



**ONTARIO COLLEGE OF PHARMACISTS
COUNCIL MEETING**

AGENDA

MONDAY, MARCH 25, 2019 – 9:00 A.M.
COUNCIL CHAMBERS, 483 HURON STREET, TORONTO

- 1. Noting Members Present**
- 2. Declaration of Conflict**
- 3. Approval of Agenda**
- 4. President's Opening Remarks**
 - 4.1 Reflections from a Patient
 - 4.2 Briefing Note - President's Report to March 2019 Council.....Appendix 4.2
- 5. Approval of Minutes of Previous Meeting**
 - 5.1 Minutes of December 2018 Council Meeting.....Appendix 5.1
- 6. Notice of Motions Intended to be Introduced**
- 7. Motions, Notice of Which Had Previously Been Given**
- 8. Inquires**
- 9. Matters Arising from Previous Meetings**
- 10. For Decision**
 - 10.1 Briefing Note – Finance & Audit Committee.....Appendix 10.1
(Approval of 2018 Audited Financial Statements – presentation from Auditor)
 - 10.2 Briefing Note – Discipline Cost RecoveryAppendix 10.2
- 11. For Information**
 - 11.1 Briefing Note - Registrar's Report to March 2019 Council.....Appendix 11.1
 - Strategic Priorities Progress Update
 - Ministry/Government Activities
 - Legislative Initiatives
 - Federal/Provincial Initiatives
 - Miscellaneous Items
- 12. Other Matters**
- 13. Unfinished Business**
- 14. Motion of Adjournment**

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

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

Thank you.

COUNCIL BRIEFING NOTE
MEETING DATE: MARCH 2019**FOR DECISION****FOR INFORMATION****X****INITIATED BY:** Laura Weyland, President**TOPIC:** President's Report to March 2019 Council**ISSUE:** As set out in the Governance Manual, the President is required to submit a report of activities at each Council meeting.

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

Attached to my report is a summary of the Council Meeting Evaluation (Attachment 1), the results of which will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest.

College and Other Stakeholder Meetings:

December 10 – Council Meeting
December 11 – Finance and Audit Committee Meeting
January 28 – Executive Committee Teleconference
February 27 – Finance and Audit Committee
March 7, 2019 – Executive Committee
Bi-weekly meetings with Registrar

Other Stakeholder Meetings:

N/A

Attachment 1

December 2018 Council Meeting Evaluation

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

At the December 2018 Council meeting, we provided Council members with the opportunity to provide their feedback. 22 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 | 16 | 3 | 0 | 0 | 0 | 19 |
| 2. Members were well prepared to participate effectively in discussion and decision making | 9 | 10 | 1 | 0 | 0 | 20 |
| 3. In accordance with the governance philosophy, Council worked interdependently with staff | 18 | 1 | 0 | 0 | 0 | 19 |
| 4. There was effective use of time | 15 | 4 | 1 | 0 | 0 | 20 |
| 5. There was an appropriate level of discussion of issues | 16 | 3 | 1 | 0 | 0 | 20 |
| 6. The discussion was focused, clear, concise, and on topic | 12 | 8 | 2 | 0 | 0 | 22 |

2. Did the meeting further the public interest?

Yes - 22 = 100%

No - 0 = 0%

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

- The discussion was good for the police program and also good for PPO discussion.
- The discussion on the governance reforms.
- Registrar, President and VP were in control of the meeting and addressed all concerns immediately. They were really prepared for the meeting.
- Opioid Policy - detailed report and good discussion and participation/input. Pharmacy Safety Initiative - well outlined and measurable results.
- PPN fostered good discussion, CEOs report great because Nancy dives into the substance and outcomes of her meetings versus just reporting that a meeting was attended GREAT.
- I felt that a lot of the discussion and decision-making worked well yesterday, and I think because Laura did a good job of keeping us on track.
- Compounding guidelines.
- All the discussions and decision-making worked very well.
- I think almost all the issues needing decision were discussed fully and votes for and

against were arrived after hearing from both sides. I give credit to the new President and VP for implementing a well-organized process.

- Was more organized this time with clearer rules of engagement.
- New name for college.
- Discussion about College name change was very thoughtful. Goran did a great job introducing the motion. Important for the Council to show support and respect for the inclusion of technicians in this name change.
- Overall I felt that all the issues which required decisions today followed relatively good process. It still took a bit to have everyone understand the difference between clarity and debate.....however, we eventually got there.
- Re: discussion item on the OCP name change. All members were able to voice their opinion and we have a fulsome conversation on the change.
- Non sterile - preferred provider network.
- The difficult issue of PPNs was discussed frankly and respectfully, bearing in mind the concerns of members and patient safety but with an appreciation that fiscal issues are beyond the mandate of the College.
- I thought it was a good idea to have taken last meeting's feedback and done a review of the revised Rules of Order we follow at the beginning of the meeting to level set everyone.
- PPN. different perspectives were presented to help clarify the issues.

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.

- Discussion was very long for the name change.
- I wouldn't say the discussion and decision-making on the College bylaws was ineffective, but rather, it was frustrating, since it seemed that some Directors wanted to reopen the budget debate. The budget was approved in September.
- Very effective use of time.
- Name change for OCP.
- Felt the name change discussion could have used a briefing note to explain the history of various naming of the College... felt that the CEO indicating her support for the name change early on in the discussion might not have been the best move as her opinion holds a lot of sway... The fact that there opinions pro and con was helpful.
- I don't think any of the discussion and decision making was not effective, and the distinction between governance and operations seemed clear to me.
- The re-naming of the College. I felt that a number of people have somewhat made up their minds to adopt the proposed new name despite an issue being brought up towards the end that the new name will give to the general public the impression that we are an educational institution---the very reason why former council members voted against the name as per history. If adopted eventually, the new name will not also achieve the intent behind the proposal which is to be inclusive of pharmacy technicians, not to say, we will be the only college in Ontario having the field of practice as the subject instead of the professional members.
- I think that the meeting went well.
- It was very difficult at times to get everyone to understand the new process and conduct themselves accordingly. I thought the Chair did a very good job of trying to sort it all out and keep everyone on track.
- Name change - registrar interjections were unnecessary.

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

| Answer Choices | Response |
|------------------------------------|----------|
| Completely Satisfied | 14 |
| Mostly Satisfied | 8 |
| Neither Satisfied Nor Dissatisfied | 0 |
| Mostly Dissatisfied | 0 |
| Completely Dissatisfied | 0 |
| Total Responses | 22 |

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

- I would suggest adding the comment from the chair that " does anybody have additional comments." many people just agreed with an earlier speaker. we need to still make sure that clarification is separated from discussion.
- Kudos to Laura for sticking to her script and following "the rules". That made for a much better-chaired meeting than in September. The meeting proceeded quite smoothly as a result.
- None, keep up the great work!
- Provide a little more background information related to the topic/issue at hand.
- 1) I am always unsure how to answer question # 3 in this survey... 2) New governance model... New Chair did the College proud at this meeting. However, Vice Chair needs to do a better job of scanning the room to look for speakers... too often he was engaged in the conversation leaving the noticing of speakers to the Chair 3) As always I think members need more information in order to make informed decisions.... 4) perhaps members could be reminded that taking up time to make self aggrandizing statements is of no use to the meeting.... If members wish to make statements in support of a motion perhaps some clearer direction may help... eg a reminder that now is the time to speak in support or non support of the motion ... and..if others have already stated your reasons to support the motion perhaps a simple statement such as, "I also support (or do not support) the motion for the reasons already stated". Just a personal peeve... 5) When Tom called for the question, ... was the correct governance procedure followed? I'm not sure.. it happened very quickly 6) Oh.. and I am accustomed to see the Past Chair sitting at the head table not out with us plebeians.
- I thought the meeting yesterday was really good, and I think that Laura did a fabulous job keeping us on track.
- The Council meeting was very productive and well chaired.
- A well-run Council meeting! Kudos to the two new leaders and Stephenie!
- Appreciated the decision to bring items to Council for information sharing and to seek Council's support prior to doing the background search and developing recommendations. This ensures Council is aware and supportive of any new directions.
- General Comments - at the start of the meeting, the reminder of the rules of order of the meeting was well done. The meeting was chaired really well and went smoothly. I would strongly suggest we continue to have the reminder of the questions/clarification time, motion time and voting times during items of discussion as this keeps everyone on track. Also please do not forget to ask for votes not in favour, and abstentions.
- Continue to remind the council on the proper process to follow during meetings.

- There seemed to be significant confusion over whether comments from Councillors should be made in the form of clarifications prior to making the motion or as part of the debate on the motion. Some clarification is needed here or we should simply put the motion on the table and debate/discuss it right from the beginning.
- NOTED: every single member, professional elected and public, and the dean, spoke at the meeting. The comments were always respectful, and opinions were diverse. On contentious issues, consensus was reached! This is a Council working well together, Perhaps reviewing the rules governing Council discussions should be reviewed before every meeting!
- The meeting went very well compared with September.



**Ontario College
of Pharmacists**

Putting patients first since 1871

MINUTES OF MEETING

OF COUNCIL

DECEMBER 10, 2018

DRAFT

Ontario College of Pharmacists
Council Meeting Minutes – December 2018

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MONDAY, DECEMBER 10, 2018 – 9:04 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 |
| District L | Mr. Billy Cheung, Markham |
| District L | Mr. James Morrison, Burlington |
| District L | Dr. Sony Poulose, Hamilton |
| District M | Mr. Mike Hannalah, Toronto |
| District M | Mr. Kyro Maseh, Toronto |
| District M | Ms. Laura Weyland, Toronto |
| District N | Mr. Tom Kontio, London |
| District N | Ms. Leigh Smith, Cambridge |
| District N | Dr. Karen Riley, Sarnia |
| District P | Ms. Rachelle Rocha, Sudbury |
| District P | Mr. Douglas Stewart, Sudbury |
| District T | Ms. Ruth-Ann Plaxton, Owen Sound |
| District TH | Mr. Goran Petrovic, Kitchener |

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

Members Appointed by the Lieutenant-Governor-in-Council

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

Staff present

Ms. Nancy Lum-Wilson, CEO and Registrar
Ms. Anne Resnick, Deputy Registrar/Director, Conduct
Ms. Connie Campbell, Director, Corporate Services
Ms. Susan James, Director, Quality
Ms. Stephenie Luciani, Executive Assistant to the CEO and Registrar

Invited Guests

Mr. Barry Horrobin, Director of Planning & Physical Resources, Windsor Police Service

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

There were no conflicts declared.

3. Approval of Agenda

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

4. President's Opening Remarks

Ms. Weyland welcomed Council members to the meeting. She informed Council that this is the first meeting in 26 years without the valued staff support of Council and Executive Liaison, Ms. Ushma Rajdev and that this is the first meeting since the passing of public member, Mr. Shahid Rashdi. Both will be missed for their many years of service and contribution.

Ms Weyland highlighted key changes to Committee Appointments since September Council. These include the re-appointment of Joy Sommerfreund to Council as a Public member for an additional year and Joy Sommerfreund's appointment to Accreditation and DPP Committee and the ICRC. Goran Petrovic will Chair the DPP committee in place of Regis Vaillancourt, who will continue as Accreditation Committee Chair. Linda Bracken has been appointed to the Registration Committee until the end of this Council year. The following additional Council members were appointed to the Discipline Committee to supplement elected members (due a shortage): Billy Cheung, Leigh Smith, Tracey Phillips, Sony Poulouse and Laura Weyland.

Ms. Weyland also informed Council that the Executive Committee considered the issue of issuing guidelines for pharmacists and pharmacy technicians on the use of cannabis in relation to practice at its last meeting. The Executive Committee determined that no action was required due to existing provisions in our Code of Ethics, Standards of Practice and the Professional Misconduct Regulation which stipulates that *"Practising the profession while the member's ability to do so is impaired or adversely affected by any substance, condition, dysfunction, disorder or circumstance that the member knows or ought to know impairs or adversely affects his or her ability to practise"* would be considered misconduct.

4.1 Patient Reflections

Ms. Weyland advised that it is increasingly important for Council to hear and learn from the perspectives of patients and those with lived experiences as it helps to ground discussions and reinforce the importance of the public-protection mandate.

She then introduced Mr. Todd Leach, Communications Manager at Ontario College of Pharmacists, to share Lisa Hurtubise's patient reflection on her behalf. Ms. Hurtubise experienced a severe adverse drug reaction. She appreciated that her community pharmacist took measures to ensure her safety and wellbeing.

4.2 Briefing Note – President's Report to December 2018

Ms. Weyland referred to her report which summarized her activities since the previous Council meeting. These included attending various committee meetings at the College and various meetings with the Registrar and the Vice President.

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

Ms. Weyland explained that in response to the feedback received from the September 2018 Council Meeting, a review of the Rules of Order for Council was undertaken. She then called upon Mr. Doug Stewart, Vice President, who, as per the governance manual, serves as Council parliamentarian. Mr. Stewart described the changes based on the feedback, which focused on providing additional clarity on processes.

Mr. Stewart explained that the Rules of Order are intended to provide structure to the conversations held at Council and ensure the process includes a clarifying question period, followed by a motion made and seconded and then debate before the issue is brought to a vote.

Ms. Weyland then concluded with referencing the final appendix to her report, which provides the results of the evaluation of the CLEAR governance training that took place during the September 2018 Council.

The Briefing Note was received for information by Council.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of September 2018 Council Meeting

It was moved and seconded that the Minutes of the September 2018 Council meeting be approved. CARRIED.

6. Notice of Motions Intended to be Introduced

6.1 Motion re College Name Change

To be addressed under Other Matters in Agenda Item 12.1

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 - Model Standards for Pharmacy Compounding of Non-Sterile Preparations

Ms. Weyland invited Ms. Susan James, Director, Quality, to introduce the Briefing Note to Council.

Council was reminded that it approved the standards at the December 2017 meeting and at the June 2018 Council meeting, it was reported that implementation of the standards will be guided by a national working group with representatives from provincial pharmacy regulatory authorities and pharmacy professionals.

Ms. James described a national multi- phase implementation plan that the working group established that would allow for an opportunity to leverage resources and apply a consistent approach across the country.

A motion in respect of the recommendation in the briefing note was moved and seconded.

Council discussed the importance of education to ensure that pharmacy professionals are supported at each implementation phase. It was noted that NAPRA is developing a national education program to support implementation. Council also would like to be made aware of any challenges that pharmacy professionals are experiencing to ensure appropriate strategies can be applied if needed.

Following discussion, **the motion** that Council approve a three-phase approach to implementation of the NAPRA Model Standards for Pharmacy Non-Sterile Compounding with the following timelines for completion of each phase:

- Phase 1 – Assessing Risks and Gaps Date: January 1, 2020
- Phase 2 – Personnel Training and Quality Assurance Date: July 1, 2020
- Phase 3 – Facilities and Equipment Date: January 1, 2021, **was called to a vote.**

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

9.2 Briefing Note – Consultation Feedback – By-Laws

Ms. Weyland invited Ms. Campbell, Director, Corporate Services, to introduce the Briefing Note to Council.

Council was reminded that at the September 2017 meeting, Council approved for circulation by-law amendments that:

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

The fee changes proposed will enable the College to deliver on operational imperatives that advance the vision, mission and strategic priorities in the newly created Strategic Plan.

A motion in respect of the recommendation in the briefing note was moved and seconded.

In debating the issue, Council considered the consultation sought for the proposed by-law changes. Key themes derived from the consultation feedback was a lack of perceived benefit for the increased fees, suggestions on how to structure fees and questions regarding improving operational efficiency. Council discussed that although the budget has already been approved and the fee increases are required to enable the operational plan to be executed, the concerns of the registrants should be addressed through a series of actions moving forward. These include a continuation of the work of the College to examine work processes to find efficiencies, consideration of cost recovery options in cases of misconduct findings, alternative ways of communicating information about the College's finances and fiscal stewardship, and more information to registrants about the College's regulatory role versus that of professional bodies or associations. In addition, Council discussed that The Finance and Audit committee should examine the impact of instituting a policy that mandates annual Cost of Living Increases to fees as a means of avoiding future large fee increases following years of stable fees.

Following discussion, the **motion** that Council approve the by-law amendments in Articles 3, 12, 14, 15, 16 and 17 effective January 1, 2019 **was called to a vote**.

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

10. For Decision

10.1 Briefing Note - Discipline Cost Recovery

Ms. Weyland invited Ms. Resnick, Deputy Registrar/Director, Conduct, to introduce the Briefing Note.

Ms. Resnick described that the College is proposing the development of a policy for discipline cost recovery. The College's current approach to cost awards is based on precedents and can vary depending on the details of the case. To increase the proportion of discipline costs that are recovered from subjects of disciplinary processes and to decrease the financial burden on the rest of the profession, the College is proposing the development of a policy that would formalize

the criteria and manner in which cost awards are sought when allegations of professional or propriety misconduct are proven.

A motion in respect of the recommendation in the briefing note was moved and seconded.

Council discussed that exploring cost recovery within current regulations is fiscally responsible and would like the opportunity to review and consider a policy and framework at the next Council meeting.

Following discussion, the **motion** that staff draft a policy to address cost orders at the Discipline Committee and report recommendations to Council in March 2019 **was called to a vote.**

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

Ms. Weyland advised Council that Agenda Item 11.1 is to be discussed prior to Agenda item 10.2 to give background and context to the next agenda item.

