Ontario College of Pharmacists
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Agenda

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

MONDAY, JUNE 17, 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 June 2019 Council ……Appendix 4.2
4.3 Briefing Note – Evaluation Report of March 2019 Council Meeting……..Appendix 4.3

5. Approval of Minutes of Previous Meeting
5.1 Minutes of March 2019 Council Meeting ……Appendix 5.1

6. Notice of Motions Intended to be Introduced

7. Motions, Notice of Which Had Previously Been Given

8. Inquiries

9. Matters Arising from Previous Meetings
9.1 Response to request for College Name Change.....…..Appendix 9.1

10. For Decision
10.1 Briefing Note – Executive Committee - Governance Renewal ……Appendix 10.1
10.2 Briefing Note – Quality Assurance Committee - Quality Assurance Regulation
……Appendix 10.2
10.3 Briefing Note – Registration Committee – Jurisprudence Exam Blueprint …Appendix 10.3

11. For Information

11.1 Briefing Note – Homeopathy in Pharmacy ..... Appendix 11.1
11.2 Briefing Note – Scope of Practice Changes ……Appendix 11.2
11.3 Briefing Note – Registrar's Report to June 2019 Council ..... Appendix 11.3

- Strategic Framework 2019 – 2021
    - Report Card Q1 - 2019
- Ministry/Government Activities
- Legislative Initiatives
- Federal/Provincial Initiatives
- Inter-Professional Relationships
- Other Stakeholder Meetings
- Miscellaneous Items

12. Other Matters

12.1 Presentation – Quality Indicators Update
12.2 Appointment of Elections Committee
12.3 Motion respecting 2020 Council Meeting Dates

13. Unfinished Business

14. Motion of Adjournment

As a courtesy to other Council Members, you are requested to please turn off your cell phones/pagers/blackberries and other hand-held devices that may cause disruption during the Council Meeting. 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.

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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Laura Weyland, President

TOPIC: President's Report to June 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 March 2019 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.

With my report is a summary of the Council Meeting Evaluation (Appendix 4.3), 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:
March 25 – Council Meeting
March 29 – Governance Working Group of the Executive Committee Teleconference
May 2 – Governance Working Group of the Executive Committee
May 22 – Patient Relations Committee Meeting (via teleconference)
May 29 – Discipline Committee Mid-Year Meeting
May 29 - West Toronto Regional Meeting
June 6 – OCP Quality Indicator Symposium
Bi-weekly meetings with Registrar

Other Stakeholder Meetings:
May 8 – NAPRA Annual Meeting of Members – attended the meeting in Ottawa with the Registrar
June 3-5 – Joint Meeting of the Canadian Pharmacists Association & Ontario Pharmacists Association

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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Laura Weyland, President

TOPIC: March 2019 Council Meeting Evaluation

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

BACKGROUND:

At the March 2019 Council meeting, we provided Council members with the opportunity to provide their feedback. 16 Council members responded to the survey. A summary of the input is being provided to Council for information.

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

Answer Options	Always	Frequently	Often	Occasionally	Never	Response Count
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	15	1	0	0	0	16
2. Members were well prepared to participate effectively in discussion and decision making	11	4	1	0	0	16
3. In accordance with the governance philosophy, Council worked interdependently with staff	13	3	0	0	0	16
4. There was effective use of time	13	3	0	0	0	16
5. There was an appropriate level of discussion of issues	11	3	1	0	0	15
6. The discussion was focused, clear, concise, and on topic	13	3	0	0	0	16

2. Did the meeting further the public interest?

YES = 15 = 93.75%
NO = 1 =6.25%

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

- The full cost recovery issue worked best. The reason in my view is that the briefing note was 1.5 pages of concise, well written information, with the Council recommendation clear and the

rationale was clear. The detail was in the Appendix, which is where members could go if they needed more
- cost orders-it was really the only thing we discussed
- discussing of college council requesting "costs" for discipline hearings
- Registrars report
- The Finance & Audit section, which included the report of the Auditor on the 2018 financial position, was well presented with good questions.
- Cost recovery program
- Approval of the costs recovery from discipline process. It was supported by a strong memo.
- The whole meeting worked well.

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.

- There was nothing on the agenda which was not effective re decision-making or negative re governance and operations. However, the time allotted for Council (a full day), which was not used, could have been used to bring in a speaker, or in some other way that would have been more productive. Using just a few hours for a quarterly board meeting might make it appear that Council itself has an unimportant or irrelevant role or that there are no challenges facing the college or the profession
- None
- Actually, it was the total absence of discussion over a number of subjects covered in the agenda that took me by surprise. For example, the governance modernization vision, the PPN, changes on audit from Fairness Commission. Was this really intended? Procedurally, many Council members travelled a long way and woke up very early to make it for this meeting that did not cover even a half-day, leaving one wondering if a teleconference would have been more expedient and a better use of time.
- None
- Cannabis
- It was an effective and well run meeting.
- Review of the finances. It was not presented in a manner that was not easy to follow. I would prefer a laser pointer.
- Really separate clarity vs discussion on a motion

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

Answer Choices	Responses
Completely Satisfied	14
Mostly Satisfied	2
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	16

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

- I thought the agenda was pretty light, it was a waste of college's resources. Something to take into consideration for future meetings.
- Overall, Council works extremely well, especially with the review of the rules at each meeting. It would be helpful if all Council briefing materials used the model of the full cost recovery note. For very lengthy reports, for example, a few concise summary pages at the beginning could highlight the most recent issues, or the items that most need to be addressed by Council
- Unless we have a statutory obligation to meet 4 times a year, I'm not sure why we even called this meeting. With only 2 agenda items and finished at 11am, I think everyone could have used the time (and College expense) more wisely/productively.
- See previous comment
- None
- Another clarification regarding "clarifying questions" vs. questions on the topic/motion would be helpful. Good meeting, well-chaired.
- I hope all meetings could be run this well.
- Albeit a brief meeting I found it operated well - discussion was on topic and efficient.
- No suggestions. Great work.
- Updates from the Registrar between meetings, especially when hot topics come up (i.e. media scrutiny) are greatly appreciated.
- Very good meeting.
- Where time allows on agenda we need to find a way to capitalize on having us there. Maybe not in governance mode but maybe feedback on future directions or policies coming up….just seems a waste of time and resources for a two hour meeting Tom
- It was a short meeting. We could have used the time to conduct council education.

Respectfully submitted,

Laura Weyland, President

Ontario College of Pharmacists

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MINUTES OF MEETING

OF COUNCIL

MARCH 25, 2019

Page

MONDAY, MARCH 25, 2019 – 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, University of Toronto - **Regrets**
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo - **Regrets**

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora - **Regrets**
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 - **Regrets**
Ms. Joy Sommerfreund, London - **Regrets**
Mr. Dan Stapleton, Toronto

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. Sarah MacDougall, Council & Committee Liaison
Ms. Stephenie Summerhill, Executive Assistant to the CEO and Registrar

Invited Guests
Ms. Michelle Tkachenko, Audit Engagement Principle, Tinkham LLP

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. The motion CARRIED.

4. President's Opening Remarks

President Weyland welcomed the new Council and Committee liaison Ms. Sarah MacDougall. Ms. Weyland also informed the Council of two new committee appointments. Ms. Kathy Al-Zand has been appointed as Chair of the Patient Relations Committee further to Ms. Linda Bracken's absence; and Mr. Deep Patel has been appointed as Chair of the Registration Committee as Mr. Ravil Veli's term as a public member expired on March 22, 2019.

Ms. Linda Bracken passed on April 8, 2019. The Council and staff remember Ms. Bracken for her thoughtful dedication and service to the College. We extend our deepest condolences and prayers to Ms. Bracken's family.

4.1 Patient Reflections

President Weyland welcomed Mr. Todd Leach, Communications Manager to share the story of Ms. Theresa Tai-MacArthur, the daughter of a patient, who reached out to the College about the care her father received by Mr. Michael Dawood, a pharmacist in Ancaster Ontario late last year.

4.2 Briefing Note – President's Report to March 25

President 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.

Ms. Weyland expressed her gratitude for the Council members' participation in the December meeting evaluation. In response to the feedback Ms. Weyland highlighted the information on the relationship and roles of the Council and the Registrar as it is laid out in the College's Governance Manual.

The relationship between the Registrar and Council is best considered a partnership. The College as a whole is charged with serving and protecting the public and the role of Council is to provide high level strategic direction. The Registrar is appointed by the Council to manage the operations of the College and when issues arise or items come forward for consideration it is the responsibility of the Registrar to advise Council and bring forward any information that should be considered in the Council's decision or discussion.

The Briefing Note was received for information by Council.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of December 2018 Council Meeting

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

6. Notice of Motions Intended to be Introduced

There were none.

7. Motions, Notice of Which Had Previously Been Given

There were none.

8. Inquiries

There were none.

9. Matters Arising from Previous Meetings

There were none.

10. For Decision

10.1 Briefing Note – Finance and Audit Committee

President Weyland requested Mr. Dan Stapleton, Chair of the Finance and Audit Committee, to present the Briefing Note to Council. Mr. Stapleton provided a brief introduction of the Finance & Audit Committee briefing note and reminded Council that this is the second year that the audit firm, Tinkham LLP, Chartered Professional Accountants, has undertaken the financial and pension audits for the College.

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

Mr. Stapletion then introduced Ms. Michelle Tkachenko, Audit Engagement Principle, Tinkham LLP, to present the audited statements to Council.

Ms. Tkacheno advised Council that upon review of the College's accounting practices, Tinkham LLP audited the financial statements of the Ontario College of Pharmacists. The statements are comprised of the statement of financial position as at December 31, 2018, 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.

Ms. Tkacheno relayed that in the opinion of the Auditor, 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.

Ms. Tkachenko added that the auditors had received full cooperation from management and staff in the conduct of their audit and that there were no restrictions placed on the approach to or extent of their work and further that they were given complete and timely access to all books and records, documents and other supporting data that were required.

Following discussion, the **motion** that Council approve the 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 **was called to a vote.**

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

10.2 Briefing Note – Policy on Discipline Cost Recovery

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

Ms. Resnick informed Council that approval of this policy means that Council is directing the external and internal counsel to seek to recover all or part of the costs and expenses related to the investigation and conducting of the hearing when members are found guilty of professional misconduct. Ms. Resnick also indicated that the tariff rates for internal counsel and staff have been established and are presented as part of this motion.

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

The impact of the College's ability to recover a higher proportion of discipline costs was discussed as well as the practical timing of these procedural changes. Newly referred cases will be impacted immediately as they can be notified of the policy intention from the start, while cases already under investigation will still be influenced by established precedents.

The staff tariff rate, if approved, will be publically available and can be communicated to members referred for a disciplinary hearing, providing a high degree of transparency. Ms. Resnick also offered that the rates can be reviewed as needed as labour costs rise.

Following discussion, the **motion** that Council direct, effective immediately, counsel for the College to seek costs in all appropriate cases and that the proposed hourly rates for the College staff be adopted **was called to a vote.**

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

11. For Information

11.1 Briefing Note - Registrar's Report to Council

President Weyland invited the Registrar, Ms. Lum-Wilson, to address Council. The Registrar first presented the 2018 Q4 Performance Scorecard. The 2018 year end scorecard illustrates the performance of the College on the predetermined targets established for year three of the 2015-2018 strategic plan.

A draft version of the 2019 redesigned scorecard was then presented to Council. This new iteration of the scorecard is reflective of the current 2019-2021 strategic plan with the indicators divided under the four areas of identified risk and with the established strategic priorities listed.

Ms. Lum-Wilson indicated that due to the change in government there has been a more focused and intentional manner with which the Ministry and Government has been interacting with the College. This shift has resulted in a decrease in the frequency of Ministry and Government collaborations of late, although she had met with the Honorable Minister Christine Elliot, Minister of Health and Long Term Care and Dr. Reuben Devlin, Chair & Special Advisor Premiers' Council on Improving Healthcare & Ending Hallway Medicine along with other Ministry officials to keep them informed of the ongoing initiatives and to offer the assistance of the College. Ms. Lum-Wilson also highlighted the Colleges' attendance at a plenary session, held as part of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System.

Health Canada has clarified that the intent of Section 348 of the *Cannabis Regulations, as* it relates to cannabis for medical use in hospitals, was to provide a mechanism for control and management for patients who already had a prescription and was not drafted with a view to allowing for the establishment of storefronts within hospitals.

Ms. Lum-Wilson provided information on the recent discussion at the Federation of Health Regulatory Colleges of Ontario (FHRCO) regarding governance reform. 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 response to a question from Council regarding the previously approved motion for mandatory cannabis education, the Registrar indicated that the development of a program by the Ontario Pharmacists' Association in collaboration with the University of Waterloo has been delayed, but is expected to be available very soon. Other organizations have indicated that they are also working on developing accredited programs which should be available in the near future. The College is working with continuing education providers to ensure that the cost of education is reasonable and accessible for registrants. All approved programs will be posted on the College website.

The National Association of Pharmacy Regulatory Authorities (NAPRA) met in March to review the process for the addition of three new public members to the Board, as previously approved with the changes to the governance structure in 2018. The new public members will be formally approved at the upcoming Annual Meeting of Members on May 8, 2019.

Ms. Lum-Wilson requested that Council Members attend the upcoming regional meetings if possible. 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

Members of the Council expressed their appreciation regarding the recent communication from the Registrar regarding the Colleges' response to the recent media coverage. Ms. Lum-Wilson reminded Council members to refer any media inquiries to the College's communications department.

Ms. Lum-Wilson presented her 2019 individual goals as linked to the 2019-2021 strategic plan and developed as part of the performance appraisal process established in consultation with the President and Vice President of the Council.

12. Other Matters

There were none.

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 11:12 a.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sarah MacDougall
Council & Committee Liaison

Laura Weyland
President

Ministry of Health and Long-Term Care

Office of the Deputy Premier and Minister of Health and Long-Term Care

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APR 16 2019

Nancy Lum-Wilson, RPh, BSc Phm, MBA
CEO and Registrar
Ontario College of Pharmacists
483 Huron Street
Toronto ON M5R 2R4

Dear Ms. Lum-Wilson:

Thank you for your letter which outlines the desire of the Ontario College of Pharmacists to change the name of the college to reflect its oversight of pharmacies and the profession.

Any discussions to change the name would require evidence and support that patients would be better served.

I would encourage you to contact Allison Henry, Director of the Health Workforce Regulatory Oversight Branch, to discuss your proposal further. She can be reached by telephone at (416) 327-8543 or by e-mail at Allison.Henry@ontario.ca.

Thank you again for taking the time to write.

