approve the supplemental Standard of Practice to formalize the requirements for the standardized medication safety program.

Appendix A: Supplemental Standard of Practice (sSOP)

An effective standardized medication safety program for pharmacies must address both medication incidents that reach the patient, as well as near misses intercepted prior to dispensing. Pharmacy professionals must meet all of the following *requirements* of the Mandatory Medication Safety Program, and pharmacies must enable and support pharmacy professionals in meeting these requirements:

Report	<ul style="list-style-type: none"> • <i>Anonymous</i> recording of all medication incidents and near misses by pharmacy professionals to a specified independent, objective third-party organization to support quality improvement within the pharmacy, and for population of an aggregate incident database to facilitate <i>anonymous</i> reporting that will identify issues and incident
Document	<ul style="list-style-type: none"> • Documentation of appropriate details of medication incidents and near misses in a timely manner to support the accurateness of information reported. • Documentation of CQI plans and outcomes of staff communications and quality improvements implemented.
Analyze	<ul style="list-style-type: none"> • Analysis of incidents and near misses in a timely manner for causal factors and implementing appropriate steps to minimize the likelihood of recurrence of the incident. • Completion of a pharmacy safety self-assessment (PSSA) within the first year of implementation of the Standard, then at least every 2-3 years. The Designated Manager may determine a PSSA is required more frequently if a significant change occurs in the pharmacy. • Analysis of individual and aggregate data to inform the development of quality improvement initiatives.
Share Learning	<ul style="list-style-type: none"> • Prompt communication of appropriate details of a medication incident or near miss to all pharmacy staff, including causal factors and actions taken to reduce the likelihood of recurrence. • Regular scheduling of CQI communication with pharmacy staff to educate pharmacy team members on medication safety, encourage open dialogue on medication incidents, and complete a PSSA (when required). • Development and monitoring of CQI plans, outcomes of CQI communications and quality improvements implemented.

Responsibilities of Pharmacy Professionals in Meeting the sSOP

Pharmacy professionals must practice in accordance with all of the *requirements* of the medication safety program, as outlined above.

According to the Standards of Practice, all pharmacists and pharmacy technicians have the responsibility and obligation to manage medication incidents and address unsafe practices. This includes documenting and communicating all medication incidents and near misses with the entire pharmacy staff, and as appropriate to the patient and other health care providers (e.g. if the incident reaches the patient).

There is an expectation that pharmacy professionals will record medication incidents and near misses, and engage in continuous quality improvement planning and initiatives to improve system vulnerabilities.

Responsibility of Pharmacy Owners and Designated Managers (DMs) in Meeting the sSOP

Pharmacy owners and DMs must enable a culture that supports learning and accountability over blame and punishment, and encourages individuals to discuss medication incidents without fear of punitive outcomes. It is an expectation that all pharmacy operations are conducted in a manner that supports the aim of the medication safety program (as outlined in the introduction), and the *requirements* outlined in the sSOP that were designed to enable pharmacy professionals to meet this goal.

It is the responsibility of pharmacy owners and DMs to ensure that the work environment is conducive to, and incorporates, the appropriate process and procedures to support pharmacy professionals in meeting the *requirements* of the Medication Safety Program. This includes ensuring that pharmacy staff are able to *anonymously* record medication incidents, and have implemented processes to continually document, identify, and apply learnings from medication incidents to improve workflow within the pharmacy.

Appendix B: Medication Safety Program Status Update

- In June 2017 Council approved implementation of a standardized medication safety reporting program for all community pharmacies. The College is in the process of finalizing crucial components to the program in preparation for full implementation to community pharmacies.

Ambassador Sites

- The College has identified over 100 community pharmacy “ambassador sites” to be the first to participate in the medication safety program.
- These sites are participating in a formal evaluation process and are providing beneficial feedback to inform development of the program as it is rolled out across the province.
- The College will use the qualitative feedback and data to support roll-out and change management of the program.

Reporting and Analytics

- Aggregated data collected through the platform will be used to establish benchmarks, identify risks and trends through a systems level lens, and monitor improvements to overall safety.
- An evaluation framework is being developed and will include the following elements:
 - Initial focus on meaningful use of the medication safety program, followed by a focus on impact on system outcomes
 - Selection of specific indicators to demonstrate measurable impact
 - Measure of culture change (following principles of a just culture)
 - Review of quantitative reports and identification of system-level risks
 - Program evaluation (adherence to the sSOP through Assessment criteria)

Implementation Plan

- Pan-provincial phased on-boarding to the platform will begin late 2018 and end in summer 2019.
- A phased approach will help to ensure pharmacies receive maximal on-boarding support.
- All components of the medication safety program will be in place before full roll-out and include:
 - Signing of a **Data License Agreement (DLA)** by all pharmacies, to allow access to the Pharmapod platform (complete).
 - Customization of the medication safety incident **reporting platform**, based on learnings from the ambassador sites.
 - A series of eight **web-based training modules** are being developed and will be completed by fall 2018.
 - Development of a **Pharmacy Safety Self-Assessment (PSSA) tool** by fall 2018 that pharmacies are to complete within the first year of implementing the program.
 - Adoption of a **supplemental Standard of Practice** that provides additional detail to the NAPRA Model Standards of Practice on what is expected of Ontario pharmacy professionals under the Medication Safety Program (pending Council approval).



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Finance and Audit Committee

TOPIC: 2019 Operating and Capital Budget

ISSUE: Approval of the 2019 Operating and Capital Budget

BACKGROUND:

- Council approved a deficit budget for 2018 in recognition that a new Strategic Plan would soon be developed and a wholesale review of the revenue streams was in order; the review considered:
 - Technician fees as a proportion of pharmacists fees following eight years of experience
 - Changes to a site based member Quality Assurance assessment
 - Alignment of hospital accreditation fees with community pharmacy
 - Entry to practice costs relative to other provinces; changes to graduated licensing
 - Medication Incident reporting program introduction
- The expectations for timely response by a regulator to concerns raised against members and facilities overseen by the college is increasing. Data reflects the need for additional resources.
- The performance scorecard reported quarterly to Council indicates that attention is required to meet statutory obligations.
- Roll-out of the Medication Incident Reporting system will take place in 2019 at a cost of \$1.85 million.
- Member fees were last increased nine years ago, in 2010; pharmacy fees were adjusted in 2016.
- Hospital pharmacy accreditation has been in place for two years. Acquisitions and relocations were not anticipated at the time the by-laws were initially drafted. By-law revisions to reflect fees for these transactions are required. Adjustment of fees to align with community accreditation is proposed (Appendix C).
- Yearly membership numbers are no longer increasing at the rate experienced in recent years.
- The budget reflects the 2019 Operating Plan that delivers on the priorities outlined in the newly created Strategic Plan.

ANALYSIS:

- The creation of a legal conduct team is prudent to offset external legal costs.
- Current reserve values are sufficient to protect the organization against unexpected expenses.
- A review of the relative fee levels for various classes of member/facility confirmed the rationale as sound.
- A 25% increase in revenue is required to deliver a breakeven budget after capital expenses. Had member fees been increased by 2.5% a year since the last increase, the fee would be equal to the increase now required.
- All categories of regulated entities should carry an equal proportion of increased operating expenses.
- Fees are proportionate to the fees of other health professions in Ontario and the pharmacy profession across the country,
- The attached Executive summary and budget schedules outline the assumptions respecting membership volumes and college activity.

RECOMMENDATION: That Council approve the attached Operating and Capital Budget which calls for an increase of 25% across all categories of fees with the exception of member annual fees, which will be divided between 2019 (12.5%) and 2020 (12.5%). The excess of expenses over revenue for 2019 will be drawn from reserves. The hospital accreditation fee structure to be adjusted to align with community accreditation fees.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Appendix A

**Ontario College of Pharmacists
Proposed 2019 Budget**

Overview of Financial Status for the College at the end of the 2018 Operating Year....	Page 1
Explanation of Proposed Expenditures and Revenue for 2019.....	Page 2-4
Summary Budget Schedule.....	Page 5
Expense Schedules A-D.....	Page 6- 9
Revenue Schedule E.....	Page 10

Review of Projected 2018

Revenue is projected to come in on budget with slight variations against budget in a couple of areas. Increases in interest rates had a favorable impact on investment revenue.

Expenses are projected to come within 5% of budget overall.

Many **committee expense** categories will fall below budget as the frequency and format of meetings continues to evolve. The most significant variation against budget is in relation to Quality Assurance, where the costs anticipated for development of the elements of the new program will not be required as different strategies, which resulted in increased efficiencies, were used to develop the assessment tools.

Personnel costs are expected to be within 1% of budget as efforts are being taken to fully utilize the existing budget to address increased demands across the organization. A reorganization of the Conduct area includes the creation of a legal service team to enable in-house prosecution of some files. The in-house team will continue to collaborate with external counsel as necessary to ensure quality of outcomes is maintained or increased while improving on timely disposition and cost efficiency.

Cost for administering the **regulatory programs** will come in significantly below budget in several areas, most notably in legal conduct. Using the experience of the first six months of 2018 and estimating the effort required to support identified cases for the next six months, legal conduct costs are projected at \$1.3 million against a budget of \$1.9. Additionally, legal expenses budgeted for regulatory drafting are unlikely to be required as a change in government may delay movement of submitted regulations. Costs for development of the Medication Incident Reporting system incurred in 2018 were not anticipated in the current year budget as the RFP was not concluded until after the budget process had taken place. As noted above, the approach taken for administering the QA program will result in lower projected costs.

Costs for **College operations** will be less than budgeted with technology-related consulting and software license-maintenance costs not materializing as planned due to decisions being taken to utilize a different approach. Property costs will be lower than budgeted due to higher rental income.

The cumulative impact of the variances noted above is a lower deficit of \$900,000 after capital by year end as opposed to the budgeted deficit of \$1,725,000.

Overview of 2019 Operating Budget

In March of this year, Council developed a new Strategic Framework to guide the operations of the College over the next three years. The Strategic Priorities identified by Council include:

- 1) Enhancing system and patient outcomes through collaboration and optimization of current scope of practice,
- 2) Strengthen trust and confidence in the College's role and value as a patients-first regulator,
- 3) Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence.

An Operational Plan that outlined the goals and focus for operations in 2019 was developed and supported by Council in June. The 2019 budget sets out the financial impact of the strategies and initiatives outlined in the Operational Plan.

Expenses

Overview

Over the past 5 years, the number and complexity of complaints and reports has grown. As a result, the backlog of complaints has continued to increase and the College's ability to fulfill its core mission and mandate in a timely manner, particularly relating to investigation and resolution of complaints and reports, is at risk. This growing volume and complexity of conduct matters is not exclusive to the Ontario College of Pharmacists. Many other Colleges are experiencing growth in this area and are also responding by adding staff resources. High profile cases as exemplified by the Wetlaufer inquiry have resulted in increased scrutiny on the effectiveness and timeliness of regulatory proceedings and a public expectation that data are reported and used to proactively address risk.

In addition, over the last two years, the College has taken on oversight of hospitals as well as development of a Medication Safety program to decrease public risk as it relates to medication management. As the hospital program has matured, there have been learnings that have resulted in the need for a much more focused and work-intensive approach than originally anticipated.

Costs for additional staff resources as a result of these changes, along with the implementation of the Medication Incident Reporting system result in a **\$3.1 million dollar increase in expenses compared with projected 2018.**

Schedules

Expenses are broken down into four schedules:

- Schedule A - Council and Committee
- Schedule B - Personnel
- Schedule C - Regulatory Programs
- Schedule D - Operations

Schedule A – Council and Committee

Schedule B reflects the costs of Council and committees activities such as payment for attendance at meetings and panels as well as external legal or specialized expertise. Costs for independent legal counsel to support panels of the Discipline Committee will remain constant despite a higher caseload, as these costs will be mitigated by moving decision editing to hearings staff as opposed to external legal. As frequency of panel meetings for ICRC is expected to continue, costs will remain steady for this committee. However, costs for the Registration and Quality Assurance Committee will decrease as new initiatives are now primarily defined.

Schedule B – Personnel

The 2019 salary budget reflects the addition of 16 new staff. The majority of these additions are in the Conduct area as additional investigators, complaints officers, intakes and compliance monitoring staff are required to address a growing volume of files. In addition, in order to mitigate overall costs, a four person legal team is being created to bring some prosecution work in-house thereby reducing the reliance on external counsel. The need for a focused data strategy and targeted patient focused communication initiatives requires additional staffing in those areas. Additional expertise in sterile compounding and hospital practice, administration of the new medication safety program, and coordination of remediation activities round out the staff additions. A provision of 3.75% of current year salary is provided for a combination of COLA, merit and equity adjustments given the current CPI of over 2%.

As public expectations and workloads have continued to increase, strategies were put into place in 2018 to increase efficiencies and mitigate organizational costs. To ensure that staff costs are effectively managed to make greater use of the resources available, a focused effort to assess work processes and seek efficiency improvement will continue throughout 2019 and onward. This approach provided the data necessary to support resource requests in the 2019 budget. Wherever practical, positions will be filled on a temporary contract basis to provide the greatest flexibility moving forward as efficiencies are realized.

Benefit costs will increase due to additional new staff as well as premium increases for employee group benefits.

Schedule C – Regulatory Programs

The cost increase of \$860,000 over 2018 projections for administration of regulatory programs is primarily related to the implementation of the Medication Incident Reporting system offset by costs savings in external legal for conduct and a reduction in grant expenses. As regularly reported to council throughout 2018, all elements of the Medication Safety program, including the Medication Incident Reporting system will be in place by year end 2018, enabling roll out to all 4,400 community pharmacies in 2019. First year cost for the program, including onboarding, is \$1.85 million. Grants and donations will decrease by \$115,000 due to fulfillment of the funding obligation for the 5in5 Program at the University of Waterloo. External legal costs will decrease by \$770,000 on the assumption that a proportion of the cases will be managed by in-house legal staff. Given the variety of conduct matters that come before the

College, the need for some external counsel for both expertise and capacity will remain a reality.

Schedule D – Operations

Operations costs will increase slightly in several areas due to the increased staff levels – e.g. software licenses and supplies. Additionally, to accommodate the increase and nature of the new staff, office workspace will be expanded to provide the appropriate environment for optimal efficiency.

Capital

Capital expenditures for 2019 of \$420,000 include replenishment of computer hardware including laptops, desktops and servers as well as software license upgrades. Workstation reconfiguration/refresh at both 483 Huron and 186 St. George are budgeted to improve utilization. A universally accessible washroom will be created at 483 Huron to ensure full compliance with new public meeting space standards. Replacement of cooling units is also provided to mitigate possible downtime from breakdowns. An accessibility ramp/lift at 186 St. George will be deferred until full utilization of the meeting space is evident.

Revenue - Schedule E

The 2019 budget requires a 25% increase to all fees to arrive at a breakeven budget after capital. Member fees were last increased in 2010 and pharmacy fees in 2016. After increases, Ontario fees for people and places will continue to be among the lowest of all pharmacy regulators in Canada. Similarly, when compared with other regulated health professions in Ontario, fees for pharmacy professionals are at the lower end of the scale with fees ranging from \$400 to \$2,300 annually.

However, to lessen the burden on members, the budget proposes phasing in the increase to member annual fees over two years (12.5% each year). The shortfall of revenue over expenses for 2019 will be drawn from reserves.

Appendix B

Ontario College of Pharmacists
Summary - Budget 2019

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
REVENUE - "Schedule E"	17,817,266	17,966,550	20,706,865	(149,284)	-0.83%	2,740,315	15.25%	2,889,599	16.22%
EXPENDITURES									
Schedule "A" - Council & Committee Expenses	711,890	845,600	684,600	(133,710)	-15.81%	(161,000)	-19.04%	(27,290)	-3.83%
Schedule "B" - Personnel	13,059,887	12,955,177	15,147,965	104,710	0.81%	2,192,788	16.93%	2,088,078	15.99%
Schedule "C" - Regulatory Programs	2,725,478	3,585,182	3,587,327	(859,704)	-23.98%	2,145	0.06%	861,848	31.62%
Schedule "D" - Operations	1,788,104	1,896,622	2,035,388	(108,518)	-5.72%	138,766	7.32%	247,284	13.83%
TOTAL EXPENDITURES	18,285,359	19,282,581	21,455,279	(997,222)	-5.17%	2,172,698	11.27%	3,169,921	17.34%
EXCESS OF REVENUE OVER EXPENDITURES	(468,093)	(1,316,031)	(748,415)	847,938	-64.43%	567,616	-43.13%	(280,322)	59.89%
<i>Capital Expenditures</i>	(427,919)	(410,500)	(421,050)	(17,419)	4.24%	(10,550)	2.57%	6,869	-1.61%
<i>Surplus (Deficit) After Capital Expenditures</i>	(896,012)	(1,726,531)	(1,169,465)	830,519	-48.10%	557,066	-32.27%	(273,453)	30.52%

SCHEDULE A
Council & Committee Expenses

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
Council	120,000	120,000	110,000	0	0.00%	(10,000)	-8.33%	(10,000)	-8.33%
Committees:									
Accreditation	5,800	20,000	12,000	(14,200)	-71.00%	(8,000)	-40.00%	6,200	106.90%
DPP	1,500	15,000	2,000	(13,500)	-90.00%	(13,000)	-86.67%	500	33.33%
Discipline	325,434	320,000	343,000	5,434	1.70%	23,000	7.19%	17,566	5.40%
Executive	15,000	32,000	15,000	(17,000)	-53.13%	(17,000)	-53.13%	0	0.00%
Finance & Audit	5,000	9,000	5,000	(4,000)	-44.44%	(4,000)	-44.44%	0	0.00%
Fitness to Practice	14,875	15,000	16,000	(125)	-0.83%	1,000	6.67%	1,125	7.56%
ICRC	89,650	65,000	95,000	24,650	37.92%	30,000	46.15%	5,350	5.97%
Patient Relation	22,900	25,500	39,000	(2,600)	-10.20%	13,500	52.94%	16,100	70.31%
Quality Assurance	61,731	155,600	14,000	(93,869)	-60.33%	(141,600)	-91.00%	(47,731)	-77.32%
Registration	38,000	38,500	23,600	(500)	-1.30%	(14,900)	-38.70%	(14,400)	-37.89%
Special Committees	12,000	30,000	10,000	(18,000)	-60.00%	(20,000)	-66.67%	(2,000)	-16.67%
Total Committees	591,890	725,600	574,600	(139,144)	-19.18%	(174,000)	-23.98%	(34,856)	-5.89%
Total Council and Committee	711,890	845,600	684,600	(133,710)	-15.81%	(161,000)	-19.04%	(27,290)	-3.83%

SCHEDULE B
Personnel

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
Salaries	10,602,001	10,567,989	12,305,061	34,012	0.32%	1,737,072	16.44%	1,703,060	16.06%
Benefits	2,040,099	1,982,733	2,356,630	57,366	2.89%	373,897	18.86%	316,531	15.52%
Other Personnel <i>(Education, training, professional dues)</i>	417,787	404,455	486,275	13,332	3.30%	81,820	20.23%	68,488	16.39%
Total Personnel Costs	<u>13,059,887</u>	<u>12,955,177</u>	<u>15,147,965</u>	<u>104,710</u>	<u>0.81%</u>	<u>2,192,788</u>	<u>16.93%</u>	<u>2,088,078</u>	<u>15.99%</u>

SCHEDULE C
Regulatory Programs

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
Association Fees - NAPRA	132,769	135,000	139,000	(2,231)	-1.65%	4,000	2.96%	6,231	4.69%
Communication Initiatives	120,400	161,000	132,900	(40,600)	-25.22%	(28,100)	-17.45%	12,500	10.38%
Consulting - Regulatory	33,000	50,000	7,000	(17,000)	-34.00%	(43,000)	-86.00%	(26,000)	-78.79%
Donations, Contributions and Grants - partnerships	150,000	150,000	35,000	0	0.00%	(115,000)	-76.67%	(115,000)	-76.67%
DPP Inspection Costs	1,000	2,500	1,000	(1,500)	-60.00%	(1,500)	-60.00%	0	0.00%
Election Expenses	8,000	5,000	5,000	3,000	60.00%	0	0.00%	(3,000)	-37.50%
Examinations, Certificates and Registration	166,596	194,000	170,000	(27,404)	-14.13%	(24,000)	-12.37%	3,404	2.04%
Government Relations	28,000	42,000	15,000	(14,000)	-33.33%	(27,000)	-64.29%	(13,000)	-46.43%
HIP/Investigation/Intake Costs	34,250	55,000	41,500	(20,750)	-37.73%	(13,500)	-24.55%	7,250	21.17%
Language Proficiency	5,000	37,500	0	(32,500)	-86.67%	(37,500)	-100.00%	(5,000)	-100.00%
Legal Conduct	1,510,000	2,040,000	740,000	(530,000)	-25.98%	(1,300,000)	-63.73%	(770,000)	-50.99%
Reimbursement - Discipline Costs	(200,000)	(140,000)	(200,000)	(60,000)	42.86%	(60,000)	42.86%	0	0.00%
Legal - Regulatory	25,000	195,000	60,000	(170,000)	-87.18%	(135,000)	-69.23%	35,000	140.00%
Practice Assessment of Competence to Entry	64,429	104,500	51,500	(40,071)	-38.35%	(53,000)	-50.72%	(12,929)	-20.07%
Practice Initiatives	381,722	155,000	2,099,166	226,722	146.27%	1,944,166	1254.30%	1,717,444	449.92%
Professional Development Remediation	16,000	25,870	15,500	(9,870)	-38.15%	(10,370)	-40.09%	(500)	-3.13%
Professional Health Program	145,000	188,000	160,000	(43,000)	-22.87%	(28,000)	-14.89%	15,000	10.34%
Quality Assurance - Program Administration Costs	104,313	184,812	114,761	(80,499)	-43.56%	(70,051)	-37.90%	10,448	10.02%
Total Regulatory Programs	2,725,478	3,585,182	3,587,327	(859,704)	-23.98%	2,145	0.06%	861,848	31.62%