11.1 Briefing Note - Update on Governance and Ministry of Health and Long-Term Care Direction

At the Chair's request, Ms. Lum-Wilson, Registrar presented the Briefing Note. It was highlighted to Council that Deanna Williams and a team from Health Workforce and Regulatory Affairs Division (HWPRAD) attended the FHRCO meeting to provide the first substantive update on the Best Practice Report subsequent to the Protecting Patients Act, 2018; and the government direction for Regulated Health Colleges further to the establishment of a new Progressive Conservative Government, respectively.

Background was given regarding international trends in self-regulation, which have helped to define best practice in governance. Locally, there is interest from the government to strengthen oversight of the sector to ensure accountability to the public protection mandate. A common set of performance indicators for colleges will be established as a mechanism to increase transparency and accountability.

Ms. Lum-Wilson provided a Ministry update, including advisement that the Ministry is planning fundamental changes in structure and management of healthcare and the Colleges should consider how the perception of large administrative structures are viewed by this government, including how regulation becomes a barrier to front-line care delivery.

The Briefing Note was received for information by Council.

10.2 Briefing Note - Executive Committee - Governance

Ms. Weyland invited Mr. Stewart, Vice President, to introduce the Briefing Note.

Mr. Stewart highlighted that a Governance Working Group of the Executive Committee was formed to examine trends and best practices in self-regulation and to identify opportunities to strengthen governance and capacity to regulate in the public interest. The College of Nurses of Ontario (CNO) completed an in-depth review of best practice in governance and published their findings in the Vision 2020 paper. The College of Physicians and Surgeons of Ontario (CPSO) has formally aligned with the concepts in the paper. The Advisory Group for Regulatory

Excellence (AGRE) has expressed interest in aligning efforts among AGRE Colleges to support the government in identifying opportunities for legislative changes that will enable implementation of best practices. There is therefore a large movement for governance reform and an opportunity for the College to participate and actively engage in shaping the future direction.

A motion in respect of the recommendation in the briefing note was moved and seconded.

Council debated the issue of how governance changes would impact current proceedings. Council discussed that it will be important for proposals to be reviewed at Council meetings such that impact to the College can be considered. Before any changes are made and as progress is made, Council should have an opportunity to review and provide input both for changes that require and do not require legislative changes. As there is already government activity on governance reform, it will be important that the College is represented as it brings our perspective to the forefront.

Following discussion, the **motion** that Council support a partnership with AGRE to help inform proposed legislative changes required to support the government in modernizing governance and that Council support the governance reform framework and principles in Appendix 1 **was called to a vote.**

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

10.3 Briefing Note - Executive Committee - Preferred Provider Networks (PPNs)

Ms. Weyland invited Mr. Cheung, Elected Council Member, to introduce the Briefing Note.

Mr. Cheung noted that the College does not have any legislative or regulatory jurisdiction over the practices of employers, insurance companies or pharmaceutical manufacturers. It was highlighted that patient risks associated with PPN's include disruption of continuity of care, limiting access and patient freedom of choice.

A motion in respect of the recommendation in the briefing note was moved and seconded.

Council discussed that although the College does not have legislative or regulatory jurisdiction to restrict the use of PPNs and has not been presented with any evidence that would cause it to conclude that PPNs are in violation of any regulations or the Code of Ethics, the College would have concerns should any established or emerging business model restrict, prevent or create new barriers to pharmacies or pharmacy professionals being able to act on their professional obligations.

Council then discussed that it would be in the public's best interest to formally communicate its concerns about the impact of *closed* preferred provider networks (PPNs) on patient well-being and suggested a change to the recommendation in the Briefing Note to reflect a stronger call to action.

A motion in respect of the recommendation in the briefing note was moved and seconded.

After some discussion Mr. Kontio, Elected Council Member, **made a motion to amend the initial motion as follows:**

That Council direct the Registrar to formally communicate the College's concerns about the impact of closed PPNs on patient well-being and suggest government encourage employers and unions to support open PPN models through legislative or other means.

The motion was seconded.

Council considered that directing the government to utilize legislative or other means to encourage open PPN models would be outside of our jurisdiction. The important point is to communicate to government the impact on patients, and the potential to enhance access to care through open PPN models. This would be aligned with the College's mandate to serve the public interest and improve patients' well-being.

Council also discussed the importance of continuing to remind registrants that they are expected to practice in accordance with the Standards of Practice and to ensure that continuity of care, access to care and patient safety is not compromised, regardless of whether there are multiple providers involved in the care of a patient.

Following discussion, the **motion to amend was called to a vote. The motion was DEFEATED.**

Council then voted on the original motion, that Council direct the Registrar to formally communicate the College's concerns about the impact of closed PPNs on patient well-being and suggest government encourage employers and unions to support open PPN models.

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

10.4 Briefing Note - Opioid Policy

Ms. Weyland invited Ms. James, Director, Quality, to introduce the Briefing Note.

Ms. James reminded Council that last year, the College developed an Opioid Strategy to address relevant areas of practice while considering the health and social factors that are related to opioid use disorder. One of the initiatives identified within the Strategy was the development of an Opioid Policy to outline the College's expectations for pharmacy professionals regarding opioid therapy. In September 2018, a draft Opioid Policy was circulated for consultation. Based on the analysis of the feedback received through the consultation, revisions to the policy were made and presented to Council. After outlining the consultation results and themes throughout, Ms. James highlighted the revisions which focused on editorial changes.

A motion in respect of the recommendation in the briefing note was moved and seconded.

Council discussed that pharmacy professions often experience challenges with providing clinical input on individual patients and that collaboration between pharmacy professions and prescribers will be key as there is often shared accountability. The Opioid Policy will help clarify expectations around the management of opioid prescriptions and helps to reinforce the role of the pharmacist. The College should continue to work with CPSO, who also have an opioid strategy.

Following discussion, the **motion** that Council approve the amended draft Opioid Policy to outline the College's expectations for pharmacy professionals regarding opioids **was called to a vote**.

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

10.5 Briefing Note - Pharmacy Safety Initiative

Ms. Weyland invited Ms. James, Director, Quality, to introduce the Briefing Note. Ms. James provided background to the Council regarding correspondence from the Ontario Association of Chiefs of Police (OACP) on their Pharmacy Safety Initiative aimed at helping to curb the incidence and impact of robberies and thefts in pharmacies. Efforts to reduce diversion of these drugs through theft from pharmacies would be aligned with the harm reduction component of the College's Opioid Strategy.

Ms. James then introduced Mr. Barry Horrobin, Director of Planning & Physical Resources, Windsor Police Service to present to Council.

Mr. Horrobin described the current safety issues, the program in place as well as the learnings obtained from similar programs.

Following the introduction and presentation, **a motion in respect of the recommendation in the briefing note was moved and seconded.**

Council discussed the presentation and the potential for such an initiative to improve community safety. Also, that it would be worthwhile for the College to review and analyze the potential benefits of a province-wide initiative for Council consideration.

Following discussion, the **motion** that Council approve College engagement with the Ontario Association of Chiefs of Police for the purpose of exploring the most appropriate options to collaborate in a provincial pharmacy safety initiative **was called to a vote**.

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

11 For Information

11.1 Briefing Note - Update on Governance and Ministry of Health and Long-Term Care Direction

Discussed before Agenda Item 10.2.

11.2 Briefing Note - Registrar's Report to Council

Ms. Weyland invited the Registrar, Ms. Lum-Wilson, to address Council. Ms. Lum-Wilson presented Attachment 1 to Appendix 11.2 "Briefing Note – Registrar's Report to Council", focusing on the College's performance against established targets in several areas of operations. She highlighted the percentage of complaints disposed of within one-hundred and fifty days, and the improvement in the number of uncontested hearings addressed within sixty days, and Registrar's inquiries. Council members expressed appreciation of the approach being

taken, and acknowledged efforts being taken by staff to meet targets. Tracking of other timelines and associated indicators was also discussed. Ms. Lum-Wilson also reported that College staff are examining recent HPARB decisions.

Ms. Lum-Wilson reported on recent realignments at the Ministry, including changes to the reporting structure of the Health Workforce Planning and Regulatory Affairs Divisions, and that the Assistant Deputy Minister has been assigned to lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role.

Ms. Lum-Wilson summarized the College's involvement in the inquiry into the long-term care system, and that the College has been requested to return for a consultation in January 2019.

Ms. Lum-Wilson shared discussions with the Ministry of Labour concerning collaborative efforts to improve the safety of workers within pharmacies. Discussion ensued in respect of certain situations that had become known, including safe storage and certain failures to dispose of hazardous chemicals and drugs in a timely way.

Ms. Lum-Wilson then spoke about recent changes in which veterinary antimicrobials had been moved from over-the-counter status to prescription status. The College of Veterinarians of Ontario has asked for the College's collaboration in identifying how to most effectively support veterinary care.

Ms. Lum-Wilson reported on the finalization of competencies and educational outcomes for Cannabis and Patient Care in Pharmacy, in collaboration with the Canadian Council for Continuing Education in Pharmacy (CCCEP). CCCEP is now in the process of working with continuing education providers to promote development of education programs that will satisfy the requirements for CCCEP accreditation. Discussion ensued among Council members in respect of mandated education with respect to cannabis.

Ms. Lum-Wilson provided an update of recent meetings with Health Quality Ontario concerning the establishment of quality indicators for pharmacy, and indicated that a final set of indicators should be identified by spring 2019.

In respect of discussions with Health Canada, Ms. Lum-Wilson advised that the College had received a loss and theft report from the Office of Controlled Substances and that the College is working on establishing a data-sharing agreement to allow for closer collaboration. Ms. Lum-Wilson also updated on joint visits with Health Canada at hospital pharmacies, and the recent meeting of NAPRA and efforts to create national pharmacy standards for medication safety.

MISCELLANEOUS ITEMS

In respect of the Briefing Note concerning Opioid Abuse, Ms. Lum-Wilson advised Council that certain stakeholders are lobbying the federal government in respect of decriminalization, and to investigate the role drug companies may have played in the opioid crisis.

Ms. Lum-Wilson updated Council on the progress of the Medication Safety Program. She also reported on recent meetings with the Neighbourhood Pharmacy Association.

Concerning Digital Health, Ms. Lum-Wilson discussed the "ONE ID" initiative, the College's role and collaborative work with eHealth, and PrescribeIT and the Canada Health Infoway.

In respect of the Optimizing Practice Strategy, Ms. Lum-Wilson summarized the development of the OPEN white paper, and continued collaboration with Health Quality Ontario and various primary care groups.

Dr. Riley updated Council in respect of an analysis of quality metrics concerning the PEBC.

Council discussed government initiatives directed toward expanded scope of practice for pharmacists.

Discussion ensued concerning Medical Assistance in Dying (MAiD) reporting as included in the Briefing Note, and Ms. Lum-Wilson discussed with Council the new reporting requirements.

The Briefing Note was received for information by Council

12. Other Matters

12.1 Motion re College Name Change

Ms. Weyland invited Mr. Petrovic, Elected Council Member, to present the motion.

The motion presented was to support changing the name of the College to more inclusively reflect the group the College regulates in the public interest, which include, pharmacy technicians, pharmacists as well as pharmacies. The recommendation was to change Ontario College of Pharmacists to Ontario College of Pharmacy.

A motion in respect of the recommendation was moved and seconded.

Council discussed that historically the College was called Ontario College of Pharmacy but this was changed with the Regulated Health Professional Act (RHPA) in 1992 to Pharmacists for consistency with other Colleges, which regulate professionals.

In debating the issue, Council accepted that this college was somewhat unique among health profession Colleges in that in addition to administering the Pharmacy Act which speaks to registrants, OCP also has oversight of pharmacies through the Drug and Pharmacies Regulation Act. Despite this fact, the naming convention used in the RHPA was to reference the health professional being regulated. It was further noted that Pharmacy Technicians became a regulated class with College oversight in 2010 and that following the naming convention of the RHPA would necessitate the addition of Pharmacy Technicians to the title.

After some discussion, Mr. Hannalah made a motion to amend the motion as follows:

That Council request the College change their name to the following: Ontario College of Pharmacy Professionals.

The motion was seconded.

Council debated the issue of ensuring that the name change is all-inclusive in its description. The pharmacy as a place is a component of our mandate and should be recognized. It was acknowledged that maintaining consistency across Ontario is important as is consistency across other provinces although legislation varies by province. It was noted that any name change will take time as it requires legislative change.

Following discussion, **the amendment of the original motion was called to a vote. The motion was DEFEATED.**

Council then voted on the original motion that Council request the College change their name to the Ontario College of Pharmacy.

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

12.2 Presentation by Mr. Barry Horrobin re Provincial Pharmacy Safety Initiative

Presentation provided during Agenda Item 10.5.

13. Unfinished Business

Ms. Weyland 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

There being no further business, at 3:40 p.m., a motion to adjourn the meeting was moved and seconded. CARRIED.

Stephenie Luciani
Executive Assistant to the CEO and Registrar

Laura Weyland
President



COUNCIL BRIEFING NOTE

MEETING DATE: MARCH 2019

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Audited Financial Statements

ISSUE: Approval of 2018 Audited Financial Statements

BACKGROUND: The audit was conducted by a team of auditors from Tinkham LLP Chartered Professional Accountants. The audited financial statements prepared as a result of the audit comprise the College's statement of financial position as at December 31, 2018, and the statement of operations, changes in net assets and cash flows for the year then ended and notes to the financial statements, including a summary of significant accounting policies.

The statements reflect the values for reserve funds agreed to by the Finance and Audit Committee which replenish the funds to established targets.

ANALYSIS: The Finance and Audit Committee reviewed the Auditor's Report and internal controls and met with the auditors in in-camera sessions both before and after the audit, and is satisfied that the financial reporting risks outlined in the audit planning letter are being appropriately addressed.

The opinion of the auditor is that the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2018 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

RECOMMENDATION: That Council approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2018 as prepared by management and audited by Tinkham LLP, Chartered Professional Accountants.

ONTARIO COLLEGE OF PHARMACISTS

Financial Statements

December 31, 2018

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INDEPENDENT AUDITOR'S REPORT

To the Members of
Ontario College of Pharmacists

Opinion

We have audited the financial statements of the Ontario College of Pharmacists (the College), which comprise the statement of financial position as at December 31, 2018, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2018, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Statements and Auditor's Report thereon

Management is responsible for the other information. The other information comprises the information included in the Annual Report of the College but does not include the financial statements and our auditor's report thereon. The Annual Report is expected to be made available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE

Licensed Public Accountants

ONTARIO COLLEGE OF PHARMACISTS

Statement of Financial Position

| As at December 31 | 2018 | 2017 |
|--|---------------|---------------|
| Assets | | |
| Current | | |
| Cash | \$ 623,162 | \$ 819,908 |
| Short term investments (note 4) | 9,743,177 | 1,500,000 |
| Accounts receivable and cost recoveries (note 3) | 361,763 | 238,088 |
| Prepaid expenses | 287,320 | 167,086 |
| | 11,015,422 | 2,725,082 |
| Long term investments (note 4) | - | 7,885,335 |
| Property and equipment (note 5) | 4,178,504 | 4,221,956 |
| | \$ 15,193,926 | \$ 14,832,373 |
| Liabilities | | |
| Current | | |
| Accounts payable and accrued liabilities | \$ 1,525,517 | \$ 1,329,731 |
| Deferred revenue | 3,999,634 | 3,864,864 |
| | 5,525,151 | 5,194,595 |
| Net assets | | |
| Internally restricted (note 6) | 9,300,000 | 8,600,000 |
| Unrestricted | 368,775 | 1,037,778 |
| | 9,668,775 | 9,637,778 |
| | \$ 15,193,926 | \$ 14,832,373 |

Commitments (note 7)

Approved on behalf of the Council

ONTARIO COLLEGE OF PHARMACISTS

Statement of Operations

| Year ended December 31 | 2018 | 2017 (note 10) |
|--|-------------------|-------------------|
| Revenues | | |
| Member fees - Pharmacists | \$ 9,661,716 | \$ 9,398,808 |
| - Pharmacy technicians | 1,919,159 | 1,810,125 |
| Community pharmacy fees | 4,598,083 | 4,493,145 |
| Hospital pharmacy fees | 813,223 | 687,896 |
| Registration fees and income | 677,570 | 636,520 |
| Investment income | 303,049 | 238,720 |
| | 17,972,800 | 17,265,214 |
| Expenses | | |
| Council and committee expenses (schedule I) | 735,030 | 717,621 |
| Personnel (schedule II) | 12,824,726 | 11,647,379 |
| Regulatory programs (schedule III) | 2,309,575 | 2,603,371 |
| Operations (schedule IV) | 1,716,855 | 1,608,372 |
| | 17,586,186 | 16,576,743 |
| Excess of revenues over expenses from operations for the year before amortization | 386,614 | 688,471 |
| Amortization | 355,617 | 348,542 |
| Excess of revenues over expenses for the year | \$ 30,997 | \$ 339,929 |

See accompanying notes to the financial statements.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Changes in Net Assets

Year ended December 31

| | Internally Restricted | Unrestricted | 2018 Total | 2017 Total |
|---|----------------------------------|---------------------|-----------------------|-----------------------|
| Balance, beginning of year | \$ 8,600,000 | \$ 1,037,778 | \$ 9,637,778 | \$ 9,297,850 |
| Excess of revenues over expenses for the year | - | 30,997 | 30,997 | 339,929 |
| | 8,600,000 | 1,068,775 | 9,668,775 | 9,637,779 |
| Inter-fund transfers representing: | | | | |
| Investigations and hearings reserve fund: | | | | |
| Net expenses in the year | (1,336,212) | 1,336,212 | - | - |
| Inter-fund transfer | 2,036,212 | (2,036,212) | - | - |
| Balance, end of year | \$ 9,300,000 | \$ 368,775 | \$ 9,668,775 | \$ 9,637,779 |

Council Draft

ONTARIO COLLEGE OF PHARMACISTS

Statement of Cash Flows

| Year ended December 31 | 2018 | 2017 |
|---|------------|------------|
| Cash flows from operating activities | | |
| Excess of revenues over expenses for the year | \$ 30,997 | \$ 339,929 |
| Item not requiring a cash outlay | | |
| Amortization | 355,617 | 348,542 |
| | 386,614 | 688,471 |
| Changes in non-cash working capital balances: | | |
| Accounts receivable and cost recoveries | (123,675) | 31,255 |
| Prepaid expenses | (120,234) | 145,678 |
| Accounts payable and accrued liabilities | 195,784 | 58,795 |
| Deferred revenue | 134,770 | 214,372 |
| | 473,259 | 1,138,571 |
| Cash used in investing activities | | |
| Purchase of investments (net) | (357,842) | (154,030) |
| Purchase of equipment | (190,817) | (134,657) |
| Building renovations | (121,346) | (286,131) |
| | (670,005) | (574,818) |
| Change in cash during the year | (196,746) | 563,753 |
| Cash, beginning of year | 819,908 | 256,155 |
| Cash, end of year | \$ 623,162 | \$ 819,908 |

See accompanying notes to the financial statements.