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Governance Renewal

ISSUE: Direction from Council is requested on how to advance the governance renewal framework

BACKGROUND:

At the December 2018 Council meeting, a governance renewal framework and principles were approved that reflect best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes. (Attachment 1)

- The four elements of the framework approved by Council in December 2018 are as follows:
    1. Reduction in Council size
    2. Council composition
    3. Separation of Council and Statutory Committees
    4. Competency-based Council
- The College, along with other Colleges in the Advisory Group for Regulatory Excellence (AGRE), has made a submission to the Minister of Health and Long-Term Care in support of governance modernization and reform. (Attachment 2)
- The Ministry responded to the College's submission and extended support to the College for working within current legislation to modernize governance structures and has signaled their intention to collaborate with the Colleges when making legislative changes. (Attachment 3)

ANALYSIS:

- The government continues to show support for Colleges proactively addressing governance reform before having change imposed on the sector. (Attachment 4)
- Governance continues to be an area of focus for governments. A report, released December 2018, commissioned by the Minister of Health, Government of British Columbia, led by Mr. Harry Cayton (Former CEO, Professional Standards Authority), (An Inquiry into the College of Dental Surgeons of British Columbia and the Health Professions Act), supports this assertion.
- The report describes recommendations on how to improve governance and regulatory performance in the interest of public safety and provides recommendations for the wider reform of the statutory framework for health professional regulation.
- An analysis of the report was presented at the Federation of Health Regulatory Colleges (FHRCO) of Ontario meeting held on April 25, 2019. (Attachment 5)
- The four components for reform supported by OCP Council are aligned with the recommendations in the recent report and may stimulate increased attention to the need for governance reform. (Attachment 6 and 7)
- Where flexibility allows within current legislation, changes can be made to advance the governance renewal framework and implement best practices for which direction from Council is needed.
- A third-party facilitator has been invited to support the discussion on how to proceed with the governance renewal framework

- **FACILITATED DISCUSSION:**

The goals for Council discussion are to:

Discuss and decide on next level intentions within each principle of the governance framework agreed to by Council in December 2018 to enable the drafting of by-laws to operationalize the framework to commence at the beginning of the 2020/2021 Council year, barring any legislative changes being imposed on the sector.

Principle - Separation of Council and Statutory Committees

Public members: The *Pharmacy Act, 1991* (PA) dictates a minimum of nine and a maximum of 16 Public members on OCP council. The *Regulated Health Professions Act, 1991* (RHPA) specifies which statutory committees require a public appointee. Given the experience in other colleges it is likely that the minimum of nine public members required by statute will be appointed at this time.

For Consideration:

- Appoint all public members to ICRC and Discipline to increase the probability that a public member is available to serve on panels and reduce the number of public members assigned to Registration, Fitness to Practice, Quality Assurance and Accreditation (required by statute) to a maximum of two members.
- While we will continue to advocate for increasing the public member count to 11, we expect government appointed public members will be limited and therefore a process to ensure the public voice on committees will need to be developed.

Elected professional members: Aside from the Discipline Committee no elected members of Council are required to serve on statutory committees. Standing committees are at the discretion of Council. The College has developed a competency based recruitment and screening process for Non-council committee appointments.

For consideration:

- To maximize availability of elected members to serve on Discipline panels and adhere to the principle of separation of Council and statutory committees, appoint all elected members to the Discipline Committee and to no other statutory committee.
- Include an eligibility criteria respecting minimum time commitment for Discipline Committee involvement.
- Review and amend compensation model to address any potential disincentives to participation in Discipline Committee.
- Until such time as the Council size has been reduced to a more agile size through statute, maintain an Executive Committee comprised of four or six council members (equal representation of public and elected consistent with the principle of council composition).
- Continue to appoint Council Members to a Finance and Audit Committee (Standing Committee).

Principle – Competency based selection of Council (Board) members

The College of Nurses of Ontario (CNO) developed a comprehensive Council Competency and Attribute framework following extensive outreach to AGRE colleges and other professional regulators. The framework sets out a board profile that consists of a constellation of knowledge, skill, and experience, which would be met through the collective mix of members of a board. That framework was further evolved by NAPRA for composition of their board (Attachment 8). The College has no influence on the appointment process for government appointed public members. Accordingly, Council's discussion will be focused on intentions respecting the selection of competent elected professional members.

For consideration;

- Continue to evolve a transparent and independent governance process to oversee the recruitment, selection, evaluation and orientation/training mechanisms for both Council and Committee appointments to support the goal of increased public trust. Details to be brought to Council in September 2019.
- Eliminate the existing geographic and practice districts for elected members that perpetuates the perception of professional representation and replace it with competency criteria.
- In addition to seeking the competency skills, attributes and diversity of a board generally, competence of elected board members will include expertise in the patient population that the profession serves and consideration given to previous commitment to serving on Discipline Committee.
    - Patient Populations to consider
        - Patients served by both Rural and Urban Community pharmacies
        - Patients treated at both Teaching and Community Hospitals
        - Patients located in Northern/Remote areas
        - Patients that identify as Indigenous
        - Patients with Mental Health and Addictions needs

Principles - Reduction in Council Size and equal professional/public representation

Best practices describes a board size of about approximately 12 with equal professional and public representation. While it is not possible to achieve that number within current legislation there is flexibility within the *Pharmacy Act* to decrease the size of Council considerably. Currently the Council has 17 elected professional members whereas the minimum required by legislation is nine, two of whom must be pharmacy technicians. We currently have nine public members and all indications are that appointments beyond the minimum are unlikely. In addition, two deans are appointed to council by statute.

For consideration:

- Decrease the number of elected professional members from 17 to 9, 2 of whom will be pharmacy technicians as per the statute. Two deans will also be appointed by statute.
- Develop a transition plan to support continuity throughout the changes. The transition plan would address the need to incorporate the experience of current council members on the new board, the opportunity for council members to serve on committees and maintain a staggering of council member terms.
- Develop a process to adjust council size as necessary to uphold the principle of equal representation of the professional and public members.

Other considerations for governance modernization: In addition to the intentions outlined within the principles already agreed to by Council, the AGRE colleges are proposing to move forward on other best practice suggestions that, based on the literature, would help to clarify the public interest regulatory role of the college. The changes are aimed equally at public and registrant understanding. Accordingly, Council is being asked to consider the following:

- Change the titles of the people and groups who govern the College to make their roles and responsibilities clearer to the public.
    - Council of College to Board of Directors of College
    - Council Member(s) to Director(s)
    - President of Council to Chair of the Board of Directors

- Vice-President to Vice-Chair of the Board of Directors
- Change from ‘members’ to ‘registrants’ to better reflect the fundamental relationship with the College.

❖ Changing terms of office
- From a maximum of three - three-year terms to two - three-year terms to ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.

RECOMMENDATION:

Discuss and decide on the next level intentions within each principle of the governance framework agreed to by Council in December 2018 to enable the drafting of by-laws to operationalize the framework effective the start of the 2020/2021 Council year.

NEXT STEPS:

- An implementation plan for the framework, along with proposed timelines will be presented to Council in September 2019.
- Enabling by-law amendments to be drafted for consideration by Council in December 2019.
- The College will continue to liaise with AGRE Colleges and collaborate with the Ministry on governance changes, continuing to keep Council informed of any developments.

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COUNCIL BRIEFING NOTE
MEETING DATE: DECEMBER 2018

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Governance

ISSUE: In support of strengthening public trust in the ability of the College to regulate the profession in the public interest and given the international, Canadian and provincial trends to move to best practice in self- regulation, Council is being asked to:

1. Partner with the Advisory Group for Regulatory Excellence (AGRE) to develop options for legislative changes to support the government in governance reform.
2. Support a framework and principles for governance change, as presented in Appendix 1.

BACKGROUND:

- The College, along with other Health Colleges and the Ministry of Health and Long- Term Care (MOHLTC), have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes over the past several years.

- In the summer of 2015, AGRE supported the MOHLTC in increasing transparency and enhancing public protecting. Concepts conceived by AGRE were included in the *Protecting Patients Act (PPA)*, 2017. *(See Attachment 1).* Amendments introduced through the PPA included removing the prescriptive language in the RHPA respecting composition of statutory committees and providing the Minister with the power to make regulations controlling all aspects of the structure and composition of College statutory committees.

- In December 2016, the College of Nurses of Ontario (CNO) fully endorsed recommendations made by a governance Task Force and supported implementation of a plan entitled Final Report: A vision for the future (Vision 2020). Vision 2020 is a progressive plan to transform the governance model for CNO to align with worldwide best practice.

- In the summer of 2017, the AGRE policy group developed a proposed Eligibility and Competency-Based Appointment Framework to screen individuals seeking to serve on statutory committees, a theme that emerged from the Governance Discussion Paper prepared for AGRE. *(See Attachment 2)*

- In response to the initiatives noted above, OCP Council, in June 2017, approved a competency based screening process to vet applications of professional members interested in serving as Non Council Committee Members on OCP statutory committees. This demonstrated Council's leadership and commitment to implement best practices in governance.

- Looking internationally, governments in Ireland, Australia and New Zealand are actively considering or implementing the model introduced by the United Kingdom in which a Professional Standards Authority (PSA), an independent body that reports directly to parliament, oversees the nine health professions regulators.

- Locally, the newly elected government is continuing the governance review from previous leadership and is preparing to take steps to strengthen public trust and engender best practices in regulatory governance. A specific role within government has been established to lead an expedited review of legislation and regulation to identify barriers to improving effectiveness and efficiency of operations and strengthening ministry oversight, signaling strong appetite for change. *(See Attachment 3)*

- In parallel, Colleges are considering the issue of governance modernization. In September 2018, CPSO discussed the CNO Vision 2020 at Council and formally endorsed the proposed governance framework and acknowledged the value in aligning with other Health Colleges to proactively impact regulatory changes.

- Recently, in November, AGRE formally expressed a commitment to working with government to develop policy recommendations that build on CNO's Governance Vision 2020 to modernize the governance structures of health regulatory bodies in Ontario with a view to strengthening public confidence in self-regulation. *(See Attachment 4)*

ANALYSIS:

- The newly elected government has demonstrated a renewed commitment to modernizing regulatory processes and structures. This presents an opportunity for the College to join the AGRE colleges in proactively supporting the government to establish governance changes that best serve, and are seen to serve, the public interest.

- The CNO Vision 2020 contains a comprehensive review of best practice recommendations and is being followed keenly by AGRE. A governance framework based on these recommendations is presented in Appendix 1. The framework is underpinned by best practice governance principles that Council and other colleges continue to exemplify, also included in Appendix 1, and represents a governance structure well-suited to serve the public interest.

- In particular, best practice supports a small governing board made up of an equal number of public and professional members, with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. Literature indicates that this structure aligns with best practice governance principles, meets the changing expectations of society and strengthens the ability to be, and be seen to be, a protector of the public.

- Legislative changes are being presented to CNO Council in December 2018, demonstrating a high level of activity in governance reform. Partnering with CNO and AGRE colleges allows the College to join other regulatory leaders to proactively work with government to support change, rather than having changes imposed on the sector.

- Any legislated changes proposed will require government approval and are likely to be introduced and implemented gradually.

RECOMMENDATION: Recommend that Council support a partnership with AGRE to help inform proposed legislative changes required to support the government in modernizing governance.

Recommend that Council support the governance reform framework and principles in Appendix 1.

NEXT STEPS:

- Partner with AGRE colleges to further develop and refine the recommendations for governance reform to proactively support legislative change.
- Keep Council informed and provide regular updates at Council meetings for consideration.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

APPENDIX 1: Governance Framework Recommendations and Governance Principles

Governance Framework Recommendations

1. **Reduction in Council size**:
   - Best practices indicate that smaller boards are more readily able to engage in generative discussion and effective-decision making, fully utilizing each member.
   - Advisory groups and stakeholder engagements are methods to further enhance diversity of input.

2. **Council Composition**
   - A board made up of equal numbers of professionals and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.

3. **Separation of Council and statutory committees**
   - Allows for greater delineation of strategic (Council) and operation (statutory committee) function and promotes independence of those functions.

4. **Competency-based Council:**
   - Literature and governance trends support competency based boards. Having all Council members with the needed competencies and attributes will support the board to meet all of the principles.

Governance Principles

1. **Accountability**
   - We make decisions in the public interest
   - We are responsible for our actions and processes
   - We meet our legal and fiduciary duties as directors

2. **Adaptability**
   - We anticipate and respond to changing expectations and emerging trends
   - We address emerging risks and opportunities
   - We anticipate and embrace opportunities for regulatory and governance innovation

3. **Competence**
   - We make evidence-informed decisions
   - We seek external expertise where needed
   - We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

4. **Diversity**
   - Our decisions reflect diverse knowledge, perspectives, experiences and needs
   - We seek varied stakeholder input to inform our decisions

5. **Independence**
   - Our decisions address public interest as our paramount responsibility
   - Our decisions are free of bias and special interest perspectives

6. **Integrity**
   - We participate actively and honestly in decision making through respectful dialogue
   - We foster a culture in which we say and do the right thing
   - We build trust by acting ethically and following our governance principles

7. **Transparency**
   - Our processes, decisions and the rationale for our decisions are accessible to the public
   - We communicate in a way that allows the public to evaluate the effectiveness of our governance

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 Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

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 *Pharmacy Act, 1991*
Council is composed of: • 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	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.	RHPA *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Composition of Statutory Committees			
Committees/Panels of the following statutory committees currently must include Council members: • 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 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.	Directors on the Board do not sit on statutory committees.	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.	*RHPA* (with amended regulations) *Pharmacy Act, 1991*

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 *Pharmacy Act, 1991*
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 *Pharmacy Act, 1991*

[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.