SCHEDULE D
Operations

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
Association Fees - General	15,000	25,000	25,000	(10,000)	-40.00%	0	0.00%	10,000	66.67%
Audit	24,000	23,100	24,800	900	3.90%	1,700	7.36%	800	3.33%
Bank Charges	411,100	410,500	421,800	600	0.15%	11,300	2.75%	10,700	2.60%
Consulting - Operation	113,896	161,000	122,500	(47,104)	-29.26%	(38,500)	-23.91%	8,604	7.55%
Courier/Delivery	4,450	6,200	6,200	(1,750)	-28.23%	0	0.00%	1,750	39.33%
Donations, Contributions and Grants - Others	0	10,000	0	(10,000)	-100.00%	(10,000)	-100.00%	0	
Information Systems Leasing & Maintenance	288,237	313,165	308,780	(24,928)	-7.96%	(4,385)	-1.40%	20,543	7.13%
Insurance - E & O	6,000	6,000	6,400	0	0.00%	400	6.67%	400	6.67%
Legal - Operation	2,000	5,000	7,500	(3,000)	-60.00%	2,500	50.00%	5,500	275.00%
Niagara Apothecary	30,598	25,928	32,430	4,670	18.01%	6,502	25.08%	1,832	5.99%
Office Equipment Leasing & Maintenance	27,800	26,000	27,500	1,800	6.92%	1,500	5.77%	(300)	-1.08%
Postage	32,200	27,000	19,000	5,200	19.26%	(8,000)	-29.63%	(13,200)	-40.99%
Property	229,798	240,149	387,191	(10,351)	-4.31%	147,042	61.23%	157,393	68.49%
Publications-Pharmacy Connection & Annual Report	50,923	55,500	48,000	(4,577)	-8.25%	(7,500)	-13.51%	(2,923)	-5.74%
Subscriptions	7,869	7,200	13,927	669	9.30%	6,727	93.43%	6,058	76.98%
Supplies/Stationery	17,902	18,440	19,250	(538)	-2.92%	810	4.39%	1,348	7.53%
Telecommunications	173,053	183,460	192,610	(10,407)	-5.67%	9,150	4.99%	19,557	11.30%
Travel	353,278	352,980	372,500	298	0.08%	19,520	5.53%	19,222	5.44%
Total Operations	1,788,104	1,896,622	2,035,388	(108,518)	-5.72%	138,766	7.32%	247,284	13.83%

SCHEDULE E
Revenue

	2018 Projected	2018 Budget	2019 Budget	Var. 2018 Projected to 2018 Budget		Var. 2019 Budget to 2018 Budget		Var. 2019 Budget to 2018 Projected	
				\$	%	\$	%	\$	%
Pharmacist Fees	9,644,365	9,795,000	11,048,857	(150,635)	-1.54%	1,253,857	12.80%	1,404,492	14.56%
Pharmacy Technician Fees	1,918,260	1,918,000	2,243,097	260	0.01%	325,097	16.95%	324,837	16.93%
Community Pharmacy Fees	4,407,113	4,489,100	5,278,791	(81,987)	-1.83%	789,691	17.59%	871,677	19.78%
Hospital Pharmacy Fees	804,052	795,000	950,745	9,052	1.14%	155,745	19.59%	146,693	18.24%
DPP Revenue	10,000	7,500	9,375	2,500	33.33%	1,875	25.00%	(625)	-6.25%
Professional Health Corporation	109,625	108,900	141,250	725	0.67%	32,350	29.71%	31,625	28.85%
Registration Fees and Income	643,850	653,050	809,750	(9,200)	-1.41%	156,700	24.00%	165,900	25.77%
Investment Income	280,000	200,000	225,000	80,000	40.00%	25,000	12.50%	(55,000)	-19.64%
TOTAL REVENUE	<u>17,817,266</u>	<u>17,966,550</u>	<u>20,706,865</u>	<u>(149,284)</u>	<u>-0.83%</u>	<u>2,740,315</u>	<u>15.25%</u>	<u>2,889,599</u>	<u>16.22%</u>

Executive Team

Issue description:

How do we handle hospital pharmacy reorganizations and align fees for both community and hospital pharmacies in a way that is fair, equitable and defensible?

Desire:

Create a model for community and hospital pharmacy new openings as well as hospital amalgamations, corporate changes and restructuring that is fair and defensible to all pharmacy operators, lessens the financial burden of operators making changes mid-year and expands on the principles currently in existence relating to recovery of global cost of regulatory oversight vs costs of inspection and ownership scrutiny.

Existing legal structure; regulation and by-laws

- Regulations dictate that an accreditation certificate is issued in the specific name of the person (corporation) who owns the pharmacy and for the specific address at which the pharmacy is to be opened (operated). If either of the elements change a new certificate of accreditation is required to be issued
- Opening fee for Hospital pharmacy is \$4,000
 - applications fee \$2,000, issuance fee \$2,000
- Opening fee for Community pharmacy is \$1,250
 - application \$500, issuance fee \$750
- Opening fee for Community pharmacy if intention is to operate an RDL
 - An additional \$500 per RDL
- Community Pharmacy Only –
 - Application where acquisition - \$500 for first; \$50 for subsequent
 - Issuance where acquisition or relocation - \$250 each location
- Renewal fee for Hospital \$3,500; Renewal fee for Community \$940

Current pharmacy transactions fees as per Article 14 of College By-Law No. 4:

Hospital Pharmacy	Application Fee	Issuance Fee	Total
New Opening	\$2000	\$2000	\$4000
Addition Renewal Fee (re-inspection)	-	-	\$1000

Community Pharmacy	Application Fee	Issuance Fee	Total
New Opening	\$500	\$750	\$1250
Acquisition (1 st application)	\$500	\$250	\$750
Acquisition (each additional application)	\$50	\$250	\$300
Relocation	\$500	\$250	\$750
New Remote Dispensing Location	\$250	\$750	\$1000
New Lock & Leave	\$250	-	\$250
Addition Renewal Fee (re-inspection)	-	-	\$1000

In examining the issue we questioned the relationship between application fees for hospital and community pharmacies and determined that the process and expectations were similar and therefore the fees for application should not differ. That said, the process of assessing the readiness of the pharmacy to be issued a certificate was more complex for hospitals than it was for community pharmacies with a two member team typically spending a day at the facility as opposed to a half day inspection by a community advisor in assessing the readiness of a community pharmacy.

Accordingly, we propose to redistribute the current total fees for opening a hospital pharmacy in that the application fee be reduced to \$500 and the issuance fee be increased to \$3,500 to better align it with the principles used for community pharmacy. Furthermore, to lessen the financial burden on operators of all pharmacies conducting transactions throughout the accreditation year, we propose to introduce the concept of a 50% discount on issuance fees for new openings that occur less than six months prior to renewal for both the community and hospital class. This is consistent with the model used for member who registered mid-year in the registration cycle.

We also propose to extend the concept of reduced issuance fees for acquisitions or relocations currently available to community pharmacies to hospital pharmacies. The table below highlights where new or changed fees are proposed.

Proposed new pharmacy transaction fees:

Hospital Pharmacy	Issuance Date	Application Fee	Issuance Fee	Total
New Opening	May 10 – Nov 9	\$500	\$3500	\$4000
	Nov 10 – May 9	\$500	\$1750	\$2250
Acquisition / Amalgamation (1 st application)	Year Round	\$500	\$1200	\$1700
Acquisition / Amalgamation (each additional application)	Year Round	\$50	\$1200	\$1250
Relocation	Year Round	\$500	\$1200	\$1700
Annual Renewal	-	-	-	\$3500
Addition Renewal Fee (re-inspection)	-	-	-	\$1000

Community Pharmacy	Issuance Date	Application Fee	Issuance Fee	Total
New Opening	May 10 – Nov 9	\$500	\$750	\$1250
	Nov 10 – May 9	\$500	\$375	\$875
Acquisition / Amalgamation (1 st application)	Year Round	\$500	\$250	\$750
Acquisition / Amalgamation (each additional application)	Year Round	\$50	\$250	\$300
Relocation	Year Round	\$500	\$250	\$750
New Remote Dispensing Location	Year Round	\$250	\$750	\$1000
New Lock & Leave	Year Round	\$250	-	\$250
Annual Renewal	-	-	-	\$940
Addition Renewal Fee (re-inspection)	-	-	-	\$1000

Following the recommendation of the Finance & Audit Committee to increase fees in 2019 by 25% the schedule will be updated as follows:

Hospital Pharmacy	Issuance Date	Application Fee	Issuance Fee	Total
New Opening	May 10-Nov 9	\$625	\$4375	\$5000
	Nov 10-May 9	\$625	\$2188	\$2813
Acquisition / Amalgamation (<i>1st application</i>)	Year Round	\$625	\$1200	\$1825
Acquisition / Amalgamation (<i>each additional application</i>)	Year Round	\$63	\$1200	\$1263
Relocation	Year Round	\$625	\$1200	\$1825
Annual Renewal	-	-	-	\$4375
Additional Renewal Fee (re-inspection)	-	-	-	\$1250

Community Pharmacy	Issuance Date	Application Fee	Issuance Fee	Total
New Opening	May 10-Nov 9	\$625	\$938	\$1563
	Nov 10-May 9	\$625	\$469	\$1094
Acquisition / Amalgamation (<i>1st application</i>)	Year Round	\$625	\$313	\$938
Acquisition / Amalgamation (<i>each additional application</i>)	Year Round	\$63	\$313	\$376
Relocation	Year Round	\$625	\$313	\$938
New Remote Dispensing Location	Year Round	\$313	\$938	\$1251
New Lock & Leave	Year Round	\$313	-	\$313
Annual Renewal	-	-	-	\$1175
Additional Renewal Fee (re-inspection)	-	-	-	\$1250



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Appointment of Auditors

ISSUE: The Finance and Audit Committee is required, annually, to make recommendations to Council on the appointment or reappointment of the auditors.

BACKGROUND:

At its June 25, 2018 meeting, the Finance and Audit Committee (FAC) agreed that as OCP's current audit firm, Tinkham & Associates, was only just appointed this past October, there was no need to go to market at this time. Rather, the FAC is recommending to Council that OCP continue to use the services of Tinkham & Associates with the proviso, as outlined in the briefing note presented to Council in December 2017, that the services be taken to market in 2019.

ANALYSIS:

Undertaking a full market review was deemed unnecessary as the current audit firm Tinkham & Associates was only recently appointed and, in the opinion of the FAC, had performed their audit duties well.

RECOMMENDATION: That Tinkham & Associates LLP Chartered Accountants be appointed as Auditor for the College for the fiscal year 2018 and that services be taken to market in 2019.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):



COUNCIL BRIEFING NOTE
MEETING DATE: SEPTEMBER 2018

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: By-law amendments

ISSUE: Approval of proposed by-law amendments for circulation

BACKGROUND:

- The fee changes proposed in the 2019 Operations Budget must be incorporated into the College by-laws and circulated to members for 60 days prior to approval by Council.
- Changes to the public register sections of the by-law require amendment to incorporate the impact of the *Protecting Patients Act* (PPA) regulations proclaimed in 2018.
- Removing the student pharmacist class and adding an intern pharmacy technician class in anticipation of new Quality Assurance and Registration regulations.
- Housekeeping amendments to the by-laws are being proposed to coincide with the above by-law review and amendments.
- A chart highlighting the changes and rationale is attached for ease of understanding.

ANALYSIS:

- The by-law amendments are required to update the fee schedules, the public register and membership classes. Housekeeping amendments have accumulated since the last review and revision in 2015. The attached chart highlights the sections of the by-law where changes are proposed along with an explanation of the change.

RECOMMENDATION:

- **That Council approve the circulation of the proposed by-law amendments to:**
 - **Article 3 – Professional Liability Insurance;**
 - **Article 12 – Public Register;**
 - **Article 14 – Reporting Change of Control of Drug Preparation Premises;**
 - **Article 15 – Fees – Members;**
 - **Article 16 – Fees – Pharmacy;**
 - **Article 17 – Fees – Health Profession Corporations.**
- **That Council approve the proposed by-law amendments other than the articles noted above.**

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

SUMMARY OF PROPOSED CHANGES TO BY-LAW NO. 4

Text in red text and strike through (e.g. X) represents text that is proposed to be deleted.	H = Housekeeping
Text in blue text and underline (e.g. <u>X</u>) represents text that is proposed to be added.	L/R = Legislative/Regulatory
Text in green text and underline (e.g. <u>X</u>) represents text that has been moved within the By-Law.	CI = Change in Intent
	B = Budget 2019

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

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

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
			<i>Drug and Pharmacies Regulation Act</i> that were affected by / will be affected by the <i>Protecting Patients Act</i> . Certain provisions of the <i>Protecting Patients Act</i> are in force. Others will be proclaimed into force on proclamation of the Lieutenant Governor.	
N/A	1.1.39	<u>“RHPA Regulations” means the regulations made under the Act;</u>	As noted above, changes to the By-Laws were made to reflect the amendments to the regulations to the <i>Regulated Health Professions Act</i> affected by the <i>Protecting Patients Act</i> . This term was added to refer to all regulations to the <i>Regulated Health Professions Act</i> , including the existing regulations and future regulations (as contemplated by the <i>Protecting Patients Act</i>).	L/R
N/A	2.1	<u>Prescribed Classes of Registration. Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the Protecting Patients Act being proclaimed into force, all references in this By-Law to “Registered Pharmacy Student” shall be deemed to be deleted and replaced with “Intern Technician”.</u>	This new Article has been added to contemplate the removal of “registered pharmacy student” as a prescribed class of Certificate of Registration and addition of “intern technician” as a prescribed class of Certificate of Registration in the College’s <i>QA & Registration Regulations</i> . The replacement of references to “Registered Pharmacy Students” with “Intern Technicians” will only be deemed to occur once the relevant changes to the College’s QA & Registration Regulations.	L/R
2.2.	3.2	A Member shall, upon the request of the Registrar, provide proof <u>satisfactory to the Registrar</u> of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy.	Amended to track requirement of the <i>Pharmacy Act Regulations</i> that proof of such insurance be satisfactory to the Registrar.	L/R
4.71, 4.7.2, 4.7.3, 4.7.3.1, 4.7.3.2, 4.7.4	5.7	The term of office of a person elected to Council in an annual August election after 2010 shall be three (3) years, commencing at the first meeting of Council after the election.	All of paragraph 4.7, but for subparagraph 4.7.4, contemplated the terms of persons elected to Council in 2010 and is therefore no longer applicable. Subparagraph 4.7.4 retained but for reference to “after 2010”.	H
4.8.1.-4.8.3	5.8.1-5.8.3	5.8.1 An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August 2012 <u>2018</u> and every third year after that. 5.8.2 An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August 2013 <u>2019</u> and every third year after that.	Revised to reflect more recent dates for elections to Council.	H

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

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

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

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

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

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

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p><u>12.7.1 If there has been a finding of guilt against a Member under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) and if none of the conditions in subparagraph 12.50.6 have been satisfied:</u></p> <p class="list-item-l1">(a) <u>a brief summary of the finding;</u></p> <p class="list-item-l1">(b) <u>a brief summary of the sentence; and</u></p> <p class="list-item-l1">(c) <u>if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.</u></p> <p><u>12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.</u></p> <p><u>12.7.3 If a Member has been charged with an offence under the <i>Criminal Code</i> (Canada) or the <i>Controlled Drugs and Substances Act</i> (Canada) and the charge is outstanding,</u></p> <p class="list-item-l1">(a) <u>the fact and content of the charge; and</u></p> <p class="list-item-l1">(b) <u>the date and place of the charge.</u></p> <p><u>12.7.3 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:</u></p> <p class="list-item-l1">(a) <u>the fact of the finding;</u></p> <p class="list-item-l1">(b) <u>the date of the finding;</u></p> <p class="list-item-l1">(c) <u>the jurisdiction in which the finding was made; and</u></p> <p class="list-item-l1">(d) <u>the existence and status of any appeal.</u></p> <p><u>12.7.4 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.</u></p> <p><u>12.7.5 The conditions referred to in paragraph 12.5.1 are the following:</u></p> <p class="list-item-l1">(a) <u>The Parole Board of Canada has ordered a record suspension in respect of the conviction;</u></p> <p class="list-item-l1">(b) <u>A pardon in respect of the conviction has been obtained; and</u></p> <p class="list-item-l1">(c) <u>The conviction has been overturned on appeal.</u></p> <p><u>12.7.6 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.</u></p> <p><u>12.7.7 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the</u></p>		

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		circumstances that it could be utilized, either alone or with other information, to identify an individual.		
11.4	12.8	12.8-11.4 Additional Information to be kept in Register - Members. ² For the purposes of paragraph 14 -20* of subsection 23(2) of the Code, and subject to paragraphs 11.8 12.13 and 11.9 12.14 , the following additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:	Amended to update paragraph reference to paragraph 20 to reflect amended version of the Code.	L/R
11.4.5	12.8.5	Where a Member holds a Certificate of Registration as a Pharmacist, Intern- or , Pharmacy Technician, <u>or Intern Technician (following the date upon which the <i>Pharmacy Act Regulations</i> are amended to recognize Intern Technicians as a class of Certificates of Registration)</u> the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician <u>or intern technician</u> program (as the case may be) and the year in which the degree was obtained or the program was completed.	Updated in contemplation of the amendment to the <i>Pharmacy Act Regulations</i> to include Intern Technician as a Class of Certificate of Registration.	L/R
11.4.7	12.8.7	<u>Where a Member holds a Certificate of Registration as a:</u> (a) 11.4.7 Where a Member holds a Certificate of Registration as a Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register; <u>and</u> (b) <u>Pharmacy Technician, following the date upon which the <i>Pharmacy Act Regulations</i> are amended to include a two-part register for Pharmacy Technicians, a notation as to whether the Member is listed in Part A or Part B of the Register.</u>	Updated in contemplation of the amendment to the <i>Pharmacy Act Regulations</i> to include a two-part Register for Pharmacy Technicians	L/R
11.4.9	12.8.9	Where a Member is a shareholder, an officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title, if any, the Member holds with that corporation.	Revised to remove reference to shareholder as it overlaps with the information prescribed at subparagraph 12.6.1.	L/R
N/A (within subpara.11.4.13)	N/A (within subpara. 12.8.13)	*Effective May 30, 2017, upon proclamation of the Protecting Patients Act, 2017.	Revised to remove reference to the <i>Protecting Patients Act</i> as amendments stemming from that Act are contemplated earlier in the By-Law.	H
11.4.13(b)	12.8.13(b)	<u>Where applicable, a summary of any restriction on a Member's right to practise:</u> <u>[...]</u> (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source a <u>description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.</u>	Amended to broaden the scope of information required to be kept in the Register in respect of any restriction on a Member's right to practise.	H

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

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

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

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

³ Certain information regarding Former Members contained in subparas. 11.4.13.4 and 11.4.26.

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

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

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

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

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

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

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	NEW PROVISION / CHANGE	REASON FOR CHANGE & ADDITIONAL COMMENTS (IF ANY)	H, L/R, CI, B
		<p>of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.</p> <p>16.3.114.2.3 Subject to subparagraph 14.2.5<u>16.3.3</u>, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.<u>shall be:</u></p> <p>14.2.4 Subject to subparagraph 14.2.5, there shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.</p> <p>(a) <u>\$938.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$469.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the community pharmacy class; and</u></p> <p>(b) <u>\$4375.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$2,188.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the hospital pharmacy class.</u></p> <p>16.3.214.2.5 For greater certainty, on and after the Effective DateSubject to subparagraphs 14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to<u>16.3.4, the additional fee for the issuance of a Certificate of Accreditation</u> of the community pharmacy class to establish and operate a community pharmacy that permits the operation of remote dispensing locations, <u>shall be \$938.00 plus applicable taxes for each remote dispensing location to be operated.</u></p> <p><u>16.3.3 The fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be:</u></p> <p>(c) <u>\$1,200.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class; and</u></p> <p>(d) <u>\$313.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class.</u></p>		
14.3.1-14.3.2	16.4.1-16.4.2	<p>16.4.114.3.1 The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be \$250.00<u>\$313.00</u> plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.</p> <p>16.4.214.3.2 The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall</p>	Amended to: (1) reflect the proposed fees for 2019 (which reflect the fees set out in the 2019 budget approved by Council); and (2) clarify that the application of such fees only extends community pharmacies.	B

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

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

DRAFT - August 29, 2018

ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. 5

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

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

ARTICLE 1
INTERPRETATION

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

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

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

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

ARTICLE 2 CLASSES OF REGISTRATION

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

ARTICLE 3 PROFESSIONAL LIABILITY INSURANCE

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

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

- 3.1.3 **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.
 - 3.1.4 **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.
 - 3.1.5 **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Member and provide that Member with mobility and coverage wherever in Ontario that Member practises.
 - 3.1.6 **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.
- 3.2 Evidence of Insurance.** A Member shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy. *[Note: Amended to track requirement in Pharmacy Act Regulations that such proof be satisfactory to the Registrar.]*

ARTICLE 4 RESTRICTION ON COUNCIL MEMBERS

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

ARTICLE 5 ELECTION OF COUNCIL MEMBERS

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

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

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

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

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

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

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

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

5.5 Number of Members to be Elected.

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

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

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

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

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

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

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

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

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

5.8 Election Date.

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

5.9 Eligibility for Election.

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

- (j) the Member is not an adverse party in litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents;
- (k) the Member has not, in the opinion of the Elections Committee, engaged in conduct unbecoming a Council member; and
- (l) the Member is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

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

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

5.10 Registrar to Supervise Nominations.

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

5.11 Notice of Election and Nominations.

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

5.12 Nomination Procedure.

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

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

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

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

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

5.13 Acclamation.

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

5.14 Registrar's Electoral Duties.

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

5.15 Scrutineers.

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

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

5.16 Ballots.

- 5.16.1 The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.
- 5.16.2 The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.
- 5.16.3 A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

5.17 Voting.

- 5.17.1 A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 5.17.2 For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.
- 5.17.3 The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.
- 5.17.4 The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.
- 5.17.5 The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.
- 5.17.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 5.17.7 Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.
- 5.17.8 In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.
- 5.17.9 In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.
- 5.17.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs 5.17.8 and 5.17.9 to be elected as members of the Council, and shall notify each candidate of the election results.