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2018

1 Organization

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

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

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

2 Significant accounting policies

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

a) Financial instruments

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

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

b) Property and equipment

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

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

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2018.

c) Revenue recognition

i) Fees

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

ii) Investment income

Investment income consists of interest and is recognized as earned.

iii) Other revenues

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

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2018

2 Significant accounting policies continued

d) Management estimates

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

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

3 Accounts receivable

As at December 31, 2018, the allowance for impaired receivables totaled \$205,338 (2017 - \$nil). The accounts receivable are presented net of the allowance.

4 Investments

| As at December 31 | 2018 | 2017 |
|--|--------------|--------------|
| Short term | | |
| Guaranteed investment certificates - BMO Bank of Montreal 1.60% to 2.55%, maturing January 9 to October 18, 2019 (2017 - 0.85%, maturing May 23, 2018) | \$ 9,743,177 | \$ 1,500,000 |
| Long term | | |
| Guaranteed investment certificates - BMO Bank of Montreal (2017 - 2.30% to 2.55% maturing April 27 to October 18, 2019) | - | 7,885,335 |
| | \$ 9,743,177 | \$ 9,385,335 |

5 Property and equipment

| As at December 31 | 2018 | | 2017 | |
|-------------------------|--------------|-----------------------------|--------------|-----------------------------|
| | Cost | Accumulated Amortization | Cost | Accumulated Amortization |
| Land | \$ 363,134 | \$ - | \$ 363,134 | \$ - |
| Buildings | 6,511,518 | 3,055,598 | 6,390,172 | 2,914,129 |
| Furniture and equipment | 1,494,608 | 1,266,598 | 1,474,624 | 1,228,125 |
| Computer hardware | 462,707 | 354,057 | 374,759 | 325,734 |
| Computer software | 618,786 | 595,996 | 614,796 | 527,541 |
| | \$ 9,450,753 | \$ 5,272,249 | \$ 9,217,485 | \$ 4,995,529 |
| Net book value | | \$ 4,178,504 | | \$ 4,221,956 |

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2018

6 Net assets - internally restricted

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

| As at December 31 | 2018 | 2017 |
|---|---------------------|---------------------|
| Investigations and hearing reserve fund | \$ 2,200,000 | \$ 2,000,000 |
| Contingency reserve fund | 5,500,000 | 4,900,000 |
| Fee stabilization fund | 1,600,000 | 1,700,000 |
| | \$ 9,300,000 | \$ 8,600,000 |

i) Investigations and hearings reserve fund

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

ii) Contingency reserve fund

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

iii) Fee stabilization fund

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

7 Commitments

- a) The College contracted the Work, Stress and Health Services of the Centre for Addiction and Mental Health ("CAMH") effective October 1, 2014 to monitor members deemed to be incapacitated in accordance with the provisions of the legislation. Members are monitored over a period of time, depending on the nature of their incapacity. During fiscal year 2018, the College expended \$98,812 (2017 - \$102,229) towards the monitoring of identified members. The College estimates future payments, based on enrolled members at December 31, 2018 to be as follows:

| | |
|------|-------------------|
| 2019 | \$ 128,666 |
| 2020 | 84,000 |
| 2021 | 66,500 |
| 2022 | 28,000 |
| 2023 | 19,833 |
| | \$ 326,999 |

- b) The College entered into an agreement with Pharmapod Canada Limited in January 2018 to provide a medication incident reporting system. The College has agreed to pay Pharmapod Canada Limited for one time costs estimated at \$420,000 in 2019 to register all pharmacies in Ontario as well as annual subscription fees estimated at \$1,330,000 commencing 2019 and annually thereafter.

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2018

7 Commitments continued

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

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

8 Credit facility

The College has a credit facility available in the amount of \$1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2018, the facility had not been drawn upon.

9 Financial instruments

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

General objectives, policies and processes

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

Credit risk

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

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

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

Liquidity risk

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

Market risk

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

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2018

9 Financial instruments continued

The College is not exposed to currency or equity risk.

Interest rate risk

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

Changes in risk

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

10 Comparative figures

Certain comparative figures have been reclassified to conform to the presentation adopted in the current year.

Council Draft

ONTARIO COLLEGE OF PHARMACISTS
Schedule I
Council and Committee Expenses

| Year ended December 31 | 2018 | 2017 (note 10) |
|--|-------------------|-------------------|
| Council | \$ 133,712 | \$ 105,730 |
| Committees | | |
| Accreditation | 3,227 | 3,630 |
| Discipline | 316,470 | 387,885 |
| Drug preparation premises (DPP) | 2,867 | 726 |
| Executive | 16,409 | 16,889 |
| Finance and audit | 3,169 | 6,858 |
| Fitness to practice | 12,225 | 1,943 |
| Inquiries, complaints and reports (ICRC) | 82,679 | 81,558 |
| Patient relations | 26,136 | 10,383 |
| Quality assurance | 101,395 | 74,874 |
| Registration | 36,656 | 24,942 |
| Special committees | 85 | 2,203 |
| | \$ 735,030 | \$ 717,621 |

Schedule II
Personnel

| Year ended December 31 | 2018 | 2017 |
|-------------------------|----------------------|----------------------|
| Salaries | \$ 10,447,856 | \$ 9,621,320 |
| Benefits | 2,015,746 | 1,761,232 |
| Personnel costs - other | 361,124 | 264,827 |
| | \$ 12,824,726 | \$ 11,647,379 |

ONTARIO COLLEGE OF PHARMACISTS
Schedule III
Regulatory Programs

| Year ended December 31 | 2018 | 2017 (note 10) |
|---|---------------------|---------------------|
| Association fees - NAPRA | \$ 132,769 | \$ 129,531 |
| Communication initiatives | 114,077 | 100,594 |
| Consulting - regulatory | 28,482 | - |
| Donations, contributions and grants - partnership | 153,000 | 202,000 |
| DPP inspection costs | 126 | - |
| Election expenses | 9,589 | 5,895 |
| Examinations, certificates and registrations | 150,534 | 158,318 |
| Government relations | 42,000 | 42,000 |
| Health inquiry / investigation & intake costs | 21,567 | 12,537 |
| Legal - conduct / external | 1,323,892 | 1,560,968 |
| Less: discipline cost recovery | (304,150) | (183,350) |
| Legal - regulatory | 16,445 | 138,549 |
| Practice assessment of competence at entry | 67,407 | 57,417 |
| Practice input initiatives | 334,620 | 115,264 |
| Professional development remediation | 10,741 | 2,119 |
| Professional health program | 118,812 | 122,229 |
| Quality assurance - program administration costs | 89,664 | 139,300 |
| | \$ 2,309,575 | \$ 2,603,371 |

Schedule IV
Operations

| Year ended December 31 | 2018 | 2017 |
|--|---------------------|---------------------|
| Association fees - general | \$ 12,587 | \$ 25,327 |
| Audit | 23,000 | 30,100 |
| Bank charges | 411,535 | 381,665 |
| Consulting - operations | 111,495 | 51,784 |
| Courier and delivery | 5,327 | 5,319 |
| Information system maintenance | 288,885 | 315,539 |
| Insurance - errors and omissions | 5,748 | 5,580 |
| Legal - operations | - | 2,780 |
| Niagara Apothecary: | | |
| Expenses | 47,148 | 49,898 |
| Sales, grants and donations | (17,875) | (21,487) |
| Office services equipment leasing and maintenance | 28,373 | 24,795 |
| Postage | 30,249 | 27,309 |
| Property: | | |
| Expenses | 398,804 | 337,503 |
| Rental income | (165,280) | (193,471) |
| Publications - annual report and Pharmacy Connection | 48,677 | 51,859 |
| Subscriptions | 8,914 | 8,873 |
| Supplies and stationery | 18,867 | 24,019 |
| Telecommunications | 168,796 | 161,269 |
| Travel and conferences | 291,605 | 319,711 |
| | \$ 1,716,855 | \$ 1,608,372 |



COUNCIL BRIEFING NOTE

MEETING DATE: MARCH 2019

| | | |
|--------------|---|-----------------|
| FOR DECISION | X | FOR INFORMATION |
|--------------|---|-----------------|

INITIATED BY: Staff

TOPIC: Discipline Cost Recovery

ISSUE: In response to feedback on the fee increase proposed for 2019, Council at the December 10, 2018 meeting noted that actual costs incurred by the College in misconduct proceedings are in most cases significantly greater than the amount of costs ordered by the discipline committee. To increase the proportion of discipline costs that are recovered from subjects of disciplinary processes and to decrease the financial burden on the rest of the profession, Council directed College staff to review the issue and develop a policy or recommendations intended to formalize cost recovery and create greater opportunity for recovery of costs.

Broadly speaking, a number of issues have been raised regarding cost awards made in proceedings before the discipline committee. These issues include the need for clearer direction regarding when cost awards should be sought and how they should be calculated.

RECOMMENDATIONS:

- 1) It is recommended that Council direct that effective immediately, counsel for the College seek costs in all appropriate cases including:
 - The College's legal costs and expenses
 - The Colleges costs and expenses incurred in investigating the matter
 - The College's costs and expenses in conducting the hearing
- 2) It is recommended that a schedule of hourly rates for College staff be adopted, for the purpose of determining College costs.

BACKGROUND:

Authority to Order Costs

Investigations and prosecutions of allegations of professional misconduct are often complex, time consuming, and expensive. It is a well-established principal within administrative law that the general membership of the profession should not bear the total costs related to a member's misconduct.¹ Cost awards are intended to indemnify the successful party for resources expended in enforcing the law. Cost awards also serve to encourage settlement and discourage frivolous or meritless litigation. Costs are not intended to serve as an additional sanction or penalty for the unsuccessful party.

¹ See, for example, *Reid v. College of Chiropractors of Ontario*, 2016 ONCA 779 at para 24; and *Law Society of Ontario v. Perrelli*, 2018 ONLSTH 80 at para 30.

Pursuant to Section 53.1 of the *Health Professions Procedural Code* (the *Code*), panels may order costs against members who have been found guilty of misconduct or found incompetent. That provision reads:

“In an appropriate case, a panel may make an order requiring a member who the panel finds has committed an act of professional misconduct or finds to be incompetent to pay all or part of the following costs and expenses:

- 1) The College’s legal costs and expenses
- 2) The Colleges costs and expenses incurred in investigating the matter
- 3) The College’s costs and expenses in conducting the hearing”

The College’s *Rules of Procedure* provide further guidance. For example, Rule 11.01 of *Rule 11: Costs* requires a party seeking costs to submit, where practicable, a detailed written explanation of the basis upon which the costs are calculated.

It is now recommended that Council formally direct all counsel to seek costs in all appropriate cases.

Council should also adopt a schedule of hourly rates applicable to in-house staff engaged in prosecutions and investigations, for use by the College when seeking indemnification of College costs at hearing.

The College staff hourly rates² recommended for immediate application, subject to future adjustment for cost of living increases are as follows:

| OCP Staff Role | Hourly Rate |
|------------------------------------|-------------|
| Staff Lawyer | \$225 |
| Staff Law Clerk | \$80 |
| Investigator or Complaints Officer | \$125 |

Appendix A contains detail and context in support of these recommendations. It also includes a review of prior cost orders at this College and those of similar regulators, as well as notes about the enforcement of cost orders.

² Where external counsel are retained to represent the College at disciplinary hearings, they will continue to be expected to submit their bill of costs to the discipline committee, based on their own hourly rates as charged to the College.

Appendix A

Costs Ordered by the Discipline Committee in Recent Years

Costs ordered by the College's discipline committee vary considerably. For example, in 2018³, the highest costs awarded was \$45,000 and the lowest costs awarded was \$0. The College generally seeks cost orders in line with a range of previously decided cases, between \$2,000 and \$10,000. The majority of costs awarded have been ordered as a result of joint submissions on costs negotiated and agreed on by the College and the member.

The average cost awards of the discipline committee, for the prior three years, are noted in the chart below.

| Year Reasons Released | Number of cases | Average costs award |
|------------------------------|------------------------|----------------------------|
| 2016 | 22 | \$7,955 |
| 2017 | 23 | \$6,609 |
| 2018 | 38 | \$10,566 |

Jurisdictional Review

Some regulators have not ordered costs, or have only done so recently. For example, the College of Psychologists of Ontario and the Ontario College of Teachers made no costs orders during the period reviewed by College staff. The College of Nurses of Ontario sought and was granted one cost award in the amount of \$1,500, out of 19 penalty decisions in 2018.

However, there are other relatively large Ontario regulators that make cost orders on a regular basis. A review of these regulators found average cost orders that are close to those ordered by the College. See the examples below:

| Regulatory Body | Average Costs Order |
|--|----------------------------|
| College of Physicians and Surgeons of Ontario (2018) | \$15,348 |
| Royal College of Dental Surgeons of Ontario (2018) | \$7,250 |
| Law Society of Ontario (2018) | \$9,738 |

Costs orders tend to vary considerably from case to case. In one notable instance, the regulator of early childhood educators for Ontario ordered costs payable against a member in the amount of \$257,353.76.⁴ This amount represented approximately 2/3 of the costs incurred for what was likely a very complex proceeding into allegations of sexual abuse. This decision was later reviewed and upheld by the Divisional Court, who confirmed that the tribunal had the necessary jurisdiction and broad discretion to make such orders.

³ Reviewing only those cases with reasons for decision released onto CanLII during the 2018 calendar year.

⁴ *Robinson v. College of Early Childhood Educators*, 2018 ONSC 6150

The Meaning of “Appropriate Cases”

When considering the meaning of the term “appropriate cases” in section 53.1 of the *Code* and the factors relevant to cost orders, a review of jurisprudence revealed that the following factors, in whole or in part, are often taken into consideration by disciplinary tribunals in Ontario:

- The complexity of the investigation and hearing
- The importance of the issue
- The novelty of the issue
- The duration of the hearing
- The conduct of the parties that contributed to shortening the hearings or unnecessarily lengthening the hearing
- Whether any steps taken were improper, vexatious, or unnecessary
- The Member’s ability to pay a costs award
- the relative success of the parties
- the reasonable expectations of the parties
- any settlement offer made and refused

It is generally accepted within the case law that the seriousness of the misconduct itself is not a relevant factor in determining the quantum of costs payable. This is likely because such an analysis may be too close to applying an additional sanction for misconduct, rather than adhering to the principal that costs are intended to indemnify the successful party.

Counsel for the College currently make submissions about the appropriateness of a cost order in each file. The submissions often contain an analysis of many of the above factors. It is expected these submissions will continue.

Case law regarding cost awards is constantly changing. It is not uncommon for a case to suggest a new, previously unconsidered, factor for determining cost awards. Reviewing courts are occasionally asked to consider cost awards, and those decisions also impact future cost orders. Additionally, panels generally have wide discretion when it comes to making orders, and we are cognizant that each case may be unique on its own facts and may require its own determination.

Therefore, it is ***not*** recommended that Council approve a list of factors defining appropriate cases. Rather, the discipline committee should continue to rely on jurisprudence to assist them in determining appropriate cases.

Seeking Costs Based on Actual Costs Incurred and an Hourly Rate Schedule for In-House Staff

Most Ontario regulators seek costs on the basis of actual costs incurred during the investigation and prosecution⁵. This is consistent with traditional expectations that the successful party will be required to provide some evidence of their costs.

This is typically achieved through the prosecutor submitting a bill of costs to the tribunal. The bill of costs may list: the professionals who worked on the investigation and prosecution; the amount of hours they contributed; and hourly rates for their time. Actual dockets or descriptions of tasks completed may be attached to the bill of costs. Invoices for related

⁵For example, the Royal College of Dental Surgeons of Ontario, the College of Physiotherapists of Ontario and College of Occupational Therapists have a practice of submitting a bill of actual costs at hearing. Many Colleges will then seek a portion of those costs, typically 25% to 75%, depending in part, on whether the matter was contested.

expenditures, such as courier costs, may also be referenced and attached. Prosecutors may also include amounts related to the College's costs in holding the hearing, such as expenses incurred by panel members, costs associated with independent legal counsel, amounts paid for court reporters, etc.

During the hearing itself, the prosecutor may be expected to make submissions regarding the reasonableness of the costs incurred, and defense counsel may make counter arguments. The bill of costs then provides an evidentiary foundation upon which the tribunal can understand the scope of the work completed as they make their decision on costs.