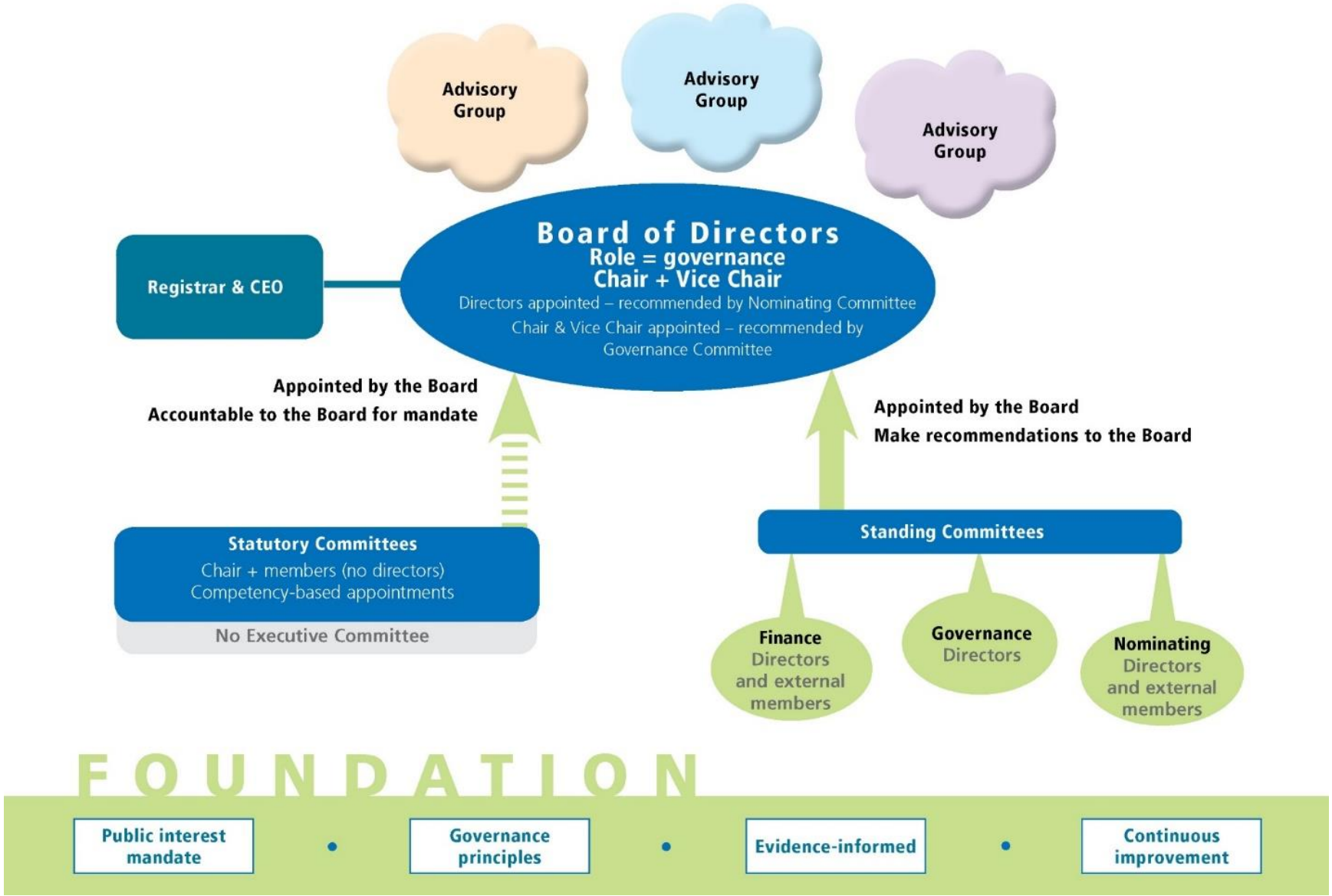
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerni to 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 Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight


Advisory Group
Advisory Group
Advisory Group
Board of Directors
Role = governance
Chair + Vice Chair
Directors appointed – recommended by Nominating Committee
Chair & Vice Chair appointed – recommended by Governance Committee
Registrar & CEO
Appointed by the Board
Accountable to the Board for mandate
Appointed by the Board
Make recommendations to the Board
Statutory Committees
Chair + members (no directors)
Competency-based appointments
No Executive Committee
Standing Committees
Finance
Directors and external members
Governance
Directors
Nominating
Directors and external members
FOUNDATION
Public interest mandate
Governance principles
Evidence-informed
Continuous improvement

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.	• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Council member(s)	Director(s)		• RHPA • *Nursing Act, 1991*
President of Council	Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Vice-President of Council	Vice-Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Executive Director of the College	Registrar & CEO of the College		• RHPA • *Nursing Act, 1991* • 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.	• *Nursing Act, 1991*
Council is composed of: • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public	Board of Directors is composed of: • 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.	• *Nursing Act, 1991*

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.	• 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.	• RHPA • *Nursing Act, 1991*
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.	• RHPA • *Nursing Act, 1991*
Nurse Council members: • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.[iv]	All directors serve: • 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.	• RHPA
No term limits exist for public Council members.			

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Expenses and remuneration of: • 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. The amounts paid by the College and the Minister are unequal.	Expenses and remuneration of all directors are: • equal; and • paid by the College in accordance with the by-laws.	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.	• RHPA
Council is led by: • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) They are elected annually by the Council from among the Council's members.	Board of Directors is led by: • the Chair; and • the Vice-Chair. They are appointed annually by the Board on the basis of competencies.	The selection of Board leadership is to be on the basis of competencies and not professional designation.	• RHPA • *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Composition of Statutory Committees			
Panels of the following statutory committees currently must include Council members: • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee 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.	Directors on the Board do not sit on statutory committees.	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.	• 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.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

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.	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. This change will ensure a balance between public and physician expertise and competencies in regulation and help strengthen public confidence in the regulatory system.	**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.	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. 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). 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.	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: - 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 Once Bill 87 amendments to the RHPA and the Code are proclaimed, composition and quorum requirements for these committees will be set by regulation. **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)**.
4. Implement a competency-based board selection process.	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. A competency based selection process is considered a best	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.	Other consequential legislative changes may also be required (for example, s. 5 of the Code which provides for the term of elected Council members). 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. There is language in s. 14(1) of the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009* 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: …")
5. Implement a hybrid selection model for physician members (some elected members, some competency-based appointments).	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. 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.	**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.
6. Provide equal compensation for professional and public members of the board.	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. Compensation for public members is inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably.	**Code, s. 8** currently requires that Council members appointed by the LGIC be paid, by the Minister, the expenses and remuneration the LGIC determines. 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.
7. Retain the option of appointing an Executive Committee.	Smaller boards may not require an Executive Committee. 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.	**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.

Ministry of Health and Long-Term Care

Office of the Deputy Premier and Minister of Health and Long-Term Care

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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Ontario

MAR 2 7 2019

361-2019-854

Nancy Lum-Wilson
Registrar and CEO
Laura Weyland
Council President
Ontario College of Pharmacists
483 Huron Street
Toronto ON M5R 2R4

Dear Ms. Lum-Wilson and Ms. Weyland:

Thank you for your letter regarding the Ontario College of Pharmacists' (OCP) support for governance modernization and reform as it relates to the regulatory colleges in Ontario.

My ministry is committed to ensuring that Ontarians receive safe and high quality health services, and that means ensuring that our health professions are overseen by a modern and effective regulatory framework. We will listen to the people who work on the front lines of our health care system as we develop a connected and sustainable public health care system that works for the people of Ontario. As my ministry identifies further opportunities to engage the health regulatory colleges on governance reform, we will ensure the OCP is part of those discussions.

Thank you again for taking the time to write. We look forward to continued engagement with you to improve health care in Ontario.

Sincerely,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

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

Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE
MEETING DATE: DECEMBER 2018

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Nancy Lum-Wilson

TOPIC: Federation of Health Regulatory Colleges of Ontario (FHRCO) Meeting – Update on Governance and Ministry of Health and Long-Term Care Direction

ISSUE: On October 11, 2018, Deanna Williams and a team from Health Workforce and Regulatory Affairs Division (HWPRAD) attended the FHRCO meeting to provide the first substantive update on the Best Practice Report subsequent to the *Protecting Patients Act, 2018*; and the government direction for Regulated Health Colleges further to the establishment of a new Progressive Conservative Government respectively.

BACKGROUND:

Update from Best Practice Analysis

Canada is ahead of other countries in establishing funding for sexual abuse victims.

International trends in self-regulation sector, largely imposed by government, include

- Increased transparency
  - There is a link between transparency and trust
  - Expectation that decision-making displays integrity, is competent and reliable/consistent
  - Explanation of "why" the Discipline Committee makes the decisions it makes, eg. why an allegation is withdrawn; why a decision is made not to refer to discipline; how is the decision in the best interest of the public
  - Societal expectations have changed and regulators regulate to the edge of the law, push the envelope and develop new precedents
  - Include statements in decisions about Conflict of Interest
  - Focus on risk and evidence in decisions

- Movement to best practice in governance
  - Separation between Council and committees
  - Reduce size of Council
  - Composition of Council and Committees to include increased lay representation (Ireland – 51%, United Kingdom – 50%)
  - Inclusion of Public members as Chairs (removal of the use of "President" title, since "President" is really just the Chair of the Council)
  - Council Evaluation – best practice for evaluation of Council is one that the Ontario Hospital Association uses which includes self-score, scoring separately by all peers, scoring on how entire Board performs and the entire evaluation is administration through a third party; and openly post entire evaluation on website

- Pressures in government to increase accountability and oversight of the sector
  - Increased measurement
  - Increased involvement of government

Call to Action

- Allow public members to run for Chair
- Remove the use of "President" and substitute for Chair
- Reduce size of Council
- Remove all Council members from statutory committees unless required by statute (the College of Physicians and Surgeons of Ontario is the only college that has a Patient Relations Committee that is fully independent from Council)
- Abolish elections and move to competence based appointments and if not currently possible, then
  - implement an independent robust screening process with specific competence criteria and skills
  - Implement training process that includes expectations in governance of a regulatory body, and requirement that those that run for election must pass the training in order to be eligible
  - Implement a mandatory two-year best practice "cooling–off" period if heavily involved in association or staff in association
- Push the transparency envelope as far as possible
  - Explain the why in reasons for Inquiries, Complaints and Reports Committee as well as Discipline Committee decisions

Ministry Update

- Health has not yet completed its foundational briefing yet.
- A plan for Ministry of Health and Long-Term Care is under development and will go to Treasury Board in the fall
- The "line by line" review is "not a math exercise." It is an exercise in reviewing administration and structure, and includes the regulatory colleges. The Ministry will be working on if and how various Colleges can/should be amalgamated but it is not immediate; they plan to share a framework with FHRCO in future
- This government wants to reduce "red tape" and regulatory burden
  - Looking for ways to streamline regulation and reduce micromanaging of the professions
  - Only two areas of the *Regulated Health Professions Act* where regulations *MUST* be established; all other areas state "*MAY*". Colleges should explore with government where by-laws and policies can be used to implement, rather than using regulation
  - Government has messaged to staff that Cabinet has no time to address regulations for anything that is not a priority for this government
- There will be some fundamental changes in how we structure and manage healthcare and the Colleges should consider how the perception of large administrative structures are viewed by this government, including how regulation becomes a barrier to front-line care delivery – 26 colleges is too many
- This government is bold and swift in taking action
- Modernizing the oversight of health workers, including unregulated health workers, was one of the first briefings requested by the government and is a priority for them

- Some thinking on whether we still need scopes of practice for different professions and whether there should be a move to competence as the framework to ensure equitable access to quality care
  - Care teams rather than scopes of practice
  - Scopes are a barrier to optimal care and promote “tribalism”
- Committees of Cabinet have not yet been established except Management Board and Treasury Board
- Colleges are NOT independent from government; they exist because of legislation that has delegated the authority to them
  - Colleges are still accountable to the government and there will be increased oversight, including the establishment of performance indicators for the Regulatory Colleges (OCP will sit on the government working group which is expected to complete its work by March 2019)
  - Expectation of stronger relationships with HWPRAD, including policy staff attending every Council meeting as well as scrutiny of agendas and dialogue on why certain items are considered a priority for Council and how it serves the mandate of the College and is in the best interest of the people

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Barristers & Solicitors

The Cayton Report

IS THE UK MODEL NOW INEVITABLE?

RICHARD STEINECKE

APRIL 25, 2019

Context

- CDSBC scandals
  - Handling of sexual comments by Registrar
  - Brain damage to sedated girl by dentist who breached standards resulting in a 3 month suspension
  - Slate of candidates elected
- News articles of chiropractors (including Council members) and naturopaths exceeding scope
- PSA had done reviews of other BC regulators

Short Term Reforms

- CNO model of Council composition (6 + 6 app'ted)
- Merging of smaller regulators
- Simplified complaints system
  - Triage, investigation, adjudication
- Expanded duty to report publicly
  - Including complaints outcomes and data breaches
- Review Board can self-initiate review of complaints decisions

Longer Term Reforms

- Single set of ethical rules and conduct expectations for all professions
- Adjudications by a separate body
  - Who would also manage a single public register for province
- PSA-type independent oversight body
  - Would also conduct occupational risk assessment process

Governance

- Board role:
  - Ensure compliance with mandate / law
  - Set strategy and monitor performance
  - Hold Registrar / CEO accountable for performance
- Boards operate by consensus, not rules of procedure
- No secret ballot votes
  - And few closed meetings
- Board partners with staff
- Dysfunction results from lack of respect and trust

Other Governance Recommendations

- Candidates for Board → "induction programme"
- Three year cooling off period from professional associations
- Abolish governance committee
- Board members do not procure directly
- Board should not see itself as the College

Regulatory Performance Failures

- Standards of practice not clear or communicated
- Complaints process does not focus on harm
- Corporate risk management lacking
- Board oversight does not use KPI
- Strategic planning not based on regulatory impact on patients and the public
- Board members do not understand role

External Relationships

- Almost all groups lack understanding of the public interest mandate of College
- Relationship too close with professional association
- FHRCO BC equivalent was a model of collaboration
- Relationship approach to government was fine
  - But public appointments criteria and efficiency had gaps

Protecting the Public

- Absolutely no advocacy role for regulators
- Interests of the profession > of the public
- Mandate “to serve and protect the public” too broad
  - Detracted from focus on safety
  - E.g., no patient relations program but spousal exemption
  - E.g., 3 month suspension in sedation case of girl who suffered permanent brain damage

Comments I'm Not Ready to Accept, Yet

- A registrant who has an outstanding complaint against them should be ineligible to serve on Council
  - And should take a leave of absence if already on Council
- Staff (and legal counsel) should not provide recommendations to the complaints screening committee

Comments I'm Not Ready to Accept, Yet

- Setting aside time at Board meetings to hear comments and answer questions from members of the public
- Wellness programs are the role of the professional association and regulators should not organize or pay for them

Comment: ‘Regulatory capture’ one reason for doctor shortage

THEODORE E. HARRISON / Times Colonist
APRIL 21, 2019 12:34 AM

‘Regulatory capture” is a well-known phenomenon that was researched and described by Nobel-prize winner Joseph Stiglitz and the Public Choice theorists.

It occurs when a regulatory agency is “captured” by the very industry it is supposed to regulate, and the agency’s efforts are turned toward protecting the industry rather than protecting the public. In B.C., we have two recent classic examples.

On April 12, the Times Colonist ran a column (“Dysfunctional dental group prompts reform”) about the College of Dental Surgeons of B.C. in which it was reported that the college met only about 60 per cent of the international standards for good governance and was “focused on protecting the interests of dentists instead of the public.” This finding has prompted the health minister to order the college to implement all 21 recommendations made by an independent consultant to clean up its act.