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

5.18 Number of Votes to be Cast.

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

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

5.19 Tie Votes.

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

5.20 Recounts.

- 5.20.1 A candidate may make a written request to the Registrar for a recount, no more than thirty (30) days after the date of an election, upon paying the election recount fee to the Registrar.
- 5.20.2 If a recount is requested, the Registrar shall appoint a time and place for the recount. The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.
- 5.20.3 The recount shall be conducted in the same manner as the original counting and verification of votes, except that the votes shall be counted and verified by two (2) persons appointed by the President, and who were not scrutineers in the election.
- 5.20.4 The candidate may be present for the recount.
- 5.20.5 The election recount fee shall be refunded to the candidate if the outcome of the election is changed in his or her favour as a result of the recount.

5.21 Interruption of Service.

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

5.22 Conduct of Council Members.

- 5.22.1 An elected member of Council is automatically disqualified from sitting on Council if the elected member of Council:
- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.
- 5.22.2 The grounds for taking formal governance action against a member of Council are where the Council member:
- (a) fails, without cause, to attend three (3) consecutive meetings of Council;

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

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

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

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

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

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

5.23 Filling of Vacancies.

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

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

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

5.24 Supplementary Election Procedures.

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

ARTICLE 6 MEETINGS OF COUNCIL

6.1 Meetings of Council.

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

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

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

6.2 Meetings Held By Technological Means.

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

ARTICLE 7 REMUNERATION AND EXPENSES

7.1 Remuneration and Expenses.

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

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

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

ARTICLE 8 COMMITTEES OF THE COLLEGE

8.1 Statutory Committees under the Act.

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

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

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

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

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

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

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

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

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

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

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

8.6 Non-Council Committee Members.

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

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

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

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

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

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

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

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

8.10 Disqualification, Vacancies and Term Limits of Committee Members.

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

- (f) breaches the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
- (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.

8.10.3 A person who is disqualified under subparagraph 8.10.1 or 8.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 8.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.

8.10.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 8.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.

8.10.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.

8.10.6 Nothing in paragraph 8.10 prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

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

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

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

ARTICLE 9

COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

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

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

- 9.2.1 the President and the Vice-President;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 9.9.1 at least six (6) members of the Council who are Members;
- 9.9.2 at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.9.3 at least five (5) Members who are not members of the Council.

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

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

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

- 9.11.1 at least two (2) members of the Council who are Members;
- 9.11.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.11.3 at least one (1) Member who is not a member of Council.

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

- 9.12.1 perform such functions as are assigned to it by statute or regulation;
- 9.12.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 9.12.3 submit an annual report to the Council in accordance with the *Code*; and
- 9.12.4 provide guidance to the Council on matters concerning fitness to practise.

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

- 9.13.1 at least two (2) members of the Council who are Members;
- 9.13.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 9.13.3 at least three (3) Members who are not members of the Council.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.22.4 perform the duties assigned to it under subparagraph 5.9.2.

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

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

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

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

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

ARTICLE 10 OFFICERS

10.1 Election of the President and the Vice-President.

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

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

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

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

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

10.2 Duties of the President and the Vice-President.

10.2.1 The President shall:

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

ARTICLE 11

BUSINESS OF THE COLLEGE

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

11.2 Execution of Documents.

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

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

11.3 Banking and Finance.

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

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

11.4 Financial Year and Audit.

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

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

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

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

11.7 Grants.

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

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

11.8 Funds.

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

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

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

11.10 Delegation of Powers and Duties.

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

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

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

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

ARTICLE 12 THE REGISTER

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

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

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

12.2 Business Address and Telephone Number.

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

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

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

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

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

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

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

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

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

- 12.6.1 Each Member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Member is a shareholder.
- 12.6.2 Where a Member is deceased, the name of the deceased Member and the date upon which the Member died, if known.
- 12.6.3 The name, business address and business telephone number of every health profession corporation.
- 12.6.4 The names of the shareholders of each health profession corporation who are Members.
- 12.6.5 Each Member's class of registration and specialist status (specialist status not applicable to the Ontario College of Pharmacists at this time).
- 12.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.
- 12.6.7 A notation of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph (3) of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the

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

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

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

12.7.1 If there has been a finding of guilt against a Member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 12.7.6 have been satisfied:

- (a) a brief summary of the finding;
- (b) a brief summary of the sentence; and
- (c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

12.7.3 If a Member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

- (a) the fact and content of the charge; and
- (b) the date and place of the charge.

12.7.4 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

- (a) the fact of the finding;
- (b) the date of the finding;
- (c) the jurisdiction in which the finding was made; and
- (d) the existence and status of any appeal.

12.7.5 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

12.7.6 The conditions referred to in paragraph 12.7.1 are the following:

- (a) The Parole Board of Canada has ordered a record suspension in respect of the conviction;
- (b) A pardon in respect of the conviction has been obtained; and
- (c) The conviction has been overturned on appeal.

12.7.7 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.

12.7.8 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12.9 Former Members.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12.13 Deletion of Information.

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

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

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

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

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

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

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

ARTICLE 13

FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

13.1 Filing of Information by Members.

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

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

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

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

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

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

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

13.3 Filing of Information by Pharmacies.

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

13.4 Filing of Information for Closing Pharmacies.

13.4.1 Subject to subparagraph 13.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

13.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 13.4.1 need only set out the information in subparagraph 13.4.1(a) and (d).

13.5 Filing of Information by Health Profession Corporations.

13.5.1 The College shall forward to each health profession corporation each year, in a form approved by the Registrar, a request for such information as the health profession corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

13.5.2 Every health profession corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the 10th day of March next following the forwarding of the request for information to the health profession corporation.

13.5.3 Where any information that a health profession corporation has provided to the College in response to a request under subparagraph 13.5.1 has changed, the health profession corporation shall notify the College of the change within thirty (30) days of its effective date.

13.5.4 Despite subparagraph 13.5.3, a health profession corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

13.5.5 In addition to the requirements in subparagraphs 13.5.2, 13.5.3 and 13.5.4, a health profession corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the health profession corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 14 CHANGE OF CONTROL

14.1 Change of Control.

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

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

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

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

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

ARTICLE 15 MEMBER FEES

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

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

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

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

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

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

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

15.4 Annual Fees.

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

15.5 Fee to Lift Suspension or for Reinstatement.

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

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

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

15.7 Other Fees.

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

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

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

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

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

**ARTICLE 16
PHARMACY TRANSACTION FEES**

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

16.2 Application Fee.

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

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

16.3 Issuance Fee.

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

16.4 Fee for Amended Certificates - Remote Dispensing Locations.

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

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

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

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

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

ARTICLE 17 CERTIFICATE OF AUTHORIZATION FEES

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

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

17.3 Renewal Fee.

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

ARTICLE 18 CODES OF ETHICS AND CONDUCT

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

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

ARTICLE 19 MAKING, AMENDING AND REVOKING BY-LAWS

19.1 Requirements.

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

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

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

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

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

PASSED by Council and sealed with the corporate seal of the College the_____ day of_____, 20__.

President
(Corporate Seal)

Vice-President

SCHEDULE A

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

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

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

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

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

Who does the Code of Ethics Apply to?

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

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

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

Compliance with the Code of Ethics

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

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

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

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

Understanding the Professional Role and Commitment of Healthcare Professionals

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

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

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

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

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

Where does this obligation come from?

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

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

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

Ethical Principles that Govern Healthcare Practice

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

Beneficence (to benefit):

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

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

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

Respect for Persons/Justice:

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

Accountability (Fidelity):

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

Code of Ethics and Standards of Application

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

1. Principle of Beneficence

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

Application

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

Standards

1. 1 Members ensure that their primary focus at all times is the well-being and best interests of the patient.
1. 2 Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients.
1. 3 Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
1. 4 Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
1. 5 Members ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
1. 6 Members provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
1. 7 Members ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
1. 8 Members consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
1. 9 Members prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
1. 10 Members participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
1. 11 Members make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
1. 12 Members participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
1. 13 Members strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.
1. 14 Members, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.

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

2. Principle of Non Maleficence

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

Application

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

Standards

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

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

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

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

Standards

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

- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Members ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

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

Application

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

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

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

Standards

A. General Responsibilities

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

B. Participate in Ethical Business Practices

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

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

C. Avoid Conflict of interest

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

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

SCHEDULE B

THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

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

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

SCHEDULE C

RULES OF ORDER OF THE COUNCIL

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

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

~~December 7, 2015~~ DRAFT - August 29, 2018

ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. ~~4~~5

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

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

ARTICLE 1 **INTERPRETATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 2 CLASSES OF REGISTRATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~4.6~~ —

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

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

5.6.3 ~~4.6.3~~ Neither a Registered Pharmacy Student nor an Intern is entitled to vote.

5.6.4 ~~4.6.4~~ If, as of June 1 immediately preceding an election, a Member has no fixed place of practice, the Member may vote in the Electoral District in which he or she resides or, in the case of a Member who holds a Certificate of Registration as a Pharmacy Technician, in Electoral District T.

5.6.5 ~~4.6.5~~ If, as of June 1 immediately preceding an election, a Member has a place of practice in more than one Electoral District, the Member shall declare to the Registrar which Electoral District is to be considered his or her place of practice for election purposes, and he or she may vote only in that Electoral District.

5.6.6 ~~4.6.6~~ If the place of practice for election purposes of a Member is in a hospital in Ontario approved or licensed under a federal or provincial statute, he or she may only vote in Electoral District H (in the case of a Pharmacist) or Electoral District TH (in the case of a Pharmacy Technician).

~~4.7~~

5.7 Terms of Office

~~4.7.1 The term of office of a person elected to Council in 2010 in Electoral District M or Electoral District P shall be one (1) year, commencing at the first meeting of Council after the election.~~

~~4.7.2 The term of office of a person elected to Council in 2010 in Electoral District N or Electoral District H shall be two (2) years, commencing at the first meeting of Council after the election.~~

~~4.7.3 Subject to subparagraph 4.7.3.14.7.3, the term of office of a person elected to Council in 2010 in Electoral District K, Electoral District L, Electoral District T or Electoral District TH~~
The term of office of a person elected to Council shall be three (3) years, commencing at the first meeting of Council after the election. [Note: The remaining subsections of section 5.7 were deleted as they related to elections in 2010 and are no longer applicable.]

~~4.7.3.1 Should an election of members of Council for Electoral District T and Electoral District TH not be held on the first Wednesday in August 2010, the term of office of a person elected to Council in the first election held in those Electoral Districts shall commence at the first meeting of Council after the election and shall expire on the same date as the term of office of a person elected to Council in 2010 in Electoral District K or Electoral District L.~~

~~4.7.4 The term of office of a person elected to Council in an annual August election after 2010 shall be three (3) years, commencing at the first meeting of Council after the election.~~

5.8 ~~4.8~~ Election Date

5.8.1 ~~4.8.1~~ An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August ~~2012~~2018 and every third ~~(3rd)~~ year after that.

5.8.2 ~~4.8.2~~ An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August ~~2013~~2019 and every third ~~(3rd)~~ year after that.

5.8.3 ~~4.8.3~~ An election of members of Council for Electoral Districts M and P shall be held on the first Wednesday in August ~~2014~~2020 and every third ~~(3rd)~~ year after that.

5.9 ~~4.9~~ Eligibility for Election.

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

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

~~For greater certainty, nothing in this clause shall prevent a Member who serves on an association or organization to which he or she has been appointed by Council as a representative of the College, from running for election to Council.~~
- (i) the Member has not been disqualified from serving on Council or a committee within the six (6) years immediately preceding the election;
- (j) the Member is not an adverse party in litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents;
- (k) the Member has not, in the opinion of the Elections Committee, engaged in conduct unbecoming a Council member; and

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

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

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

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

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

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

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

5.12 ~~4.12~~ **Nomination Procedure.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.16 ~~4.16~~ Ballots.

- 5.16.1** ~~4.16.1~~ The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.
- 5.16.2** ~~4.16.2~~ The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.
- 5.16.3** ~~4.16.3~~ A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

5.17 ~~4.17~~ Voting.

- 5.17.1** ~~4.17.1~~ A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 5.17.2** ~~4.17.2~~ For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.
- 5.17.3** ~~4.17.3~~ The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.
- 5.17.4** ~~4.17.4~~ The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.
- 5.17.5** ~~4.17.5~~ The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.
- 5.17.6** ~~4.17.6~~ If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 5.17.7** ~~4.17.7~~ Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.
- 5.17.8** ~~4.17.8~~ In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.
- 5.17.9** ~~4.17.9~~ In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.
- 5.17.10** ~~4.17.10~~ Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs ~~4.17.8~~**5.17.8** and ~~4.17.9~~**5.17.9** to be elected as members of the Council, and shall notify each candidate of the election results.

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

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

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

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

5.19 ~~4.19~~ Tie Votes.

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

5.20 ~~4.20~~ Recounts.

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

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

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

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

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

5.21 ~~4.21~~ Interruption of Service.

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

5.22 ~~4.22~~ Conduct of Council Members.

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

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

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

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

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

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

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

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

5.23 ~~4.23~~ **Filling of Vacancies.**

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

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

- (a) leave the seat vacant; or
- (b) direct the Registrar to hold a by-election in accordance with this By-Law for the Electoral District in which the elected member of Council sat.

5.23.3 ~~4.23.2~~ If the seat of an elected member of Council becomes vacant more than twelve (12) months before the expiry of the term of office of that member of Council, the Council shall direct the Registrar to hold a by-election for the Electoral District in which the elected member of Council sat.

5.23.4 ~~4.23.3~~ The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of by-elections, with all necessary modifications.

5.23.5 ~~4.23.4~~ The term of office of a member of Council elected in a by-election under subparagraph ~~4.23.15.23.2~~ or ~~4.23.25.23.3~~ shall commence upon acclamation or election and shall continue until the term of office of the former member of Council would have expired.

5.24 ~~4.24~~ **Supplementary Election Procedures.**

5.24.1 ~~4.24.1~~ If no nominations are received in an Electoral District by the deadline referred to in subparagraph ~~4.12.55.12.5~~, or if the number of eligible candidates nominated for an Electoral District by the deadline is less than the number of members to be elected in that Electoral District, there shall be a supplementary election.

5.24.2 ~~4.24.2~~ The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

5.24.3 ~~4.24.3~~ The term of office of a member of Council elected in a supplementary election under ~~subparagraph 4.24.1~~ paragraph 5.24 shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in paragraph ~~4.75.7~~ for a member elected in the Electoral District in which that member was elected.

ARTICLE 6 ~~Article 5~~ **MEETINGS OF COUNCIL**

6.1 ~~5.1~~ **Meetings of Council.**

6.1.1 ~~5.1.1~~ The Council shall hold at least four regular meetings in the one-year period following each annual August election of members to the Council. The first regular Council meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Council meetings shall be set at the first regular Council meeting following the August election.

6.1.2 ~~5.1.2~~ The President may call a special meeting of Council at any time, provided that notice is given in accordance with the *Pharmacy Act Regulations*, the Code and this By-Law to each member of Council, the Members and the public, specifying the purpose of the meeting.

6.1.3 The College shall post on its website information regarding upcoming meetings of Council, including:

(a) the dates of those meetings;

(b) matters to be discussed at those meetings; and

(c) information and documentation that will be provided to members of Council for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by Council shall not be posted; and if the Registrar anticipates that Council will exclude the public from the meeting or part of the meeting, the grounds for doing so.*[Note: These revisions were made to reflect the addition of subsections 1.1 and 1.2 to section 7 of the Code, which amendments were referenced in section 8 of Schedule 5 (Regulated Health Professions Act, 1991) to the Protecting Patients Act.]*

6.1.4 ~~5.1.3 Notice~~ Subject to subparagraphs 6.1.2 and 6.1.3, notice of any special meeting of Council shall be sufficient if provided to each member of Council at his or her specified address as shown in the records of the College.

6.1.5 ~~5.1.4~~ The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in ~~subparagraph 5.1.3~~ subparagraphs 6.1.2 to 6.1.4 *[Note: Amended to reflect amendments stemming from Protecting Patients Act which require the College to post notice of meetings on its website.]*

6.1.6 ~~5.1.5~~ Meetings of Council shall be held at the permanent office of the College, or at such other place or places as the Council may designate.

6.1.7 ~~5.1.6~~ The quorum for the transaction of business at any meeting of the members of Council shall be a majority of members of Council.

6.1.8 ~~5.1.7~~ Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Council shall be determined by a majority of votes of members of Council present at the meeting and eligible to vote.

6.1.9 ~~5.1.8~~ At the regular meetings of members of Council, the business shall include:

- (a) noting the names of the Council members present and absent;
- (b) approving the agenda;
- (c) notice of motions intended to be introduced;
- (d) motions, notice of which has been previously given;
- (e) inquiries;
- (f) reports of Committees and consideration thereof;
- (g) unfinished business from previous meetings;

- (h) items for the information of Council members;
- (i) any referral for formal governance action made under subparagraph ~~4.22.3~~5.22.3;
- (j) other matters; and
- (k) adjournment.

6.1.10 ~~5.1.9~~ An item of business may be excluded only with the consent of two-thirds (2/3^{rds}) of the members of Council present at a meeting and eligible to vote.

6.1.11 ~~5.1.10~~ A Council member may place any item that can properly be discussed by Council on the Council agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing at a meeting of the Council on a day previous to the discussion or vote thereon unless this requirement is dispensed with by a vote of at least two-thirds (2/3^{rds}) of all the members of Council present at the meeting and eligible to vote.

6.1.12 ~~5.1.11~~ The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Council meetings.

6.2 ~~5.2~~ Meetings Held By Technological Means.

6.2.1 ~~5.2.1~~ If two-thirds (2/3^{rds}) of all members of Council, or of a Committee (as the case requires) who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, members of Council or of a Committee may participate in a meeting of, respectively, Council or of a Committee, by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a member of Council or of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

6.2.2 ~~5.2.2~~ At the outset of each meeting referred to in paragraph ~~5.2.1~~6.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place, unless a majority of the Council or Committee members (as the case may be) present at such meeting and eligible to vote otherwise require.

ARTICLE 7~~Article 6~~

REMUNERATION AND EXPENSES

7.1 ~~6.1~~ Remuneration and Expenses.

7.1.1 ~~6.1.1~~ When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:

- (a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare, plus transportation to and from air, bus or train terminals;
- (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;

- (c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph ~~6.1.1~~7.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;
- (d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.

7.1.2 ~~6.1.2~~ If the Council appoints a Member, other than a Council or Committee member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses incurred at the rate set out in subparagraph ~~6.1.1~~7.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.

7.1.3 ~~6.1.3~~ An amount in excess of the amounts authorized under subparagraph ~~6.1.1~~7.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Executive Committee.

~~ARTICLE 8~~Article 7 COMMITTEES OF THE COLLEGE

~~7.1~~ —

8.1 Statutory Committees under the Act.

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

- (a) ~~7.1.1~~ Executive Committee;
- (b) ~~7.1.2~~ Registration Committee;
- (c) ~~7.1.3~~ Inquiries, Complaints and Reports Committee;
- (d) ~~7.1.4~~ Discipline Committee;
- (e) ~~7.1.5~~ Fitness to Practise Committee;
- (f) ~~7.1.6~~ Quality Assurance Committee; and
- (g) ~~7.1.7~~ Patient Relations Committee;

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

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

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, selection, appointment and terms of office of members of such Committees who are not members of Council; and

(c) governing the relationship between such provisions and the By-Law.

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

8.2 7.2-Statutory Committee under the Pharmacy Act. Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in the By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

8.3 7.3-Standing Committees. In addition to the Statutory Committees, the College shall establish the following standing Committees, the composition and duties of which are set out in this By-Law:

8.3.1 7.3.1 Finance and Audit Committee;

~~7.3.2—Professional Practise Committee;~~

8.3.2 7.3.3 Elections Committee; and

~~7.3.4—Communications Committee; and~~

8.3.3 7.3.5 Drug Preparation Premises Committee.

8.4 7.4-Appointment of Special Committees. Council may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

8.5 7.5-Reporting of Committees. All Committees, with the exception of the Discipline Committee and the Fitness to Practise Committee, shall report to the Council through the Executive Committee.

8.6 7.6-Non-Council Committee Members.

8.6.1 7.6.1 This paragraph ~~7.6.6~~ applies with respect to the appointment of Members who are not members of Council to a Committee ~~of the College~~.

8.6.2 7.6.2 ~~A~~ Subject to subparagraph 8.1.3, a Member is eligible for appointment to a Committee if, on the date of the appointment:

- (a) the Member holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
- (b) the Member either practises or resides in Ontario;
- (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
- (d) the Member has not been found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or [Note: Added to address gap identified by OCP.]
- (e) ~~(d)~~ the Member is not the subject of any disciplinary or incapacity proceeding;

- (f) ~~(e)~~ the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
- (g) ~~(f)~~ the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (h) ~~(g)~~ the Member has not been disqualified from serving on Council or a ~~committee~~ Committee within the six (6) years immediately preceding the appointment;
- (i) ~~(h)~~ the Member does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and
- (j) ~~(i)~~ the Member is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third (3rd) time or more after the initial inspection.
- (k) ~~(j)~~ the Member is not an employee, officer or director of a Professional Advocacy Association or, if the Member is such an employee, officer or director of a Professional Advocacy Association the Member gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);.

8.7 **7.7-Appointment of Elections Committee.** The Elections Committee shall be formed at the last regular meeting of the Council preceding the annual election of members to the Council. The members of the Elections Committee shall be appointed by the President, subject to the approval of the Council. The Elections Committee shall appoint its own Chair. All appointments to the Elections Committee shall be for a term that expires at the last regular meeting of the Council preceding the next year's election.

8.8 **7.8-Appointment of Drug Preparation Premises Committee.** ~~Upon the coming into force of Part IX of the Pharmacy Act Regulations, the Drug Preparation Premises Committee shall be formed. The initial appointments to the Drug Preparation Premises Committee shall be for a term that expires at the first regular meeting of Council after the next annual August election. Thereafter, the~~ The Drug Preparation Premises Committee shall be formed at the first regular meeting of Council after each annual August election and appointments to it shall be in accordance with paragraph ~~7.9~~8.9.