The advantages of this model include the fact that it allows for greater accuracy. More complex investigations may be reflected in the bill of costs by the greater number of hours spent by investigators. Multiple attendances at pre-hearing conferences can also be accounted for, as can time spent outside of the pre-hearing conference itself, such as when counsel expend considerable time trying to narrow issues with members who are disinclined to agree to non-contentious matters.

The disadvantages of this model include the additional resources required to track counsel and staff time. The additional time and other resources may be nominal however, particularly as external counsel already track time spent on a matter through dockets / billing.

Another disadvantage is that this model creates greater opportunities for members to challenge the allocation of time spent on a file, potentially resulting in a hearing within a hearing, as parties provide evidence and submissions on time spent by counsel and staff. This risk of lengthier hearings can be mitigated, during the pre-hearing phase, through open negotiation. Additionally, counsel may provide members with draft bills of costs prior to hearing, allowing for issues to be raised and addressed before hearing.

There may be arguments at hearing about the *value* of time spent by staff, as distinct from the amount of time spent. For that reason, it is recommended that Council endorse a schedule of hourly rates applicable to College staff involved in the investigation and prosecution of members.

This schedule of hourly rates for staff, if approved, will be publically available and can be disseminated to members referred to the discipline committee. As a result, there will be a high degree of transparency about the rates that will be applied to staff time.

In the future, the schedule of hourly rates for staff can be incorporated into the *Rules of Procedure*. This will allow for maximum transparency and flexibility.

The hourly rates being suggested are generally consistent with the hourly tariff rates applicable to lawyers appearing before the Law Society of Ontario with 5 or more years of experience. The complete set of current tariff rates applicable to Law Society proceedings are attached at **Appendix B**. With respect to hourly rates for investigators and complaints officers at the College, we recommend a rate of \$125/hr, in order to reflect the relatively high degree of specialized knowledge and expertise possessed by these staff.

The College staff hourly rates recommended for approval by Council are:

| OCP Staff Role | Hourly Rate |
|------------------------------------|-------------|
| Staff Lawyer | \$225 |
| Staff Law Clerk | \$80 |
| Investigator or Complaints Officer | \$125 |

Where external counsel are retained to represent the College at disciplinary hearings, they will continue to be expected to submit their bill of costs to the discipline committee, based on their own hourly rates as charged to the College.

A Note about Daily Hearing Day Tariffs

The College of Physicians and Surgeons of Ontario uses a tariff rate for each day of hearing. Effective February 2019, their tariff rate is set to \$10,370 per hearing day. The Ontario College of Early Childhood Educators has a similar hearing day tariff rate, set at \$10,000, as does the College of Registered Psychotherapists of Ontario, at \$4,460 per hearing day. These daily hearing day tariffs are considered an exception to the general expectation that parties must file evidence regarding actual costs incurred.

A benefit of this model is that it is relatively easy to use and apply, and has the potential to result in consistent cost awards across cases. It also allows counsel to save time and resources, in that no evidence of time spent outside of the hearing room needs to be tendered.

The primary disadvantage of this model is that it treats all matters the same, dependent only on the amount of hearing days required. It is not uncommon for very complex investigations and negotiations to lead to a last minute settlement that results in a single day of hearing. On the other hand, even relatively simple proceedings based on straightforward investigations may still require a full day of hearing. Under a hearing day tariff model, both of those proceedings may result in the same cost order. Additionally, in many cases, actual costs incurred are significantly higher than the common tariff rate of approximately \$10,000 per hearing day. Those additional costs would still have to be borne by the organization and profession as a whole.

Because the hearing day tariff model does not account for differences in complexity and costs incurred before the hearing day, it is not recommended that the hearing day tariff model be adopted by the College at this time. Rather, the College anticipates that seeking costs on the basis of actual costs and expenses incurred, along with a schedule of hourly rates applicable to staff, will allow panels of the Discipline Committee to make more flexible and accurate cost orders.

Enforcement of Costs Orders

An important element of costs orders is the College's success in enforcing those orders. In 2018, the College was able to recover \$304,150 from members who had a costs order against them. This is only a portion of the costs orders issued.

College staff will review the College's costs enforcement practices, with a view to seeking opportunities for improvement. For example, there may be options available to the College through legislation such as the *Statutory Powers and Procedures Act* that would allow the College to take additional measures against members who have failed to pay.

Appendix B

LAW SOCIETY TRIBUNAL TARIFFS UNDER THE RULES OF PRACTICE AND PROCEDURE

Made: February 26, 2009
Amended: June 25, 2009
June 29, 2010
January 27, 2011
April 28, 2011
February 28, 2013
April 25, 2013
May 8, 2018

TARIFF A

FEES FOR SERVICES TO BE CONSIDERED UNDER RULE 25.01

| | |
|--|----------------------|
| Lawyer (20 years and over) | Up to \$350 per hour |
| Lawyer (12 to 20 years) | Up to \$325 per hour |
| Lawyer (11 to 12 years) | Up to \$315 per hour |
| Lawyer (10 to 11 years) | Up to \$300 per hour |
| Lawyer (9 to 10 years) | Up to \$285 per hour |
| Lawyer (8 to 9 years) | Up to \$270 per hour |
| Lawyer (7 to 8 years) | Up to \$255 per hour |
| Lawyer (6 to 7 years) | Up to \$240 per hour |
| Lawyer (5 to 6 years) | Up to \$225 per hour |
| Lawyer (4 to 5 years) | Up to \$215 per hour |
| Lawyer (3 to 4 years) | Up to \$205 per hour |
| Lawyer (2 to 3 years) | Up to \$195 per hour |
| Lawyer (1 to 2 years) | Up to \$180 per hour |
| Lawyer (less than 1 year) | Up to \$165 per hour |
| Lawyer on staff with the Law Society of Ontario, other than Discipline Counsel | Up to \$190 per hour |

PART I -- LAWYERS' FEES

PART II -- FEES OTHER THAN LAWYERS' FEES

| | |
|---|----------------------|
| Licensed paralegal and paralegal on staff with the Law Society of Ontario (10 years and more of paralegal experience) | Up to \$150 per hour |
| Licensed paralegal and paralegal on staff with the Law Society of Ontario (5 to 10 years of paralegal experience) | Up to \$120 per hour |
| Licensed paralegal and paralegal on staff with the Law Society of Ontario (1 to 5 years of paralegal experience) | Up to \$90 per hour |
| Student | Up to \$90 per hour |
| Law Clerk | Up to \$90 per hour |
| Forensic auditor on staff with the Law Society of Ontario | Up to \$190 per hour |
| Investigator or Complaints Resolution Officer on staff with the Law Society of Ontario | Up to \$90 per hour |



COUNCIL BRIEFING NOTE
MEETING DATE: MARCH 2019

| FOR DECISION | FOR INFORMATION | X |
|--------------|-----------------|---|
|--------------|-----------------|---|

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Registrar's Report to March 2019 Council

ISSUE: As set out in the Governance Manual, Council holds the Registrar accountable for the operational performance of the organization. As well, the Registrar is responsible for reviewing the effectiveness of the College in achieving its public interest mandate and the implementation of the Council's strategic plan and directional policies. As such, the Registrar is expected to report on these activities at every Council meeting.

BACKGROUND: I respectfully submit a report on the activities that have taken place since the December 2018 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the President and the Vice President, summarized below are some of the meetings I attended and matters that I dealt with on behalf of the College during the reporting period.

Strategic Priorities Progress Update

I am pleased to present the 2018 year-end scorecard that illustrates College performance against predetermined targets to fulfill the objectives in year three of the 2015-2018 Strategic Plan. Also presented for information is a preview of the 2019 scorecard that sets out the targets for performance against objectives for year one of the 2019-2021 Strategic Plan developed by council in the spring of last year. It should be noted that targets take into account the additional resources committed by council through the approval of the current year budget and associated fee increases. (See Attachment 1)

Over the next three months, staff will identify the priorities for 2020 and will present to council an operational plan with financial implications at the June council meeting. Once agreed upon, the plan will guide development of the 2020 budget which Council will consider in September.

Risk Report

As outlined in the Council Governance Manual, the Registrar is tasked with reporting annually on risk management activities to inform Council on how risks that may impact the College's ability to achieve its public protection goals are being managed. Attached is the College's Risk Management Report. It should be noted that the activities outlined in the report are in addition to the financial risk oversight role that the Finance and Audit Committee serves, as outlined in the Briefing Note respecting the Audited Financial Statements for 2018. (See Attachment 2)

Ministry/Government Activities

In mid-December the College was informed that the Office of the Auditor General of Ontario (OAGO) is completing a Value-for-Money (VFM) audit on Patient Safety and Drug Distribution in hospitals at the Ministry of Health and Long-term Care (MOHLTC). In order to assist in their review process, Susan James and I met with two representatives from the OAGO on December 20th, to discuss the College's hospital assessment program. The College has since provided the

OAGO with additional information as part of the audit process and looks forward to receiving the OAGO report later this year.

Over the last few months, I have met with the Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care; Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Healthcare and Ending Hallway Medicine; and the ADMs of the Policy and Planning and the Drugs and Devices divisions. I have apprised them of the work of the College and offered our assistance as the Ministry moves forward with transformation of the Health Care sector. They have been made aware of our work on medication safety, outcomes indicators, opioids and optimizing practice and have expressed interest in our work, requesting that we provide them with updates as our work progresses.

As directed by Council at its December 2018 meeting, I have sent two letters, addressed to the Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care, expressing the College's position on preferred provider networks (see Attachment 3) and a request to change the College name (see Attachment 4).

On January 24th, I participated with College staff in a plenary session, held as part of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System. This session was offered to all stakeholders who participated in Parts 1 or 2 of the Inquiry, to discuss the Commissioner's draft recommendations. Her final report is due on July 1st, 2019.

Legislative Initiatives

Cannabis

Health Canada initiated a consultation on the proposed regulations for edible cannabis, cannabis extract and cannabis topicals in December 2018. The College contributed to the National Association of Pharmacy Regulatory Authorities (NAPRA) response by providing feedback on quality control and labelling of products.

Federal/Provincial Initiatives

Quality Indicators for Pharmacy

As previously reported, in support of the College objects that include establishing programs to promote continuing evaluation, competence and improvement of the practice of pharmacy, the College, in collaboration with Health Quality Ontario (HQO), continues its work on determining a set of quality indicators for pharmacy to better understand the quality of pharmacy and its impact on patient outcomes and the health system. The College is using an expert panel consisting of patients, pharmacists and other key stakeholders including the Ministry of Health and Long Term Care, associations, researchers, and HQO to establish the indicators.

Patient, registrant, and corporate sector engagement sessions have taken place and will continue until the final indicators are selected. Ongoing feedback from these sessions will be provided to the expert panel to help inform their decision. The final indicators are expected to be chosen by spring 2019 and will be shared with provincial and national stakeholders during a Symposium on June 6, 2019.

On January 23, 2019 Jonathan Lam from HQO and I made a presentation to the CPhA Pay for Performance Working Group. We stressed the importance of approaching outcomes from the system perspective and the need to include stakeholders, including government, the health care sector and patients in the development of indicators. Members of the Working Group expressed appreciation for the robust process used to develop pharmacy indicators and the need for CPhA to avoid duplicating the same effort.

Health Canada Update

The College continues to work with Health Canada (HC) on several fronts. In order to enable HC's validation of loss and theft data being submitted by pharmacies, OCP and HC have established a data sharing agreement that will allow the College to provide data extracts for the purpose of populating, testing, delivering and maintaining the HC Controlled Substances and Precursors System. Additionally, in support of our effort to address security and safety of controlled substances in hospital high risk areas, Neil Barkat, Manager, Controlled Substances and Cannabis Branch at HC, participated as a guest speaker at the initial meeting of the Partnered Diversion Table (see the Opioid Strategy Update in Attachment 5 for more details on this initiative).

The College has also been working with Health Canada to better understand the Cannabis Act as it relates to the provision of cannabis to inpatients and outpatients in hospitals, as we understand that licensed producers have been approaching hospitals to establish a mechanism to sell cannabis for medical use directly to patients. Health Canada has communicated that the intent of the Act as it relates to cannabis for medical use in hospitals was to provide a mechanism for control and management for patients who already had an authorization. Section 348 of the *Cannabis Regulations* was not drafted with a view to allowing for the establishment of storefronts within hospitals.

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

At the December 3rd Federation of Health Regulatory College of Ontario (FHRCO) meeting, Allison Henry, Director of Health Workforce Regulatory Oversight, provided an update to the committee on government activities. The Ministry is continuing previous work on transparency and establishing a college performance measurement framework. Representatives from the College are part of the working group tasked with developing the framework.

Aligning governance with best practice is also of interest to the Ministry as a means to deliver more effective and efficient operations of the health system, engender public trust and support the Ministry in its oversight role. The FHRCO Colleges were encouraged to review governance structures to identify legislative and non-legislative changes that will permit governance reform, reduce regulatory burden and achieve the best outcomes for the public.

In addition, Grant Jameson, the Fairness Commissioner, delivered a presentation to the committee on a shift in approach to assessments to focus on compliance with statutory requirements. Their new approach will introduce a risk-informed, audit focused strategy which will eliminate the current CQI assessment methodology and re-introduce audits of registration practices, conducted by auditors chosen from a roster of approved audit professionals. The OFC is now engaging regulators in a consultation process. (See Attachment 6) It is expected that the Colleges bear the costs of the audits.

Governance

On January 28th, 2019, the Executive Committee convened to discuss a draft submission to the Minister of Health and Long-Term Care respecting support for regulatory governance reform. Further to Council's direction in December, to collaborate with the Advisory Group in Regulatory Excellence (AGRE) Colleges on governance, the College received a copy of the legislative submission from the College of Nurses (CNO). The submission was shared with all FHRCO members, along with a draft letter of support to be used by other colleges as appropriate. Several other Colleges have since provided letters expressing their support for the intent and spirit of Vision 2020.

The Committee reviewed the submission for clarity and consistency with the governance renewal framework and principles already approved by Council and considered the importance of moving in alignment with other AGRE Colleges. After approving the draft unanimously, the submission letter (see Attachment 7) was sent to the Minister of Health and Long -Term Care.

The Executive Committee Governance Working Group will continue its work to provide further recommendations to Council on moving forward with governance reform in the absence of legislative change.

On March 11, 2019 a meeting of the AGRE Colleges took place. Registrars discussed progress on governance and determined that a survey to the member colleges to determine the status of the work on governance reform specific to each College would be undertaken. As the legislative frameworks for the various Colleges differ and some Colleges will be able to progress further than others in the absence of legislative reform, it is unlikely that full collaboration of all AGRE members will be possible within the current framework.

The College of Medical Radiation Technologists has expressed interest in joining AGRE.

AGRE has convened a working group to review the complaints process at the Colleges with a view to proposing an approach to prioritize those with higher potential for patient risk and harm.

Other Stakeholder Meetings

Canadian Council on Continuing Education for Pharmacy (CCCEP)

In January, 2019, Colleen Janes assumed her role as the new Executive Director of CCCEP, the accrediting organization for continuing pharmacy education programs. Each of the provincial pharmacy regulatory authorities are represented on CCCEP's Board of Directors, along with other pharmacy stakeholders. CCCEP has provided the College with their 2017/18 Annual Report, which can be found [here](#).

CSHP Professional Practice Conference

On February 3-4, 2019 I attended the Professional Practice Conference in Toronto. During the conference, I took the opportunity to meet with the US Board of Pharmacy Specialties to understand their approach to different categories of pharmacists.

National Association of Pharmacy Regulatory Authorities (NAPRA)

NAPRA meetings were held March 4-5, 2018 in Toronto. PRA leaders from across Canada participated in generative discussions on priority healthcare topics such as opioid safety and the opportunities to harmonize approaches across provinces and territories, drug scheduling, and medication safety. Discussions from the November 2018 meeting on implementing changes to board composition to align with governance best practices continued. This will include the addition of pharmacy technician and public members to enhance diversity of perspectives. The final NAPRA Strategic Plan is attached for information. (See Attachment 8)

Ontario Opioid Drug Observatory Steering Committee

On March 8, 2019, the Ontario Opioid Drug Observatory Steering Committee met to discuss directions for future Ontario Drug Policy Research Network (ODPRN) research. The focus of the work is to maintain a surveillance tool for opioid prescribing; to evaluate impact of policy questions; to understand the characteristics of new opioid use; and to analyze data to determine the risk factors for long term opioid use and adverse events. The surveillance tool will now be updated quarterly with the next update to be released in the next few weeks to provide data to the end of December 2018. The group also recently received a CIHR grant evaluate the access to naloxone and its impact.

Miscellaneous Items

Correctional Services Canada

On January 31, 2019 I was invited to present to regulated health care professional staff on the role of the College at Correctional Services Canada in Kingston. Presenters included the College

of Physicians and Surgeons of Ontario and the Ontario College of Social Workers and Social Service Workers. We were made aware of the unique challenges of the environment within a correctional services framework.

Regional Meetings and Dates

The College will host eight regional meetings this spring. The theme of this year's regional meeting program is "Outcomes Matter: Promoting a Data and Quality Culture in Pharmacy."

Data is core to any quality improvement strategy or initiative. During the regional meeting sessions, registrants will get the latest updates from College representatives about its transformative approach to using data to inform regulatory programs and sector performance in order to achieve better patient outcomes. Following an update from College representatives on several key initiatives and programs, participants will engage in a facilitated session designed to identify best approaches to using data and evidence in promoting quality in their everyday practice. Participants will also discuss solutions to potential barriers that challenge professionals from adopting a quality culture in their pharmacies. To support the discussion, participants will review different data sets and reports from the College and its programs.