The College of Physicians and Surgeons of B.C. is a parallel agency that regulates physicians. The college makes rules for physicians that have the force of law and that have a significant impact on the public. For instance, they directly control the number of physicians licensed in B.C. Yet nine of its 15 directors are elected directly by the members of the college themselves. In other words, the public is always outvoted by the doctors.

The subtle way in which this plays out in the real world is well illustrated by the recent promulgation by the college of physicians of proposed new Procedural Pain Management accreditation standards. These standards were developed in a completely opaque manner by a “provincial panel of subject matter experts” and are proposed to be monitored and enforced by unspecified “medical leaders.”

The proposed standards are detailed and lengthy, even going so far as to specify the number of air exchanges per hour that a facility must have in order for providers to do procedural pain management. The net effect of such requirements is to restrict the use of these techniques to hospitals and surgical centres. They have essentially taken the same standards that apply to hospital operating rooms and applied them to pain management.

But PPM is not surgery. It involves the placement of needles at sources of pain and using either injected solutions or electrical means to mitigate the pain. It has been performed safely in physicians' offices for decades because it is no more invasive than a needle stick.

The college, however, claims that "this [PPM] can create significant risk of harm to patients," but offers no evidence to validate the claim. Inquiries as to whether there has been an increase in complaints or malpractice suits are met with a form letter saying essentially "just trust us."

Qui bono? Who benefits from these regulations? The direct result is that more advanced pain-management procedures would be restricted to fewer physicians. Such procedures are more highly reimbursed and thus, physician specialists practising in hospitals and surgical centres would reap the benefit of an artificially constrained supply — i.e. monopoly.

The proposed policies call for unspecified "physician leaders" to monitor and evaluate their peers. These "leaders" thus have the power to eliminate their own competitors and will thereby benefit from less competition.

The proposed rules require operating-room standards for doctors' offices.

Upgrading to these standards is a complex and expensive process that would significantly disrupt any medical practice. Many office-based physicians will not be willing or able to comply and will opt out, thus decreasing competition with surgical centres and hospitals and therefore increasing demand at those facilities. Surgical centres and hospitals are winners.

The complex and subjective task of monitoring and credentialling PPM will fall to the college. The agency will require more personnel and a larger budget. The executives in charge of the college will be able to command higher salaries.

And who are the losers? By its own calculation, the college says that 30 to 40 per cent of physicians now doing pain management will no longer be able to provide PPM. This is probably an underestimate.

Assuming that it is correct, however, this means that perhaps more than a third of the province's capacity to treat pain procedurally will be lost. It means long(er) wait times, long trips to specialists, long fights with the medical bureaucracy, more and longer pain and suffering for patients.

Who loses? You do. Policies such as these (and there are many of them) made by and for the medical bureaucracy artificially restrict medical practice and are the reason why it's hard to find a doctor in B.C.

Theodore E. Harrison, MD, MBA, is a retired specialist in regenerative medicine.

Grey Areas
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A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

The Cayton Report: The Wolf Finally Arrives

by Rebecca Durcan
May 2019 - No. 236

For years observers have been saying that regulators of professions are under intense scrutiny and unless they regained public confidence then self-regulation without systematic oversight would end in Canada. Over time it has become easier to ignore these pleas as self-regulation continued to muddle along, but no longer. While the analogy to the little boy who cried wolf is imperfect (no one would call the author of the report or his agency's ideas "wolves"), the concept of snubbing previous warnings and subsequently facing real consequences is relevant.

On April 11, 2019, the long awaited report of the Professional Standards Authority (PSA) (headed at the time it was written by Harry Cayton) on the Inquiry into the College of Dental Surgeons of British Columbia was released. On the same day the Minister of Health gave the College thirty days to deliver an implementation plan for the recommendations directed at it. The Minister also announced that he has set up a steering committee to examine the recommendations related to the oversight of all regulated health professions.

Governance

Some of the key observations in the report about governance include the following:

- Boards should focus on three things:
  - ensuring the College complies with its mandate and the law
  - setting strategy and monitoring performance and
  - holding the registrar and chief executive to account for delivery.
- Boards should dispense with formal rules of procedure (e.g., motions and votes) and, with rare exceptions, operate through consensus.
- Secret ballots have no place in a public body.
- Secret meetings (in the absence of staff) should be extremely rare and require centrally maintained minutes.
- The Board should partner with staff to achieve the organization's mandate; staff do not just administratively implement Board directions.
- Dysfunction in an organization occurs when Board members and staff no longer respect and trust each other.

The report's recommendations include:

- Candidates for selection to the Board from within the profession should be required to participate in an "induction programme" before being chosen.
- Officers or representatives from the professional association or similar bodies should have a three-year cooling off period before they can serve with the regulator.
- The governance committee should be abolished and Board officers should not attend audit committee meetings unless invited.
- Board members should not procure goods or services directly. Procurement should be through staff pursuant to appropriate policies.
- "The Board must stop seeing itself as the College and recognise that its role is to govern

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> the College and oversee its performance but that the College is run and managed by its professional staff."

Measuring Regulatory Performance

The report assessed the performance of the College according to the criteria that the PSA uses for the bodies it oversees. The following areas were found to have not met the standard:

- Standards of practice do not identify mandatory expectations upon practitioners and are unclear in some areas.
- There is not a systematic and accountable process for identifying and developing new or revised standards.
- Standards are not clearly worded nor are they effectively communicated to the profession and to the public.
- Complaints are not appropriately assessed for risk and prioritized upon receipt.
- The complaints process is not transparent, fair, proportionate and focused on public protection because of its composition, and because of the excessive role of staff and because of the misuse of undertakings option.
- Complaints are not dealt with promptly with a view to preventing harm to the public while in process.
- Insufficient reasons are provided for actions taken on complaints.
- The regulator does not have an effective process for identifying, assessing, escalating and managing organizational risks.
- Board oversight does not include the effective use of key performance indicators and a corporate risk register.
- The regulator does not collect and use performance and outcomes information about patients and the public as a part of its strategic planning.
- The Board does not work cooperatively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

External Relationships

The report identified a broad lack of understanding of the role of the College to regulate the profession in the public interest. This was demonstrated by the election campaign statements, the perceptions of Board members from the profession and in the history of various regulatory initiatives. Examples of the regulatory initiatives of concern was the failure to implement a standard preventing dentists from treating their spouses and the challenges faced by attempts to implement an enhanced quality assurance program. The report states:

> The College needs to build a different relationship with its dentist registrants: one of both mutual respect and distance. It cannot do so when its Board is elected by registrants and partially subject to their control. It is hard for it to build a new relationship with the profession when it is so closely tied financially and through personal contact and individuals to the [professional association] and other dental organisations. An independent, effective, efficient, fair and public focussed regulator is good for the dental community as a whole. It is especially good for skilled and ethical dentists who never have a complaint.

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The report stated plainly that the relationship between the regulator and the professional association was too close and strongly recommended the severing of many of those ties (e.g., the regulator cease collecting annual fees for membership in the professional association).

The report commended the affiliation of the regulator with the other health regulators in a loose umbrella organization as a model of collaboration.

The report indicated that while the regulator had regular contact with the government, one aspect of the relationship that was not working well was the appointment of public members to the Board. The criteria used in making such appointments were uncertain and there were too many vacancies.

In terms of engaging the public, the report noted a reluctance of the Board to engage with the public and the lack of a strategy to more effectively obtain the input and perspective of the very people it is mandated to protect.

Protecting the Public

This portion of the report is perhaps the most hard-hitting. It definitively states that regulators have no advocacy role. It also says:

> A concern for the well-being of dentists rather than a single-minded focus on patient safety and public protection is still a part of College culture.

After providing some quotations of statements made to the inquiry by leaders in the profession, including those working for the regulator, the report states:

> I don't think these perspectives are typical but for dentists who are active in the College and dental community to express them suggests a profound misunderstanding of the purpose of professional regulation and lack of concern for the safety and well-being of patients.

The report noted that the mandate of the regulator "to serve and protect the public" was broad. The report expressed concerned that the regulator was reading the mandate it too broadly. The report suggests that the mandate of regulators "does not ask regulators to be responsible for public health or for access to health professionals".

The report recommends that the mandate of regulators be narrowed to read:

> To protect the safety of patients, to prevent harm and promote the health and well-being of the public.

The report illustrates these concerns. One instance was the failure of the regulator to establish, as required by the legislation, a patient relations committee and a program dealing with sexual abuse. The only sexual abuse guideline developed by the regulation was permissive rather than restrictive in nature (i.e., enabling dentists to treat their spouses).

Another example provided was the failure to effectively enforce the standard related to sedation and anaesthesia. This discussion included an example where a young patient experienced permanent brain damage by a practitioner who had disregarded many of the most basic requirements yet was permitted to remain in the profession.

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Legislative Reform

In addition to the recommendations described above some of the more significant recommendations for legislative reform for all health regulators include the following:

- Boards be reduced to twelve members, all of whom are appointed (not through the current government process) on the basis of demonstrated skills with only half being members of the profession.
- Smaller regulators should be merged into fewer, larger ones.
- A simplified complaints system with three components: triage, investigation, and adjudication.
- An expanded duty to report publicly on all operations of the regulator including complaints outcomes.
- The Review Board should be able to initiate, on its own, a review of a complaint outcome even if there is no appeal.

Longer term reforms would include:

- Having a single set of ethical rules and conduct expectations for all health professions.
- Removing adjudication of disciplinary disputes from the regulators, to be performed by an independent body.
- That same independent body would also maintain a single register of every health practitioner in the province.
- There should be a separate independent oversight body that reviews the performance of regulators, approves some of the standards developed by them and manages the Board member selection process.
- The independent oversight body would also employ an occupational risk assessment process that would be used to recommend which professions require formal statutory regulation.

Conclusion

In summary, the Cayton report contains a detailed review of the performance of the College of Dental Surgeons of British Columbia. It identified serious deficiencies in the governance of the regulator. It also concluded that there were gaps in the regulatory performance of the regulator in eleven areas. It commented on a number of areas for improvement in its external relationships with various groups. It concluded that the regulator was not focussed exclusively on its public interest mandate, particularly in the area of public safety.

The report makes a number of sweeping short term and long term proposals for regulatory reform for all health professional regulators. These include a completely appointed Board of twelve people, half of whom are public members, merging regulators, separating out the adjudication of discipline matters and the operation of a single public register, and the creation of an oversight agency that would review and report on the regulatory performance of the regulators.

This report is broadly consistent with recent developments in British Columbia, and other provinces including Ontario and Nova Scotia and the regulatory regime that has existed in Quebec for many years.

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The Cayton Report can be found at: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf.

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BOARD MEETING BRIEFING NOTE
APPENDIX D

Board Meeting: **March 5, 2019**

Subject: **Nomination of External Directors**

Initiated by: Nominating Committee

Purpose:

For Approval
For Direction X
For Information
Other – specify:

Background and Context:

Timeline Update

The timeline for recruitment of two-three external Directors to join the NAPRA Board in May 2019 is on track.

- At this March 5 Board meeting, the Board is being asked to decide on the Short List of candidates for election to the Board.
- Following the Board's decision on the Short List of candidates at this meeting, the candidates will be contacted in March to confirm interest in serving, to conduct interviews with them, and to undertake reference checks.
- The Board will have opportunity to confirm the final Nominations slate during a Board teleconference meeting in the coming month at which the Board will also approve the draft Audited Financial Statements.
- After that, both the Board Nominations slate and Audited Financials will then be provided to members in April in advance of the Annual Meeting of Members in May.

Board Matrix - Results of Gap Analysis

NAPRA's Board matrix includes agreed-upon core skills for all Directors and areas of specific expertise we might seek. In December/January, 12 of 14 of the current Board members completed a survey on the matrix, the results of which are provided in **Appendix 1** for reference. The following is a summary of the results.

NAPRA Board Matrix

Core Skills	Optimal # of Directors with this skill	Current # of Directors with this skill *(self-identified in survey)*
Analytical and Critical Thinking - Individual having the ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound decisions.	All	Good to Excellent: 12

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BOARD MEETING BRIEFING NOTE
APPENDIX D

Interpersonal Communications - Individual having the ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest.	All	Good to Excellent: 11
Strategic Vision / Planning - Individual having the ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts.	All	Good to Excellent: 12
Governance – Understanding and experience with the appropriate roles, group processes and corporate bylaws and policies that form systems of not for profit governance. Demonstrated judgment and integrity in an oversight role.	All	Good to Excellent: 11
Financial Literacy - Individual able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections.	All	Good to Excellent: 10
Commitment to Mandate - Demonstrates a strong understanding and commitment to the organization's mandate.	All	All
Specific Business Expertise		
Financial Expertise - Senior executive experience (preferably with a designation) in financial accounting and reporting, or senior executive experience in corporate finance	At least 3	Expert: 0 Very Knowledgeable: 5
Communications & Public Relations Expertise - Senior executive or consulting experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives.	At least 2	Expert: 0 Very Knowledgeable: 5
Human Resources Expertise - Senior executive or consulting experience in human resources (preferably with a designation) particularly in the areas of change management, organizational development, compensation frameworks and leadership.	At least 1	Expert: 0 Very Knowledgeable: 6
Regulatory Expertise - Senior executive or consulting experience in the development, renewal and/or implementation of regulatory frameworks.	At least 4	Expert: 1 Very Knowledgeable: 7
Policy Development Expertise – Senior executive or consulting experience in the development of policy frameworks and/or positions	At least 1	Expert: 4 Very Knowledgeable: 4
Professional Ethics Expertise – Understanding of, and experience in establishing codes of ethics, and their application to professions.	At least 1	Expert: 0 Very Knowledgeable: 4
Perspectives & Other Attributes		
Licensed Pharmacy Technician	At least 1	0
Licensed Pharmacists	At least 4	12
Representative of the Public /Patient	Up to 2	2

Personal Characteristics

- As much as possible, given requirements above, the board will aspire to gender balance and other aspects of diversity, including cultural/ethnic, geographic, people with disabilities, and a diversity of ages.
- Personal attributes: Courageous, collaborative, honest, fair, good listener

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BOARD MEETING BRIEFING NOTE
APPENDIX D

A gap analysis of the results highlighted that the skills and characteristics NAPRA should prioritize in assessing who to invite to serve on the Board are:

- Primary focus of recruitment efforts:
  - Licensed pharmacy technician perspective
  - Public and/or patient perspective combined with risk management expertise
- Secondary skill sets that could be sought:
  - Financial expertise
  - Communications expertise
  - To the extent possible, seek greater gender balance

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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Quality Assurance Committee

TOPIC: Quality Assurance Regulation

ISSUE: Approval to resubmit G*eneral Regulation 202/94* to the Ministry of Health and Long-Term Care with amendments to Part VIII (Quality Assurance) without the amendments to Parts I through VII (Registration) which would be resubmitted separately.