8.9 **7.9-Appointments ~~of~~ to Statutory and Standing Committees.** All Statutory and standing Committee appointments, with the exception of the Elections Committee, shall be made by the Council at the first regular meeting of Council after each annual August election, and shall be for a term that expires at the first regular meeting of Council after the following election. The appointments to all Statutory and standing Committees, with the exception of the Elections Committee, shall be made in the following manner:

8.9.1 ~~7.9.1~~ A Nominating Committee shall be formed on the first day of the Council meeting, consisting of the newly elected President and Vice-President, one (1) elected Council member and one (1) Council member appointed by the Lieutenant Governor in Council, such Committee members to be elected from among those Council members present. The Committee shall appoint its own Chair.

8.9.2 ~~7.9.2~~ The Elections Committee shall give its report, consisting of the names of all members of Council who have expressed interest or willingness to sit on or chair a Committee, to the Nominating Committee.

8.9.3 ~~7.9.3~~ The Nominating Committee shall nominate all eligible Council members who agree to sit on the Executive Committee and all eligible Council members who agree to chair the other Statutory Committees and standing Committees. The Chair of the Nominating Committee shall present the nominations to Council.

8.9.4 ~~7.9.4~~ Elections to the Executive Committee:

- (a) The President shall call for further nominations for the open positions on the Executive Committee;
- (b) Should the number of nominees who are Members match the number of open positions on the Executive Committee for members of the Council who are Members in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed;
- (c) Should the number of nominees who are appointed by the Lieutenant Governor-in-Council match the number of open positions on the Executive Committee for members of the Council appointed by the Lieutenant Governor-in-Council in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed; and
- (d) Should the number of nominees in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph ~~9.1.2~~10.1.2(b) ~~of this By-Law~~. Should there be more than one open position in a category, Council members shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who received the fewest votes shall then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Council members may only cast one vote per candidate on each ballot.

8.9.5 ~~7.9.5~~ The President shall call for further nominations from among the Council members for Chairs of the other Statutory Committees and of the standing Committees. If more than one person is nominated to serve as Chair of a Committee, an election shall be held following the procedure in subparagraph ~~9.1.2~~10.1.2(b) ~~of this By-Law~~.

8.9.6 ~~7.9.6~~ The Nominating Committee shall confer with the newly elected Chair of each statutory and standing Committee to consider the appointment of the remaining members to that Committee in accordance with the Committee composition provisions of this By-Law. The Nominating Committee shall then prepare a report with respect to the proposed membership of each Committee, which the Chair of the Nominating Committee shall present to the Council for its approval. In making this report the Nominating Committee shall consider the benefits of having minimal overlap between the composition of the Executive Committee and the Finance and Audit Committee.

8.10 ~~7.10~~ **Disqualification, Vacancies and Term Limits of Committee Members**

8.10.1 ~~7.10.1~~ A member of a Committee is disqualified from sitting on the Committee if the member:

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

8.10.2 ~~7.10.2~~ The Council may disqualify a member of a Committee from sitting on the Committee if the member:

- (a) fails, without cause, to attend three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
- (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
- (c) ceases to either practise or reside in Ontario;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) breaches the provisions of the By-Laws ~~of the College~~, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
- (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.

8.10.3 ~~7.10.3~~ A person who is disqualified under subparagraph ~~7.10.1~~8.10.1 or ~~7.10.2~~8.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph ~~7.10.5~~8.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.

8.10.4 ~~7.10.4~~ The term of office of a person who is appointed as a successor to a Committee member under subparagraph ~~7.10.3~~8.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.

8.10.5 ~~7.10.5~~ A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.

8.10.6 ~~7.10.6~~ Nothing in paragraph ~~7.10~~8.10 prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

8.11 ~~7.11~~ **Quorum.** Unless specifically provided for otherwise under the Act, the RHPA Regulations, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, or the regulations under any of those Acts, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

8.12 ~~7.12~~ **Voting.** Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

8.13 ~~7.13~~ **Vacancies.** Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “at least” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number shall not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 9~~Article 8~~

COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

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

9.2 ~~8.1~~ **Composition of the Executive Committee.** The Executive Committee shall be composed of:

9.2.1 ~~8.1.1~~ the President and the Vice-President;

9.2.2 ~~8.1.2~~ the immediate past President if he or she is a current member of ~~the~~ Council; and

9.2.3 ~~8.1.3~~ the minimum number of additional members of the Council as will ensure that the Committee consists of four members (4) of the Council who are Members and three (3) members of the Council who are appointed by the Lieutenant Governor in Council.

9.3 ~~8.2~~ **Chair of the Executive Committee.** The President shall be the Chair of the Executive Committee.

9.4 ~~8.3~~ **Duties of the Executive Committee.** The Executive Committee shall:

9.4.1 ~~8.3.1~~ perform such functions as are assigned to it by statute or regulation;

9.4.2 ~~8.3.2~~ recommend to the Council proposals for changes to applicable statutes, regulations, By-Laws, policies and practices;

9.4.3 ~~8.3.3~~ submit an annual report to the Council in accordance with the *Code*;

9.4.4 ~~8.3.4~~ exercise all the powers and duties of the Council between Council meetings that, in the Committee’s opinion, requires attention, other than the power to make, amend or revoke a regulation or by-law.

9.4.5 ~~8.3.5~~ review correspondence and other documents relating to the policies of the College;

9.4.6 ~~8.3.6~~ receive reports from other Committees and report the activities of those Committees to Council at regular meetings of the Council;

9.4.7 ~~8.3.7~~ receive findings and recommendations from the Elections Committee pursuant to subparagraph ~~4.9.25~~ 9.2, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Council;

9.4.8 ~~8.3.8~~ have the following financial authorities:

- (a) to approve all required operating expenditures not included in the operating budget, to a limit of \$20,000.00 per item, and \$100,000.00 in total per year;
- (b) to approve all required capital expenditures not included in the budget to a limit of \$100,000.00;
- (c) items over the limits prescribed in subparagraphs ~~8.3.8~~9.4.8(a) and (b) above shall be referred to the Council;

9.4.9 ~~8.3.9~~ recommend general policy to the Council;

9.4.10 ~~8.3.10~~ ensure that the policies of the Council are carried out;

9.4.11 ~~8.3.11~~ report its activities, decisions and recommendations through the President at each meeting of the Council; and

9.4.12 ~~8.3.12~~ have the following authorities with respect to staff compensation:

- (a) annually, establish guidelines for the awarding of salary increases to staff;
- (b) at least annually, review compensation for the Registrar; and
- (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

9.5 ~~8.4~~ **Composition of the Registration Committee.** The Registration Committee shall be composed of:

9.5.1 ~~8.4.1~~ at least two (2) members of Council who are Members;

9.5.2 ~~8.4.2~~ at least two (2) members of Council appointed to the Council by the Lieutenant Governor in Council;

9.5.3 ~~8.4.3~~ at least one (1) Member who is not a member of ~~the~~ Council;

9.5.4 ~~8.4.4~~ a dean of a faculty or school of a pharmacy program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs, or his or her designate as approved by the Council; and

9.5.5 ~~8.4.5~~ a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

9.6 ~~8.5~~ **Duties of the Registration Committee.** The Registration Committee shall:

9.6.1 ~~8.5.1~~ perform such functions as are assigned to it by statute or regulation;

9.6.2 ~~8.5.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.6.3 ~~8.5.3~~ submit an annual report to the Council in accordance with the *Code*;

9.6.4 ~~8.5.4~~ provide guidance to the Council on matters concerning registration, examinations and in-service training required prior to registration; and

9.6.5 ~~8.5.5~~ maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

9.7 ~~8.6~~ **Composition of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall be composed of:

9.7.1 ~~8.6.1~~ at least five (5) members of the Council who are Members;

9.7.2 ~~8.6.2~~ at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.7.3 ~~8.6.3~~ at least seven (7) Members who are not members of the Council.

9.8 ~~8.7~~ **Duties of the Inquiries, Complaints and Reports Committee.** The Inquiries, Complaints and Reports Committee shall:

9.8.1 ~~8.7.1~~ perform such functions as are assigned to it by statute or regulation;

9.8.2 ~~8.7.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.8.3 ~~8.7.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.8.4 ~~8.7.4~~ provide guidance to the Council on matters concerning investigations, complaints and reports.

9.9 ~~8.8~~ **Composition of the Discipline Committee.** The Discipline Committee shall be composed of:

9.9.1 ~~8.8.1~~ at least six (6) members of the Council who are Members;

9.9.2 ~~8.8.2~~ at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.9.3 ~~8.8.3~~ at least five (5) Members who are not members of the Council.

9.10 ~~8.9~~ **Duties of the Discipline Committee.** The Discipline Committee shall:

9.10.1 ~~8.9.1~~ perform such functions as are assigned to it by statute or regulation;

9.10.2 ~~8.9.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws policies and practices;

9.10.3 ~~8.9.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.10.4 ~~8.9.4~~ provide guidance to the Council on matters concerning discipline.

9.11 ~~8.10~~ **Composition of the Fitness to Practise Committee.** The Fitness to Practise Committee shall be composed of:

9.11.1 ~~8.10.1~~ at least two (2) members of the Council who are Members;

9.11.2 ~~8.10.2~~ at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.11.3 ~~8.10.3~~ at least one (1) Member who is not a member of ~~the~~ Council.

9.12 ~~8.11~~ **Duties of the Fitness to Practise Committee.** The Fitness to Practise Committee shall:

9.12.1 ~~8.11.1~~ perform such functions as are assigned to it by statute or regulation;

9.12.2 ~~8.11.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.12.3 ~~8.11.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.12.4 ~~8.11.4~~ provide guidance to the Council on matters concerning fitness to practise.

9.13 ~~8.12~~ **Composition of the Quality Assurance Committee.** The Quality Assurance Committee shall be composed of:

9.13.1 ~~8.12.1~~ at least two (2) members of the Council who are Members;

9.13.2 ~~8.12.2~~ at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.13.3 ~~8.12.3~~ at least three (3) Members who are not members of the Council.

9.14 ~~8.13~~ **Duties of the Quality Assurance Committee.** The Quality Assurance Committee shall:

9.14.1 ~~8.13.1~~ perform such functions as are assigned to it by statute or regulation;

9.14.2 ~~8.13.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.14.3 ~~8.13.3~~ submit an annual report to the Council in accordance with the *Code*;

9.14.4 ~~8.13.4~~ provide guidance to the Council on matters concerning quality assurance; and

9.14.5 ~~8.13.5~~ maintain a continuing review of the Quality Assurance Program.

9.15 ~~8.14~~ **Composition of the Patient Relations Committee.** The Patient Relations Committee shall be composed of:

9.15.1 ~~8.14.1~~ at least two (2) members of the Council who are Members;

9.15.2 ~~8.14.2~~ at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.15.3 ~~8.14.3~~ at least one (1) Member who is not a member of ~~the~~ Council.

9.16 ~~8.15~~ **Duties of the Patient Relations Committee.** The Patient Relations Committee shall:

9.16.1 ~~8.15.1~~ perform such functions as are assigned to it by statute or regulation;

9.16.2 ~~8.15.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.16.3 ~~8.15.3~~ submit an annual report to the Council in accordance with the *Code*; and

9.16.4 ~~8.15.4~~ provide guidance to the Council on matters concerning patient relations.

9.17 ~~8.16~~ **Composition of the Accreditation Committee.** The Accreditation Committee shall be composed of:

9.17.1 ~~8.16.1~~ at least two (2) members of the Council who are Members;

9.17.2 ~~8.16.2~~ at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

9.17.3 ~~8.16.3~~ at least two (2) Members who are not members of Council.

9.18 ~~8.17~~ **Duties of the Accreditation Committee.** The Accreditation Committee shall:

9.18.1 ~~8.17.1~~ perform such functions as are assigned to it by statute or regulation;

9.18.2 ~~8.17.2~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

9.18.3 ~~8.17.3~~ submit an annual report to the Council; and

9.18.4 ~~8.17.4~~ provide guidance to the Council on matters concerning accreditation.

9.19 ~~8.18~~ **Composition of the Finance and Audit Committee.** The Finance and Audit Committee shall be composed of:

9.19.1 ~~8.18.1~~ at least three (3) members of the Council who are Members; and

9.19.2 ~~8.18.2~~ at least one (1) member of ~~the~~ Council appointed to the Council by the Lieutenant Governor in Council.

9.20 ~~8.19~~ **Duties of the Finance and Audit Committee.** The Finance and Audit Committee shall:

9.20.1 ~~8.19.1~~ review and recommend to the Council, through the Executive Committee, the annual operating and capital budget for the College;

9.20.2 ~~8.19.2~~ maintain a rolling two (2) year operating budget;

9.20.3 ~~8.19.3~~ review quarterly financial statements and report to Council, through the Executive Committee, significant deviations from budget;

9.20.4 ~~8.19.4~~ meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

9.20.5 ~~8.19.5~~ review and report to the Council, through the Executive Committee, on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

9.20.6 ~~8.19.6~~ make recommendations to the Council, through the Executive Committee, on the appointment or reappointment of the external auditor;

9.20.7 ~~8.19.7~~ make recommendations to the Council through the Executive Committee regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

9.20.8 ~~8.19.8~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

~~**8.20—Composition of the Professional Practise Committee.** The Professional Practise Committee shall be composed of:~~

~~8.20.1 at least two (2) members of the Council who are Members;~~

~~8.20.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and~~

~~8.20.3 at least two (2) Members who are not members of the Council.~~

~~**8.21—Duties of the Professional Practise Committee.** The Professional Practise Committee shall:~~

~~8.21.1 provide direction and guidance to the Council, through the Executive Committee, on matters pertaining to pharmacy practice and ethics;~~

~~8.21.2 recommend to the Council, through the Executive Committee, policy pertaining to pharmacy practice and ethics;~~

~~8.21.3 develop and maintain ongoing review of standards of practice of the profession and make recommendations to the Council, through the Executive Committee, as appropriate; and~~

~~8.21.4 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By Laws, policies and practices.~~

9.21 ~~**8.22—Composition of the Elections Committee.**~~ The Elections Committee shall be composed of:

9.21.1 ~~8.22.1~~ at least one (1) member of ~~the~~ Council who is a Member;

9.21.2 ~~8.22.2~~ at least one (1) member of ~~the~~ Council appointed by the Lieutenant Governor in Council; and

9.21.3 ~~8.22.3~~ the President.

9.22 ~~**8.23—Duties of the Elections Committee.**~~ The Elections Committee shall:

9.22.1 ~~8.23.1~~ invite expressions of interest in sitting on and chairing Committees from all members of Council. Where there are not sufficient expressions of interest to fill every Committee, the Elections Committee shall use its best efforts to recruit additional Committee members sufficient to fully constitute every Committee;

9.22.2 ~~8.23.2~~ seek candidates for the offices of President and Vice-President;

9.22.3 ~~8.23.3~~ recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices; and

9.22.4 ~~8.23.4~~ perform the duties assigned to it under subparagraph ~~4.9.2 of this By Law~~ 5.9.2.

~~8.24—Composition of the Communications Committee.~~ ~~The Communications Committee shall be composed of:~~

~~8.24.1—at least three (3) members of Council who are Members;~~

~~8.24.2—at least two (2) members of Council appointed by the Lieutenant Governor in Council;
and~~

~~8.24.3—at least one (1) Member who is not a member of the Council.~~

~~The Committee shall include at least one (1) member of the Executive Committee and at least one (1) member of the Patient Relations Committee.~~

~~8.25—Duties of the Communications Committee.~~ ~~The Communications Committee shall:~~

~~8.25.1—provide direction and guidance to Council, through the Executive Committee, on all matters supporting public education and outreach, including, but not limited to, raising awareness of the value of both the profession and the College.~~

9.23 **8.26 Composition of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The Chair of the Accreditation Committee shall be the Chair of the Drug Preparation Premises Committee.

9.24 **8.27 Duties of the Drug Preparation Premises Committee.** The Drug Preparation Premises Committee shall:

9.24.1 ~~8.27.1—~~administer and govern the College's Drug Preparation Premises inspection program in accordance with ~~Part IX of the~~ *Pharmacy Act Regulations*; and

9.24.2 ~~8.27.2—~~deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Council.

~~8.28—[Note: Previous paragraph 8.28 (Maximum Number of Non-Council Committee Members:) was removed to eliminate arbitrary appointments.]—Council shall not appoint more members to a Committee that are not Council members than the number of Council members that it appoints to the Committee. However, a failure to comply with this provision does not affect the validity of the decisions made by the Committee.~~

ARTICLE 10~~Article 9~~ OFFICERS

10.1 ~~9.1~~ Election of the President and the Vice-President.

10.1.1 ~~9.1.1—~~The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members, and shall be conducted ~~by secret ballot~~ using electronic voting methods.

10.1.2 ~~9.1.2—~~The election of the President shall be conducted in the following manner:

- (a) The outgoing President, or a person chosen by the Council, if the President is unable or unwilling to act, shall call on the Chair of the Elections Committee for the Elections Committee's report. The Chair shall present the list of all candidates for the office of President and hand it to the outgoing President. The President shall read the list and shall

ask “Are there any further nominations?” Any Council member may then rise and, after addressing the Chair, nominate any other Council member for President. It is not necessary for the nomination to be seconded.

- (b) If there is more than one candidate, ~~the outgoing President shall appoint two tellers and direct them to distribute blank ballots, one to each member of the Council. After each Council member has voted, the tellers shall collect the ballots and one teller appointed shall report the vote without disclosing the count~~an election shall be held. The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the ~~first teller~~Chair.

10.1.3 ~~9.1.3~~ The procedure outlined in paragraph ~~9.1.2~~10.1.2 shall then be repeated for the office of Vice-President.

10.2 ~~9.2~~ Duties of the President and the Vice-President.

10.2.1 ~~9.2.1~~ The President shall:

- (a) preside as Chair at all meetings of the Council;
- (b) make all necessary rulings as to the order of business, subject to an appeal to the Council members present; and
- (c) be *ex officio* a member of all Committees of the Council, except the Discipline Committee.

10.2.2 ~~9.2.2~~ The Vice-President shall, in the event of the absence or inability of the President to act, perform the duties of the President.

10.2.3 ~~9.2.3~~ In the event of the absence or inability of both the President and the Vice-President to act, the Council members present at a meeting of the Council may appoint one of the other members of the Council to preside at any meeting of the Council.

10.2.4 ~~9.2.4~~ In the event of the death, or disqualification, or inability to act of a permanent nature of the President or the Vice-President, the Council shall elect Council members to fill these vacancies according to the provisions of these By-Laws for calling a meeting and electing the President and the Vice-President.

10.2.5 ~~9.2.5~~ Where the President has lost the confidence of the Council, Council may, on a notice of motion to that effect or at a special meeting of the Council, disqualify the President from office by a vote of at least two thirds (2/3) of the Council members present and eligible to vote.

ARTICLE 11~~Article 10~~ BUSINESS OF THE COLLEGE

11.1 ~~10.1~~ Seal. The seal shall be the seal of the College.

11.2 ~~10.2~~ Execution of Documents.

11.2.1 ~~10.2.1~~ Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the President or Vice-President and any one (1) of the Registrar, the Deputy Registrar, the Director of ~~Finance and Administration~~Conduct, the Director ~~of Professional Development, Corporate Services~~, or the Director of ~~Professional Practice~~Quality, provided that they have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Council may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

11.2.2 ~~10.2.2~~ Certificates of Registration shall be signed by the President and the Registrar.

11.2.3 ~~10.2.3~~ Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

11.2.4 ~~10.2.4~~ The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual’s authorization to sign on behalf of the College is revoked by resolution of the Council.

11.3 ~~10.3~~ **Banking and Finance.**

11.3.1 ~~10.3.1~~ The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions, as may, from time to time, be designated by or under the authority of the Council on recommendation of the Finance and Audit Committee through the Executive Committee. All such banking business, or any part thereof, shall be transacted on the College’s behalf by one or more officers and or other persons as Council may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

11.3.2 ~~10.3.2~~ Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two (2) of the Registrar, the Deputy Registrar, the Director of ~~Finance and Administration~~Conduct, the Director, Corporate Services and the Director of ~~Competence~~Quality, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.

11.4 ~~10.4~~ **Financial Year and Audit.**

11.4.1 ~~10.4.1~~ The financial year of the College shall be the calendar year ending December ~~31st~~31.

11.4.2 ~~10.4.2~~ The Council shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such

appointment to be made at a Council meeting in the year for which the books are to be audited.

11.5 ~~10.5~~ Inspectors/Practice Advisors. The Registrar may from time to time, and within budgetary limits, appoint ~~inspectors~~ Inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Council at the next regular meeting following the appointment. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

11.6 ~~10.6~~ Inspectors for the Purposes of Inspecting Drug Preparation Premises. The Registrar may appoint inspectors for the purposes ~~of Part IX~~ of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in ~~Part IX~~ of the *Pharmacy Act Regulations*.

11.7 ~~10.7~~ Grants.

11.7.1 ~~10.7.1~~ The Council shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

11.7.2 ~~10.7.2~~ The Council shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy.

11.8 ~~10.8~~ Funds.

11.8.1 ~~10.8.1~~ The disbursement of funds of the College shall be as authorized in the annual budget approved by Council for the fiscal year upon the recommendation of the Finance and Audit Committee through the Executive Committee. Funds not authorized under the budget shall be disbursed only after approval by the Council, or the Executive Committee, as provided for in this By-Law.

11.8.2 ~~10.8.2~~ Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by Council on the recommendation of the Finance and Audit Committee through the Executive Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

11.9 ~~10.9~~ College Membership. The College may be a member of a national organization of bodies with similar functions.

~~10.10—Deputy Registrar.~~ ~~The Deputy Registrar shall be vested with and may exercise all the powers and perform all the duties of the Registrar in the event the Registrar is absent or is unable to act.~~

11.10 Delegation of Powers and Duties.

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

11.10.2 The Deputy Registrar shall be vested with and may exercise any or all of the powers and perform any or all the duties of the Registrar in the event the Registrar is absent or is

unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 11.10.1.