Council members are welcome to attend and should inform the CEO/Registrar's office if you plan to do so. Dates and locations of the regional meetings, which will run from approximately 6:00 to 8:30pm, are as follows:

- Thunder Bay: April 29, 2019
- Peterborough: May 2, 2019
- Ottawa: May 6, 2019
- Greater Toronto Area:
 - West Toronto: May 29, 2019
 - Markham: May 14, 2019
- Sudbury: May 16, 2019
- London: May 27, 2019
- Windsor: June 10, 2019

Annual Report

The 2018 annual report will be provided to Council via virtual boardroom following the March 25th Council meeting.

Pharmacy Examining Board of Canada

The Annual Board Meeting summary report is attached for information. (See Attachment 9)

Opioid Strategy Update

The semi-annual Council update on the opioid strategy is provided in Attachment 5.

RCMP Kingston Community Consultation: Opiate Use Prevention and Harm Reduction

The College participated in a community consultation held in December in Kingston to consider opiate use prevention and harm reduction in response to the declaration of a state of emergency in the Mushkegowuk region.

The RCMP delivered a presentation that demonstrated the importance of cultural awareness about the unique challenges in indigenous communities and the relationship to diversion of opioids. Other consultation participants included representatives from the affected community, federal government, air service providers and the College of Physicians and Surgeons. All participants made commitments to examine and report back on opportunities to contribute to solutions.

Stemming from the issues presented at this consultation, the Patient Relations Committee is considering the topic of cultural awareness in the context of indigenous communities' goal of becoming healthier and safer.

AIMS update




The AIMS (Assurance and Improvement in Medication Safety) Program is continuing to be implemented in all community pharmacies in the province. Onboarding to the third-party platform is occurring in waves to ensure pharmacy professionals are well supported during this process, with completion expected by mid-2019. As of February 22, 2019, approximately 50% of community pharmacies have access to the platform. Training modules on the program are available for completion by all registrants. The College's vendor partner, Pharmapod, also provides live webinars to supplement the platform portion of the training. The Response Team, a team of experts who will be analyzing the aggregate, de-identified data for trends and providing appropriate guidance and recommendations to the profession, will be producing the first analysis by mid-2019.



















Media Activity

The College is committed to following the Council defined values of Accountability, Integrity and Transparency when responding to requests from media outlets. As shared at the March 2018 Council meeting, media play an important role in influencing public policy and we embrace our obligation, and our opportunity, as a regulator to contribute to public dialogue as it relates to the regulation of pharmacy in the province. A particular focus since the December 2018 Council meeting has been the recent Global TV/Toronto Star stories related to pharmacist billing. The College provided information and responded to questions to these outlets and has also posted a statement in response to the stories on its public website given the number of stories being published, the likelihood of broader and/or sustained media/public interest, the specific references to the College and the clearly defined issues as they relate to legal and regulatory matters.

Attachment 1

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|---------------|--------|-------|--------|-------|-----------|---------|--|------------------------------------|--|-------------------------|--|--|--|-------------|---------------------|---|--|--------------------------|--|---|--|------------------------------------|--|--|--|---------------------------------|--|----------------------------------|--|----------------------|--|--------------------------------|--|-----------------------------|--|----------------|--|------------------------|--|----------------|--|
| 08-Feb-18 | | Quarterly Scorecard – OCP Council - Q4 2018 Report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| # | SP ref. | Indicator or Milestone Measure | Q1 | Q2 | Q3 | Q4 | YTD | Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strategic Initiatives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | SP1 | *Compliance with Protecting Patients Act | | | | 30-Dec | n/a | 30-Dec-18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | SP1 | *Opioid Strategy Implementation | | | 1-Aug | | n/a | 01-Aug-18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | SP1 | *Cannabis Strategy developed & presented to Council | | 11-Jun | | | n/a | 01-Jun-18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | SP2 | *Council approval of Non-sterile Compounding Implementation Date | | | | 10-Dec | n/a | 31-Dec-18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | 21-Nov | n/a | 01-Dec-18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory Mandate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | SP2 | % of assessments meeting critical equipment elements in Sterile Comp.(Hospital) | 100.0% | 99.0% | 93.0% | 99.0% | 97.8% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | SP2 | % of assessments meeting critical BUD elements in Sterile Comp.(Hospital.) | Annual Report | | | | 75.5% | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | SP2 | % of Pharmacists who require remediation following practice assessment | 1.8% | 3.5% | 2.0% | 1.1% | 2.2% | < 3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SP2 | % of Pharmacists assessed meeting more than 75% of indicators w/out coaching | 44.2% | 37.2% | 48.6% | 47.0% | 44.1% | CB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | SP2 | % Statutory compliance with complaint disposal within 150 days | 3.0% | 40.0% | 55.0% | 26.0% | 32.0% | 66% min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | SP1 | % Statutory compliance with issuance of NOC within 14 days | 91.0% | 100.0% | 98.0% | 95.0% | 96.0% | 95% min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | SP1 | % HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions) | 3/3 | 4/5 | 2/4 | 2/2 | 79.0% | 75% min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | SP1 | % of decisions for uncontested hearings issued within 60 days | 11.0% | 25.0% | 61.5% | 100% | 41.0% | 66% min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | SP1 | % of Registrar's Inquiries disposed of within 365 days | 46.7% | 45.5% | 50.0% | 31.3% | 41.6% | 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, ND = no data</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, ND = no data | | | | Indicator Performance to Target | | *Milestone Performance to Target | | On Target within 10% | | On Track (proceeding per plan) | | Approaching Target >10%-25% | | Potential Risk | | Needs Improvement >25% | | Risk/Roadblock | |
| 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, ND = no data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicator Performance to Target | | *Milestone Performance to Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Target within 10% | | On Track (proceeding per plan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approaching Target >10%-25% | | Potential Risk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needs Improvement >25% | | Risk/Roadblock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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. Our goal is to achieve 100% compliance by year end with performance targets set for each quarter. | % 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 |

Revised: Nov 8, 2018

| | | |
|--|--|--|
| #16 % of Registrar's Inquires disposed of within 365 days | The % of the Registrar's Inquiries disposed within 365 days. | % performance is: <div><div></div> 49% or more <div></div> 41 – 48% <div></div> 40% or less</div> |
|--|--|--|

Revised: March 14, 2019

| Scorecard Measure | Q4 2018 Council Summary / Improvement Strategies |
|--|---|
| #1 Compliance with Protecting Patients Act | This project milestone was completed. |
| #2 Opioid Strategy implementation | This project milestone was completed. |
| #3 Cannabis Strategy - Developed & presented to council | This project milestone was completed. |
| #4 Council approval of non-sterile Compounding Implementation Date | This project milestone was completed. |
| #5 Development of hospital Pharmacy Strategy - NE LIHN | This project milestone was completed. |
| #6 Med safety program Implementation - 100 test sites | This project milestone was completed. |
| #7 Med Safety program-commence full roll out | This project milestone was completed. |
| #8 % Assessments meeting critical equipment elements in Sterile Compounding | The 4th quarter was met. |
| #9 % Assessments meeting critical BUD elements in Sterile Compounding | The 4th quarter was met, the YTD is approaching target. The 2018 data reflects the rate of compliance at the time of the 2018 assessments. Validation of compliance for this criteria will take place during the assessment visits in 2019. Hospital Practice Advisors have been monitoring and following up to ensure compliance. |
| #10 % of Pharmacists who require remediation following practice assessment | The 4th quarter was met. The cumulative target of < 3% was met. |
| #11 % of Pharmacists assessed meeting more than 75% of indicators without coaching | Collecting Baseline – No change from Q3 Report |

Revised: March 14, 2019

| | |
|--|--|
| <p>#12 % Statutory compliance with complaint disposal within 150 days</p> | <p>The 4th quarter and YTD did not meet target.</p> <p>In Q4, a period in which fewer panel meetings are held due to annual committee turnover, 45% more total decisions were issued than in the same quarter of 2017. A strategic focus on decisions for older files as well as reports defined as higher risk reduces the percentage that will meet the benchmark. More panel meetings have been scheduled for the first three quarters of 2019 than in 2018.</p> |
| <p>#13 % Statutory compliance with issuance of NOC within 14 days</p> | <p>The 4th quarter was met.</p> |
| <p>#14 % HPARB complaint decisions confirmed</p> | <p>The 4th quarter and YTD were met.</p> |
| <p>#15 % of decisions for uncontested hearings issued within 60 days</p> | <p>The 4th quarter was met, the YTD was not met.</p> <p>Both of the two uncontested hearing decisions issued in Q4 met the benchmark; ongoing setting and monitoring of deadlines as shared responsibility of staff and panel members continues.</p> |
| <p>#16 % of Registrar's Inquires disposed of within 365 days</p> | <p>The 4th quarter was not met, the YTD is approaching target.</p> <p>A larger number of files were disposed of than in any of the previous three quarters; a focus on older files reduces the percentage meeting the benchmark</p> |

| Strategic Plan Alignment | | | | Quarterly Scorecard – OCP Council - QX 2019 | | | | | | | 2019 | | | | | Annual Target |
|---|-----|-----|-----|---|--|--|--|--|--|----------------------------------|-------------|---|--|--|-----|---------------|
| | | | | | | | | | | | 2018 Actual | Key Performance Indicators and Milestones | | | | |
| No. | SP1 | SP2 | SP3 | 2018 Actual | Governance and Strategic Risk | | | | | | | | | | | |
| 1 | | | ✓ | | *Develop governance evaluation tool to measure public interest focus | | | | | | | | | | | |
| 2 | | | ✓ | | *Develop a plan to advance governance framework, aligned with agreed principles | | | | | | | | | | | |
| 3 | | | ✓ | | *Integrate operational risk oversight into Finance & Audit Committee work plan | | | | | | | | | | | |
| Regulatory Risk | | | | | | | | | | | | | | | | |
| 4 | | ✓ | | | % statutory compliance - complaints disposed within 150 days (Investigator appointed + not required) | | | | | | | | | | | |
| 5 | | ✓ | | | Number of complaints disposed within 150 days / total number disposed | | | | | | | | | | | |
| 6 | | ✓ | | | % of Registrar's Inquiries disposed of within 365 days | | | | | | | | | | | |
| 7 | | ✓ | | | Number of Registrar's Inquiries disposed within 365 days / total number disposed | | | | | | | | | | | |
| 8 | | ✓ | | | % HPARB complaint decisions confirmed (# decisions confirmed/ # HPARB decisions) | | | | | | | | | | | |
| 9 | | ✓ | | | % of decisions for uncontested hearings issued within 60 days | | | | | | | | | | | |
| 10 | ✓ | | | | % of Pharmacists assessed meeting more than 75% of indicators w/out coaching | | | | | | | | | | | |
| 11 | ✓ | | | | *Implement a framework for risk-based assessment of pharmacy professionals & pharmacies | | | | | | | | | | n/a | |
| Stakeholder, Transparency and Reputational Risk | | | | | | | | | | | | | | | | |
| 12 | ✓ | ✓ | ✓ | | *Formally launch pharmacy indicator initiative | | | | | | | | | | n/a | |
| 13 | ✓ | ✓ | ✓ | | *Public Reporting of medication incidents commences | | | | | | | | | | n/a | |
| 14 | | ✓ | ✓ | | *Publish transparency framework and principles | | | | | | | | | | n/a | |
| Financial and Operational Performance Risk | | | | | | | | | | | | | | | | |
| 15 | | | ✓ | | % Senior Management Relationship positive score - Employee Engagement Survey | | | | | Annual Report July 2019 | | | | | | |
| 16 | ✓ | ✓ | ✓ | | % variance of operating annual budget to year end actuals | | | | | Annual Report Jan 2020 | | | | | | |
| 17 | ✓ | ✓ | ✓ | | *Develop and test a data analytics strategy | | | | | | | | | | n/a | |
| 18 | | ✓ | | | *Draft a discipline cost recovery model policy | | | | | | | | | | n/a | |
| SP Ref. (Strategic Alignment) | | | | | | | | | | | | | | | | |
| SP1: Enhancing system and patient outcomes through collaboration and optimization of current scope of practice | | | | | | | | | | | | | | | | |
| SP2: Strengthen trust & confidence in the College's role and value as a patients-first regulator | | | | | | | | | | | | | | | | |
| SP3: Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence. | | | | | | | | | | | | | | | | |
| Legend | | | | | Indicator Performance to Target | | | | | *Milestone Performance to Target | | | | | | |
| CB = Collecting Baseline | | | | | On Target within 10% | | | | | On Track (proceeding per plan) | | | | | | |
| n/a = not applicable | | | | | Approaching Target >10% - 25% | | | | | Potential Risk | | | | | | |
| | | | | | Beyond Target >25% | | | | | Risk/Roadblock | | | | | | |

26-Feb-19

26-Feb-19

Risk Management Report – March 2019

In accordance with the expectations outlined in the Council Governance Manual, a Risk Management Plan was created by staff and reported to Council in 2015. As indicated in the manual, the Registrar is to report to Council annually on the status of the risk management plan and any updating that is required. Accordingly, a Risk Management Report is included in the Registrar's report in March each year. The Plan continues to appropriately represent the philosophy, intentions and high level activity undertaken to manage risks to the College and its operations. This report highlights the activity undertaken over the past year that contributes to risk mitigation and management.

Overview

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

Risk Management Philosophy

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

Risk Management Goals

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

Approach to Risk Management

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

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

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

Activity

Strategic – Organization Wide

- A comprehensive environmental scan was conducted by external facilitators to inform council as they developed a strategic plan for the 2019 to 2021 planning cycle. Information gleaned from the environmental scan identified risks to fulfillment of mandate and the operational plan addressed strategies to mitigate those risks.
- To address public perception of profession interest taking priority over public interest the College took various steps to strengthen governance practices including:
 - Extensive governance training for council
 - Robust competency screening for committee appointments
 - Commitment to collaborate with the AGRE Colleges on governance reform.
- To demonstrate the value of the College in ensuring a qualified and competent profession that serves the public, the College is working with Health Quality Ontario to establish a set of quality indicators for pharmacy that will enable reports on the quality of pharmacy care and the impact on patient outcomes. In implementation of the initiative, the College is addressing fear, misunderstanding and misconception within the pharmacy community as to the use of these indicators through a comprehensive sector engagement plan.
- A number of engagement activities involving the public and registrants were conducted in the year to help focus communications relating to the role of the College and what the public should expect from the organization as well as from pharmacy professionals.
- A framework to inform the Registrar's decision making related to member requests to remove information from the public register per Section 23.7 of the Code was implemented, guided by the organization's commitment to transparency.

Operations, Statutory Obligations (Committees/Programs)

Registration and Quality

- Assessed and improved inter-rater reliability of PACE assessors to increase consistency of approach and the robustness of the process.
- Introduced Registration panel review for candidates that are unsuccessful at PACE twice to decrease risk to patient safety.
- Blueprint for jurisprudence and knowledge assessment revised to a competency based blueprint with more emphasis on professionalism and ethics to address gaps in the profession that have been uncovered through analysis of complaints.
- Revised the declaration of good character to include a question on academic misconduct as a precursor of future conduct.
- Assessed and improved inter-rater reliability of practice advisors and QA assessors to strengthen consistency in approach.
- Continued work on identifying learning needs for registrants, procuring learning programs to meet those needs to reduce risk of registrants not practicing to standards.

Practice

- In preparation for full roll-out of the AIMS program (Assurance and Improvement in Medication Safety), the College established policies and protocols to minimize risks associated with collecting potentially sensitive data. Measures were taken to ensure that no Personal Health Information (PHI) would be collected in the platform, and a Data License Agreement between OCP, the vendor, and all community pharmacies was signed as part of the annual pharmacy accreditation process.

- Hospital assessment tools were revised to eliminate manual processes and documentation thereby increasing consistency.
- Critical standards were identified for Sterile Compounding Assessment to support compliance with the January 2019 implementation date.
- Data Quality checks on pharmacy records were introduced to identify and triage errors, and develop short and long term resolution strategies.
- A business process review of the operational, technological and practical elements of conducting practice assessments and facility assessments in a shared visit was conducted to ensure appropriate procedural and technological firewalls exist to preserve practice assessment confidentiality.

Conduct

Recognizing that the trajectory of costs and longer response times associated with addressing the increasing number and complexity of professional conduct matters was not sustainable, a business process review was undertaken. Several strategies were deployed to address both the financial and operational risks.

- An environmental scan and cost analysis of legal services models informed a decision to transition to a hybrid legal services model (legal counsel provided by a combination of in-house and external lawyers).
- Implementation of the revised legal services model will mitigate financial risk over time, as legal services shift proportionally from external lawyers to in-house legal counsel.
- The Conduct Division was realigned and a CQI process used to identify opportunities to improve quality and efficiency within the new Conduct Division structure.
- An analysis of demand trends identified capacity gaps/process efficiencies which will result in improved timeliness in disposition of complaints and reports resulting in reduced public and organizational risk. Additional resourcing was secured in the 2019 budget.
- Key Performance Indicators were further developed to improve the monitoring and management of the Conduct Division case load.
- Pursuant to Council direction, a review of current College practices in recovering costs from members found guilty of professional misconduct has begun. Recommendations for improvement of costs recovery are being developed now.
- Templates have been developed for Agreed Statements of Facts, Joint Submissions on Orders and Prosecutorial Viability Assessments. These templates will serve a checklist function and are intended to increase consistency across files.