BACKGROUND

- In March 2018, the College submitted *Regulation 202/94* (under the *Pharmacy Act*) to the Ministry of Health and Long-Term Care (MOHLTC) with proposed amendments to Parts I through VII (Registration) and Part VIII (Quality Assurance).

- The primary changes to the Registration regulation were to:
  - Remove the student class and add a pharmacy technician intern class. This change will permit pharmacy technicians to practice to scope after registration, and before completing all training, and will reduce duplication in registration requirements for pharmacy students.
  - Add pharmacy technicians to the two part register (Part A and Part B).

- The primary changes to the Quality Assurance (QA) regulation were to:
  - Add pharmacy technicians to the QA program.
  - Replace the 600 hour practice requirement over three years with routine assessments of competence and a self-declaration of competence at annual renewal.

- The College has been monitoring progress of the regulation with the Ministry and is aware that it has not moved beyond the initial stage of review in part due to the government transition last year.

- In January 2019, the College initiated practice assessments with pharmacy technicians in hospital and community practice, however until the QA regulation is amended to include pharmacy technicians, the assessments are voluntary and require prior consent.

- In a recent discussion with Ministry staff, the College inquired about interim solutions to address inclusion of pharmacy technicians within the QA program. Ministry staff noted that approval for Registration amendments require considerable time given the need to confirm compliance with the *Labour Mobility Act* and Agreement on Internal Trade, as well the *Fair Access to Regulated Professions and Compulsory Trades Act*. A proposed solution was for the College to consider seeking approval for the QA amendments separately from and in advance of the Registration amendments.

- Currently the QA and Registration sections of the Regulation are linked through the two-part register (Part A and Part B) with the terms, conditions and limitations for a Part B certificate of registration defined in the Registration regulation. In order to submit QA amendments separately from Registration, the College would need to “decouple” this

aspect of the regulation, and wait until the Registration amendments proceed to include pharmacy technicians in the two-part register.

- The two-part register provides a mechanism for the College to focus the QA program on registrants engaged in patient care (Part A) and not require competency assessments for registrants not engaged in patient care (Part B). It also provides the College with a non-disciplinary mechanism to manage a registrant who refuses to participate in a QA assessment by transferring them to Part B of the register, which restricts their practice to non-patient care activities, thereby safeguarding the public.

ANALYSIS

- The only change needed to "decouple" the QA regulation from the Registration regulation is to exclude pharmacy technicians from references to the two part register in the QA portion of the Regulation. As shown in Attachment 1 the additional changes required in order to resubmit the QA portion of the regulation on its own are renumbering of sections previously altered as a result of the Registration amendments.

- Inclusion of pharmacy technicians in the QA program, with the exclusion of the two-part registrar, will mean that all aspects of the program are mandatory for all pharmacy technicians, and the QA committee will have the authority to manage any issues identified through QA competency assessments as defined in legislation.

- Proceeding with the QA amendments in the absence of the Registration amendments will also mean that if a pharmacy technician chooses not to participate in a QA assessment, the QA committee could not use the two-part register to manage the issue, but would need to consider using a disciplinary approach as defined in the Health Professions Procedural Code.

NEXT STEPS

- If Council approves the re-submission of *Regulation 202/94* in a two stage process -- to first seek amendments to the QA regulation, followed by amendments to the Registration regulation -- the College will withdraw the draft regulation that was submitted in March 2018 and re-submit *General Regulation 202/94* as amended in Attachment 2.

- At such time as the draft QA regulation is sealed, the College will initiate re-submission of the Registration amendments, previously approved by Council in December 2017, with corresponding changes to the QA regulation to include pharmacy technicians in the two part register.

RECOMMENDATION

That Council approve withdrawal of the draft amendments to *Regulation 202/94*, submitted to the Ministry of Health and Long-Term Care in March 2018, and resubmit a new draft of *Regulation 202/94*, as drafted in Appendix 2, with the amendments to Part VIII (Quality Assurance), and a subsequent resubmission of the Regulation to include the proposed amendments for Parts I through VII (Registration).

ATTACHMENTS:

Attachment 1: Clause by Clause Comparison:

DRAFT General Regulation 202/94
Clause by Clause Comparison

Clause as amended in the Regulation submitted to government in 2018	Proposed New Clause (2019) in order to decouple QA from Registration	Rationale
Part VIII: Quality Assurance		
General		
20. In this Part, "assessment" means an assessment carried out under section 82 of the Health Professions Procedural Code and includes a practice or peer assessment and reassessment, as applicable; "assessor" means an assessor appointed by the Committee under section 81 of the Health Professions Procedural Code; "Committee" means the Quality Assurance Committee.	**41.** In this Part, "assessment" means an assessment carried out under section 82 of the Health Professions Procedural Code and includes a practice or peer assessment and reassessment, as applicable; "assessor" means an assessor appointed by the Committee under section 81 of the Health Professions Procedural Code; "Committee" means the Quality Assurance Committee.	Renumbering to accommodate decoupling.
21. This Part does not apply to, (a) interns, (b) intern technicians, or (c) members who are listed in Part B.	**42.** This Part does not apply to, (a) interns, (b) registered pharmacy students, or (c) pharmacists who are listed in Part B.	Renumbering to accommodate decoupling. References the existing classes of registration. This part will need to be revised in the future to reflect changes in the proposed Registration regulation once it moves forward.
22. The Committee shall administer the quality assurance program.	**43.** The Committee shall administer the quality assurance program.	Renumbering to accommodate decoupling.
Continuing Professional Development		
23. A member shall, (a) participate in continuing professional development activities, and maintain a portfolio of such activities, in accordance with the guidelines established by the College, and (b) submit a copy of the portfolio to the College or to an assessor on request	**44.** A member shall, (a) participate in continuing professional development activities, and maintain a portfolio of such activities, in accordance with the guidelines established by the College, and (b) submit a copy of the portfolio to the College or to an assessor on request.	Renumbering to accommodate decoupling.
Self-Assessments		

24. A member shall, (a) participate in self-assessment activities, and keep records of such activities, in accordance with the guidelines established by the College, and (b) submit a copy of the records to the College or to an assessor on request.	**45.** A member shall, (a) participate in self-assessment activities, and keep records of such activities, in accordance with the guidelines established by the College, and (b) submit a copy of the records to the College or to an assessor on request.	Renumbering to accommodate decoupling.
Practice and peer assessments		
25. (1) A member shall be required to undergo a practice or peer assessment or both if, (a) in response to a request made under section 23(b) or 24(b), the member does not provide the requested information, or the portfolio or records provided do not demonstrate that the member has engaged in adequate continuing professional development or self-assessment activities, or (b) the member is directed to undergo an assessment on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is directed on the basis of such criteria. (2) If a member fails to undergo a required assessment, the Committee may direct the Registrar to transfer the member to Part B after giving the member a reasonable opportunity to make written submissions.	**46.** (1) A member shall be required to undergo a practice or peer assessment or both if, (a) in response to a request made under section 44(b) or 45(b), the member does not provide the requested information, or the portfolio or records provided do not demonstrate that the member has engaged in adequate continuing professional development or self-assessment activities, or (b) the member is directed to undergo an assessment on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is directed on the basis of such criteria. (2) If a pharmacist fails to undergo a required assessment, the Committee may direct the Registrar to transfer the pharmacist to Part B after giving the pharmacist a reasonable opportunity to make written submissions.	Renumbering to accommodate decoupling. Section 46 (2) sets out the criteria for a member to transfer from Part B to Part A, and provides for the Quality Assurance Committee to adjudicate if the Registrar proposes to reject a transfer. When drafting the amendments to the Regulation submitted in 2018 this function was moved to the Registration Committee rather than the Quality Assurance Committee. To be consistent with our Part A and Part B Register and its purpose for QA, pharmacy technicians were also added to the provisions for the Part A or B. register. Without the Registration regulation moving forward, the Part A and Part B provisions need to remain in the QA regulation and apply only to pharmacists. Pharmacy technicians will be added when the Registration regulation amendments move forward in the future.
Panel Requirements		
26. (1) A panel of the Committee may exercise any of the powers of the Committee under this Part or section 80.2 of the Health Professions Procedural Code. (2) A panel of the Committee shall be composed of at least three members appointed by the chair of the Committee from among the Committee members, at least one of whom shall be a member of the Council who was appointed by the Lieutenant Governor in Council.	**47.** (1) A panel of the Committee may exercise any of the powers of the Committee under this Part or section 80.2 of the Health Professions Procedural Code. (2) A panel of the Committee shall be composed of at least three members appointed by the chair of the Committee from among the Committee members, at least one of whom shall be a member of the Council who was appointed by	Renumbering to accommodate decoupling.

(3) Three members of a panel constitute a quorum.	the Lieutenant Governor in Council. (3) Three members of a panel constitute a quorum.	
Two-Part Register		
3. The College's register of members shall have a Part A (patient care) and a Part B (no patient care).	**48.** The College's register of members shall have a Part A (patient care) and a Part B (no patient care).	Renumbering to accommodate decoupling.
4. Every intern and intern technician shall be listed in Part A.	**49.** Every registered pharmacy student, intern, and pharmacy technician shall be listed in Part A.	Renumbering to accommodate decoupling. RE – section 49, 50 and 51: As a result of the changes to 46 (2), the provisions dealing with Part A and Part B (including how to handle transfers between them) were previously moved up to sections 3-6 in Part II ("General Provisions re Certificates of Registration"). In order to decouple these parts of the Regulation it is necessary to hold on the intent to add pharmacy technicians to the two part register because the conditions on those certificates rightfully belong in the Registration part of the regulation. The changes noted here reflect the existing practice for Part A and B. Until such time as pharmacy technicians are added to the two part register, under section 51(b.0.1.) of the Health Professions Procedural Code, a panel shall find that a member has committed an act of professional misconduct if the member has failed to co-operate with the Quality Assurance Committee or any assessor appointed by that committee.
5. (1) Every pharmacist and pharmacy technician shall be listed in either Part A or Part B. (2) Upon being issued a certificate of registration, a pharmacist or a pharmacy technician shall ask to be listed in Part A or Part B by completing and submitting the form provided by the Registrar. (3) Every year at the time of paying the annual membership fee, a pharmacist or a pharmacy technician shall ask to renew his or her listing in Part A or Part B or for a transfer to the other Part. (4) A pharmacist or pharmacy technician who asks to renew a listing in Part A must provide a declaration of competence to provide patient care in the form approved by the Registration Committee. (5) If a pharmacist or pharmacy technician fails to submit the declaration referred to in subsection (4) the Registrar may, (a) give the member notice of intention to transfer the member to Part B, and (b) transfer the member to Part B, if the member fails to provide the declaration within 30 days from the date notice was given	**50.** (1) Every pharmacist shall be listed in either Part A or Part B. (2) Upon being issued a certificate of registration, a pharmacist shall ask to be listed in Part A or Part B by completing and submitting the form provided by the Registrar. (3) Every year at the time of paying the annual membership fee, a pharmacist shall ask to renew his or her listing in Part A or Part B or for a transfer to the other Part. (4) A pharmacist who asks to renew a listing in Part A must provide a declaration of competence to provide patient care in the form approved by the Committee. (5) If a pharmacist fails to submit the declaration referred to in subsection (4) the Registrar may, (a) give the pharmacist notice of intention to transfer the pharmacist to Part B, and (b) transfer the pharmacist to Part B, if the pharmacist fails to provide the declaration within 30 days from the date notice was given.	
6. (1) A pharmacist or pharmacy technician may ask for a transfer between Parts at any time by completing and submitting the form provided by the Registrar. (2) If a pharmacist or pharmacy technician asks for a transfer from Part A to Part B, the Registrar shall transfer the member to Part B. (3) If a pharmacist or pharmacy technician asks for a transfer from	**51.** (1) A pharmacist may ask for a transfer between Parts at any time by completing and submitting the form provided by the Registrar. (2) If a pharmacist asks for a transfer from Part A to Part B, the Registrar shall transfer the pharmacist to Part B. (3) If a pharmacist asks for a transfer from Part B to Part A,	

Part B to Part A, the Registrar may transfer the member to Part A if the member successfully completes a practice or peer assessment. (4) If the Registrar proposes to reject a request for a transfer to Part A, the request shall be referred to a panel of the Registration Committee. (5) If a panel rejects a request to be listed in Part A, the member may appeal to another panel of the Registration Committee. (6) No member of a panel that rejects a request to be listed in Part A shall sit on a panel hearing an appeal of that decision. (7) A member whose request for a transfer is referred to a panel of the Registration Committee under subsection (4) or (5) shall be given a reasonable opportunity to make written submissions to the panel before the panel makes a decision.	the Registrar may transfer the pharmacist to Part A if the pharmacist successfully completes a practice **and**, or peer assessment. (4) If the Registrar proposes to reject a request for a transfer to Part A, the request shall be referred to the Committee. (5) If a panel rejects a request to be listed in Part A, the pharmacist may appeal to another panel of the Committee. (6) No member of a panel that rejects a request to be listed in Part A shall sit on a panel hearing an appeal of that decision. (7) A pharmacist whose request for a transfer is referred to a panel of the Committee under subsection (4) or (5) shall be given a reasonable opportunity to make written submissions to the panel before the panel makes a decision.	

Pharmacy Act, 1991
Loi de 1991 sur les pharmaciens

ONTARIO REGULATION 202/94

GENERAL

Consolidation Period: From December 15, 2016 to the e-Laws currency date.

Last amendment: 452/16.

Legislative History: 750/94, 539/95, 280/96, 121/97, 98/98, 642/98, 548/99, 270/04, 451/10, 59/11, 302/12, 154/13, 225/13, 452/16.

This Regulation is made in English only.

CONTENTS

PART I
INTERPRETATION

DEFINITIONS

1. In this Regulation,

"direct supervision" means supervision that is provided by a person who is physically present on the premises where the practice that is being supervised is being carried out;

"non-restricted registration" means the holding of a licence, permit, certificate or registration as a pharmacist from an authority responsible for the regulation of pharmacists in one of the states of the United States of America, or in another non-Canadian jurisdiction that has been approved by the Council, where that licence, permit, certificate or registration is not subject to any restrictions, terms, conditions or limitations, including terms, conditions or limitations that,

(a) relate to the holder's ability to practise independently,

(b) require the holder to practise under supervision or direction,

(c) require the holder to maintain a position or appointment as a condition of continued registration,

(d) require the holder to practise only in a part of the geographical area over which the authority has jurisdiction,

(e) restrict the holder to temporary or time-limited registration or practice,

(f) were imposed by that authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding, or

(g) were placed on the holder's registration by agreement between the holder and that authority;

"pharmacy" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*;

"remote dispensing location" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*.