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

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

ARTICLE 12~~Article 11~~ **THE REGISTER**

12.1 ~~11.1~~ **Member's Name.** A Member's name in the Register shall be:

12.1.1 ~~11.1.1~~ the Member's name as provided in the documentary evidence used to support the Member's initial registration with any other given name commonly used by the Member included in parentheses, or such other name as is acceptable to the Registrar; or

12.1.2 ~~11.1.2~~ a name other than as provided in subparagraph ~~11.1.1~~ 12.1.1 where a written request is made by the Member and the Registrar is satisfied that the Member has validly changed his or her name and that the use of the name is not for an improper purpose.

12.2 ~~11.2~~ **Business Address and Telephone Number.**

12.2.1 ~~11.2.1~~ A Member's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Member practises in Ontario or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Member provides such services.

12.2.2 ~~11.2.2~~ Where a Member does not practise in Ontario, the Member's business address and business telephone number in the Register shall be, respectively, the address designated by the Member as the Member's business address and the telephone number associated with that business address.

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

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

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

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

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

12.6 ~~11.3~~ **Information to be kept in Register by the Code - Members.** Under subsection 23(2) of the *Code* ~~and, but~~ subject to ~~certain exceptions contained in the remaining subsections of section 23 of the Code, certain the following~~ information must be contained in the Register and must be available to the public. ~~Since June 4, 2009, the Register has been required to contain the following:~~

12.6.1 ~~11.3.1~~ Each Member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Member is a shareholder.

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

12.6.3 ~~11.3.2~~ The name, business address and business telephone number of every health profession corporation.

12.6.4 ~~11.3.3~~ The names of the shareholders of each health profession corporation who are ~~members of the College~~ Members.

12.6.5 ~~11.3.4~~ Each Member's class of registration and specialist status (specialist status not applicable to the Ontario College of Pharmacists at this time).

12.6.6 ~~11.3.5~~ The terms, conditions and limitations that are in effect on each Certificate of Registration.

12.6.7 ~~A notation of every caution that a Member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph (3) of subsection 26(1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the Code.~~

12.6.8 ~~11.3.6~~ A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

12.6.9 ~~A copy of the specified allegations against a Member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.~~

12.6.10 ~~11.3.7~~ The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, ~~unless a panel of the relevant Committee makes no finding with regard to the proceeding.~~

12.6.11 ~~A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Member has entered into with the College and that are in effect.~~

12.6.12 ~~11.3.8~~ A notation of every finding of professional negligence or malpractice, which may or may not relate to the Member's suitability to practise, made against the Member, unless the finding is reversed on appeal.

12.6.13 ~~11.3.9~~ A notation of every revocation or suspension of a Certificate of Registration.

12.6.14 ~~11.3.10~~ A notation of every revocation or suspension of a Certificate of Authorization.

12.6.15 ~~11.3.11~~ Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

12.6.16 ~~11.3.12~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

12.6.17 ~~11.3.13~~ Where, during or as a result of a proceeding under section 25 of the *Code*, a Member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

12.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 12.10.1.

12.6.19 ~~11.3.14~~ Information that is required to be kept in the Register in accordance with the By-Laws.

12.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

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

12.7.1 If there has been a finding of guilt against a Member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 12.7.6 have been satisfied:

(a) a brief summary of the finding;

(b) a brief summary of the sentence; and

(c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

12.7.2 With respect to a Member, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

12.7.3 If a Member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

(a) the fact and content of the charge; and

(b) the date and place of the charge.

12.7.4 If a Member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

(a) the fact of the finding;

(b) the date of the finding;

(c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

12.7.5 If a Member is currently licenced or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

12.7.6 The conditions referred to in paragraph 12.7.1 are the following:

(a) The Parole Board of Canada has ordered a record suspension in respect of the conviction;

(b) A pardon in respect of the conviction has been obtained; and

(c) The conviction has been overturned on appeal.

12.7.7 Nothing in this paragraph 12.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Member.

12.7.8 For the purposes of this paragraph 12.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

12.8 ~~11.4~~ Additional Information to be kept in Register - Members. For the purposes of paragraph ~~11.4~~ 20* of subsection 23(2) of the *Code*, and subject to paragraphs ~~11.8~~ 12.13 and ~~11.9~~ 12.14, the following additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

12.8.1 ~~11.4.1~~ Any changes to each Member’s name which have been made in the Register since the Member was first issued a Certificate of Registration.

12.8.2 ~~11.4.2~~ Each Member’s gender and registration number.

12.8.3 ~~11.4.3~~ The date when each Member’s Certificate of Registration was first issued or, if the Member was licensed under Part VI of the *Health Disciplines Act*, the date when the Member was first issued a licence by the College.

12.8.4 ~~11.4.4~~ Where a person ceased to be a Member as a result of his or her resignation or death, the last calendar year during which the person was a Member.

12.8.5 ~~11.4.5~~ Where a Member holds a Certificate of Registration as a Pharmacist, Intern ~~or~~, Pharmacy Technician, or Intern Technician (following the date upon which the *Pharmacy Act Regulations* are amended to recognize Intern Technicians as a class of Certificates of Registration) the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician or

intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

12.8.6 ~~11.4.6~~ The classes of Certificate of Registration held or previously held by each Member, the date on which each was issued and, if applicable, the termination or expiration date of each.

12.8.7 Where a Member holds a Certificate of Registration as a:

(a) ~~11.4.7 Where a Member holds a Certificate of Registration as a~~ Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register; and

(b) Pharmacy Technician, following the date upon which the *Pharmacy Act Regulations* are amended to include a two-part register for Pharmacy Technicians, a notation as to whether the Member is listed in Part A or Part B of the Register. [Note: Amended to contemplate new two-part Register for Pharmacy Technicians.]

12.8.8 ~~11.4.8~~ Whether the Member has completed the necessary injection training requirements approved by the College.

12.8.9 ~~11.4.9~~ Where a Member is ~~a shareholder,~~ an officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title, ~~if any,~~ the Member holds with that corporation. [Note: The reference to shareholder was deleted given the requirement set out above in paragraph 12.6.1 for information regarding a Member's status of a shareholder of any health professional corporation.]

12.8.10 ~~11.4.10~~ Where a Member is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Member holds with that corporation.

12.8.11 ~~11.4.11~~ Where a Member is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.

12.8.12 ~~11.4.12~~ Where a Member is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that authority.

12.8.13 ~~11.4.13~~ Where applicable, a summary of any restriction on a Member's right to practise:

(a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or

~~*Effective May 30, 2017, upon proclamation of the *Protecting Patients Act*, 2017:~~

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary ~~of the restriction~~ shall ~~also~~ include ~~the source~~ a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

12.8.14 ~~11.4.13.1~~ ~~— A summary of any currently existing charges~~ Without affecting the requirement of paragraph 12.7, if there has been a charge or finding of guilt against a Member, of which the College is aware in respect of a federal ~~or,~~ provincial and/or state

offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Member's suitability to practise in which case the summary shall include:

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

12.8.15 ~~11.4.13.2~~ —A Without affecting the requirement of subparagraph 12.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of a federal, provincial and/or federal state offence ~~processes~~ in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise. [Note: Amended to: (1) clarify that this subparagraph does not affect the obligation set out in subparagraph 12.7.2 (i.e. the new obligation arising under the RHPA Regulation); and (2) broaden the scope of the information required by: (a) adding "and/or state" and "or any other jurisdiction"; and (b) specifying additional information to be contained in a summary provided under this subparagraph (the scope of which reflects the scope of information required in a summary provided under various other sections of the By-Law).]

~~11.4.13.3 A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.~~

~~11.4.13.4 The information described in paragraphs 11.4.13.1, 11.4.13.2 and 11.4.13.3 in respect of a former Member if the former Member's membership is revoked, suspended, resigned or otherwise terminates while the offence proceedings are pending or after being notified by the College that the information may be placed on the register.~~

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

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

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

12.8.17 ~~11.4.14~~ Where a Member's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

12.8.18 ~~11.4.15~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.13, where a Member's Certificate of Registration is suspended by the Registrar ~~for, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.~~

- ~~(a) — non payment of a required fee;~~
- ~~(b) — failure to provide to the College information or a declaration, required under the By-Laws;~~
- ~~(c) — failure to provide to the College, upon request, evidence that the Member holds professional liability insurance in an amount and in a form required by the By-Laws; or~~
- ~~(d) — any other administrative reason;~~

~~a notation of that fact and the date upon which the suspension took effect.~~

~~11.4.16 Where a Member's Certificate of Registration continues to be suspended for failure to submit to a physical or mental examination as ordered by a Board of Inquiry or the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect. [Note: Remainder of this provision deleted as a notation of a suspension of Certificate of Registration is required by paragraph 12.6.13.]~~

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

12.8.19 ~~11.4.17~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.6, where a Member has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.

12.8.20 ~~11.4.18~~ Where terms, conditions or limitations on a Member's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

12.8.21 ~~11.4.19~~ Where a suspension of a Member's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

12.8.22 ~~11.4.20~~ Where a Member's Certificate of Registration is reinstated, the effective date of the reinstatement.

12.8.23 ~~11.4.20.1~~ ~~Where, after April 1, 2015,~~ the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this

information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation.

12.8.24 ~~11.4.20.2~~ — Where, ~~for~~ a complaint has been filed ~~after April 1, 2015 or for a matter in which~~ or an investigator ~~is~~ has been appointed under 75(1)(a) or 75(1)(b) of the *Code after April 1, 2015*, a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned;

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

12.8.25 ~~11.4.20.3~~ — Where, ~~for~~ a complaint has been filed ~~after April 1, 2015 or for a matter in which~~ or an investigator ~~is~~ has been appointed under 75(1)(a) or 75(1)(b) of the *Code after April 1, 2015*, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a member to complete a specified continuing education or remediation program;

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

12.8.26 ~~11.4.21~~ — Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding;

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

12.8.27 ~~11.4.22~~ Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

12.8.28 ~~11.4.23~~ A summary of any reprimand given ~~publicly after November 1, 2006~~ to a Member as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the *Code*.

12.8.29 ~~11.4.24~~ ~~Where~~ Without affecting the requirement of subparagraph 12.6.15, where the question of a Member's capacity has been referred to the Fitness to Practise Committee and is outstanding,

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

12.8.30 ~~11.4.25~~ ~~Where~~ Without affecting the requirement of subparagraph 12.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario ~~by a body that governs pharmacists or pharmacy technicians, in respect of any profession:~~

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

12.8.31 ~~11.4.26~~ Where a decision of a panel of the Discipline Committee has been published by the College with the Member's or former Member's name included after December 31, ~~1999, 1999:~~

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

12.8.32 ~~11.4.27~~ The language(s) in which the Member can provide professional services as reported by the Member.

~~11.4.28 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.~~

12.8.33 ~~11.4.29~~ Any other information not otherwise referred to in ~~paragraph 11.4~~ subparagraph 12.6.20, which the College and the Member have agreed shall be available to the public.

12.9 Former Members.

12.9.1 The term "Former Member" shall mean those individuals whose membership in the College is revoked, suspended or rescinded (in which case, recognizing that such

individual is deemed to have never held membership in the College) by the College or is otherwise resigned or terminated.

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

12.10 ~~11.5~~ Information to be kept in Register – Drug Preparation Premises. ~~The~~ For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code: [Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.]

12.10.1 ~~11.5.1~~ The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under ~~Part IX of~~ the *Pharmacy Act Regulations*, including the relevant date.

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

12.10.3 ~~11.5.2~~ Any other information which the College and a designated Member for the Drug Preparation Premises have agreed shall be available to the public.

12.11 ~~11.6~~ Information to be kept in Register – Health Profession Corporations. For the purposes of paragraph ~~11.20~~^{*} of subsection 23(2) of the *Code*, and subject to paragraphs ~~11.8~~^{12.13} and ~~11.9~~^{12.14}, the following information referable to health profession corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

~~11.6.1 The address and telephone number of each location at which the health profession corporation carries on business.~~

12.11.1 ~~11.6.2~~ The Certificate of Authorization number of the health profession corporation and the date upon which that Certificate was first issued.

12.11.2 ~~11.6.3~~ Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

12.11.3 ~~11.6.4~~ Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.

12.11.4 ~~11.6.5~~ The name, as set out in the College's Register, of each of the shareholders, officers and directors of the health profession corporation who are Members and the title or office, if any, held by each.

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

12.12 ~~11.7~~ Information to be kept in Register - Pharmacies. ~~The~~ For the purposes of paragraph 20 of subsection 23(2) of the Code, and subject to paragraphs 12.13 and 12.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to

subsection 23(5) of the Code: *[Note: Amended to reflect lead in to other paragraphs which also set out information required to be kept in the Register by this By-Law and not by statute.]*

12.12.1 ~~11.7.1~~ The pharmacy's name, address, telephone and fax number.

12.12.2 ~~11.7.2~~ The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

12.12.3 ~~11.7.3~~ The date the pharmacy opened.

12.12.4 ~~11.7.4~~ The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

12.12.5 ~~11.7.5~~ The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

12.12.6 ~~11.7.6~~ Any terms, conditions and limitations on the Certificate of Accreditation.

12.12.7 ~~11.7.7~~ Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

~~*Effective May 30, 2017, upon proclamation of the *Protecting Patients Act*, 2017:~~

12.12.8 ~~11.7.8~~ Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

12.12.9 ~~11.7.9~~ Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

12.12.10 ~~11.7.10~~ Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

12.12.11 ~~11.7.11~~ A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, which notation shall include:

- (a) the date of the referral;
- (b) a brief summary of each specified allegation; and
- (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

12.12.12 ~~11.7.12~~ The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the

Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

12.12.13 ~~11.7.13~~ Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

12.12.14 ~~11.7.14~~ A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

12.12.15 ~~11.7.15~~ Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

12.12.16 ~~11.7.16~~ Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

12.12.17 ~~11.7.17~~ Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

12.12.18 ~~11.7.18~~ Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

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

12.12.19 ~~11.7.19~~ Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;

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

12.12.20 ~~11.7.20~~ Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

12.12.21 ~~11.7.21~~ Where a person has permanently closed the pharmacy, a notation of that fact and the date the pharmacy was closed.

12.12.22 ~~11.7.22~~ Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

12.13 ~~11.8~~ Deletion of Information.

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

12.13.1 ~~11.8.1~~ Unless otherwise indicated, where the information described in paragraphs ~~11.3, 11.4, 11.5, 11.6 and 11.7~~ 12.6 to 12.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

12.13.2 ~~11.8.2~~ Despite paragraphs ~~11.4, 11.5, 11.6 and 11.7~~ 12.8 to 12.12, and subject to paragraphs ~~11.8.3, 11.8.4 and 11.8.5~~ subparagraphs 12.13.3, 12.13.4 and 12.13.5, the College is not required to maintain and may delete from the Register information about a Member, a Drug Preparation Premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

12.13.3 ~~11.8.3~~ ~~Despite paragraph 11.8.2, but subject to 11.8.4 and 11.8.5~~ Despite subparagraphs 12.13.2 and 12.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Member and a pharmacy where the Register contains information about the Member resulting from a direction or order of a Committee ~~of the College~~ or resulting from an offence proceeding.

12.13.4 ~~11.8.4~~ The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~11.4.13, 11.4.29, 11.7.17 or 11.7.22~~ 12.8.13, 12.8.33, 12.12.17, 12.12.22 and 12.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

12.13.5 ~~11.8.5~~ The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs ~~11.4.20.2~~ 12.8.24 and ~~11.4.20.3~~ or 12.8.25 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified

continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

12.14 ~~11.9~~ **Disclosure.** All of the information referred to in paragraphs ~~11.4, 11.5, 11.6 and 11.7~~ 12.6 to 12.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 13 ~~Article 12~~

FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

13.1 ~~12.1~~ **Filing of Information by Members.**

13.1.1 ~~12.1.1~~ The College shall forward to each Member who holds a Certificate of Registration as a Pharmacist or Pharmacy Technician each year, and may forward to any Member at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Member's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Member or, if the Member does not have a residence in Ontario, the Member's principal residence and, where available, the Member's e-mail address;
- (b) where a Member is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Member engages in the practice or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Member provides such services;
- (c) the Member's preferred address, preferred telephone number and where applicable, the Member's preferred e-mail address for communications from the College;
- (d) in the case of a Member who ~~holds a Certificate of Registration as a Pharmacist and who is listed in Part A of the Register, or as an Intern or a student or a pharmacy technician~~ is required to possess personal professional liability insurance in accordance with Article 3, information respecting the Member's personal professional liability insurance; [Note: Amended in anticipation of amendment to Pharmacy Act Regulations. Refer to the Note in Article 3 for more information.]
- (e) information respecting the Member's participation in the Quality Assurance Program;

13.1.2 ~~(f)~~ information required to be contained in the Register pursuant to the *Code* and the By-Laws;

(a) ~~(g)~~ such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations under any of those Acts;

(b) ~~(h)~~ information that relates to the professional characteristics and activities of the Member that may assist the College in carrying out its objects;

(c) ~~(i)~~ information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and

(d) ~~(i)~~ any other information that the College deems may assist it in carrying out its objects.

13.1.3 ~~12.1.2~~ Each Member shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Member.

13.1.4 ~~12.1.3~~ Where any information that a Member has provided to the College in response to a request under subparagraph ~~12.1.1~~ 13.1.1 has changed, the Member shall notify the College of the change within thirty (30) days of its effective date.

13.1.5 ~~12.1.4~~ In addition to the requirements in subparagraphs ~~12.1.2~~ 13.1.3 and ~~12.1.3~~ 13.1.4, a Member shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Member is required to provide to the College, pursuant to the *Code* or the By-Laws.

13.2 ~~12.2~~ **Filing of Information by Applicants for a Certificate of Accreditation.**

13.2.1 ~~12.2.1~~ Every Applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the Applicant proposes to commence operation of the pharmacy:

- (a) the full name of the Applicant and, where the Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Applicant is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;
- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (g) any other information that the College deems may assist it in carrying out its objects.

13.2.2 ~~12.2.2~~ Every Applicant for a Certificate of Accreditation shall provide such additional information the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

13.2.3 ~~12.2.3~~ Every Applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

13.2.4 ~~12.2.4~~ Where any of the information that an Applicant has provided to the College under subparagraph ~~12.2.1, 12.2.2 or 12.2.3~~ 13.2.1, 13.2.2 or 13.2.3 has changed, the Applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

13.3 ~~12.3~~ **Filing of Information by Pharmacies.**

13.3.1 ~~12.3.1~~ In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;
- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (f) any other information that the College deems may assist it in carrying out its objects.

13.3.2 ~~12.3.2~~ Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph ~~12.3.1~~ 13.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

13.3.3 ~~12.3.3~~ In addition to the requirements in subparagraphs ~~12.3.1~~ 13.3.1 and ~~12.3.2~~ 13.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

13.4 ~~12.4~~ **Filing of Information for Closing Pharmacies.**

13.4.1 ~~12.4.1~~ Subject to subparagraph ~~12.4.2~~ 13.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;

- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

13.4.2 ~~12.4.2~~ Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph ~~12.4.1~~13.4.1 need only set out the information in subparagraph ~~12.4.1~~13.4.1(a) and (d).

13.5 ~~12.5~~ Filing of Information by Health Profession Corporations.

13.5.1 ~~12.5.1~~ The College shall forward to each health profession corporation each year, in a form approved by the Registrar, a request for such information as the health profession corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

13.5.2 ~~12.5.2~~ Every health profession corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the 10th day of March next following the forwarding of the request for information to the health profession corporation.

13.5.3 ~~12.5.3~~ Where any information that a health profession corporation has provided to the College in response to a request under subparagraph ~~12.5.1~~13.5.1 has changed, the health profession corporation shall notify the College of the change within thirty (30) days of its effective date.

13.5.4 ~~12.5.4~~ Despite ~~subsection 12.5.3~~subparagraph 13.5.3, a health profession corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

13.5.5 ~~12.5.5~~ In addition to the requirements in subparagraphs ~~12.5.2, 12.5.3~~13.5.2, 13.5.3 and ~~12.5.4~~13.5.4, a health profession corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the health profession corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 14 CHANGE OF CONTROL

14.1 Change of Control.

14.1.1 In the event that a Member engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Member must notify the College in the event that the Member becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

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

- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;

- (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
- (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
- (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
- (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
- (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,
in each case, by way of one or a series of related transactions. [Note: Added to ensure that the College is aware of transactions of a significant nature involving a Drug Preparation Premises.]

ARTICLE 15~~Article 13~~ **MEMBER FEES**

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

15.2 ~~13.1~~ **Application and Issuance Fees** [Note: All changes to fees below reflect fees proposed to begin in 2019.]

15.2.1 ~~13.1.1~~ Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee ~~as follows: of \$375.00 plus applicable taxes, due and payable immediately upon the College opening a registration file for such person.~~

~~(a) on or before December 31, 2015, \$130.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$300.00 plus applicable taxes;~~

~~which fee shall be due and payable immediately upon the College opening a registration file for such person.~~

~~13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee as follows:~~

~~(a) on or before December 31, 2015, \$205.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$75.00 plus applicable taxes;~~

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

15.2.3 ~~13.1.3~~ The fee for the issuance of a Certificate of Registration as a Pharmacist is ~~as follows:~~ the applicable annual fee plus applicable taxes.

~~(a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes; and~~

~~(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.~~

15.2.4 ~~13.1.4~~ The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is ~~as follows:~~ the applicable annual fee plus applicable taxes.

~~(a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes; and~~

~~(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.~~

15.3 ~~13.2~~ **Examination Fee.** An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee ~~as follows:~~ of \$125.00 plus applicable taxes.

~~(a) on or before December 31, 2015, \$200.00 plus applicable taxes; and~~

~~(b) on or after January 1, 2016, \$100.00 plus applicable taxes.~~

15.4 ~~13.3~~ **Annual Fees.**

15.4.1 ~~13.3.1~~ Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of ~~\$600.00; (i) for the year beginning January 1, 2019, \$675.00 plus applicable taxes; and (ii) thereafter, \$750.00~~ plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$300.00 plus applicable taxes.~~

15.4.2 ~~13.3.2~~ Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of ~~\$300.00; (i) for the year beginning January 1, 2019, \$337.50 plus applicable taxes; and (ii) thereafter, \$375.00~~ plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$150.00 plus applicable taxes.~~

15.4.3 ~~13.3.3~~ Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of ~~\$400.00; (i) for the year beginning January 1, 2019, \$450.00 plus applicable taxes; and (ii) thereafter, \$500.00 plus applicable taxes,~~ except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the fee shall be fifty percent (50%) of the annual fee for that year ~~shall be \$200.00 plus applicable taxes.~~

15.4.4 ~~13.3.4~~ The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

15.4.5 ~~13.3.5~~ No later than 30 days before the annual fee is due, the Registrar shall notify the Member of the amount of the fee and the day on which the fee is due.