Operations, Corporate Services and Support

Staff Operations

- A comprehensive Employee Engagement survey was conducted to measure engagement based on 21 drivers. The results were positive when compared with similar organizations. Strategies are being developed and deployed to address drivers that fell below benchmark.
- Human Resource policies were reviewed and updated to reflect amendments to provincial legislation and close gaps that could lead to inconsistent interpretation.
- Job descriptions have been updated and recruitment strategies amended to improve time to hire and minimize vacancies that contribute to unmet performance targets.

- The performance management process was reviewed and modified to address staff feedback, target professional development to organization needs and provide clear linkages to performance against operational objectives.
- An all-staff event was held that focused on creating awareness of the strength of diversity and how to leverage the diversity to improve operational performance and staff satisfaction.

Information Technology and Records

Upgrades and software updates:

- Security patches for operating systems, applications and databases were reviewed and installed monthly.
- The College's firewall device and correlating detection software, which monitors and controls incoming and outgoing network traffic, has been replaced bringing it to current industry standards. The firewall is placed between the internal network and the Internet.
- An external vulnerability audit has been completed and testing protocol has been implemented to protect OCP web applications.
- Anti-Malware programs are installed on all production servers and all college PCs.
- The software for the college's building security system has been upgraded and patched.
- A Citrix upgrade has been completed to encrypt and secure remote access to Citrix.
- The server room air-conditioning system was upgraded with the previous system retained as a backup.

Security

- Security of administrative passwords and security roles were improved to minimize vulnerability.
- Software was installed at the end of 2018 to enable monitoring of network servers and database applications as well as users.
- Incoming email messages are screened for spam, bulk, phishing and malware. Suspicious messages and/or attachments are "quarantined" for action.
- All college staff underwent security training with a focus on password protection and email security.
- IT staff proactively monitors the latest cyber security threats and posts information on those threats as well as tips for avoiding them on the college's intranet.

Finance

- Introduced an invoice tracking system and new naming convention system to reduce risk of overpayment and payment duplication.
- The knowledge base of staff was expanded with regard to payroll to ensure compliance with filing and remittance regulations.

Facility/Site Safety and Security

- Additional IP camera installed in select locations within the properties for additional screening. Reception area equipped with a monitor displaying all security cameras which allows for constant monitoring.

- Parking lot lights at 483 changed over to LED bulbs which enhance illumination of entire area.
- AED's devices have been installed in each of the two college properties.

Business Processes

The College revised its approach to operational planning and performance management to align efforts across departments with the new 3-year Council-approved strategic plan and organizational priorities, reduce operational risk, and improve service to the public.

- Updated, standardized planning tools and templates were introduced to facilitate the development of operational plans that align with Council and organizational priorities, clarify inter-departmental dependencies, resource requirements, and work plans.



Risk Management Plan

Change Creates Opportunity
Opportunity Creates Risk
Optimized Risk Creates Value

If we only have a compliance focus, we will miss opportunity.

Version date: February 12, 2018

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Section 1 - Risk Management Program

Risk Management Philosophy

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

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

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

Section 2 - Responsibility for Risk Management

Council

Receives periodic reports from the Registrar/CEO concerning the priority risks facing the organization and its risk management framework.

Contributes to a shared understanding of the enterprise level and strategic risks.

Receives periodic reports on the organization's risk financing and insurance strategies.

Receives and periodically reviews the organization's *Risk Management Plan*.

Registrar/Chief Executive Officer (CEO)

Keeps the Council apprised of staff-led risk assessment and risk management activity.

Presents a periodic summary of the critical risks facing the organization for Council discussion and feedback.

Monitors and reports on the compliance obligations of the organization.

Delegates responsibility for specific risk areas and tasks to appropriate staff.

Director, Corporate Services

Champions organization-wide effort to protect the vital assets of the College and engage key stakeholders in risk management activities.

Keeps the Registrar/CEO apprised of changes in critical risks and risk management strategies.

Engages staff throughout the organization in risk assessment and risk management activities.

Evaluates the insurance program.

Committee Chairs/ Program Managers

Responsible for complying with the obligations outlined in the Health Professional Procedural Code respecting procedure, timeliness, transparency, objectivity and fairness.

Section 3 - Governance Structure

Incorporation

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

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

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

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

Indemnification

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

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

Council Operations

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

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

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

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

A Code of Conduct for Council and Committee Members was adopted by Council in September 2014. Every year each Council/Committee member completes and signs a statement declaring any known conflicts and agreeing to comply with the policy. These annual statements are gathered in September of each year.

Staff Operations

The Registrar as CEO assembles the staff necessary to carry out the work of the College. Staff are organized as appropriate to carry out the duties in an efficient manner, accountable ultimately for implementation of the strategic priorities identified by Council, statutorily prescribed in the legislative framework and consistent with the culture and values of the organization. A Deputy Registrar is assigned to fulfill the duties of the Registrar if she is unable to do so.

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

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

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

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

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

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

Assessment - The College requires annual reviews for all employees. Staff are asked to complete self assessments of key objectives and competencies outlined in the performance plan. Supervisors are responsible for scheduling review meetings and completing the performance review form in the dedicated Performance Management system. The performance review is tied into career development counselling and training. Supervisors conduct reviews with employees within six months of the hire date and thereafter on an annual basis as a minimum.

If needed, performance improvement plans can be used to facilitate constructive discussion between an employee and supervisor to clarify the work performance to be improved.

Section 4 - Strategic, Organization Wide Risk

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

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

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

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

Section 5 - Statutory Programs and Services

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

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

Section 6 - Operations Support

Financial Management

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

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

The financial management objectives of the Ontario College of Pharmacists are to:

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

Financial Responsibilities and Objectives

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

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

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

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

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

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

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

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

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

Technology and Information Management

Technology Policy

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

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

Policy on Systems Inventory and Documentation

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

Physical Security for Technology Assets

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

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

Disaster Recovery Plan

Information technology is critical to the College's ability to provide its programs and services. As a key component of our operations, the Manager, Technology Process is responsible for establishing a disaster recovery plan for our network and computer operations. All employees and volunteers will support this staff person in developing, maintaining and testing the plan. All personnel involved with the disaster response must be familiar with the plan and their assigned roles and responsibilities.

Internet Security

In order to protect personal information, the College uses technologies and processes such as encryption, access control procedures, network firewalls and physical security. These measures increase the security and privacy of information traveling to, from and within our website. Only our authorized employees or agents carrying out permitted business functions are allowed to access personal information. Employees who violate our privacy access policies may be subject to disciplinary actions, up to and including termination.

Website Functionality

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

Web Content

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

Website Disclaimer

All materials posted on this site are subject to copyrights owned by Ontario College of Pharmacists or other individuals or entities. Any reproduction, retransmission, or republication of all or part of any document found on this site is expressly prohibited, unless Ontario College of Pharmacists or the copyright owner of the material has expressly granted its prior written consent to so reproduce, retransmit or republish the material. All other rights reserved.

Facility/Site Safety and Security

Facility Needs

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

Building Security

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

Preventative Maintenance and Inspections

The College undertakes preventive maintenance for all its building and related facilities. Maintenance protocols are in place for fire safety, mechanical and electrical equipment,

cleaning, grounds maintenance, elevator maintenance, waste disposal, food handling, etc. In accordance with legislation, the College maintains a joint Workplace Health and Safety Committee comprised of staff and management. Workplace inspections are conducted monthly. Issues brought forward by the Committee are addressed promptly, or where investment is required, are implemented in a timely manner.

Policy Concerning Invitees

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

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

Section 7 - Emergency Response Planning and Crisis Management

Emergency Response Policy

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

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

Business Continuity Planning Policy

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

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

Vital Records, Data and Documents Backup Policy

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

Crisis Communications Policy

The College is committed to taking a pre-emptive approach to public relations crises, using disclosure whenever possible as the preferred strategy for preventing or minimizing a crisis. No one is authorized to speak to the news media during a crisis without clearance from the Registrar/CEO. The Registrar/CEO or her designee will be responsible for developing crisis communication strategies.

When a crisis unfolds, the designee will gather and verify information about the crisis, and with the Registrar/CEO, will assess the severity of the matter and determine how information is to be released, who should speak for the organization and who is to be notified.

Section 8 - Insurance Program

Insurance/Risk Financing Strategy

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

Insurance Program for Ontario College of Pharmacists

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

| | |
|--|---------------|
| Errors and Omissions/Directors and Officers Liability..... | \$5 Million |
| Liability Insurance..... | \$5 Million |
| • Bodily Injury | |
| • Property | |
| • Tenant Coverage | |
| • Healthcare Professional | |
| • Contingent Employer | |
| • Employee Benefits | |
| • Cyber Threats | |
| • Environment Impairment | |
| • Non-Owned Automobiles | |
| Crime Insurance – Employee Dishonesty..... | \$2 Million |
| • Loss, money order and counterfeit paper, depositors forgery..... | \$200,000 |
| Travel Accident Coverage..... | \$100,000 |
| Property..... | \$9.8 Million |
| Property coverage extensions | |
| • rental income..... | \$228,000 |
| • business interruption/valuable paper and records..... | \$100,000 |
| Company leased vehicles (Ed Johnstone and Sons, brokerage)..... | \$1 Million |

Relationship with Insurance

Advisors Selection Process

The College works cooperatively with the members of FHRCO to realize efficient, cost effective coverage for our common operations.

Attachment 3

January 30, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor St
Toronto Ontario
M7A 2C4

Re: Preferred Provider Networks

Dear Minister Elliott:

At its December 2018 meeting, Council directed that the College convey to you its recent discussion regarding closed Preferred Provider Networks (PPNs) and the potential for such networks to have a negative impact on patient choice and continuity of quality pharmacy care. The College respectfully requests that the Minister encourage business to consider open PPN models as a matter of public interest. I have attached to this letter the briefing note that was presented at the December Council meeting for your information.

As the mandate of the College is to serve and protect the public interest and to ensure “access to adequate numbers of qualified, skilled and competent regulated health professionals,” it does not have legislative or regulatory jurisdiction to restrict the use of PPNs and has not been presented with any evidence that would cause it to conclude that PPNs are in violation of any regulations or the Code of Ethics. However, the College would have concerns should any established or emerging business model negatively impact patient care and autonomy or restrict, prevent or create new barriers to pharmacies or pharmacy professionals from being able to fulfill their professional obligations.

PPN arrangements are established by employers who negotiate and purchase group benefit plans from insurers on behalf of their employees. An open PPN model allows any willing pharmacy to participate in the PPN if they are able to satisfy established criteria. Closed PPN models are prescriptive regarding which pharmacies can participate.

Benefits of PPNs for patients have been acknowledged, as have the potential risks associated with closed PPN models that may restrict a patient’s choice of pharmacy or require patients to switch pharmacies to an in-network pharmacy, sometimes at great distances, in order to be reimbursed through their insurance plan for their medications. Open PPN models, on the other hand, could help limit the potential risks associated with disruptions in continuity of care and choice while still providing the economic benefits to both patients and employers.

Therefore, the College is formally expressing its view regarding the potential risks to the public interest and to quality patient care associated with closed PPNs. To mitigate any such risk,

employers and insurance providers should be encouraged to instead consider open PPNs models that promote greater patient autonomy and continuity of care.

In the meantime, the College continues to remind registrants that they are expected to practice in accordance with the Standards of Practice and to ensure that continuity of care, access to care and patient safety is not compromised, regardless of whether there are multiple providers or a single provider involved in the care of a patient.

Many thanks for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Wilson', followed by a comma.

Nancy Lum-Wilson, R.Ph., B.Sc.Pharm., MBA
CEO and Registrar

cc: Laurel Brazill, Director, Stakeholder Relations
Emily Beduz, Senior Policy Advisor

Attachment 4

February 4, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto Ontario
M7A 2C4

Re: Reflecting the College oversight role in its official name

Dear Minister Elliott:

At its December 2018 meeting, Council directed that the College convey to you its desire to ensure that the official name of the Ontario College of Pharmacists (the “College”) and its reference in various legislation and regulations appropriately and accurately reflect the College’s role as the regulator of pharmacists, pharmacy technicians and pharmacies in the province.

Notwithstanding the naming conventions of the province’s health regulators contained within the *Regulated Health Professions Act (RHPA)*, Council believes strongly that the College is unique among other regulators in that it not only regulates pharmacy professionals, which was expanded in 2010 to include pharmacy technicians as regulated health professionals, but it is the only College of regulated healthcare professionals that is also mandated under legislation to regulate a physical practice location or premises, specifically pharmacies. It feels that a change to the College’s name could better communicate to the public the scope of its oversight role relating to both the people and place of pharmacy practice in the province.

Accordingly, on behalf of Council, I am writing to formally register the College’s request that its name be changed to the *Ontario College of Pharmacy* and that the relevant legislation and regulations, such as those noted below, be amended at such time that the provincial government considers a review of these Acts:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Regulated Health Professions Act, 1991*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Health Protection and Promotion Act, 1990*
- *Safe Access to Abortion Services Act, 2017*
- *Livestock Medicines Act, 1990*

As always, the College would be pleased to provide additional information and assist in any way in identifying specific amendments within each Act and corresponding regulations should the Ministry accept the College's proposal to change its official name to accurately convey to the public the scope of its oversight role.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Lum-Wilson', with a stylized flourish at the end.

Nancy Lum-Wilson, R.Ph., B.Sc.Pharm., MBA
CEO and Registrar

cc: Laurel Brazill, Director, Stakeholder Relations
Emily Beduz, Senior Policy Advisor



COUNCIL BRIEFING NOTE
MEETING DATE: MARCH 2019

FOR DECISION

FOR INFORMATION X

INITIATED BY: Staff

TOPIC: Opioid Strategy Update

ISSUE: In September 2017, the College introduced a comprehensive [Opioid Strategy for pharmacy](#). The Opioid Strategy aligns with national and provincial opioid-related goals aimed to help curb the ongoing opioid crisis. The Strategy outlines four high-level areas related to opioid issues that the College can affect as a regulator. The College has been leading and participating in several initiatives to progress the goals of the Opioid Strategy.

BACKGROUND: A variety of activities have taken place since the last semi-annual update for Council on the Strategy. A summary of recent developments can be found below:

STRATEGIC PRIORITY: EDUCATION

GOAL: *The College will collaborate with relevant stakeholders to ensure that educational and training opportunities and resources to support appropriate opioid dispensing and pain management treatment are available and communicated to pharmacy professionals.*

The Practice Tool

This priority within the Strategy aims to ensure pharmacy professionals have access to appropriate continuing education, training and resources regarding opioid therapy. The College continuously updates its [Practice Tools](#) to reflect relevant tools and resources related to the management of opioid therapy. Regular communications are sent to pharmacy professionals alerting them to the availability of these tools. Examples of current resources include:

- [Opioids Practice Tool](#): 7,325 hits since the strategy was launched
- [Narcotics Practice Tool](#): 13,915 hits since the strategy was launched

STRATEGIC PRIORITY: OPIOID DEPENDENCE TREATMENT AND HARM REDUCTION

GOAL: *The College will assist pharmacy professionals by developing updated guidance to support practice related to opioid agonist therapy and in identifying additional resources to support the treatment of opioid use disorder and implementation of harm reduction strategies.*

The Opioid Policy

One of the key commitments of the Opioid Strategy was the development of an opioid policy. The Opioid Policy is purposed to set expectations regarding safe and appropriate opioid use through education and training, sharing of evidence-based best practice and outlining expectations. The Policy includes a dedicated section on harm reduction and opioid agonist therapy.

The Opioid Policy was approved by Council at the December 2018 council meeting and was subsequently posted on the OCP website, and communicated to Registrants. Awareness of the policy will be reinforced through the use of standard communication vehicles, including

reinforcement by practice advisors during pharmacy and pharmacist assessments.

STRATEGIC PRIORITY: PREVENTION OF OVERDOSE AND ADDICTION

GOAL: *The College will build on and align with the NAPRA Standards of Practice and additional supplementary documents to support standards of practice and competencies for pharmacy professionals that enhance patient care around opioid issues. The College will also engage government in discussions regarding the need for access to electronic health records and system-wide data analyses.*

Opioid “Indicators”:

The College has a duty to understand the impact of pharmacy practice on patient outcomes to ensure that the pharmacy profession is continuously contributing to improving them. Providing data analysis on opioid dispensing practices for the purposes of transparency and quality improvement was one of the initiatives set forth in the Strategy.

The Opioid “Indicators” are intended to provide patients, healthcare providers, and the public access to data analysis related to indicators for opioid dispensing in the province of Ontario. This snapshot reflects data from the Narcotic Monitoring System (NMS), which is a database that captures data resulting from dispensing of monitored drugs (prescribed narcotics and other controlled substances).

The Opioid NMS “indicators” are as follows:

Opioid Prevalence: Percentage of people dispensed an opioid (excluding opioid agonist therapy) within the last 6 months

Opioid High Dose Incidence: Percentage of opioid-naïve patients who were dispensed an initial dose greater than 90 mg morphine equivalents per day

Opioid High Dose Prevalence: Percentage of people dispensed at least one high dose opioid greater than 90 mg morphine equivalents per day within the last 6 months

Opioid and Benzodiazepine Co-dispensing: Percentage of people co-dispensed an opioid and a benzodiazepine within the last 6 months

The primary objectives for the College pursuing this work on opioid indicators are three-fold:

- To provide opioid dispensing data to the **public** for the purposes of transparency;
- To provide individualized data to **pharmacy professionals** for the purposes of quality improvement; and
- In the future, to identify and address pharmacies exhibiting high risk opioid dispensing, through risk stratification criteria

Education is a key focus of the College’s Opioid Strategy. This data analysis will also serve as an important resource to help the College better understand practice behaviours with the primary goal of identifying areas for further teaching, coaching and collaboration with pharmacy professionals in preventing opioid misuse and/or abuse.