PART II
GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

CLASSES OF CERTIFICATES OF REGISTRATION

2. (1) The following are prescribed as classes of certificates of registration:

1. Pharmacist.
2. Registered pharmacy student.
3. Intern.
4. Pharmacy technician.

(2) Every certificate of registration that was in existence immediately before December 3, 2010 is continued as the equivalent certificate of registration with the same status under this Regulation until such time as it otherwise ceases to be effective.

(3) Where an application for a certificate of registration had been made but not finally dealt with before December 3, 2010, the application shall be dealt with in accordance with this Regulation as amended by Ontario Regulation 451/10.

APPLICATION FOR CERTIFICATE OF REGISTRATION

3. A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any supporting documentation requested by the Registrar and the applicable fees.

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

4. (1) The following are requirements for the issuance of a certificate of registration of any class:

1. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
2. The applicant must not have been found guilty of any offence in any jurisdiction.
3. The applicant must not be the subject of a current proceeding in respect of any offence in any jurisdiction.
4. The applicant must not have been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any like proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation.
5. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of pharmacy in Ontario as a pharmacist, registered pharmacy student, intern or pharmacy technician in the manner permitted by the certificate of registration for which he or she has applied.
6. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
    i. will practise pharmacy with decency, honesty and integrity, and in accordance with the law,
    ii. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise pharmacy in a safe manner,
    iii. has sufficient knowledge, skill and judgment to competently engage in the practice of pharmacy authorized by the certificate of registration, and
    iv. will display an appropriately professional attitude.
7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.
8. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration for which the applicant applied.

(2) The requirement under paragraph 8 of subsection (1) is non-exemptible.

(3) An applicant must meet all of the requirements for registration within one year following the filing his or her application, but this does not prevent the applicant from filing a new application.

(4) An applicant shall be deemed not to have satisfied the requirements for the issuance of a certificate of registration if the applicant makes a false or misleading statement or representation in his or her application or supporting documentation.

TERMS, ETC., OF EVERY CERTIFICATE

5. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide to the Registrar the details of any of the following that relate to the member and that occur or arise after the registration of the member:
    i. a finding of guilt arising in any jurisdiction relating to any offence,
    ii. a charge arising in any jurisdiction relating to any offence,
    iii. a finding of professional misconduct, incompetence or incapacity or any like finding in any jurisdiction in relation to pharmacy or any other profession or occupation,
    iv. a proceeding for professional misconduct, incompetence or incapacity or any like proceeding in any jurisdiction in relation to pharmacy or any other profession or occupation.
2. The member shall not engage in the practice of pharmacy unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.
3. The member shall immediately advise the Registrar in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.
4. If a member to whom paragraph 3 applies subsequently obtains Canadian citizenship or becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member

to engage in the practice of pharmacy in Ontario permitted by the certificate of registration, the member shall immediately advise the Registrar in writing of that fact.

5. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws.

6. A member who fails to meet the condition in paragraph 5 shall immediately advise the Registrar in writing of that fact and immediately cease to engage in the practice of pharmacy until such time as the member obtains professional liability insurance as required in paragraph 5.

7. Where a member to whom paragraph 6 applies subsequently obtains professional liability insurance, the member shall notify the Registrar in writing of that fact and, if requested by the Registrar, shall provide details of that coverage.

PART III
REGISTRATION — PHARMACISTS

ADDITIONAL REQUIREMENTS

6. (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist:

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.
2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacist.
3. Subject to subsection (5), the applicant must have successfully completed a structured practical training program approved by the Council, while holding a certificate of registration as an intern and while under the supervision of a preceptor approved by the Registration Committee.
4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists at a time when the examination was approved by the Council or have successfully completed another examination that has been approved by the Council for that purpose.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as an intern at the time.

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council;

(b) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist.

(4) The requirement in paragraph 2 of subsection (1) shall not be considered to be met unless the applicant is issued a certificate of registration as a pharmacist within three years of meeting that requirement.

(5) An applicant is deemed to have met the requirement in paragraph 3 of subsection (1) if, at the time of application, the applicant,

(a) has successfully completed a structured practical training program which is, in the opinion of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1); or

(b) has other education, training or experience that is, in the opinion of a panel of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1).

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacist within two years of meeting the requirement or within such greater time as is specified by a panel of the Registration Committee.

(7) Subject to subsection (8), the requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, specified by a panel of the Registration Committee.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant obtains a new degree mentioned in subparagraph 1 i of subsection (1).

(9) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period.

(10) The requirements in paragraphs 1, 3 and 4 of subsection (1) are deemed to have been met by an applicant,

(a) who previously held a certificate of registration as a pharmacist in Ontario; and

(b) who,

(i) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council, or

(ii) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees.

(11) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as an intern on December 3, 2010; or

(b) becomes registered as an intern after December 3, 2010 but before December 3, 2011.

(12) Subject to subsections (2), (5), (10) and (11) and sections 7 and 8, the requirements in subsection (1) are non-exemptible.

(13) A reference in this section or section 7 to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section.

MOBILITY FROM OUTSIDE CANADA

7. An applicant is deemed to have met the requirements in paragraph 1 of subsection 6 (1) if the applicant meets all the following non-exemptible requirements:

1. The applicant must,

i. hold a non-restricted registration in at least one jurisdiction at the time of application and have held that registration continuously for at least two years, and

ii. satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours.

2. The applicant must,

i. satisfy the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in one or more of the jurisdictions where he or she held the non-restricted registration,

ii. undergo a review of his or her practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pay the required fees, or

iii. successfully complete the examination referred to in paragraph 4 of subsection 6 (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist.

MOBILITY WITHIN CANADA

8. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 6 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacist in that jurisdiction.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a pharmacist.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST

9. (1) Every certificate of registration of a pharmacist listed in Part B of the register is subject to the following terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not dispense, sell or compound drugs.
3. The member shall not supervise that part of the pharmacy where drugs are kept.
4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.
5. The member shall not supervise the practice of pharmacy of an intern, registered pharmacy student or pharmacy technician.
6. The member shall, when working in a pharmacy or any other environment where patient care is being provided, clearly identify him or herself as a non-practising pharmacist.

(2) With the prior written approval of the Registrar, and despite paragraphs 1 and 2 of subsection (1), a pharmacist listed in Part B of the register may dispense, sell or compound a drug and provide care to a patient under the direct supervision of a pharmacist who is registered in Part A of the register where the sole purpose is to assist the member in preparing to meet the requirements specified in subsection ~~46~~51 (3) to transfer a member holding a certificate of registration as a pharmacist who is registered in Part B of the register to Part A of the register.

(3) Where a member wishes to seek the approval of the Registrar under subsection (2), the member shall provide to the Registrar, in writing, the name of the pharmacist or pharmacists who will be providing the required supervision, the name and address of the pharmacy or pharmacies at which the member proposes to practise under that supervision and the proposed date upon which the member wishes to commence practice.

(4) Any approval provided by the Registrar under subsection (2) must specify,

(a) the name of the pharmacist or pharmacists who will be required to supervise the member;

(b) the name and address of the pharmacy or pharmacies where the member will be practising; and

(c) the term of the approval, which must not exceed six months.

(5) Where the Registrar is satisfied that it is appropriate to do so the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Quality Assurance Committee approves of a further extension.

PART IV
REGISTRATION — REGISTERED PHARMACY STUDENTS

ADDITIONAL REQUIREMENT

10. (1) It is an additional requirement for the issuance of a certificate of registration as a registered pharmacy student that the applicant must,

(a) have been accepted as a student in a university program referred to in subparagraph 1 i of subsection 6 (1) or in an approved program referred to in sub-subparagraph 1 ii A of that subsection;

(b) be engaged in attaining any education or training referred to in sub-subparagraph 1 ii B of subsection 6 (1); or

(c) be engaged in attaining any education or training specified by a panel of the Registration Committee as a condition for the issuance of another certificate of registration, other than a certificate of registration as a pharmacy technician.

(2) Subject to section 11, the requirement in subsection (1) is non-exemptible.

MOBILITY WITHIN CANADA

11. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 10 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy student in that jurisdiction.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a registered pharmacy student.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

TERMS, CONDITIONS AND LIMITATIONS

12. (1) Every certificate of registration as a registered pharmacy student is subject to the following terms, conditions and limitations:

1. The member,
   i. in the case of a member to whom subsection 11 (1) does not apply, shall only engage in the practice of pharmacy while enrolled in and actively participating in a program provided for in subsection 10 (1) or while actively engaged in any education or training specified in that subsection, and
   ii. in the case of a member to whom subsection 11 (1) applies, shall only engage in the practice of pharmacy while enrolled in and actively participating in an educational program that is a requirement for the issuance of an applicable out-of-province certificate authorizing practice as an intern or pharmacist.
2. The member may only engage in the practice of pharmacy,
   i. while under the direct supervision of a member who holds a certificate of registration as a pharmacist, or
   ii. where a program or any education or training provided for in subsection 10 (1) includes a clinical component in a premises that is not a pharmacy but at which drugs may be prescribed or dispensed, while under the direct supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who has been approved for this purpose by the faculty that provides the program, education or training.
3. Despite subparagraph 2 ii, the member shall not dispense, compound or sell a drug unless under the direct supervision of a member holding a certificate of registration as a pharmacist.

4. Despite subparagraph 2 ii, the member may not supervise that part of the pharmacy where drugs are kept.

5. The member may neither delegate a controlled act nor accept the delegation of a controlled act.

(2) A certificate of registration as a registered pharmacy student automatically expires when the member is issued a certificate of registration as a pharmacist or an intern.

(3) A certificate of registration as a registered pharmacy student automatically expires,

(a) in the case of a member engaged in a program referred to in subparagraph 1 i of subsection 6 (1), when the member is refused readmission to the program, ceases to be enrolled in the program or ceases to actively participate in the program;

(b) in the case of a member engaged in an approved program referred to in sub-subparagraph 1 ii A of subsection 6 (1), two years after registration as a registered pharmacy student unless that period of time is extended by a panel of the Registration Committee;

(c) in the case of a member engaged in attaining any education or training or combination of education and training referred to in sub-subparagraph 1 ii B of subsection 6 (1) or in attaining any education or training or combination of education and training required by a panel of the Registration Committee as a condition for the issuance of another class of certificate of registration, on the date specified by the panel in its decision or, if no date was specified, one year from that decision, unless extended by a panel of the Registration Committee; and

(d) in the case of a member whose application for a certificate of registration as a registered pharmacy student was considered under subsection 11 (1), on the date on which the member ceases to hold an out-of-province certificate that is equivalent to a certificate of registration as a registered pharmacy student.

PART V
REGISTRATION — INTERNS

ADDITIONAL REQUIREMENTS

13. (1) The following are additional requirements for the issuance of a certificate of registration as an intern:

1. The applicant must,

   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,

      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or

      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or

   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,

      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or

      B. have successfully completed the examination provided for in paragraph 4 of subsection 6 (1) on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

2. Subject to subsections (3) and (4), the applicant must have successfully completed a structured practical training program approved by the Council while holding a certificate of registration as a registered pharmacy student and while under the direct supervision of a preceptor approved by the Registration Committee.

(2) Subject to subsections (3) and (4) and section 14, the requirements in subsection (1) are non-exemptible.

(3) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 2 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as a registered pharmacy student at the time.

(4) An applicant shall be deemed to have met the requirement in paragraph 2 of subsection (1) if, at the time of application, the applicant holds a non-restricted registration as a pharmacist, has held that registration for at least two years and the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours;

(b) successfully completed a structured practical training program which is, in the opinion of a panel of the Registration Committee at least equivalent to a program mentioned in paragraph 2 of subsection (1), or has other education, training or experience that, in the opinion of a panel of the Registration Committee is at least equivalent to the program mentioned in paragraph 2 of subsection (1); or

(c) successfully completed the education and obtained the additional training or experience that a panel of the Registration Committee has specified.

(5) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as an intern within one year of meeting that requirement or within such greater time as is specified by a panel of the Registration Committee.

(6) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as a registered pharmacy student on December 3, 2010; or

(b) becomes registered as a registered pharmacy student after December 3, 2010 but before December 3, 2011.

MOBILITY WITHIN CANADA

14. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 13 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as an intern in that jurisdiction.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as an intern.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

TERMS, CONDITIONS AND LIMITATIONS

15. (1) Every certificate of registration as an intern is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or
   ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist.
2. The member shall not supervise that part of the pharmacy where drugs are kept.
3. The member shall not delegate a controlled act.

(2) A certificate of registration as an intern automatically expires,

(a) when the member is issued a certificate of registration as a pharmacist; or

(b) one year from the date on which it was issued unless a panel of the Registration Committee specifies otherwise.

PART VI
REGISTRATION — PHARMACY TECHNICIANS

ADDITIONAL REQUIREMENTS

16. (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician:

1. The applicant must,

i. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians which was, at the time the applicant graduated, accredited by the Canadian Council for Accreditation of Pharmacy Programs or such other accrediting body approved by the Council for that purpose,

ii. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians other than one referred to in subparagraph i or have a university degree or university diploma in pharmacy and, in either case,

A. must have successfully completed a program that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or

B. must have successfully completed the examination referred to in paragraph 4 on the applicant's first attempt, and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i,

iii. have successfully completed a program before January 1, 2015 that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or

iv. have met the requirements of paragraph 1 of subsection 6 (1).

2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacy technician.

3. The applicant must have successfully completed a structured practical training program approved by the Council and must have done so under the direct supervision of a preceptor approved by the Registration Committee.

4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians or successfully completed another examination that has been approved by the Council for that purpose.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in subparagraph 1i of subsection (1) or sub-subparagraph 1 ii A of subsection (1).

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacy technician unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council;

(b) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacy technician.

(4) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacy technician within three years of meeting that requirement.

(5) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period.

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant,

(a) is issued a certificate of registration as a pharmacy technician within two years of meeting that requirement;

(b) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council; or

(c) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel.

(7) Subject to subsection (8), paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, that was specified by a panel of the Registration Committee.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant successfully completes a new program mentioned in subparagraph 1 i of subsection (1).

(9) An applicant shall be deemed not to have met the requirement of subparagraph 1 iii of subsection (1) unless, before January 1, 2012 and before commencing the program referred to in that subparagraph, the applicant successfully completed,

(a) the College's Pharmacy Technician Certification Examination;

(b) the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or

(c) another examination approved by the Council.