15.4.6 ~~13.3.6 A Member~~A Pharmacist or Pharmacy Technician who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the ~~Member pays the annual fee within 30 days of when it is due, the penalty shall be \$100.00 plus applicable taxes. If the Member pays the annual fee 30 days or more after it is due, the penalty shall be \$150.00 plus applicable taxes.~~Pharmacist or Pharmacist Technician pays the annual fee:

(a) ~~within thirty (30) days of when it is due, the penalty shall be \$125.00 plus applicable taxes; and~~

(b) ~~thirty-one (31) days or more after it is due, the penalty shall be \$188.00 plus applicable taxes. [Note: Changed to clarify that payments made within 30 days are subject to the fees set out in paragraph (a) and payments made 31 days or more are subject to the fees set out in paragraph (b).]~~

15.5 ~~13.4~~**Fee to Lift Suspension or for Reinstatement.**

15.5.1 ~~13.4.1~~ Where a Member's Certificate of Registration has been suspended by the Registrar for ~~failure~~failing *[Note: Changed to reflect change to QA & Registration Reg.]* to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of ~~\$150.00~~188.00 plus applicable taxes.

15.5.2 ~~13.4.2~~ Where a Member's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of ~~\$150.00~~188.00 plus applicable taxes.

15.5.3 ~~13.4.3~~ The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be ~~\$250.00~~313.00 plus applicable taxes.

15.6 ~~13.5~~**Election Recount Fee.** The election recount fee payable by a candidate for election to the Council who requests a recount of the vote shall be \$500.00 plus applicable taxes.

15.7 ~~13.6~~**Other Fees.**

15.7.1 ~~13.6.1~~ Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

15.7.2 ~~13.6.2~~ Where, pursuant to the *Pharmacy Act Regulations*, a member:

(a) has undertaken remediation by order of the Quality Assurance Committee;

(b) undergoes a practice review by an assessor after the remediation, and is found by the Quality Assurance Committee to continue to have a deficiency in his or her knowledge, skills or judgment that requires correction; and

~~(c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation;~~

- (c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation, the member shall pay a fee of \$1000.00 plus applicable taxes for each such further practice review by an assessor, and for any additional practice -reviews that the member undertakes thereafter.

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

15.7.4 ~~13.6.3~~ The fee for the inspection of a Drug Preparation Premises pursuant to ~~Part IX of~~ the *Pharmacy Act Regulations*, including all activities related to the inspection, shall be ~~\$2,500.00~~ \$3,125.00 plus applicable taxes, and shall be payable, jointly and severally, by those Members who engage in, or supervise, drug preparation activities at the Drug Preparation Premises.

ARTICLE 16~~Article 14~~ PHARMACY TRANSACTION FEES

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

16.2 ~~14.1~~ Application Fee.

16.2.1 ~~14.1.1~~ Subject to subparagraph ~~14.1.2~~ 16.2.2, the application fee for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall be ~~as follows:~~ \$625.00 plus applicable taxes.

- (a) ~~on or before December 31, 2015, \$250.00 plus applicable taxes;~~
- (b) ~~between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes; and~~
- (c) ~~on and after the Effective Date:~~
- (i) ~~\$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or~~
- (ii) ~~\$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~

16.2.2 ~~14.1.2~~ Where an Applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for ~~certificates of accreditation~~ Certificates of Accreditation to establish and operate the pharmacies, the application fee shall be ~~as follows:~~ \$625.00 plus applicable taxes for the first application, and \$63.00 plus applicable taxes for each additional application.

- (a) ~~on or before December 31, 2015, \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application;~~
- (b) ~~between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application; and~~
- (c) ~~on and after the Effective Date:~~

- ~~(i) for the first application, \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class;~~
- ~~(ii) for each additional application, \$50.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and~~
- ~~(iii) for greater certainty, this subparagraph 14.1.2 shall not apply to an Applicant seeking a Certificate of Accreditation of the hospital pharmacy class.~~

16.3 ~~14.2~~ Issuance Fee.

~~14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy shall be:~~

- ~~(a) until the Effective Date, \$750.00 plus applicable taxes; and~~
- ~~(b) on and after the Effective Date:~~
 - ~~(i) \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and~~
 - ~~(ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~

~~14.2.2 Subject to subparagraph 14.2.4 and 14.2.5, the additional fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.~~

16.3.1 ~~14.2.3 Subject to subparagraph 14.2.5~~16.3.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.shall be:

~~14.2.4 Subject to subparagraph 14.2.5, there shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.~~

(a) \$938.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$469.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the community pharmacy class; and

(b) \$4375.00 plus applicable taxes if issued between May 10 and November 9 in a given year, and \$2,188.00 plus applicable taxes if issued between November 10 and May 9 in a given year for a Certificate of Accreditation of the hospital pharmacy class.

16.3.2 ~~14.2.5 For greater certainty, on and after the Effective Date~~Subject to subparagraphs ~~14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to~~16.3.4, the additional fee for the issuance of a Certificate of Accreditation of the community pharmacy class to establish and operate a community pharmacy that permits the operation of remote dispensing locations, shall be \$938.00 plus applicable taxes for each remote dispensing location to be operated.

16.3.3 The fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be:

(a) \$1,200.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class; and

(b) \$313.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class.

16.3.4 There shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

16.4 ~~14.3~~ **Fee for Amended Certificates - Remote Dispensing Locations.**

16.4.1 ~~14.3.1~~ The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be ~~\$250.00~~ \$313.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

16.4.2 ~~14.3.2~~ The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be ~~\$750.00~~ \$38.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

~~14.4~~ **Lock and Leave.**

~~14.4.1~~ Subject to subparagraphs ~~14.2.2~~ and ~~14.2.3~~, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection ~~146(2)~~ of the ~~Drug and Pharmacies Regulation Act~~, shall be ~~\$250.00~~ plus applicable taxes.

~~14.4.2~~ The fee referred to in subparagraph ~~14.4.1~~ shall not apply where an Applicant seeks the approval at the same time as it applies to establish and operate a pharmacy (other than an existing pharmacy that the Applicant has acquired or that has relocated).

~~14.4.3~~ On and after the Effective Date, subparagraphs ~~14.4.1~~ and ~~14.4.2~~ shall be of no force or effect.

16.4.3 For greater certainty, subparagraphs 16.4.1 and 16.4.2 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

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

16.5 ~~14.5~~ **Renewal Fee.** The fee for the renewal of a Certificate of Accreditation shall be paid on or before May 10 of each year and shall be in the amount of:

~~(a) on or before December 31, 2015, \$860.00 plus applicable taxes;~~

~~(b) between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes; and~~

~~(c) on and after the Effective Date:~~

- (a) ~~(i) \$940.00~~\$1,175.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
- (b) ~~(ii) \$3500.00~~\$4,375.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

16.6 ~~14.6~~ **Additional Renewal Fee.** The additional renewal fee for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be ~~\$1,000.00~~\$1,250.00 plus applicable taxes for each such re-inspection, and shall be paid on or before May 10~~th~~ of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.

ARTICLE 17~~Article 15~~ CERTIFICATE OF AUTHORIZATION FEES

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

17.2 ~~15.1~~ **Application Fee.** The application fee for a Certificate of Authorization for a health profession corporation is ~~\$1,000.00~~\$1,250.00 plus applicable taxes.

17.3 ~~15.2~~ **Renewal Fee.**

17.3.1 ~~15.2.1~~ The fee for the annual renewal of a Certificate of Authorization is ~~\$300.00~~\$375.00 plus applicable taxes.

17.3.2 ~~15.2.2~~ The annual renewal fee for a Certificate of Authorization must be paid on or before March 10 of each year.

17.3.3 ~~15.2.3~~ No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the health profession corporation of the amount of the fee and the day on which it is due.

ARTICLE 18~~Article 16~~ CODES OF ETHICS AND CONDUCT

18.1 ~~16.1~~ **Code of Ethics.** There shall be a Code of Ethics for Members, which is Schedule A to this By-Law.

18.2 ~~16.2~~ **Code of Conduct.** There shall be a Code of Conduct for members of the Council and of Committees, which is Schedule B to this By-Law.

ARTICLE 19~~Article 17~~ MAKING, AMENDING AND REVOKING BY-LAWS

19.1 ~~17.1~~ **Requirements.**

19.1.1 ~~17.1.1~~ By-Laws may be made, repealed or amended by at least two-thirds (2/3^{rds}) of all members of Council present at a meeting of the Council and eligible to vote.

19.1.2 ~~17.1.2~~ Amendments may be proposed by not fewer than three (3) members of the Council or by the Executive Committee.

19.1.3 ~~17.1.3~~ Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the members of the Council.

19.1.4 ~~17.1.4~~ The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all members of the Council of the proposed amendments.

19.2 ~~17.2~~ **Repeal of Former By-Laws.** The repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All members of the Council and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law.

19.3 ~~17.3~~ **Effective Date.** This By-Law shall come into force and effect on the date that it is approved by the Council. Upon this By-Law coming into force and effect, By-Law No. ~~34~~ shall hereby be repealed.

19.4 ~~17.4~~ **Conflict.** If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it shall, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Council, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by Council and sealed with the corporate seal of the College the _____ day of _____, 20____.

President
(Corporate Seal)

Vice-President

SCHEDULE A

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

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

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

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

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

Who does the Code of Ethics Apply to?

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

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

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

Compliance with the Code of Ethics

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

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

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

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

Understanding the Professional Role and Commitment of Healthcare Professionals

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

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

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

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

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

Where does this obligation come from?

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

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

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

Ethical Principles that Govern Healthcare Practice

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

Beneficence (to benefit):

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

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

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

Respect for Persons/Justice:

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability,

autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

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

Code of Ethics and Standards of Application

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

1. Principle of Beneficence

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

Application

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

Standards

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

- 1.14 Members, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.
- 1.15 Members ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Members strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

2. Principle of Non Maleficence

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

Application

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

Standards

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

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

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

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

Standards

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

- 3.5 Members respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Members ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

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

Application

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

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

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

Standards

A. General Responsibilities

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

B. Participate in Ethical Business Practices

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

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

C. Avoid Conflict of interest

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

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

SCHEDULE B

THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

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

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

SCHEDULE C

RULES OF ORDER OF THE COUNCIL

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

14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
15. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
16. Council Members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.
17. Council Members and others present in the room shall turn off cell phones or put them on vibrate during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
18. Council Members shall be silent while others are speaking except to bring a permissible motion.
19. In all cases not provided for in these rules or by other rules of Council, the current edition of “Robert’s Rules of Order” shall be followed so far as they may be applicable.
20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the by-laws, including audio or video conferencing.

Document comparison by Workshare Compare on August-29-18 10:28:57 AM

Input:	
Document 1 ID	file:///C:/Users/turner/Documents/Current By-Law No. 4.docx
Description	Current By-Law No. 4
Document 2 ID	file:///C:/Users/turner/Desktop/Revised By-laws - Fasken - August 29th.docx
Description	Revised By-laws - Fasken - August 29th
Rendering set	Standard

Legend:	
<u>Insertion</u>	
Deletion	
<u>Moved from</u>	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	882
Deletions	1266
Moved from	18
Moved to	18
Style change	0
Format changed	0
Total changes	2184



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Report to September 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 June 2018 Council Meeting. In addition to various internal meetings with staff and regular meetings and discussions with the 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. Attached (Appendix A) is the report on the progress against initiatives identified in the current strategic plan which concludes at the end of 2018. I am also happy to share the results of a recent employee engagement survey with Council in recognition that it is staff that deliver on Council's strategic priorities through their efforts and further, to demonstrate our commitment to using data to inform decisions and actions. Over the summer, staff reviewed the operational plan, together with the strategic priority statements, to develop a budget for 2019 for Council's approval.

Ministry/Government Activities

On June 29, 2018, the Honourable Doug Ford was sworn in as the 26th Premier of Ontario and marked the beginning of a Progressive Conservative provincial government following 15 years of Liberal leadership. Premier Ford subsequently named Ontario's Executive Council, with notable appointments including the Honourable Christine Elliot as Deputy Premier and Minister of Health and Long-Term Care and the Honourable Jeff Yurek, a pharmacist, as Minister of Natural Resources and Forestry. The government also recently appointed Helen Angus as Deputy Minister of Health and Long-Term Care following Dr. Bob Bell's retirement. I have reached out to these and other appointees to congratulate them and to provide a brief explanation of the College's role and mandate. I also expressed our willingness to work with the new government to advance their priorities for the health and safety of Ontarians and to continue our mandate to put patients at the centre of everything we do.

The *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* has been progressing, with public hearings taking place over the summer. The Inquiry's mandate is to investigate the events which led to the offences committed by Elizabeth Wettlaufer and to develop practical, effective recommendations to avoid similar tragedies in future.

The College has been invited to participate in the next phase of the Inquiry, which will begin in Fall 2018 with a goal to develop practical, effective recommendations to be included in the Inquiry's final report. These recommendations will focus on systemic issues and those specific to key stakeholders in the long-term care homes and regulated home care systems.

Legislative Initiatives

Protecting Patients Act, 2017

As shared in my last report, on May 1, 2018, new regulations under the *Regulated Health Professions Act 1991 (RHPA)* came into effect. These amendments flow from the *Protecting Patients Act, 2017 (PPA)* and include expanded eligibility criteria for therapy-related funding available to patients through the College's Patient Relations Program. Recently, the College retained the services of an independent third party to provide important support for patients who allege that they have been sexually abused by regulated pharmacy professionals. More information about this role is contained within of the annual report of the Patient Relations Committee.

Federal/Provincial Initiatives

Opioid Strategy

The College has been leading and participating in several initiatives to progress the goals of the Opioid Strategy.

- **Outcome Indicators:** In March 2018, a four-pronged approach to measuring the impact of the Strategy was presented to Council. *Process-based* measures that reflect progress and impact of College initiatives are captured in the Opioid Strategy dashboard (see Appendix B). In addition, work has begun to develop *outcome-based* measures that reflect the impact of the Strategy and the broader impact on population health outcomes. The College is working with partners to define these measures, including leveraging Narcotic Monitoring System (NMS) data.
- **Opioid Policy:** A draft Opioid Policy to clarify practice expectations and provide guidance to pharmacy professionals has been developed and reviewed by an external working group. The policy will be posted for public consultation this fall and brought to Council for approval in December 2018.

Cannabis – Regulations to support the Cannabis Act

On June 20th, the College published [*A Cannabis Strategy for Pharmacy: Enhancing Knowledge, Protecting Patients*](#) alongside a position statement on the distribution of cannabis for medical purposes in pharmacies. On June 21st, the federal [*Cannabis Act became law*](#), alongside the announcement that cannabis for recreational use will be legal countrywide by October 17th, 2018.

Since receiving Royal Assent, [*regulations*](#) to support the Cannabis Act have been shared by Health Canada. NAPRA and the provincial regulatory Colleges have reviewed the regulations and joined a meeting with Health Canada on September 5 to address questions and gain further clarity. At this meeting, it was confirmed that the existing model for distribution of cannabis for medical purposes would remain unchanged. Although the regulations define much of the legal framework, the model for distribution of recreational cannabis is set by the Ontario government. Recent changes to the distribution model for recreational cannabis have been announced, stating that online retail channels for cannabis will be available on the October 17th legalization date, with private retail models to follow by April 1st, 2019.

The College has completed the development of pharmacy competencies needed to guide curriculum development of courses designed to meet the mandatory education requirement for Part A Pharmacists. The Canadian Council for Continuing Education

Programs will use these competencies to accredit education programs wishing to provide approved education. In addition, the College is identifying existing educational resources to recommend to practitioners. One example is the University of Waterloo's [Pharmacy 5in5](#) module on cannabis, which was released in June and within six weeks was viewed by 467 pharmacists.

Regulations for Monitoring Medical Assistance in Dying

New federal reporting requirements for medical assistance in dying are in effect as of November 1, 2018. This means any written request for medical assistance in dying received on or after November 1, 2018, may trigger reporting requirements under the new regulations. The Regulations can be accessed through the following link: <http://gazette.gc.ca/rp-pr/p2/2018/2018-08-08/html/sor-dors166-eng.html> and for more information on the reporting requirements, please consult the following website: <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/reporting-requirements.html>. The College's *Medical Assistance in Dying Guidance to Pharmacists & Pharmacy Technicians* will be updated.

North East Local Health Integration Network (LHIN) Regional Pharmacy Strategy

The College collaborated with the North East LHIN and its hospitals from November 2017 to June 2018 to develop a regional strategy to support hospitals in meeting medication management standards with a focus on sterile compounding and regional decision-making. The framework is now complete and has been posted on the College's [website](#).

The College also introduced the framework to the North West LHIN at a regional meeting in June to support their regional planning efforts. The framework is now being shared with all LHIN CEOs, with an offer to provide regional hospital assessment data to support implementation.

Quality Outcome Indicators for Pharmacy

The College is working with Health Quality Ontario (HQO) to establish a set of quality indicators for pharmacy, a critical first step to establishing pharmacy in Ontario's health quality agenda and understanding and optimizing the impact of pharmacy practice on patient outcomes and the health system.

In June 2018, the College and HQO co-hosted the *Quality Roundtable: Pharmacy Indicators* meeting. The roundtable brought together a diverse set of stakeholders to achieve consensus on a set of guiding principles for this indicator work. A [synopsis document](#) outlining the roundtable discussions and key takeaway messages from the event has been posted on our website. This will provide the foundation for the next steps in the indicator selection process, as the College continues to work with HQO and an expert panel through early 2019 to select a final set of standardized quality indicators for pharmacy. Once the expert panel achieves consensus on the indicator set, the College will proceed with a formal consultation to gather feedback from members and the public.

Recent Consultations

The College has been actively engaged in various consultations over the past several months, including:

- **Opioid Advertising:** Health Canada requested a pre-consultation on their Notice of intent to restrict opioid marketing and advertising in Canada. The College submitted feedback through NAPRA in support of the proposal to restrict opioid manufacturers' marketing and advertising of opioids.
- **Low Dose Codeine:** The College, along with other provincial Colleges and NAPRA, has been participating in meetings held by Health Canada regarding proposed changes to the regulation of low-dose codeine.

- **Serious Adverse Drug Reaction (SADR) Reporting by Hospitals:** Further to an initial consultation in 2017 regarding proposed legislation for mandatory reporting of SADR, Health Canada has drafted regulatory requirements. The College provided feedback through NAPRA outlining key considerations for mandatory SADR such as including cannabis and natural health products under this regulation.
- **Accreditation Canada Medication Management Standards:** Accreditation Canada drafted revisions to its Medication Management Standards and the Medication Management for Community-Based Organizations Standards. The College submitted feedback in support of the standards and voiced the opportunity to work collaboratively with Accreditation Canada to ensure any regulatory or policy actions are clear and implemented safely and consistently.

Public Register

In addition to ensuring that the College is compliant with the *PPA*-related regulatory amendments related to what information must be posted on the public register, the College also moved forward with formalizing a policy to guide the regulator's decisions in response to member requests to remove information from the register per Section 23(7) of the Health Professions Procedural Code. The College previously committed to review this process and has subsequently developed a [policy](#) that is guided by its commitment to the principles of transparency.

Miscellaneous Items





















Ontario Pharmacists Association (OPA)






















On July 12th, we were advised of the appointment of Bill Wilson as OPA's Interim CEO. Mr. Wilson's appointment was effective immediately and his duties include taking a lead role in helping the organization to secure a permanent CEO.

Leslie Dan Faculty of Pharmacy, University of Toronto

On July 1, 2018, Dr. Boon commenced her new role as the Vice-Provost, Faculty & Academic Life, at the University of Toronto. Professor Christine Allen was appointed the Interim Dean for the 2018-2019 academic year. Dr. Allen will assume her seat at the Council table in September and we extend her a warm welcome.