Collaboration with other stakeholders

- We are continuing to monitor activity with Health Canada, NAPRA and the Ministry of Health and Long Term Care, including participating in recent consultation meetings with Health Canada and NAPRA
- We participate in working groups such as HQO’s Opioid Partnered Supports Table, and CAMH’s Advisory Board for the Substance Use and Addiction Program.

- We collaborate in monthly meetings with partners who are involved in primary care provider education and resource support including CEP, CAMH, CPSO, OCFP, MOHLTC, Ontario MD, Project ECHO, U of T Faculty of Medicine, HQO and NPAO.

STRATEGIC PRIORITY: QUALITY ASSURANCE OF PRACTICE

GOAL: *The College will monitor and enforce the security of opioid distribution and the provision of opioids to patients using data to inform and measure College actions and identify and focus on high-risk practices.*

Diversion Partnered Table

The College has established a Partnered Table, aimed to increase the Safety and Security of Controlled Substances (CS) in Hospital High Risk Areas. The Partnered Table aimed to take a collaborative approach, bringing together stakeholders from various industries including Accreditation Canada, ISMP, MOHLTC, HQO, executive hospital and physician leadership, and the College. The first Partnered Table meeting took place on January 23, 2019. The goals of the first meeting were to review available evidence through presentations from guest speakers such as Health Canada and hospital researchers, and identify areas for improvement related to CS safety and security in hospitals. Future meetings will be dedicated to establishing recommendations, committing to action items, and participants championing these recommendations in their respective organizations.

Other QA Initiatives

As of January 2019, community practice advisors review a selection of narcotic prescriptions and hardcopies to identify opportunities to support/enhance operational processes around narcotic reconciliation during the community operational assessment.

The community pharmacy and pharmacist assessment report has been updated to reflect the Opioid Policy being in effect. Practice Advisors ensure that processes and procedures are in place to enforce the security and appropriateness of the provision of opioids to patients.

Attachment 6

Dear members,

The OFC has now completed its third comprehensive assessment of the registration practices of all professional regulators in Ontario. Our assessment has confirmed that great progress has been made since 2006 toward fair-access to professional registration.

Now that fair-access principles are well known by the professional regulators the time has come to change the approach to our oversight and compliance away from one of the Strategy of Continuous Improvement. We are now in the initial stages of the process to directly relate the practices and procedures used in registration processes by regulators with compliance or non-compliance with fair-access statutory obligations.

We are now moving to reform the manner of oversight and enforcement of fair-access principles to make them more effective, efficient and less intrusive. We have taken several months to develop the way forward toward shifting from Continuous Improvement to one of a risk-informed, audit focused strategy.

Audits will be conducted of registration practices by auditors chosen from a qualified roster of approved audit professionals. The current practice of OFC assessments will be discontinued. Audit results will be reviewed from a regulatory risk perspective to ensure that breaches of fair-access legislation are dealt with fairly and equitably. In moving away from the current OFC assessment methods, we are embarking on the use of the audit provisions of the *Health Professions Procedural Code* (set out in section 22.5(1)(a)) and in the audit provisions of FARPACTA (set out in section 21).

The OFC has used assessment results obtained since 2006 to build a body of knowledge about fair-access registration practices. The recommended practices which have been developed by the OFC will form the basis of the audit standards. A system

of registration to qualify auditors will be developed by our Office. With this method, we aim to be able to clearly assess if a regulator is in breach or in compliance with the Code or with FARPACTRA. The goal of these new standards is to reduce the burden on business and provide fair opportunities for all qualified applicants in Ontario to be license and registered as professionals. This concept is at the heard of fair registration practices legislation.

We have already initiated a consultation process with stakeholders through our Stakeholder Engagement Committee. Our committee's members will be consulted on the development of the audit structure. Broader consultation with professional regulators are planned for 2019. We will be reaching out and asking professional regulators to take part of these consultations and will invite your comment and feedback. Should you have any comments or questions regarding this new direction prior to consultations, feel free to contact my office.

By moving away from our current policy of Continuous Improvement, which involves a long series of questions, responses, meetings and follow-ups, we will be improving both the effectiveness and the efficiency of our oversight of fair registration practices. We expect this new approach to be less intrusive on a regulator's operations and will provide regulators with a greater sense of certainty whether or not a regulator is employing fair-access practices and if not provide a clearer and more timely method of dealing with situations where a professional regulator is using process which does not comply with the current law.

Grant Jameson
Fairness Commissioner



Attachment 7

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

January 28, 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Support for governance modernization and reform

The Ontario College of Pharmacists (OCP) fully supports governance modernization and reform. We have reviewed the College of Nurses of Ontario's (CNO) submission to you dated January 8, 2019, regarding its vision for modernizing regulatory governance in Ontario. Our College shares the view that action is required to implement governance reform and shares the spirit and intent of the CNO vision aimed at enhancing public trust. Furthermore, we believe that moving in tandem with other Colleges in the Advisory Group for Regulatory Excellence (AGRE) and the government is the best way forward.

The College supports amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework. Informed by literature on best practice in governance, the OCP Council specifically supports legislative amendments to reduce the size of Council, adjust the composition of Council to reflect equal representation of public members, separation of Council and statutory committees, and competency-based Council selection. The attached chart outlines where legislation and/or regulations are required to implement these key governance reforms.

In addition, the College is taking incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the College is examining opportunities to modernize its governance structures and practice. For example, our College is in a unique position in that provisions in the *Pharmacy Act, 1991*, allow us to reduce the size of Council, although not to the extent required to achieve best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

Please do not hesitate to contact us if you have any questions. Our College would welcome the opportunity to be consulted as you move forward with governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Laura Weyland
Council President
Ontario College of Pharmacists

CC: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

Ontario College of Pharmacists – Governance reform

| Current State | Proposed Future State | Rationale for the Change (based on literature and international trends) | Relevant Legislation |
|--|---|---|-----------------------------------|
| Size, Composition, and Function of Board of Directors (Council) | | | |
| Size: 20 - 35 Council members ⁱ | Smaller board | Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively. | RHPA <i>Pharmacy Act, 1991</i> |
| <p>Council is composed of:</p> <ul style="list-style-type: none"> Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) 2 Deans from each Faculty of Pharmacy in Ontario; plus Between 9 and 16 members of the public (currently 12 public members appointments) | Equal number of professional and public members | <p>Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College.</p> <p>However, professional expertise in regulation is maintained.</p> | RHPA <i>Pharmacy Act, 1991</i> |

Ontario College of Pharmacists – Governance reform

| Current State | Proposed Future State | Reason for the Change (based on literature and international trends) | Relevant Legislation |
|---|---|---|--|
| Composition of Statutory Committees | | | |
| <p>Committees/Panels of the following statutory committees currently must include Council members:</p> <ul style="list-style-type: none"> • Registration Committee - 1 public member of council • Inquiries, Complaints, and Reports Committee - 1 public member of council • Discipline Committee - 2 public members of council and 1 elected member of Council • Fitness to Practice Committee - 1 public member of Council • Accreditation Committee – 1 public member of council <p>Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.</p> | <p>Directors on the Board do not sit on statutory committees.</p> | <p>Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.</p> | <p><i>RHPA</i> (with amended regulations) <i>Pharmacy Act, 1991</i></p> |

Ontario College of Pharmacists – Governance reform

| Current State | Proposed Future State | Reason for the Change (based on literature and international trends) | Relevant Legislation |
|--|--|--|-----------------------------------|
| Procedures for Board of Directors | | | |
| Pharmacy professional Council members are elected by their peers in accordance with the College's by-laws. | All directors are appointed on the recommendation of an independent, unbiased nominating process (including representation of governance professionals, health professionals and government). | Pharmacy professional directors are to be appointed rather than elected because the election of College registrants to the Board creates the risk and the perception that registrant directors represent the profession rather than the public interest. | RHPA <i>Pharmacy Act, 1991</i> |
| Public Council members are appointed by the Lieutenant Governor in Council. | Appointments are based on the competencies required for the role. Should elections remain, strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility. ⁱⁱ | Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest. | RHPA <i>Pharmacy Act, 1991</i> |

ⁱ *Pharmacy Act, 1991*, Council 7 (1) The Council shall be composed of, (a) at least nine and no more than 17 persons who are members elected in accordance with the by-laws at least two and no more than four of whom must hold a certificate of registration as a pharmacy technician;(b) at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council who are not, (i) members, (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and(c) the dean of each faculty of pharmacy of the universities in Ontario. 1991, c. 36, s. 7 (1); 1998, c. 18, Sched. G, s. 41 (1); 2007, c. 10, Sched. B, s. 18 (1).

ⁱⁱ *Regulated Health Professionals Act, 1991*, By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; and governing the removal of disqualified committee members; (h.2) providing for the composition of committees; (h.2) providing for the composition of committees.

January 8, 2019

By E-mail

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

Re: College of Nurses of Ontario Vision 2020

Thank you for meeting with me on July 30, 2018, to discuss how the College of Nurses of Ontario can continue to collaborate with the Ministry of Health and Long-Term Care. As we discussed, the College has a bold, innovative vision for its future governance, called Vision 2020. By implementing Vision 2020 and improving how the College is governed, we will strengthen our protection of the public and enhance public trust in nursing regulation. These outcomes align with the Ministry's goal of improving healthcare for the people of Ontario.

Our vision has sparked a movement; regulators in a variety of sectors have embarked on their own governance reviews and reforms in response.

To develop the vision, the College struck an independent, expert task force that

- evaluated our current governance model;
- reviewed extensive academic literature on regulatory and non-profit governance;
- surveyed other regulators in Ontario, Canada, and internationally about their governance;
- studied emerging global trends and best practices in regulatory governance; and
- crafted common-sense, evidence-based reforms to modernize the College's governance structure.

Vision 2020 is unique because it is based on this comprehensive, unbiased review of the evidence and best practice, without compromise. The attached infographic illustrates Vision 2020, and the following features are at its core:

- The College will be governed by a small, competent Board of Directors composed of an equal partnership of 6 members of the public and 6 nurses. This is professional regulation in partnership with the public, in which the Board will focus exclusively on the public interest, while retaining professional expertise in regulation.
- The more efficiently-sized Board will be supported by advisory groups that add diversity of perspective and further public input to its deliberations and decision-making.

- All directors will be appointed to the Board, rather than elected, based on the competencies required for strategic leadership.
- All directors will be remunerated by the College. These measures will shift the burden and costs of professional regulation – currently borne by the Ontario government and taxpayer – to the College.

The College has begun to implement elements of Vision 2020 that do not require legislative change. For example, in June 2018, the College joined a public advisory group collaboratively administered by 13 Ontario health regulators. The College has also piloted competency-based appointments for nurses applying to statutory committees for 2019.

However, greater public protection and public trust can only be achieved with legislative change. The College needs the government's assistance to implement the key elements of Vision 2020 that require amendments to the *Regulated Health Professions Act, 1991*, the Health Professions Procedural Code, the *Nursing Act, 1991*, and regulations thereunder. The attached chart outlines the changes proposed by Vision 2020 and relevant legislation.

Now is the time to reform regulatory governance in Ontario. A recent McMaster Health Forum report, *Modernizing the Oversight of the Health Workforce in Ontario*, emphasized the public's changing expectations of health regulators: they rightly expect us to adapt to the evolving landscape in society and in healthcare. The report further highlighted regulatory colleges' failure to integrate good-governance practices into their frameworks. The College has received overwhelmingly positive feedback on its efforts to review and reform its governance from other stakeholders in the system, with other regulators expressing interest in learning from the extensive groundwork laid by the College. The Federation of Health Regulatory Colleges of Ontario has followed the College's governance work closely, which has sparked discussion and forward thinking across its members. Moreover, a recent independent review of the Ontario College of Teachers' governance has made recommendations that mirror Vision 2020.

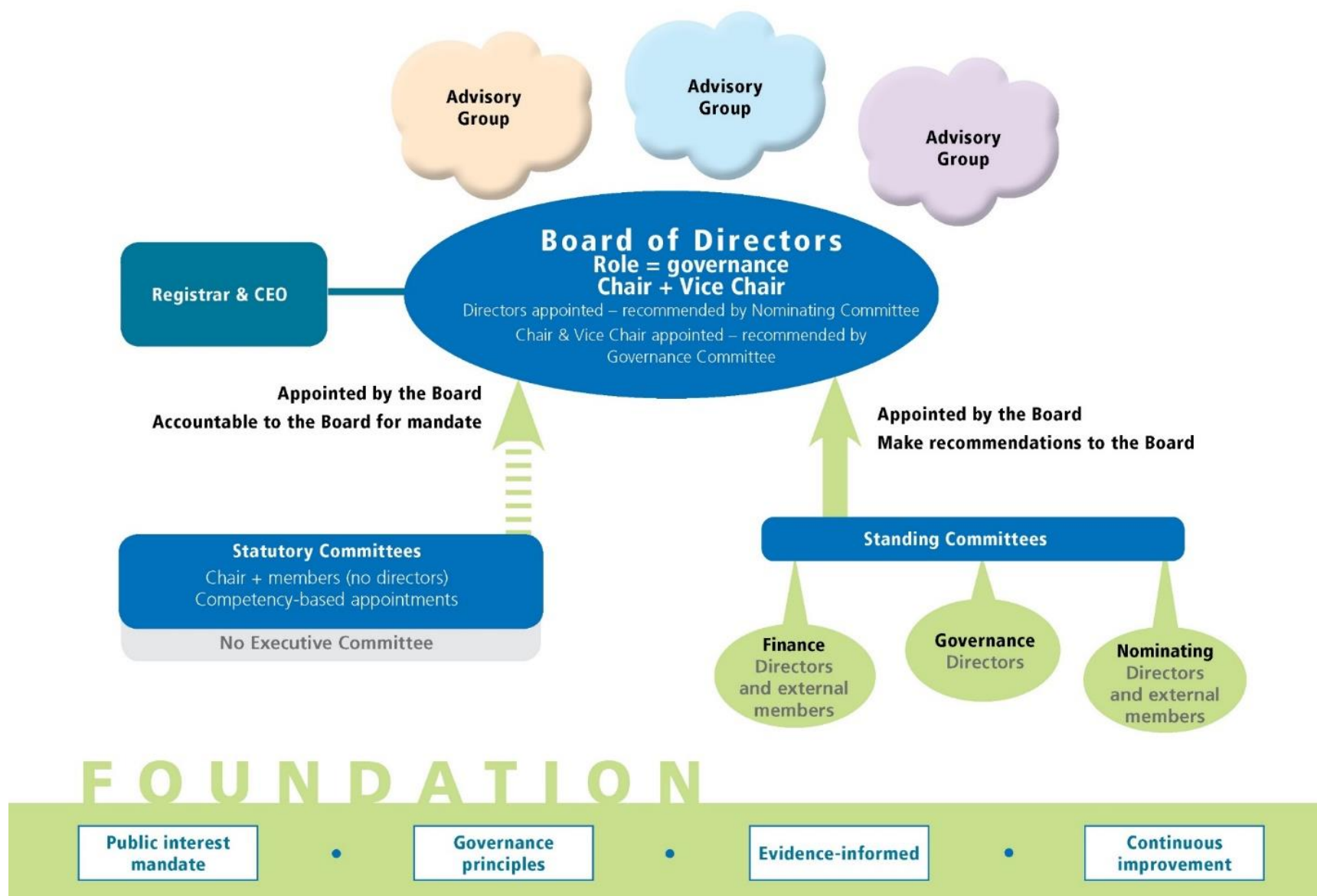
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerri to identify the legislative window and process for implementing the vision. We would be pleased to hear from you if you have any questions or comments.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Enclosures: Vision 2020 Governance Model (1 page)
Chart re: Governance Reform (4 pages)