(10) Subject to subsection (2) and section 17, the requirements in subsection (1) are non-exemptible.

(11) A reference in this section to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section.

MOBILITY WITHIN CANADA

17. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 16 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy technician in that jurisdiction.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority in that issued the applicant that out-of-province certificate as a pharmacy technician.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

TERMS, CONDITIONS AND LIMITATIONS

18. Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or
   ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist.
2. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies the member shall not supervise that part of a pharmacy where drugs are kept.
3. The member shall not delegate a controlled act.
4. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment.

PART VII
SUSPENSIONS, RESIGNATIONS, REINSTATEMENTS, ETC.

ADMINISTRATIVE SUSPENSIONS

19. (1) If a member fails to provide information about the member in the manner and in the form as required under the by-laws, the Registrar may give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the information 60 days after notice is given.

(2) Where the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the required information has been filed with the College and that any fees required for the lifting of that suspension has been paid.

20. (1) If, pursuant to the by-laws, the College requests evidence that the member holds professional liability insurance in the amount and in the form as required by the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so, the Registrar shall immediately give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the evidence 30 days after notice is given.

(2) Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar shall lift that suspension upon being satisfied that the member holds professional liability insurance in the amount and in the form required by the by-laws and that any fee required for the lifting of that suspension has been paid.

21. Where the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a fee, the Registrar shall lift the suspension upon being satisfied that the member,

(a) has paid all amounts owed to the College;

(b) holds professional liability insurance in the amount and in the form required by the by-laws; and

(c) pays any fees required for the lifting of that suspension.

DEEMED RESIGNATIONS

22. (1) A member shall be deemed to have resigned where,

(a) the member's certificate of registration was suspended for failure to pay a fee that the member was required to pay in accordance with the regulations or by-laws and that suspension continued for 120 days; or

(b) the member's certificate of registration was suspended pursuant to subsection 19 (1) or subsection 20 (1) and the suspension continued for 60 days.

(2) The resignation is effective,

(a) in the case of a resignation under clause (1) (a), on the 121st day following the commencement of that suspension;

(b) in the case of a suspension under clause (1) (b), on the 61st day following the commencement of the suspension.

RETURN OF CERTIFICATE, ETC.

23. A member who resigns, or whose certificate of registration is suspended or revoked shall, if so requested, immediately return to the College,

(a) his or her certificate of registration; and

(b) any card or other form of identification issued to him or her by the College for the purpose of identifying him or her as a member of the College.

REINSTATEMENT

24. (1) A former member who held a certificate of registration as a pharmacist or pharmacy technician and who resigned as a member of the College may apply for the reinstatement of his or her certificate of registration by submitting a completed application to the Registrar in the form provided by the Registrar.

(2) Subject to subsections (3), (4) and (6), the Registrar may reinstate the former member's certificate of registration if,

(a) the former member has paid,

(i) the required reinstatement fee,

(ii) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid,

(iii) the annual fee for the year in which the former member resigned or was deemed to have resigned, if not previously paid unless the Registrar is satisfied that the former member did not engage in the practice of pharmacy in Ontario during that year, and

(iv) any other money owed by the former member to the College at the date the application for reinstatement is submitted, including, without being limited to, any penalty fees that were due at the time that he or she ceased to

be a member and any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a Court and any amount owing to the College under a by-law or former regulation made under the Act;

(b) the application for reinstatement was submitted to the Registrar within three years of the date on which the former member resigned or in the case of a former member who was deemed to have resigned under subsection 22 (1), three years from the date on which the former member was suspended where that suspension resulted in a deemed resignation; and

(c) the application meets the requirement set out in paragraph 7 of subsection 4 (1) with necessary modifications.

(3) A former member is ineligible for reinstatement under subsection (2) if he or she,

(a) is the subject of a proceeding for professional misconduct, incompetence or incapacity in Ontario or any like proceeding in any other jurisdiction in relation to the practice of pharmacy or another profession, or was the subject of such a proceeding, other than a proceeding that was completed on its merits;

(b) was, at the time he or she ceased to be a member or at any time since, the subject of a proceeding in respect of,

(i) any criminal offence in any jurisdiction,

(ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,

(iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or

(iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(c) was, after he or she ceased to be a member, found guilty of,

(i) any criminal offence in any jurisdiction,

(ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,

(iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or

(iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(d) is the subject of an inquiry or investigation by the Registrar, a committee, a panel of a committee or a board of inquiry of the College, or was the subject of such an inquiry or investigation, that was not completed on its merits or which resulted in the member's resignation;

(e) was, at the time he or she ceased to be a member, the subject of an outstanding order or requirement of a committee, a panel of a committee, or a board of inquiry of the College;

(f) was, at the time he or she ceased to be a member, in breach of an order or requirement of a committee, a panel of a committee, or a board of inquiry of the College;

(g) was, at the time he or she ceased to be a member, in violation of a decision of a panel of the Inquiries, Complaints and Reports Committee or of any predecessor committee, including a decision requiring the member to attend to be cautioned;

(h) was, at the time he or she ceased to be a member, in breach of any written agreement with or undertaking provided to the College; or

(i) had, at the time he or she ceased to be a member, terms, conditions or limitations on his or her certificate of registration, other than those applicable to all members of the class of certificate of registration he or she previously held.

(4) A former member must meet all of the requirements set out in subsection (2) within one year of submitting his or her application for reinstatement.

(5) Nothing in this section prevents a former member from making any number of applications for reinstatement or from making an application for a new certificate of registration.

(6) A former member who is seeking reinstatement of a certificate of registration as a pharmacist and who is otherwise eligible for the reinstatement shall be reinstated into Part B of the register unless the former member satisfies the Registrar that,

(a) the former member did not resign at a time when the member had been selected for but had not successfully completed a practice review under the College's Quality Assurance Program; and

(b) the member had performed at least 600 hours of patient care in Canada, the United States of America or another jurisdiction approved by the Council during the period of three years commencing immediately before the date of the member's resignation.

REINSTATEMENT, PURSUANT TO ORDER

25. If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Registrar shall reinstate the certificate of registration upon payment of,

(a) the required reinstatement fee; and

(b) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid.

PART VII.1
NOTICES OF MEETINGS AND HEARINGS

NOTICE OF MEETINGS

26. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this section.

(2) The notice must be published at least 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario.

(3) The notice must be in English and French.

(4) The notice must contain the following information:

1. The date, time and place of the meeting.
2. A statement of the purpose of the meeting.

(5) The Registrar shall provide the information contained in the notice to every person who requests it by telephone.

NOTICE OF HEARINGS

27. (1) The Registrar shall ensure that the information concerning an impending hearing by a panel of the Discipline Committee to deal with allegations of professional misconduct or incompetence made against a member is given, in accordance with this section, to a person who requests the information.

(2) The information shall be given,

(a) at least 14 days before the date of the hearing, if the request is received 14 days before the date of the hearing; or

(b) as soon as possible after the request is made, if the request is received after that time but before the date of the hearing.

(3) The information given shall be as follows:

1. The name of the member against whom the allegations have been made.
2. The member's principal place of practice.
3. The date, time and place of the hearing.
4. A statement of the purpose of the hearing.

(4) The Registrar shall provide the information in French to a person who requests that the information be provided in French, wherever reasonably possible.

PART VII.2
ADVERTISING

ADVERTISING

28. (1) In this section,

"advertisement" includes an announcement, directory listing or other form of communication similar to an advertisement;

"drug services" means one or more of the compounding, dispensing or sale by retail of drugs or the provision of information or advice with respect to drugs.

(2) A member shall not, through any medium, publish, display, distribute or use, or permit, directly or indirectly, the publication, display, distribution or use through any medium of, an advertisement relating to drug services that,

(a) is false, misleading or deceptive, whether as a result of the inclusion of information or the omission of information;

(b) is not readily comprehensible to the persons to whom it is directed;

(c) is not dignified and in good taste;

(d) contains anything that cannot be verified;

(e) contains testimonials, comparative statements or endorsements;

(f) contains a reference to a member's area of practice or to a procedure or treatment available from a member practising in the pharmacy, unless the advertisement discloses whether or not the member has an area of expertise and, if the member does have such an area of expertise, the particular expertise;

(g) contains references to a particular brand of equipment used to assist in providing drug services;

(h) contains information that is not relevant to the choice of a pharmacist; or

(i) contains any representations as to the safety or effectiveness or an indication for use of any drug referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act*.

(j) REVOKED:

(3) An advertisement by a member that includes price information relating to drugs referred to in Schedule I established by the regulations under the Drug and Pharmacies Regulation Act shall include the price information for at least 15 different drugs, 10 of which each belong to a different one of the following drug classifications:

1. Anti-infective agents.
2. Antineoplastic agents.
3. Autonomic agents.
4. Blood formation and coagulation drugs.
5. Cardiovascular drugs.
6. Central nervous system drugs.
7. Diagnostic agents.
8. Electrolytic, caloric and water balance drugs.
9. Cough preparations.
10. Eye, ear, nose and throat preparations.
11. Gastrointestinal drugs.
12. Gold compounds.
13. Heavy metal antagonists.
14. Hormones and substitutes.
15. Oxytocics.
16. Skin and mucous membrane preparations.
17. Spasmolytics.
18. Unclassified therapeutic agents.
19. Vitamins.

(4) Where an advertisement by a member includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act*, the advertisement shall include at a minimum the following information with respect to each drug:

1. The quantity of the drug being advertised at the advertised price.
2. The total cost for the drug to the purchaser including any dispensing fee.
3. The time period during which the advertised price will be available.

(5) An advertisement by a member that includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act* shall include, in addition to the price information referred to in subsection (4), the following information with respect to each advertised drug:

1. The strength of the drug.
2. The brand name of the drug.
3. The dosage form of the drug.

(6) Where an advertisement by a member includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act,* equal prominence shall be given to each drug and, for each of those drugs, equal prominence shall be given to all the information required under subsections (4) and (5).

(7), (8) REVOKED:

PROFESSIONAL MISCONDUCT RE ADVERTISING

29. It is professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code for a member who advertises price information with respect to a drug referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act* to charge any purchaser, including the executive officer under the *Ontario Drug Benefit Act* more for the drug than the member has advertised, pursuant to paragraph 2 of subsection 28 (4), as the total cost for the drug to the purchaser including any dispensing fee.

CLARIFICATION RE APPLICATION OF PART

30. Nothing in this Part prohibits a member from publishing, displaying, distributing or using, or permitting directly or indirectly the publication, display, distribution or use of, an advertisement that relates solely to the co-payment or dispensing fee charged by the member for supplying a drug that is a listed drug product under the *Ontario Drug Benefit Act* to an eligible person under that Act.

PART VII.3
CONTROLLED ACTS

INTERPRETATION

31. In this Part,

"adapt" means to change a patient's prescription respecting,

(a) the dose of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the directions for use of the prescribed drug, or

(d) the route of administration for taking the prescribed drug,

but does not include therapeutic substitution;

"Part A pharmacist" means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;

"prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;

"prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;

"renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient;

"therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.

32. (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply.

(2) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply.

CONTROLLED ACTS

33. A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part.

34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:

1. Administering a substance specified in Schedule 1 by injection to a patient.

2. Administering a substance specified in Schedule 2 by inhalation to a patient.

(2) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsections (1), (4) and (5), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(3) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,

    i. must explain that purpose to the patient or his or her authorized agent, and

ii. must receive an informed consent from the patient or his or her authorized agent.

2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.

3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.

5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.

6. The member must maintain a patient record that includes,

   i. the name and address of the patient,

   ii. the name and address of the member,

   iii. the date the act was performed,

   iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,

   v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and

   vi. confirmation that an informed consent was given by the patient or his or her authorized agent.

(4) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer influenza vaccine by injection to a patient who is five years of age or older, if the member,

(a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website;

(b) receives an informed consent from the patient or his or her authorized agent; and

(c) meets all the requirements in paragraphs 2 to 6 of subsection (3).

(5) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer a vaccine from one of the vaccines specified in Schedule 3 by injection to a patient who is five years of age or older, if the member,

(a) receives an informed consent from the patient or his or her authorized agent;

(b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and

(c) notifies the patient's primary care provider (if any) within a reasonable time that the member administered a vaccine to the patient and provides details respecting the administration.

35. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other requirements of this section is authorized to prescribe the following specified drugs:

1. Varenicline Tartrate.

2. Bupropion Hydrochloride.

(2) A drug mentioned in subsection (1) may only be prescribed by a member for the sole purpose of smoking cessation.

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(4) A member may only prescribe a drug under this section if he or she,

(a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) gives the prescription to the patient or his or her authorized agent;

(d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing;

(e) notifies the patient's primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription; and

(f) complies with the additional requirements under sections 37 and 38.

36. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.
2. Renewing a patient's prescription for the purpose of continuity of care.

(2) Subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the *Controlled Drugs and Substances Act* (Canada) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(4) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,
    i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
    ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription, or
    iii. have access to the medical record that contains information about the prescription.
2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,
    i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
    ii. a six months' supply.
3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,
    i. renews a patient's prescription, or
    ii. adapts a patient's prescription, if, in the member's opinion,
        A. adapting the prescription is clinically significant in relation to the patient, or
        B. the notification is necessary to support the patient's care.
4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or his or her authorized agent,
    i. that he or she is entitled to the prescription, and
    ii. that he or she may take the prescription to a pharmacy of his or her choosing for dispensing.
5. The member must comply with the additional requirements under sections 37 and 38.

37. A member who performs an act provided for in section 35 or 36 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.
7. The number of refills that the member authorized, if applicable.
8. Any other information required by law.

38. A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member's rationale for his or her decision to act under section 35 or 36 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.

2. A copy of the prescription that the member gave to the patient or his or her authorized agent under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under paragraph 4 of subsection 36 (4).
3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36.
4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:
    i. The patient's primary care provider notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4).
    ii. The patient's prescriber notified under paragraph 3 of subsection 36 (4).

39. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood.

(2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(3) A pharmacy technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act; and

(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act.

(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self care and education or for the patient's self monitoring of his or her chronic disease, and before performing the act,
    i. shall explain that purpose to the patient or his or her authorized agent, and
    ii. shall receive an informed consent from the patient or his or her authorized agent.
2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.
5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.
6. The member must maintain a patient record that includes,
    i. the name and address of the patient and the member,
    ii. the date the act was performed, and
    iii. confirmation that an informed consent was given by the patient or his or her authorized agent.

40. REVOKED~~:~~

PART VIII
QUALITY ASSURANCE

GENERAL

41. In this Part,

"assessment" means an assessment carried out under section 82 of the Health Professions Procedural Code and includes a practice or peer assessment and reassessment, as applicable;

"assessor" means an assessor appointed by the Committee under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee.