15-Aug-18		Quarterly Scorecard – OCP Council - Q2 2018 Report																																										
#	SP ref.	Indicator or Milestone Measure	Q1	Q2	Q3	Q4	YTD	Target																																				
Strategic Initiatives																																												
1	SP1	*Compliance with Protecting Patients Act					n/a	30-Dec-18																																				
2	SP1	*Opioid Strategy Implementation					n/a	01-Aug-18																																				
3	SP1	*Cannabis Strategy developed & presented to Council		11-Jun			n/a	01-Jun-18																																				
4	SP2	*Council approval of Non-sterile Compounding Implementation Date					n/a	see summary																																				
5	SP2/3	*Development of hospital Pharmacy Strategy - NE LIHN		22-Jun			n/a	30-Jun-18																																				
6	SP2/3	*Med Safety program implementation - 100 test sites	3-May				n/a	28-Feb-18																																				
7	SP2/3	*Med Safety program-commence full roll out					n/a	01-Dec-18																																				
Regulatory Mandate																																												
8	SP2	% of assessments meeting critical equipment elements in Sterile Comp.(Hospital)	100.0%	99.0%			100.0%	100%																																				
9	SP2	% of assessments meeting critical BUD elements in Sterile Comp.(Hospital.)	67.0%	75.0%			71.0%	50% (Q2)																																				
10	SP2	% of Pharmacists who require remediation following practice assessment	1.8%	3.5%			2.7%	< 3%																																				
11	SP2	% of Pharmacists assessed meeting more than 75% of indicators w/out coaching	44.2%	37.2%			40.4%	CB																																				
12	SP2	% Statutory compliance with complaint disposal within 150 days	3.0%	40.0%			24.0%	66% min																																				
13	SP1	% Statutory compliance with issuance of NOC within 14 days	91.0%	100.0%			96.0%	95% min																																				
14	SP1	% HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)	3/3	4/5			87.5%	75% min																																				
15	SP1	% of decisions for uncontested hearings issued within 60 days	9.0%	14.0%			17.0%	66% min																																				
16	SP1	% of Registrar's Inquiries disposed of within 365 days	46.7%	45.5%			45.9%	55% min																																				
<table><tr><td colspan="2">Legends</td><td colspan="2">SP Ref. (Strategic Plan Reference)</td></tr><tr><td colspan="2">* Indicates a Milestone</td><td colspan="2">SP1 = Core Programs - Fulfillment of Mandate - Societal Expectations</td></tr><tr><td><div></div></td><td>Completed Milestone</td><td colspan="2">SP2 = Optimize Practice Within Scope - Quality health care services</td></tr><tr><td colspan="2">CB = Collecting Baseline</td><td colspan="2">SP3= Inter & Intra Professional Collaboration</td></tr><tr><td colspan="2">n/a = not applicable</td><td colspan="2"></td></tr><tr><td colspan="2">Indicator Performance to Target</td><td colspan="2">*Milestone Performance to Target</td></tr><tr><td colspan="2">On Target within 10%</td><td colspan="2">On Track (proceeding per plan)</td></tr><tr><td colspan="2">Approaching Target >10%-25%</td><td colspan="2">Potential Risk</td></tr><tr><td colspan="2">Needs Improvement >25%</td><td colspan="2">Risk/Roadblock</td></tr></table>									Legends		SP Ref. (Strategic Plan Reference)		* Indicates a Milestone		SP1 = Core Programs - Fulfillment of Mandate - Societal Expectations		<div></div>	Completed Milestone	SP2 = Optimize Practice Within Scope - Quality health care services		CB = Collecting Baseline		SP3= Inter & Intra Professional Collaboration		n/a = not applicable				Indicator Performance to Target		*Milestone Performance to Target		On Target within 10%		On Track (proceeding per plan)		Approaching Target >10%-25%		Potential Risk		Needs Improvement >25%		Risk/Roadblock	
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Scorecard Measure	Indicator or Milestone Definition	Performance Corridor Guide
#1 Compliance with Protecting Patients Act	Compliance with Protecting Patients Act elements as they come into force.	 On Track  Potential Risk  Risk/Roadblock
#2 Opioid Strategy Implementation	Implementation of an Opioid Strategy with a multi-pronged approach that is aligned with other provincial and national stakeholder initiatives.	 On Track  Potential Risk  Risk/Roadblock
#3 Cannabis Strategy - Developed & presented to council	Development of an Ontario cannabis strategy for pharmacy.	 On Track  Potential Risk  Risk/Roadblock
#4 Council approval of non-sterile Compounding Implementation Date	Approval of implementation date for non-sterile compounding standards.	 On Track  Potential Risk  Risk/Roadblock
#5 Development of hospital Pharmacy Strategy - NE LIHN	Development of a pharmacy strategy for hospitals in the North East LHIN that supports a regional approach to meeting the standards.	 On Track  Potential Risk  Risk/Roadblock
#6 Med safety program Implementation - 100 test sites	Implementation of Medication Safety program across 100 test sites.	 On Track  Potential Risk  Risk/Roadblock
#7 Med Safety program-commence full roll out	Readiness to commence medication safety program full roll out to 4,500 locations.	 On Track  Potential Risk  Risk/Roadblock
#8 % Assessments meeting critical equipment elements in Sterile Compounding	The % of assessments meeting critical equipment (fridge and hood) elements for hazardous & non-hazardous sterile compounding criteria in a hospital pharmacy. Sites are assessed for either hazardous, non-hazardous or both depending on the type of compounding they do.	% performance is:  90% - 100%  75% – 89%  74% or less

Scorecard Measure	Indicator or Milestone Definition	Performance Corridor Guide
#9 % Assessments meeting critical BUD elements in Sterile Compounding	The % of assessments meeting critical BUD (beyond user date) elements for high risk preparations and single use Policy for hazardous & non-hazardous sterile compounding criteria in a hospital pharmacy. Sites are assessed for either hazardous, non-hazardous or both depending on the type of compounding they do.	% performance is:  90% - 100%  75% – 89%  74% or less
#10 % of Pharmacists who require remediation following practice assessment	The % of community pharmacists who require remediation (coaching and reassessment) following a practice assessment. (routine assessments)	% performance is:  3.3% or less  3.2 – 3.8%  3.9% or more
#11 % of Pharmacists assessed meeting more than 75% of indicators w/out coaching	The % of community pharmacists meeting standards in more than 75% of their performance indicators without coaching (routine assessments)	Collecting Baseline
#12 % Statutory compliance with complaint disposal within 150 days	The % Statutory compliance with complaint disposal within 150 days. Excludes 75 (1) (c) investigations.	% performance is:  59% or more  49 – 58%  48% or less
#13 % Statutory compliance with issuance of NOC within 14 days	The % Statutory compliance with issuance of the NOC (notice of complaint) to the complainant within 14 days of the complaint being filed.	% performance is:  85% or more  71 – 84%  70% or less
#14 % HPARB complaint decisions confirmed	The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.	% performance is:  67% or more  56 – 66%  55% or less
#15 % of decisions for uncontested hearings issued within 60 days	The % of decisions for uncontested hearings that are issued within 60 days.	% performance is:  59% or more  49 – 58%  49% or less
#16 % of Registrar's Inquires disposed of within 365 days	The % of the Registrar's Inquiries disposed within 365 days.	% performance is:  49% or more  41 – 48%  40% or less

Scorecard Measure	Q2 2018 Council Summary / Improvement Strategies
#1 Compliance with Protecting Patients Act	Project is proceeding as planned. - Refer to notation in Registrar's Report BN (briefing note) for further information
#2 Opioid Strategy implementation	Project is proceeding as planned. - Refer to notation in Registrar's Report BN for further information
#3 Cannabis Strategy - Developed & presented to council	This project milestone was completed June 11, 2018.
#4 Council approval of non-sterile Compounding Implementation Date	Project is proceeding as planned. - The national working group will be meeting in September. An implementation update will be provided to Council in December.
#5 Development of hospital Pharmacy Strategy - NE LIHN	This project milestone was completed June 22, 2018. - Refer to notation in Registrar's Report BN for further information
#6 Med safety program Implementation - 100 test sites	This milestone is complete.
#7 Med Safety program-commence full roll out	Project is proceeding as planned. - Refer to Medication Safety Program BN (Appendix B) for further information.
#8 % Assessments meeting critical equipment elements in Sterile Compounding	The 2nd quarter was met within 10% of target.
#9 % Assessments meeting critical BUD elements in Sterile Compounding	The target is to achieve 100% compliance by January 2019 - Hospital Practice Advisors are monitoring and following up to ensure compliance.

<p>#10 % of Pharmacists who require remediation following practice assessment</p>	<p>The 2nd quarter was not met. The YTD was met within 10% of target.</p> <ul style="list-style-type: none"> - On track to achieve the cumulative target of <3% by December 2018
<p>#11 % of Pharmacists assessed meeting more than 75% of indicators without coaching</p>	<p>Collecting Baseline – No change from Q1 Report</p> <ul style="list-style-type: none"> - The College initiated a new approach to Quality Assurance in 2016, with the introduction of practice assessments designed to assess and improve the performance of registrants in their actual practice setting. Starting with community pharmacists, the process involves the assessment of 13 performance indicators within four core practice areas that correspond to the <i>NAPRA Model Standards of Practice for Canadian Pharmacists</i>. Given the assessment approach is new and different, coaching to clarify practice expectations is an important part of the model. Over time, the College expects registrants will require less coaching, particularly after the first cycle of assessments are completed in 2021. - While 98.2% of pharmacists assessed in 2017 passed the assessment (i.e. met all 13 indicators, with or without coaching) most required some degree of coaching. Further analysis of the data to understand the factors that contribute to practice performance is needed before we can determine a target for this indicator and strategies for further improvement of overall performance.
<p>#12 % Statutory compliance with complaint disposal within 150 days</p>	<p>The 2nd quarter was not met.</p> <ul style="list-style-type: none"> - Additional staff capacity is being added in Q3 to improve performance.
<p>#13 % Statutory compliance with issuance of NOC within 14 days</p>	<p>The 2nd quarter was exceeded.</p>
<p>#14 % HPARB complaint decisions confirmed</p>	<p>The 2nd quarter was exceeded.</p> <ul style="list-style-type: none"> - HPARB decisions are reviewed on an ongoing basis to identify process improvements.
<p>#15 % of decisions for uncontested hearings issued within 60 days</p>	<p>The 2nd quarter was not met.</p> <ul style="list-style-type: none"> - Process improvement opportunities were introduced last quarter; strategies to increase uptake of process change are being explored.
<p>#16 % of Registrar's Inquires disposed of within 365 days</p>	<p>The 2nd quarter was not met.</p> <ul style="list-style-type: none"> - No change since Q1 (46.7 and 45.5%). Capacity is being added in Q3 to improve performance.

OCP's Opioid Strategy: Status of key initiatives		
Expected Outcome	Status	Progress/Impact
Strategic Priority: Education		
Increased awareness and application of opioid related resources		Identify/collaborate to develop appropriate opioid related tools: OCP identified Methadone Equivalent Dosing and tapering tools, validated by OCP Community Practice Advisors and the opioid external working group. Tools have been posted on the College's website.
		5 in 5 modules: OCP has collaborated with UofW to guide development of 2 opioid-related 5 in 5 modules: The Naloxone module, launched in February and an Assessing Opioid Prescriptions module launched in May. July Update: Opioids Module: 339 people accessed the module Naloxone Module: 536 people have accessed the module Next steps: Exploring opportunities to communicate specific information to pharmacy professionals based on any questions frequently answered incorrectly.
		Enhance awareness of existing tools and resources: An approach to measure access to tools and resources on the OCP website has been developed. July Update: Opioids Practice Tool: 4,791 hits since strategy launch Narcotics Practice Tool: 8,747 hits since strategy launch Naloxone Guidance: 9,204 hits since strategy launch
		Collaborate with NAPRA to develop tools and resources to support pharmacist communication with patients in difficult scenarios related to opioids: The College and the Community of Practice provided input into videos being developed by NAPRA and CAMH to support pharmacists' communication with patients relating to opioids. Next steps: Anticipated release fall 2018.
Strategic Priority: Opioid Dependence Treatment and Harm Reduction		
Improved access to harm reduction measures		Develop guidance to support implementation of harm reduction strategies to promote increased access to naloxone for high risk patients: The Opioid Policy provides practice guidance on naloxone, in addition to the "Guidance for Pharmacy Professionals who are Dispensing or Selling Naloxone" on the College website. July Update: 536 people have accessed the Naloxone Pharmacy5in5 Module Next steps: Monitoring environment for resources to support increased Naloxone access for high risk patients, including OPA tool to identify high risk patients and CAMH survey to identify barriers and facilitators to Naloxone access.
Improved application of best practice guidelines supported by pharmacy professionals working to full scope		Opioid Policy: OCP has drafted an <i>Opioid Policy</i> , through the expert working group. Next steps: Final draft of <i>Opioid Policy</i> to be presented at December Council meeting, along with consultation feedback.

Strategic Priority: Prevention of Overdose and Addiction		
Enable pharmacist role in ensuring appropriateness of opioid prescriptions		Enable pharmacist role in adaptation of controlled substances to support tapering of opioids and targeted substances: The Opioid Policy will support pharmacists to proactively identify patients and develop and implement appropriate tapering plans in collaboration with the prescriber. <u>Next steps:</u> Pursue options to enable pharmacist deprescribing as directed by Council in June 2018.
		Review current evidence to determine if there are benefits to support the development of an exempted codeine guideline/policy: NAPRA input to Health Canada consultation on moving exempted codeine to Schedule I. Further separate guideline development unnecessary with scheduling change. Continue monitoring activity with Health Canada, NAPRA, and MOHLTC
Improve the quality and consistency of pharmacist monitoring and follow up for pain patients		Support improved documentation, monitoring and follow-up of pain patients: the Opioid Policy contains guidance related to documentation and monitoring.
Strategic Priority: Quality Assurance of Practice		
Decrease inappropriate access to opioids		Create criteria to use the NMS to identify pharmacies where opioid dispensing practices are high risk: Exploring opportunities for use of the NMS data with the Prescription Monitoring Leadership Roundtable. Working with partners to use NMS data analysis on pharmacy-specific outcome indicators (fall 2018/winter 2019). Opportunity to use this methodology to identify high risk practices in the long term.
		Benchmark reports for pharmacies related to opioid dispensing: Working with partners to use NMS data to define pharmacy-specific outcome indicators (fall 2018/winter 2019). This region/province-level reporting presents opportunities for future reporting at the pharmacy level.
		Hospital Pharmacy enhanced focus on the management of opioids and diversion: Terms of reference developed for the hospital diversion partners table: Controlled Drugs and Substances (CDS) Security and Safety in Hospital Operating Rooms(OR) and Emergency Departments(ER) Partners Table (Hospital CDS Security and Safety Partners Table). Anticipated first meeting fall 2018.
		Community Pharmacy enhanced focus on the management of opioids and diversion: Assessments of community pharmacies include narcotic security questions Exploring options for development of DM focused training courses.
		Use data from practice assessments and other departments regarding narcotic security: Investigating available data and beginning discussions with practice advisors. Pursuing development of reciprocal agreement for data sharing with Health Canada
Ensure pharmacy professionals are practicing to the Standards of Practice and Code of Ethics		Build opioid-related scenarios into the QA self-assessment: Opioid scenario built into self assesment in 2018.
		Monitor and track communications and impact: Developed analytics to monitor and report on communications via website and social media channels.
		Collaborate with other stakeholders to assess how the College could support improved translation of best practices and guidelines to practice: the College is participating in various stakeholder tables including the Provincial Opioid Task Force, Prescription Monitoring Leadership Roundtable, HQO Partnered Efforts Table, NAPRA's opioid related groups, CAMH's Opioid Internal Network and Opioid Dependence Advisory Committee.
Outcome tracking		
		Quality indicators: Indicators selected to monitor the impact and outcomes of the opioid strategy. First round of analysis to be completed in fall 2018/winter 2019.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Reporting by Committees

ISSUE: Receipt of annual reports of statutory and standing committees of the College.

BACKGROUND:

- Attached for Council's information are annual reports of the statutory and standing committees of the College.

ANALYSIS:

- As per section 11 of the Code (*Health Professions Procedural Code, Schedule 2, Regulated Health Professions Act 1991*), each statutory committee of the College is required to "monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council". This requirement is also reflected in the College's By-Law No. 4. In an effort to provide a complete overview, reports from the standing committees of the College are also included for Council's information. It is to be noted that none of the material in the reports is new and is a re-cap of what has occurred and been reported since the previous Council year.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Accreditation Committee - September 2017 to August 2018

Committee Role: The Drug and Pharmacies Regulation Act (DPRA) provides the Accreditation Committee with its authority regarding the issuance and annual renewal of pharmacy licenses (certificates of accreditation) that are required in order to operate a pharmacy in Ontario. The Committee reviews all issuance and renewal applications that the Registrar proposes to deny and directs the Registrar to either issue/renew, refuse or to impose terms, conditions and limitation on the certificate of accreditation.

The Accreditation Committee also considers assessment results of pharmacies identified by staff based on the level of risk. The Committee may conclude a matter if all issues previously identified have been addressed and the Committee is satisfied that compliance has been achieved. The Committee has the authority to order a re-assessment at cost to the pharmacy to verify that all issues addressed on the pharmacy's Action Plan have been implemented and are effective.

Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the DPRA and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the Committee may refer the person who has been issued a certificate of accreditation, the designated manager of the pharmacy or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee for a hearing and determination. The Accreditation Committee has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation, if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient, or a member of the public, to harm or injury.

Members: Billy Cheung (Chair), Ali Zohouri, Dean Miller, Elnora Magboo, Goran Petrovic, Joy Sommerfreund, Nadia Facca (appointed on January 17, 2018), Tracy Wiersema

Meetings Held: November 2, 2017; February 28, 2018; May 2, 2018; July 17, 2018
(Teleconference)

Key Highlights: The Committee provided their annual approval for the Committee's Renewal Administrative Policy for the 2017-2019 Council Year. This Policy authorizes the Registrar to use the authority of the Accreditation Committee in defined circumstances to renew certificates for pharmacies where there is concern about the past and/or present conduct of an "owner" and the conduct is limited to matters that are currently before the Discipline Committee of the College and not yet decided.

For statistics relating to committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will continue with its review of assessment reports and consider any issuance and renewal applications that the Registrar forwards to them.

Discipline Committee - September 2017 to August 2018

Committee Role: Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against members, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. The majority of matters are resolved by way of an uncontested hearing in which the member admits to the allegations and the supporting facts, and the member and College make joint submissions as to the appropriate sanction. In circumstances where the member denies the allegations, the College is required to prove its case by presenting evidence to the panel, following which the panel will make a determination in relation to each allegation. Upon making findings of professional misconduct or incompetence against a member, the panel has the authority to revoke, suspend or limit the member's certificate of registration or the corporation's certificate of accreditation, impose a fine, and/or reprimand the member.

Information about any current allegations or previous findings of professional misconduct or incompetence relating to a member are outlined on the College's Public Register, including any terms, conditions, or limitations imposed on a member's certificate of registration.

Members: Douglas Stewart (Chair), Chris Aljawhiri, Kathy Al-Zand, Jennifer Antunes, Anuoluwapo Bank-Oni, Ramy Banoub, Heather Boon, Erik Botines (until May 2018), Linda Bracken, Charles Chan, Gerry Cook, Michael Cheung (until June 2018), Alicia Chin, Fel dePadua, Dina Dichek, Dave Edwards, Jim Gay, Jillian Grocholsky, Andrew Hanna (from January 2018), Mike Hannalah, Christine Henderson, Robert Hindman (until July 2018), Azeem Khan (from December 2017) Javaid Khan, Rachel Koehler, Andrea Laschuk, Katherine Lee, Chris Leung, James MacLaggan, Kyro Maseh, Esmail Merani, Cara Millson, James Morrison, Sylvia Moustacalis, Don Organ, Joan A. Pajunen, Akhil Pandit Pautra, Aska Patel, Tracy Phillips, Ruth-Ann Plaxton, Sony Poulouse, Shahid Rashdi, Karen Riley, Rachelle Rocha, Mark Scanlon (until December 2017), Jeannette Schindler, Connie Sellors, Leigh Smith, Dan Stapleton, Regis Vaillancourt, Ravil Veli, Wes Vickers and David Windross

Meetings Held: October 27, 2018 and April 20, 2018

Panel Meetings Held: 46 Pre-Hearing Conferences, 9 case management conferences, 20 Motions (15 in writing, 4 at commencement of hearing, 1 oral motion independent of hearing), 25 Uncontested Hearings, and 11 Contested Hearings

Key Highlights: The Discipline Committee held two meetings this year which provided opportunities for the Committee to meet as a whole to share individual panel experiences, discuss issues of common concern, and to receive various training and presentations from Independent Legal Counsel. In October 2017 the Discipline Committee received an update on Revisions to the RHPA, review of two recent appellate decisions involving disciplinary decisions from Regulated Health Colleges, and a review of appointment and quorum requirements. At the Discipline Committee's mid-year meeting in April 2018 the Committee received training on effective decision writing, in addition to discussing shifting policy goals with respect to penalizing certain types of professional misconduct, and receiving a presentation on the Ontario College of Pharmacists new Mentorship Eligibility Criteria Policy. The Committee has continued to engage a variety of recently implemented processes to improve efficiency and reduce costs. These include: 1) reducing reliance on Independent Legal Counsel for review of decisions from uncontested hearings; 2) scheduling Case Management Conferences a month before a

contested hearing with the goal of using hearing time more effectively by ensuring both parties are aware of any procedural issues, witnesses are scheduled, and the parties have met their disclosure requirements.

Ongoing Work: The Committee is reviewing its templates, its Reference Guide, Rules of Procedure (ROP) and other Committee resources against the amendments to the RHPA currently in force and will make the necessary changes to these documents and resources to reflect new and anticipated amendments. The committee continues to identify additional areas for improvement, in particular working to better meet benchmarks established by the Decisions working group for the time to issue decisions for both contested and uncontested hearings.

Drug Preparation Premises (DPP) Committee - September 2017 to August 2018

Committee Role:

The DPP Committee considers all matters relating to the operation of drug preparation premises in Ontario. The DPP Committee is responsible for oversight of DPPs including ensuring requirements defined in legislation and policy and assessment criteria are adhered too. The committee reviews DPP assessments reports and issues one of the following outcomes; pass, pass with conditions or fail. (*Pharmacy Act O.Reg 202/94 S60(10)*).

Members: Billy Cheung (Chair), Nadia Facca, Elnora Magboo, Dean Miller, Goran Petrovic, Joy Sommerfreund, Tracy Wiersema, Ali Zohouri

Meetings Held: February 28, 2018 (in-person); May 2, 2018 (in-person); June 21, 2018 (teleconference)

Key Highlights:

At the February 28 meeting, the committee reviewed five annual re-assessment reports; all sites met the requirements to continue operations as a DPP and were issued a pass.

At the May 2 meeting, the committee reviewed one initial site assessment report. The site did not meet the requirements to operate as a DPP and the outcome was deferred. The site is working to address the identified areas of concern and an action plan will be submitted to the committee to determine an outcome.

At the June 21 meeting, the committee reviewed one new initial site assessment report. The site met the requirements to operate as a DPP and was issued a pass.

Ongoing Work:

The Committee continues to review DPP assessment reports, initial, routine (annual), re-assessments, and issue an outcome.



Executive Committee - September 2017 to August 2018

Committee Role: The Executive Committee exercises all the powers and duties of the Council between Council meetings that require urgent attention. It reviews correspondence and other information coming to the College, considers reports and recommendations from other Committees and fulfills specific financial and compensation related duties set out in the by-law. Their facilitation role is to coordinate the business of Council rather than to act as a gatekeeper.

The Executive Committee is comprised of the President, the Vice President, the immediate Past President, an elected member of Council as well as three public members. The Committee is resourced by the CEO and Registrar.