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight



| Current State ⁱ | Vision 2020 | Reason for the Change ⁱⁱ | Relevant Legislation ⁱⁱⁱ |
|--|---|---|--|
| Terminology | | | |
| Council of the College | Board of Directors of the College | Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public. | <ul style="list-style-type: none">• RHPA• <i>Nursing Act, 1991</i>• O. Reg. 275/94 |
| Council member(s) | Director(s) | | <ul style="list-style-type: none">• RHPA• <i>Nursing Act, 1991</i> |
| President of Council | Chair of the Board of Directors | | <ul style="list-style-type: none">• RHPA• <i>Nursing Act, 1991</i> |
| Vice-President of Council | Vice-Chair of the Board of Directors | | <ul style="list-style-type: none">• RHPA• <i>Nursing Act, 1991</i> |
| Executive Director of the College | Registrar & CEO of the College | | <ul style="list-style-type: none">• RHPA• <i>Nursing Act, 1991</i>• O. Reg. 275/94 |
| Size, Composition, and Function of Board of Directors | | | |
| Size: 35 to 39 Council members | Size: 12 directors | Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively. | <ul style="list-style-type: none">• <i>Nursing Act, 1991</i> |
| Council is composed of: <ul style="list-style-type: none">• 21 nurses (14 RNs or NPs, and 7 RPNs); plus• 14 to 18 members of the public | Board of Directors is composed of: <ul style="list-style-type: none">• 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus• 6 members of the public | Eliminating the professional majority on the College’s Board increases the Board’s independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained. | <ul style="list-style-type: none">• <i>Nursing Act, 1991</i> |

| Current State ⁱ | Vision 2020 | Reason for the Change ⁱⁱ | Relevant Legislation ⁱⁱⁱ |
|---|--|--|--|
| Executive Committee exercises Council's powers in between Council meetings. | No Executive Committee necessary. | A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions. | <ul style="list-style-type: none"> RHPA |
| Procedures for Board of Directors | | | |
| The 21 nurse Council members are elected by their peers in accordance with the College's by-laws. | All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors. | Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the public interest. | <ul style="list-style-type: none"> RHPA <i>Nursing Act, 1991</i> |
| The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council. | Appointments are based on the competencies required for the role. | Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest. | <ul style="list-style-type: none"> RHPA <i>Nursing Act, 1991</i> |
| <p>Nurse Council members:</p> <ul style="list-style-type: none"> serve 3-year terms of office; with a maximum of 9 consecutive years of service.^{iv} | <p>All directors serve:</p> <ul style="list-style-type: none"> 3-year terms of office; with a maximum of 6 consecutive years of service. A 1-year extension is provided for the Chair of the Board of Directors to serve a second term. | Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained. | <ul style="list-style-type: none"> RHPA |
| No term limits exist for public Council members. | | | |

| Current State ⁱ | Vision 2020 | Reason for the Change ⁱⁱ | Relevant Legislation ⁱⁱⁱ |
|---|--|--|--|
| <p>Expenses and remuneration of:</p> <ul style="list-style-type: none"> nurse Council members are paid by the College in accordance with the by-laws, while public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. <p>The amounts paid by the College and the Minister are unequal.</p> | <p>Expenses and remuneration of all directors are:</p> <ul style="list-style-type: none"> equal; and paid by the College in accordance with the by-laws. | <p>The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.</p> | <ul style="list-style-type: none"> RHPA |
| <p>Council is led by:</p> <ul style="list-style-type: none"> The President; and 2 Vice-Presidents (1 RN and 1 RPN) <p>They are elected annually by the Council from among the Council's members.</p> | <p>Board of Directors is led by:</p> <ul style="list-style-type: none"> the Chair; and the Vice-Chair. <p>They are appointed annually by the Board on the basis of competencies.</p> | <p>The selection of Board leadership is to be on the basis of competencies and not professional designation.</p> | <ul style="list-style-type: none"> RHPA <i>Nursing Act, 1991</i> |

| Current State ⁱ | Vision 2020 | Reason for the Change ⁱⁱ | Relevant Legislation ⁱⁱⁱ |
|--|---|---|---|
| Composition of Statutory Committees | | | |
| <p>Panels of the following statutory committees currently must include Council members:</p> <ul style="list-style-type: none"> • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee <p>Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.</p> | <p>Directors on the Board do not sit on statutory committees.</p> | <p>Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.</p> | <ul style="list-style-type: none"> • RHPA (with amended regulations) • O. Reg. 275/94 |

ⁱ This column describes the current state of the College's governance as set out in relevant legislation.

ⁱⁱ Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. "Final Report: A vision for the future." Updated May 2017. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>
- "Governance Literature Review." Updated November 28, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf>
- Governance Task Force. "Trends in Regulatory Governance." January 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf>
- "Jurisdictional Governance Review Survey Summary Report." January 16, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf>

ⁱⁱⁱ The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

^{iv} Please note that the College's by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College's nurse Council members to a maximum of 6 consecutive years of service.



January 25, 2019

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street Toronto,
Ontario M7A 2C4

Dear Minister,

RE: Governance reform recommendations

Thank you for taking the time to meet with us to discuss the important shared issues between the government and the College of Physicians and Surgeons of Ontario (CPSO). We were encouraged by our discussion with you and your general support of our work to modernize and improve the College's governance structure.

We write to provide you with our recommendations for a more efficient and effective governance structure that we believe will strengthen public confidence in the regulatory system. Our work has been informed by available evidence and the recommendations from the College of Nurses of Ontario.

Recommendations to modernize CPSO's governance structure include the following:

1. Increase public member representation so there are equal numbers of physician and public members on the board;
2. Reduce the size of the board from 34 to between 12-16 members;
3. Eliminate overlap between board and statutory committee membership;
4. Implement a competency-based board selection process;
5. Implement a hybrid selection model for physician members;
6. Provide equal compensation for physician and public members of the board;
7. Retain the option of appointing an Executive Committee.

The accompanying attachment provides the detailed rationale and the legislative change(s) required to achieve each recommendation. We look forward to working together to modernize the CPSO board to better serve the people of Ontario.

Yours truly,

Peeter Poldre, MD, EdD, FRCPC
President

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

Encl. CPSO Governance Review: Recommendations, Rationale and Required Legislative Changes

cc. Helen Angus, Deputy Minister of Health and Long-Term Care
Heather Watt, Chief of Staff, Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division

CPSO Governance Review: Recommendations, Rationale, and Required Legislative Changes

| Recommendation | Rationale | Required Legislative Changes ¹ |
|--|---|---|
| 1. Increase public member representation so there are equal numbers of physician and public members on the board. | <p>Public members occupy less than half or 44% of board positions (when gov't appoints the full complement of 15 members). Equal public/professional board membership is increasingly accepted as a best practice internationally.</p> <p>This change will ensure a balance between public and physician expertise and competencies in regulation and help strengthen public confidence in the regulatory system.</p> | Medicine Act, s. 6(1) , which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives. |
| 2. Reduce the size of the board from 34 to between 12-16 members. | A 34 member board is too large. Literature supports smaller boards as being more effective and efficient in decision making. The range is intended to provide flexibility to achieve the right combination of competencies. | Medicine Act, s. 6(1) , which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives. |
| 3. Eliminate overlap between board and statutory committee membership. | <p>Existing quorum requirements require board member participation on some statutory committees. These requirements are particularly onerous for public board members who must provide between 100 and 120 days of work as board and committee members each year.</p> <p>Separation between the board and statutory committees is considered a best practice. Board and statutory committees have very different roles (oversight/strategic for the board vs. adjudicative for statutory committees).</p> <p>Separation in membership from the board will enhance the integrity and independence of the board and statutory committees, and help strengthen public confidence in the regulatory system.</p> | <p>Section 10(3) of the Code currently requires the composition of committees to be set by by-law, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels:</p> <ul style="list-style-type: none"> - s. 17(2): Registration Committee panels - s. 25(2) and (3): ICRC panels - s. 38(2-5): Discipline Committee panels - s. 64(2-3): Fitness to Practice Committee panels <p>Once Bill 87 amendments to the RHPA and the Code are proclaimed, composition and quorum requirements for these committees will be set by regulation.</p> <p>New regulations therefore need to be developed pursuant to the RHPA, s. 43(1)(p) to (s) and the Code, s. 94(1)(h.1)-(h.4).</p> |
| 4. Implement a competency-based board selection process. | <p>Competency-based board selection for physician and public members support the right mix of knowledge, skills and experience amongst board members to ensure the board is able to effectively discharge its functions.</p> <p>A competency based selection process is considered a best</p> | For professional members: the Medicine Act, s. 6(1) currently requires members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change. |

¹ NB: This list is not comprehensive – other incidental changes may also be required.

| Recommendation | Rationale | Required Legislative Changes ¹ |
|---|--|---|
| | practice. | <p>Other consequential legislative changes may also be required (for example, s. 5 of the Code which provides for the term of elected Council members).</p> <p>For public members: there are different options available to accomplish this change. Medicine Act, s. 6(1) requires the appointment of 13-15 public members by LGIC, so an amendment to this section could import language around competency-based appointments.</p> <p>There is language in s. 14(1) of the <i>Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009</i> that might be helpful ("The selection process for the appointment of members to an adjudicative tribunal shall be a competitive, merit-based process and the criteria to be applied in assessing candidates shall include the following: ...")</p> |
| 5. Implement a hybrid selection model for physician members (some elected members, some competency-based appointments). | <p>Currently 16 physician members of the board are elected by the profession and 3 are appointed. The election process at times causes confusion and promotes a perception that physician board members represent the profession rather than the public interest.</p> <p>A hybrid approach of elected and appointed professional members will help ensure that the board collectively possesses necessary competencies and facilitate ongoing physician engagement in the board selection process.</p> | <p>Medicine Act, s. 6(1) currently requires physician members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.</p> |
| 6. Provide equal compensation for professional and public members of the board. | <p>Public members of Council are compensated by government at a much lower rate than physician members. The College is prohibited from compensating public members of Council for their work.</p> <p>Compensation for public members is inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably.</p> | <p>Code, s. 8 currently requires that Council members appointed by the LGIC be paid, by the Minister, the expenses and remuneration the LGIC determines.</p> <p>An accompanying amendment to the Code, s. 94(1)(h) would also be required. This provision currently allows Council to make by-laws providing for the remuneration of the members of the Council and committees other than persons appointed by the LGIC.</p> |
| 7. Retain the option of appointing an Executive Committee. | <p>Smaller boards may not require an Executive Committee.</p> <p>In the interest of maintaining flexibility, CPSO recommends retaining the option of an Executive Committee, which is largely dependent on board size. A board with 16 members may require an Executive Committee.</p> | <p>Code, s. 10(1) currently requires colleges to have an Executive Committee. Other consequential amendments to the Code may also be required to reflect a discretionary Executive Committee.</p> |

The National Association of Pharmacy Regulatory Authorities (NAPRA) is a voluntary association of provincial and territorial pharmacy regulatory bodies as well as the Canadian Forces Pharmacy Services. Members regulate the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada.

Mission Statement: National leadership in the pursuit of pharmacy regulatory excellence.

Vision Statement: Best pharmacy regulation, best pharmacy practice, best patient care.

Purpose: As an alliance of pharmacy regulatory authorities, NAPRA provides

1. Leadership on national policy issues
2. Harmonization of standards to reinforce their credibility, dependability, and acceptance
3. A national, central point of contact for communication and engagement with pan-Canadian and international stakeholders
4. A community of practice for pharmacy regulatory authorities across Canada to address common issues and share knowledge and experiences relevant to pharmacy regulation

NAPRA's 2019-2023 Key Activities

As an integral part of the 2019-2023 Strategic Plan, NAPRA will successfully operate and advance its current core programs and services:

- **Mobility Agreement to support labour mobility**
- **National Drug Schedules**
- **Pharmacists Gateway Canada for international pharmacy graduates**
- **National Pharmacy Technician Bridging Education Program**
- **Standard, Competency and Guidance development**
- **Engagement activities at the Federal government level, and with national and international stakeholders**

Building on these strengths while also addressing challenges and opportunities, NAPRA will focus on five specific strategic goals that will provide:

- increased support to members in addressing their current and emerging concerns
- national leadership on priority policy and cross-jurisdictional issues

| | |
|---|--|
| 1. Restore the culture of professionalism within pharmacy practice | Develop and support the integration of a clearly defined set of tenets of professionalism into the practice of pharmacy professionals, regulatory authorities, pharmacy employers and other stakeholders |
| 2. Develop a framework to govern cross-jurisdictional practices within Canada | Establish principles and develop a framework that will allow pharmacy regulatory authorities to govern practices across jurisdictions in the public interest |
| 3. Modernize key NAPRA documents and to create new standards for the reporting and analyzing of and learning from medication-related incidents | Develop and implement a five-year renewal schedule of NAPRA's documents, including the development of standards and a common data set for reporting and learning from medication-related incidents |
| 4. Review the role of NAPRA in the National Drug Schedules program | Conduct consultations with its members and stakeholders, including Health Canada, on the National Drug Schedules in Canada and NAPRA's role in providing this program |
| 5. Establish an impartial assessment framework focused on pharmacy regulatory authority continuous improvement | Explore options for the establishment of an impartial assessment framework, tool and methodology to support the continuous improvement processes of the pharmacy regulatory authorities, in line with best practices in self-governance and regulation |

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2019 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its Annual Board Meeting on February 23, 2019 in Toronto. Standing committees met over the 3 days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, President Kaye Moran or the Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

New appointments to the Board, taking effect at the close of the Annual Board Meeting are:

Association of Faculties of Pharmacy of Canada – Harriet Davies, Dr. Roy Dobson

Nova Scotia College of Pharmacists – Craig Connolly

Canadian Pharmacists Association – Daniel Burton

2019 Executive Committee

President – Kaye Moran
Vice-President – Dinah Santos
Past-President – Janet MacDonnell

Executive Members:

Omar Alasaly
Melissa Benoit

2018 PEBC Statistics

PEBC Pharmacist Register:

There were 1678 names added to the Pharmacist Register by examination in 2018.

Pharmacist Qualifying Examination:

A total of 2693 candidates took the Qualifying Examination-Part I (MCQ) in 2018, compared to 2680 in 2017. A total of 2216 candidates took the Qualifying Examination-Part II (OSCE) in 2018, compared to 2495 in 2017.

There were a total of 26 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

A total of 2897 took the Pharmacist Evaluating Examinations compared to 2926 in 2017.

Pharmacist Document Evaluation:

A total of 2580 compared to 2731 applicants in 2017 were ruled acceptable for admission into the Evaluating Examination, compared to 1877 in 2016.

PEBC Pharmacy Technician Register:

There were 777 names added to the Pharmacy Technician Register by examination in 2018, bringing the total to 10,261 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 1223 candidates took the Qualifying Examination-Part I (MCQ) in 2018, compared to 1500 in 2017 and 1133 took the Qualifying Examination-Part II (OSPE), compared to 1393 in 2017.

Pharmacy Technician Evaluating Examination:

A total of 328 candidates wrote the Pharmacy Technician Evaluating

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Examination in 2018 compared to 399 in 2017. The last Pharmacy Technician Evaluating Examination was held in October 2018. An alternate process for evaluating international pharmacy technicians through a portfolio assessment process is being developed and piloted by PEBC, in consultation with NAPRA.

Committee on Examinations

PEBC continues to monitor evolving scopes of practice to ensure that these practices are reflected in PEBC examinations.

The Committee on Examinations discussed the security screening (wandering) measures implemented at all OSCE/OSPE exam sites in 2018. The process was smooth, efficient, and well-accepted by exam centre staff and candidates. No electronic device breaches by candidates were detected in 2018.

The Committee on Examinations discussed the future sites and frequency of examinations for the Pharmacy Technician Qualifying Examination— Part II (OSPE) following Post Provincial Deadlines. As the number of candidates for the Qualifying Examination decrease, PEBC continues to review trends and numbers to assist with planning the offerings of the Pharmacy Technician Qualifying Examination. Discussion focused on possible rotation geographically, frequency of exam annually and other delivery approaches.

Public Relations Committee

At the February 2019 meeting, the Public Relations Committee discussed communication strategies for encouraging CCAPP Pharmacy Technician graduates to take the Qualifying Examination to become registered pharmacy technicians.

The Committee also reviewed the communication strategies for the transition to Computer-Based Testing (CBT) for the Pharmacist Evaluating Examination.

PEBC continues to present educational sessions and research at conferences.

CLEAR Annual Conference, Philadelphia, PA, September 2018: Presentation on “*You Have to Know the Score: Best Practices and Issues for Scoring and Reporting Subscores*” G. T. Gray, Susan Davis-Becker, John A. Pugsley

CLEAR Annual Conference, Philadelphia, PA, September 2018: Presentation on “Accommodations Angst: Balancing Individual Candidate Needs and Exam Integrity” M. Suleiman, S. Mathias, P. Morley

2018 PEBC Sponsorship of Awards for Excellence in Research or Innovation in Assessment of Competence:

AFPC Award was presented to Sheryl Zelenitsky, Robert Renaud and Shawn Bugden, University of Manitoba

CPTEA Award was presented to Melissa Benoit, Judy Kennedy and Ann Marie Picone Ford of NBCC

Successful Administration of Computer-Based Testing

PEBC launched CBT for the Pharmacist Qualifying Examination - Part I (MCQ) in November 2017 and the third sitting of the exam occurred in November 2018.

Feedback from the 2018 Spring administration indicated that candidates felt time pressure on the exam, partially due to the challenges they had with using the onscreen calculator. In preparation for the Fall administration, PEBC supplied Prometric with handheld calculators to provide to the candidates to address their concerns. During construction of the exam forms, PEBC was mindful of the extent of reading required, by considering word counts, compared to previous administrations.

A post-exam survey found that the perception of the extent of time provided improved. There was also an increased level of satisfaction with Prometric test centres and the testing platform. The perception of this exam as an appropriate test of competence also improved.

The preparations to transition the Pharmacist Evaluating Examination to CBT are well underway for June 2019. The exam will be offered across Canada as well as in London, England. For exam security purposes, the exam will be offered as a single day examination window with up to three sittings per day. Candidates will complete 200 scored questions over 4 ¼ hours.

The PEBC Board approved in principle moving forward with CBT for the Pharmacy Technician Qualifying Examination-Part I (MCQ) tentatively for the Summer of 2020.

The move to expand CBT is part of PEBC's ongoing commitment to providing a rigorous secure certification process.

Strategic Plan 2019-2021

Last Fall, the Board of Directors and designated staff participated in a Strategic Planning Session. A preliminary Action Plan for 2019 -2021 was created and subsequently fine-tuned and approved by the Board at the February 2019 Annual Meeting.

The key strategic areas of the plan include:

1. Ensuring current services are relevant and sustainable
2. Exploring the expansion of services
3. Developing and enhancing strategic relationships
4. Optimizing blueprint and assessment processes
5. Optimizing exam delivery
6. Exploring the impact of technology on processes and operations

Board Meetings

The next Board Meeting and Committee Meetings will be held on October 17-19, 2019 (Mid-Year Meeting). The date of the next Annual Meeting is tentatively set for February 22, 2020, with Committee meetings preceding.