Members: Régis Vaillancourt (President and Chair), Laura Weyland (Vice President), Esmail Merani (Past President), Kathy Al-Zand, Christine Henderson, Sylvia Moustacalis, Doug Stewart

Meetings Held: November 23, 2017; March 8, 2018; May 24, 2018; June 11, 2018; June 27, 2018; July 19, 2018 and August 23, 2018.

Key Highlights: The Committee was required to address a matter referred to it by the Elections Committee regarding the eligibility of a candidate running for election. Other than that, there were no other urgent matters between Council meetings during this reporting period. Listed below are some of the issues which Executive put their mind to for Council's subsequent consideration and decision.

Preferred Provider Network: The issue of patient choice was debated at two meetings including the question of whether the College should have a position. Staff was asked to investigate the matter and to bring a briefing note for Council's consideration at a future meeting.

Competency Screening Process: Following receipt of information regarding proposed amendments to the Regulated Health Professions Act, 1991, and communication from the Ministry of Health and Long-Term Care, which addressed a vision for a different governance structure, the Executive Committee recommended to Council that a task force be created which will examine the legal and practical requirements of instituting a competency screening process for members seeking to participate on College Council or Committees. As a first step, the Committee decided that as nominations are received, each candidate eligible to run for election will be contacted by a member of the Executive Committee to conduct a pre-orientation discussion. The purpose of the discussion will be to emphasize the College's public interest mandate. Additionally, a robust screening process, mapped to Committee Competencies developed by the Advisory Group for Regulatory Excellence (AGRE) was implemented.

Strategic Planning and Governance: Led by the Vice President, and with the Executive Committee's support, in March 2018, Council set the Strategic Priorities and Framework for 2019-2021. The plan will guide the work of the College for the next three years. Also, in an effort to identify new ways to engage patients and the public in our work, the Committee supported the introduction of "Patient Reflections" at the beginning of every Council meeting. Patient perspectives will be shared to help ground the discussions and reinforce the importance of the public-protection mandate of the College.

Optimizing Practice within Scope Strategy: The Committee played a very active role in commissioning the Ontario Pharmacy Evidence Network (OPEN) to prepare a paper aimed at providing the profession of pharmacy with critical insight and strategic direction to help envision the future of pharmacy. Themes emerging from the paper, as they relate to regulation, will be reviewed with a view to enhancing the College's own Optimizing Practice Strategy.

Ongoing Work: The Committee will continue to fulfill the obligations set out in statute, the by-law and the governance manual.

Finance and Audit Committee - September 2017 to August 2018

Committee Role: The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations regarding College assets and liabilities. The committee reviews and recommends to Council the annual operating and capital budget, monitors and reports on the financial status and directs the audit process.

Members: Javaid Khan (Chair until June 2018), Linda Bracken, Gerry Cook, Esmail Merani, Dan Stapleton (Chair as of June 2018), Doug Stewart

Meetings Held: October 11, December 18, 2017, February 21, June 25, August 16, 2018

Key Highlights:

With news that the College audit firm, Clarke Henning, had merged with another firm upon the passing of a senior partner, a meeting of the FAC was held October 11th to discuss whether to appoint the firm that had assumed Clarke Henning's business or to search for a new audit firm. The FAC decided, for the immediate future, to appoint the audit firm Tinkham and Associates, the firm chosen as a close second when the College took the services to market in 2014. The services would then be taken to market again no later than 2019. A decision was also made to forego the usual committee orientation as the sole new member, Dan Stapleton, through his previous employment, had in-depth knowledge of the FAC function.

The committee met again on December 18th at which the new auditors, Tinkham and Associates, provided a presentation on their role and that of the FAC. The FAC held a pre-audit in-camera session with the auditor, a routine procedure. The FAC then reviewed the nine-month operating statements and had a discussion on full-year projection. There was discussion around risk, specifically around the security of OCP's computer/technology systems and protection from cyber-attack; the FAC was advised that a risk report is presented annually at the March meeting of Council. Arising from a previous meeting, background materials used by the Executive Committee to determine Registrar and staff compensation was shared with FAC for information.

At its next meeting held February 21st, the FAC reviewed the audited financial statements. The auditors advised that OCP is deemed a low-risk audit therefore, audit tests were designed accordingly. Five notable changes were made to the audited statements, namely: revenue recognition; recording of technology assets; fully depreciated assets removed; budget numbers removed; notes to the statements condensed. Referencing the internal control questionnaire, the auditor recommended no changes be made to OCP's accounting systems and/or processes. A post-audit in-camera session was held with the auditors. With respect to the internal financial statements, the new policy for revenue recognition was now reflected with explanation to variance duly noted. The annual Risk Report was shared with the FAC in advance of it being presented at the March Council meeting.

The committee met again on June 25th for a budget pre-planning discussion. After reviewing the various factors that will affect both revenue and expenses in the coming year, the FAC was asked to consider how best to apply the fee increases necessitated from increased costs. The FAC voted unanimously that fee increases to cover expenses should be distributed across the board. Also discussed were the values of the College's reserve funds; the committee advised they are comfortable with the values at the bottom end of targets,

aiming for a break-even budget for 2019. Stemming from a discussion at an earlier FAC meeting, the committee agreed that, even though there has been growth in revenue and expenses over recent years, they did not see a need to adjust the threshold level inclusion on the internal financial statements variance report. It was also decided that as the current audit firm, Tinkham and Associates, was only just appointed in October and the FAC were pleased with their performance, there is no need to go to market at this time; services will be taken to market in 2019.

The final meeting of the 2017-2018 FAC was held August 16th to consider the 2019 operating and capital budget prepared by management. The Committee sought to balance the interest of the public and the potential concerns of the profession. Accordingly, they supported the expense budget presented that enables the College to effectively fulfill our regulatory mandate but recommended that the fee increase of 25% for members be spread across two years.

Ongoing Work:

The committee will continue to focus on ensuring that sufficient funds are available to meet the objectives set out in the strategic plan and to follow through on a market review for audit services.

Fitness to Practise Committee - September 2017 to August 2018

Committee Role: After conducting inquiries into a member's health, the Inquiries Complaints and Reports Committee can refer a member to the Fitness to Practise Committee for incapacity proceedings.

The Fitness to Practise Committee may hold a hearing to determine whether a member is incapacitated, and if so whether terms, conditions or limitations should be placed on the member's certificate of registration, or whether the member's certificate of registration should be suspended. When a member is referred to the Fitness to Practise Committee, this information is available to the public through the Public Register. At the end of the Fitness to Practise process, only the information necessary to protect the public is available through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

The majority of proceedings before the Fitness to Practise Committee result in a voluntary admission by the member of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the member has enrolled in a monitoring contract with the Ontario Pharmacy Support Program (OPSP) offered through the Centre for Addiction and Mental Health (CAMH). The OPSP provides case management, and monitoring services for our members. The primary objective is to ensure that members receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPSP is available to all College members, and can be accessed anonymously by the member, or can be facilitated by the College.

In these cases, the member's case is still reviewed by the Committee, but the College and the member may seek to waive the notice and procedural requirements set out in the applicable legislation, which require that a hearing into the member's capacity be convened before the Committee. Instead, the member may enter into a Memorandum of Agreement with the College ("MOA") agreeing she or he is incapacitated and the resulting terms, conditions or limitations to be placed on the member's certificate of registration. Through the MOA, both parties authorize a Panel of the Committee to issue a Consent Order finding the member to be incapacitated without a formal hearing.

Members: Kathy Al-Zand (Chair), Jocelyn Cane, Dina Dichek, Christine Henderson, Javaid Khan, James Morrison, Ruth-Ann Plaxton, Mark Scanlon (until December 2017)

Meetings Held: February 12, 2018

Panel Meetings Held: One pre-hearing conference held on February 13, 2018; One consent order Review on June 25, 2018

Key Highlights: At its meeting on February 12, 2018 the Committee received training on key differences between Discipline and Fitness to Practise, Reviewing Medical Expert Reports and received information about the possible uses of Pre-Hearing Conferences in the Fitness to Practise process.

Inquiries, Complaints and Reports Committee - September 2017 to September 2018

Committee Role: The Inquiries, Complaints and Reports Committee (“ICRC”) is a screening committee that conducts investigations into registrant-specific issues related to professional misconduct, incompetence, and incapacity from various sources including formal complaints, mandatory reports, and other information that comes to the attention of the Registrar.

The committee Chair appoints panels, consisting of at least three members of the ICRC, including at least one public member. Chairs of each ICRC panel (appointed by the committee Chair) finalize the written decisions and reasons of the ICRC for each matter.

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to conduct an incapacity investigation, complaints decisions are reviewable by the Health Professions Appeal and Review Board.

Members: Laura Weyland (Chair), Elaine Akers, Kathy Al-Zand, Christine Allen (from July 1, 2018), Heather Boon (until June 30, 2018), Linda Bracken, Billy Cheung, Gerry Cook, Christine Donaldson (until October 1, 2017), Sajjad Giby (from October 18, 2017), Orianna Graham-Evans (until October 17, 2018), Frank Hack, Mike Hannalah, Bonnie Hauser, Christine Henderson, Robert Hindman (until July 3, 2018), Mary Joy, Azeem Khan (as of November 29, 2017), Javaid Khan (until June 10, 2018), Elizabeth Kozyra, Chris Leung, Jon MacDonald, Elnora Magboo, Kyro Maseh, Dean Miller, James Morrison, Sylvia Moustacalis, Joan A. Pajunen, Akhil Pandit Pautra, Vyom Panditpautra, Chintankumar Patel, Aska Patel, Goran Petrovic, Sony Poulouse, Shahid Rashdi, Saheed Rashid, Rachelle Rocha, Jeannette Schindler, Joy Sommerfreund, Ian Stewart, Dan Stringer, Asif Tashfin, Frank Tee, Ravil Veli, Tracy Wiersema, Debra Willcox

Meetings Held: October 16, 2017 (Orientation), May 7, 2018 (Mid-year Meeting)

Panel Meetings Held: Full-day Panel Meetings – 37; Panel Teleconferences – 17

Key Highlights:

- The ICRC’s 2017-2018 orientation session included training on new provisions of the RHPA, arising from Bill 87/the *Protecting Patients Act*. One of the major new provisions applicable to the ICRC is the consideration of an interim order at any time following the receipt of a complaint or following the appointment of an investigator if the ICRC panel is “of the opinion that the conduct of the member exposes or is likely to expose the member’s patients to harm or injury”. As of the date of this report, in the 2017-2018 council year, the ICRC has provided notice to 11 registrants of their intention to make an interim order directing the Registrar to suspend their certificate of registration or impose terms, conditions, or limitations.
- The ICRC has continued to use the dispositions recommended by the Advisory Group on Regulatory Excellence. As of the date of this report, in the 2017-2018 council year, the ICRC has issued 61 decisions requiring posting on the College’s Public Register, where the registrant has been required to complete a specified continuing education or remediation program (SCERP) and/or receive a caution. The ICRC has continued to use

the second version of its Risk Assessment Tool (implemented in April 2017) in order to assess risk when making their decisions and to ensure consistency among panels.

- For files where the ICRC has required the registrant to complete a SCERP, panels have continued to identify the gaps in a registrant's practice, using a tool developed by the College's Professional Development & Remediation Program. In 2018, the ICRC began using the tool to also identify gaps when issuing the registrant a caution or advice/recommendation and when referring specified allegations of professional misconduct to the Discipline Committee. The data collected will continue to be analyzed to identify trends and flag areas where educational resources may be required for registrants.

For additional information or statistics relating to ICRC activity, please refer to the College's annual report.

Ongoing Work:

Over the last two council years, complainants have been surveyed after receiving the decision of the ICRC, with respect to their experience with the College's complaints process. The rate of return for complainants completing the survey has not been statistically significant and in 2018-2019, the College will explore additional/alternative means of collecting information with respect to the complainant experience in order to use the information to improve the complainant experience.

Patient Relations Committee - September 2017 to August 2018

Committee Role: The Patient Relations Committee (PRC) advises Council with respect to the Patient Relations Program, defined as “a program to enhance relations between members and patients”. This includes measures for preventing and dealing with sexual abuse of patients, specifically the requirement for the College to have a Sexual Abuse Prevention Plan, as well as the provision of funding for therapy and counselling to a patient who has been sexually abused.

Members: Joy Sommerfreund (Chair), Kathy Al-Zand, Linda Bracken, Fel dePadua, Sony Poulouse, Karen Riley, Rachelle Rocha, Dan Stapleton

Meetings Held: November 16, 2017, January 31, August 29, 2018

Key Highlights:

The Patient Relations Committee focused on three core priorities this year: developments associated with *The Protecting Patients Act 2017*, the ongoing oversight of the Patient Relations Program and prioritization of patient/public-facing content and communication.

Protecting Patients Act 2017

The *Protecting Patients Act 2017 (PPA)* received Royal Assent on May 30, 2017, which among other things, strengthened the ability of the province’s 26 health regulatory bodies to prevent and respond to incidents of patient sexual abuse by regulated health care providers. College staff provided the Committee with regular updates on the status of the legislation prior to and following its passing. This included a review of anticipated changes to regulations related to the definition of a patient for the purposes of investigating alleged sexual abuse by a health professional and expanded eligibility criteria for therapy-related funding available to patients through the College’s Patient Relations Program. On May 1, 2018, new regulations under the *Regulated Health Professions Act 1991 (RHPA)* came into effect. The guidance provided by the Committee helped ensure the College was ready and able to respond to these regulations as they were proclaimed.

Patient Relations Program

In anticipation of the changes announced through the *PPA* and associated *RHPA* regulatory amendments, and driven by a desire to be patient-focused in the administration of the Patient Relations Program, the Committee approved a policy that authorizes College staff to review and approve applications for funding for therapy and counselling once a patient’s eligibility is determined. In addition to a formal administrative process, which was adopted in anticipation of the new regulations, this policy will address the Committee’s wish that eligible patients have timely access to this funding.

Patients are now immediately notified once they have been deemed eligible to access funds through the Patient Relations Program. Following the expanded eligibility criteria which came into force with the May 2018 regulations:

- Seven (7) patients have been deemed eligible for funding. Of those, one (1) has submitted a request for funding and has been approved.
- To date, two (2) patients (including one (1) patient whose application for funding was approved by the Committee in early 2017 prior to the regulations coming into force and prior to the approval of the aforementioned College policy) have and continue to receive funding support through the program.

The Committee also expressed a desire to ensure victims of sexual abuse receive appropriate support as they navigate their way through the College’s processes. This year, the College retained the services of an independent third party support representative for patients who

allege that they have been sexually abused by regulated pharmacy professionals. This role assists patients in understanding the regulatory context and its processes related to investigations and discipline proceedings, helps to create a safe and neutral environment in which patients are comfortable in expressing themselves and may refer patients to additional resources including to other health/mental health practitioners. This support is separate and distinct from any communication between the College and the complainant related to an investigation.

Communication with the Public

The Committee routinely receives updates and provides input on College communication activities aimed at building pharmacy professional awareness of their obligations related to the prevention of sexual abuse and at educating the public about the Patient Relations Program, and the role of the College in general. The Committee participated in a facilitated exercise aimed at identifying high priority content and topics of interest they believe the College should focus on as it begins to invest more resources and efforts in public-facing communication going forward. This input will continue to guide and inform the communications activities well into 2019 and beyond in support of the College's new strategic framework and priorities aimed at building public awareness, trust and confidence in the work of the College.

Ongoing Work: The Committee has and will continue to provide appropriate oversight of the Patient Relations Program and play an important advisory role as any new legislation or regulations related to this program or the role of the Committee is introduced. The Committee will also continue to provide input into the Communications activities of the College, with an increasing focus on patient/public facing communication and education in support of the College's strategic priorities.

Quality Assurance Committee - September 2017 to August 2018

Committee Role: The Quality Assurance Committee has oversight of the quality assurance program which includes maintenance of a learning portfolio, two-part register, self assessment, practice assessment and remediation. The Committee is continually reviewing the program and appoints quality assurance assessors. The Committee reviews practice and peer assessment reports and requires those individuals whose knowledge, skill and judgement have been assessed and found to have fallen below standards to participate in specified continuing education or remediation programs. The Committee can also direct the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a member whose knowledge, skill and judgement has been assessed or reassessed and found to have fallen below standards or who has been directed to participate in specified education or remediation and has not completed those programs successfully.

The Committee may sit as a panel to consider any matter arising out of a practice review, or any matter relating to the imposition of terms, conditions or limitations on a member's registration.

Members: Tracey Phillips (Chair), Ruth-Ann Plaxton, Leigh Smith, Nadia Facca, Sylvia Moustacalis, Robert Hindman, Elnora Magboo, Jon MacDonald, Tina Boudreau, Shelley Dorazio, Lavinia Adam

Meetings Held: October 30, January 22 (panel), March 19 (panel), May 14, July 30 (panel)

Key Highlights: The Quality Assurance (QA) Committee established the QA Redesign Advisory Group in 2016. This group, together with the QA Committee, is evaluating and re-designing the QA program, for both pharmacists and pharmacy technicians. This year, the QA Committee accomplished the following goals:

- The following policies were approved:
 - Eligibility Criteria - QA Coaches, QA Assessors
 - Post-remediation Assessment
- The Committee made the decision to revise the selection process for knowledge assessment for pharmacists to include both a risk based selection and a random selection of those undergoing the practice assessment each year
- The Committee made the decision to incorporate jurisprudence, ethics and professionalism into the content / blueprint of the knowledge assessment for pharmacists.

For statistics relating to QA Committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will be engaged in developing QA coaching and assessment processes for pharmacy technicians and hospital pharmacists. In addition, the Committee will be working on the proposed knowledge assessment activities (both the knowledge examination and the audit of patient cases).

Registration Committee - September 2017 to August 2018

Committee Role: The Registration Committee fulfils its duty to maintain registration practices that are transparent, objective, impartial and fair, and free of unintentional mobility barriers by overseeing the development of registration requirements. These include examinations and assessments, recommendations to Council on changes to the registration requirements defined in legislation and policy, and monitoring and reporting on registration programs that the College administers and/or approves as part of the registration process.

Panels of the Registration Committee are responsible for reviewing all applications that do not meet the requirements for the Registrar to issue a Certificate of Registration. Panels decide if the applicant meets the registration requirements and direct the Registrar to either register the applicant (with or without any additional training, education or examinations, terms conditions or limitations) or deny registration. All decisions of the Registration Committee panels are appealable to the Health Professions Appeal and Review Board.

Members: Ravil Veli (Chair), Tammy Cassin, Billy Cheung, Dave Edwards, Sajjad Giby, Robert Hindman (Resigned), Sharon Lee, Esmail Merani, Vyom Panditpautra, Deep Patel, Sony Poulouse, Karen Riley (Resigned), Wes Vickers

Meetings Held: November 13, April 23

Panel Meetings Held:, October 11 and 31, November 20 and 30, December 20, January 25, February 8 and 28, March 28, April 3 and 26, May 24, June 26, July 17 and 25, August 21 and 29

Key Highlights:

- The Committee reviewed all of its policies that direct the Registrar on how to proceed with an application that meets specific criteria without having it referred to a Panel, and rescinded or amended policies following analysis of trends
- In April, the Committee
 - o recommended the approval of the Practice Assessment of Competence at Entry (PACE) as the structured practical training requirement for pharmacist applicants
 - o recommended amendments to Council resolutions affected by the approval of PACE
 - o approved Registration policies affected by the approval of PACE
 - o approved, in principle, the recommendations resulting from the Jurisprudence Evaluation to provide direction for the development of the Jurisprudence, Ethics and Professionalism assessment.

For statistics relating to registration panel considerations, please refer to the College's annual report.

Ongoing Work: The Committee continues to oversee implementation of PACE for Pharmacists, implementation of police background checks, and development of the new Jurisprudence, Ethics and Professionalism assessment. The development of PACE for Pharmacy Technicians has been deferred until the new Canadian Council for Accreditation of Pharmacy Programs (CCAPP) standards and resulting curriculum and program changes are in place for the Technician programs.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2018

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Executive Committee

TOPIC: Transparency of Interactions with Advocacy Groups

ISSUE: Establish a policy to govern stakeholder meetings between the Executive Committee and external advocacy groups.

BACKGROUND:

The role of the Executive Committee is to act on behalf of Council between Council meetings. There is an expectation that Council proceedings be public and that the material for meetings and the deliberations and decisions are available for public viewing.

The Executive Committee routinely (at least once per year) meets with members of the Executive Committee of the Ontario Pharmacists Association (OPA). To ensure consistency with the intention for transparency, the attached policy (Appendix A) sets out the responsibilities and procedures of the Executive committee when meeting with the OPA or any other advocacy group.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any): Shared for information.

APPENDIX A

Executive Committee Policy: Stakeholder and Executive Committee Meetings

Current Version: June 2018

Policy Statement:

Stakeholder meetings with the Executive Committee of the College, including but not limited to meetings with representatives of the Ontario Pharmacists Association, shall comport with the responsibilities and procedures set out in this policy.

Responsibilities/Purpose/Procedures:

1. It is the responsibility of the Executive Committee to ensure that any stakeholder group, meeting with the Executive Committee ('stakeholder meeting') is managed in accordance with this policy.
2. The purpose of this policy is to ensure that all stakeholder groups are treated equitably and respectfully and that Council is fully informed of all stakeholder meetings.
3. All stakeholder meetings shall include an agenda and briefing notes or backgrounder papers, provided by the stakeholder group or the College, as appropriate.
4. The Minutes of all stakeholder meetings shall be recorded by a College official and any decisions and action items noted within the Minutes.
5. The President or the Registrar, or a person designated by one of them if the designated person attended the meeting, shall prepare a report for the next Council meeting regarding any stakeholder meeting. Such report shall include all documents related to the stakeholder meeting/s, including but not limited to, the meeting's agenda, briefing notes or backgrounders and Minutes, shall be provided to Council and, accordingly be available to the public via the College's website.
6. Confidential information, including policy issues still under development, shall not be discussed at any stakeholder meeting.
7. Nothing in this policy prohibits a College official, acting in his or her professional capacity and in the course of his or her duties, from speaking with a representative from a stakeholder group.