42. This Part does not apply to,

(a) interns,

(b) registered pharmacy students, or

(c) pharmacists who are listed in Part B.

43. The Committee shall administer the quality assurance program~~, which shall include the following components:~~.

~~1. Maintenance of a portfolio of continuous learning.~~

~~2. Maintenance of a two-part register for pharmacist members.~~

~~3. Practice review and remediation.~~

~~4. Remediation of behaviour and remarks of a sexual nature.~~

~~CONTINUOUS LEARNING PORTFOLIO~~

~~**43.** (1) A pharmacist shall maintain a portfolio of continuous learning activities in accordance with guidelines on such activities published by the College and distributed to the members.~~

CONTINUING PROFESSIONAL DEVELOPMENT

44. A member shall,

(a) participate in continuing professional development activities, and maintain a portfolio of such activities, in accordance with the guidelines established by the College, and

(b) submit a copy of the portfolio to the College or to an assessor on request.

SELF-ASSESSMENTS

45. A member shall,

(a) participate in self-assessment activities, and keep records of such activities, in accordance with the guidelines established by the College, and

(b) submit a copy of the records to the College or to an assessor on request.

PRACTICE AND PEER ASSESSMENTS

46. (1) A member shall be required to undergo a practice or peer assessment or both if,

(a) in response to a request made under section 44(b) or 45(b), the member does not provide the requested information, or the portfolio or records provided do not demonstrate that the member has engaged in adequate continuing professional development or self-assessment activities, or

(b) the member is directed to undergo an assessment on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is directed on the basis of such criteria.

(2) If a pharmacist fails to undergo a required assessment, the Committee may direct the Registrar to transfer the pharmacist to Part B after giving the pharmacist a reasonable opportunity to make written submissions.

PANEL REQUIREMENTS

~~(2) A pharmacist shall submit the portfolio to the College on request.~~ **47.** (1) A panel of the Committee may exercise any of the powers of the Committee under this Part or section 80.2 of the Health Professions Procedural Code.

(2) A panel of the Committee shall be composed of at least three members appointed by the chair of the Committee from among the Committee members, at least one of whom shall be a member of the Council who was appointed by the Lieutenant Governor in Council.

(3) Three members of a panel constitute a quorum.

TWO-PART REGISTER~~ FOR PHARMACISTS~~

~~**44.** (1)~~ **48.** The ~~part of the~~ College's register ~~that lists pharmacists~~of members shall have a Part A (patient care) and a Part B (no patient care).

(~~2~~**49.** Every registered pharmacy student, intern, and pharmacy technician shall be listed in Part A.

50. (1) Every pharmacist shall be listed in either Part A or Part B.

~~**45.** (~~1~~~~2~~) Upon being issued a certificate of registration ~~as~~, a pharmacist ~~for the first time, the member~~ shall ask to be listed in Part A or Part B ~~of the register~~ by completing and submitting the form provided by the Registrar.

(~~2~~3) Every year at the time of paying the annual membership fee, a pharmacist shall ask ~~for a renewal of~~to renew his or her listing in Part A or Part B or for a transfer to the other Part.

(3) A member who asks for a renewal of a listing in Part A after the third anniversary of being issued a certificate of registration as a pharmacist for the first time shall not be listed in that Part unless he or she has dispensed, sold or compounded drugs, provided non-prescription drugs, health care aids and devices or information related to drug use for at least 600 hours during the preceding three years in the course of providing patient care while practising the profession in Canada. 4) A pharmacist who asks to renew a listing in Part A must provide a declaration of competence to provide patient care in the form approved by the Committee.

(5) If a pharmacist fails to submit the declaration referred to in subsection (4) the Registrar may,

(a) give the pharmacist notice of intention to transfer the pharmacist to Part B, and

(b) transfer the pharmacist to Part B, if the pharmacist fails to provide the declaration within 30 days from the date notice was given.

46.51. (1) A pharmacist may ask for a transfer from Part A of the register to Part B or from Part B to Part A at any time. between Parts at any time by completing and submitting the form provided by the Registrar.

(2) If a member listed in Part Apharmacist asks for a transfer from Part A to Part B, the memberRegistrar shall be transferredtransfer the pharmacist to Part B.

(3) If a member listed in Part Bpharmacist asks for a transfer from Part B to Part A, the member shall be transferred to Part A if he or she,

(a) undergoes a practice review in accordance with section 47; and

(b) satisfies the educational and practice requirements that may be specified by the Quality Assurance Committee. Registrar may transfer the pharmacist to Part A if the pharmacist successfully completes a practice and, or peer assessment.

(4) If the Registrar proposes to reject a request for a transfer to Part A, the request shall be referred to a panel of the Quality Assurance Committee.

(5) The member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision. (6) A member whoseIf a panel rejects a request to be listed in Part A is rejected by, the panelpharmacist may appeal to another panel of the Quality Assurance Committee.

(76) No member of a panel that rejects a request to be listed in Part A shall sit on a panel hearing an appeal of that decision.

(8) On an appeal, the member7) A pharmacist whose request for a transfer is referred to a panel of the Committee under subsection (4) or (5) shall be given a reasonable opportunity to make written submissions to the panel before itthe panel makes a decision.

PRACTICE REVIEW AND REMEDIATION

47. (1) Each year the College shall select at random the names of pharmacists required to undergo a practice review.

(2) A pharmacist listed in Part A is required to undergo a practice review if his or her name is selected at random or the member is referred to the Committee by the Complaints Committee or Executive Committee.

(3) If a pharmacist listed in Part A fails to undergo a required practice review, the Committee may transfer the pharmacist to Part B after giving him or her a reasonable opportunity to make written submissions.

(4) A pharmacist listed in Part B is required to undergo a practice review if he or she is referred to the Committee by the Complaints Committee or Executive Committee or if the pharmacist has asked to be listed in Part A under subsection 46 (3).

(5) The Committee shall appoint an assessor to conduct a practice review.

(6) The assessor shall prepare a written report on the review and submit it to the Committee.

(7) After considering the report, the Committee may decide,

(a) that no further action is required;

(b) that the pharmacist is required to undertake the remediation specified by the Committee to correct any deficiency in his or knowledge, skills or judgment identified by the review; or

(c) that the pharmacist is to be listed in Part A where the review took place pursuant to a request to be listed in Part A.

(8) If the Committee proposes to require a pharmacist to undertake remediation under clause (7) (b), it shall not do so unless,

(a) the pharmacist has been given a report of the results of the review;

(b) the pharmacist has been given written notice of the Committee's intention to require him or her to undertake remediation;

(c) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee; and

(d) the Committee has considered any such submissions.

(9) After the pharmacist undertakes the specified remediation, the Committee may require him or her to undergo another practice review by an assessor, and subsections (6), (7) and (8) apply to that review.

48. (1) If the Committee requires a pharmacist to undertake remediation under section 47 and the pharmacist either fails to do so or fails to successfully complete the remediation, the Committee may direct the Registrar to impose terms, conditions or limitations on the pharmacist's certificate of registration for a specified period not exceeding six months.

(2) If the Committee proposes to make a direction under subsection (1), it shall not do so unless,

(a) the pharmacist has been given written notice of its intention;

(b) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee or to request an appearance before the Committee in order to make oral submissions; and

(c) the Committee has considered any such submissions.

(3) A pharmacist who requests an appearance under clause (2) (b) shall be given a reasonable opportunity to appear but the Committee may dispose of the matter if he or she has been given a reasonable opportunity to appear and does not.

(4) If the period specified under subsection (1) expires and the pharmacist still has not undertaken or successfully completed the remediation, the Committee may report him or her to the Executive Committee and provide it with such information as it considers appropriate, except information that may not be disclosed under section 83 of the Health Professions Procedural Code.

(5) If the Registrar imposes terms, conditions or limitations on a pharmacist's certificate of registration for a specified period pursuant to a direction given by the Committee under subsection (1), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if the Committee is satisfied that they are no longer needed.

(6) After directing the imposition of terms, conditions or limitations on a pharmacist's certificate of registration for a specified period not exceeding six months under subsection (1), the Committee may direct the imposition of terms, conditions or limitation on the pharmacist's certificate of registration for a second specified period not exceeding six months under subsection (1) but, after having done so, the Committee shall not direct the imposition of terms, conditions or limitations on the pharmacist's certificate of registration for any further specified period.

(7) If the Committee directs a second imposition of terms, conditions or limitations on the pharmacist's certificate, subsections (2), (3), (4) and (5) apply with respect to the second imposition.

REMEDIATION OF BEHAVIOUR AND REMARKS OF A SEXUAL NATURE

49. (1) This section applies to matters referred to the Committee by,

(a) a panel of the Complaints Committee under subsection 26 (3) of the Health Professions Procedural Code; and

(b) the Executive Committee under section 79.1 of the Code.

(2) The chair of the Committee shall establish a panel from among the members of the Committee for the purpose of considering a matter referred to in subsection (1).

(3) The chair of the Committee shall appoint a mediator to attempt to resolve the matter.

(4) If the mediator is unable to resolve the matter within 90 days after being appointed, the mediator shall report the failure to the chair without delay and provide the chair with a written report on the mediation.

(5) The chair shall give the member complained against a copy of the mediator's report and a notice advising him or her of the right to make written submissions to the panel.

(6) The member shall be given at least 14 days after receipt of the mediator's report and recommendations to make written submissions to the panel or to request an appearance before the panel to make oral submissions, or to do both.

(7) A member who requests an appearance shall be given a reasonable opportunity to make an appearance, but the panel may dispose of the matter without such appearance if the member has been given a reasonable opportunity to appear.

(8) If the mediation concerns a matter referred by the Complaints Committee, the chair shall give the complainant a copy of the mediator's report.

(9) A mediator's proposed resolution of a matter referred to the Committee by the Complaints Committee must be acceptable to the complainant, the member complained against and the panel.

(10) A mediator's proposed resolution of a matter referred to the Committee by the Executive Committee must be acceptable to the member complained against and the panel.

~~(11) After considering the mediator's report and any written or oral submissions, the panel may require the member to undergo an assessment for the purpose of establishing if he or she requires education with respect to sexual abuse.~~

~~(12) The assessment shall be carried out by an assessor appointed by the Committee.~~

~~(13) The assessor shall provide a written report to the panel and shall make such recommendations as the assessor considers appropriate about the member's need for education with respect to sexual abuse.~~

~~(14) A copy of the report and recommendations, and a notice informing him or her of the right to make submissions in accordance with subsections (6) and (7), shall be provided to the member.~~

~~(15) After considering the assessor's report and recommendations and the member's submissions, if any, the panel may require the member to attend or participate in a sexual abuse education program.~~

~~(16) If the panel proposes to take action under subsection (15), the member has the right to make submissions in accordance with subsections (6) and (7).~~

~~**50.** (1) If a member refuses to undergo an assessment under subsection 49 (11) or to attend or participate in a program under subsection 49 (15), the panel may direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months.~~

~~(2) If the panel proposes to take action under subsection (1), the member has the right to make submissions in accordance with subsections 49 (6) and (7).~~

~~(3) If the panel is satisfied that the terms, conditions and limitations imposed on a member's certificate or registration are no longer needed, it shall direct the Registrar to remove them before the end of the specified period.~~

~~(4) If, at the end of the specified period, the member continues to refuse to undergo the required assessment or to attend or participate in the program, the panel shall refer the matter to the Executive Committee.~~

~~PANEL REQUIREMENTS~~

~~**51.** (1) The Committee may sit as a panel to consider a report on a practice review or any matter arising out of a practice review, a matter relating to the imposition of terms, conditions or limitations on a member's registration under section 48 or a matter under section 49.~~

~~(2) A panel shall have at least three members appointed by the chair of the Committee from among the Committee members; at least one member of the panel shall be a member appointed to the Committee by the Lieutenant Governor in Council.~~

~~(3) Three members of a panel constitute a quorum.~~

PART IX
INSPECTION OF DRUG PREPARATION PREMISES

TEMPORAL APPLICATION

52. This Part applies to the College and members as of the day that it comes into force, except that,

(a) sections 54, 55, 56, 59 and 60 apply as of 90 days from the day that this Part comes into force; and

(b) the requirements in subsection 57 (1) and section 58 apply as of 30 days from the day that this Part comes into force.

INTERPRETATION

53. (1) In this Part,

"designated member" means,

(a) the member designated for a drug preparation premises in accordance with section 58, or

(b) where only one member engages in or supervises drug preparation activities at or in connection with a drug preparation premises, that member;

"drug" means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of "drug" in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, but does not include,

(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or

(b) a substance or preparation referred to in clause (e), (f), (g), (h) or (i) of that definition;

"drug preparation activities" means reconstituting, diluting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription;

"drug preparation premises" means any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include,

(a) a pharmacy in respect of which a valid certificate of accreditation has been issued under the *Drug and Pharmacies Regulation Act*,

(b) a premises in respect of which a valid establishment licence has been issued under the *Food and Drugs Act* (Canada), or

(c) a hospital or a health or custodial institution approved or licensed under any general or special Act;

"inspector" means a person appointed by the College to carry out an inspection on behalf of the College;

"supervise" means to supervise either directly or indirectly.

(2) Anything that may be done by the College under this Part may be done by the Council or by a committee established under clause 94 (1) (i) of the Health Professions Procedural Code.

INSPECTION

54. (1) All drug preparation premises are subject to inspection by the College in accordance with this Part.

(2) In carrying out an inspection of a drug preparation premises under subsection (1), the College may also require any or all of the following:

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.
2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
3. Inquiries or questions to be answered by the member that are relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
4. Direct observation of a member in his or her practice with respect to drug preparation activities at or in connection with the drug preparation premises.

55. An inspector may, on the production of information identifying him or her as an inspector, enter and have access to any drug preparation premises at reasonable times and may inspect the drug preparation premises and do any of the things mentioned in subsection 54 (2) on behalf of the College.

56. (1) It is the duty of every member engaging in or supervising drug preparation activities at or in connection with drug preparation premises that are subject to an inspection to,

(a) submit to an inspection of the drug preparation premises in accordance with this Part;

(b) promptly answer a question or comply with a requirement of the inspector that is relevant to an inspection under this Part; and

(c) co-operate fully with the College and the inspector who is conducting an inspection of a drug preparation premises in accordance with this Part.

(2) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises where an inspector has been denied entry or access.

57. (1) No member shall commence engaging in or supervising drug preparation activities at or in connection with drug preparation premises unless the member has previously given notice in writing to the College in accordance with subsection (5) of the member's intention to do so.

(2) Where a member has provided notice in writing to the College in accordance with subsection (1) and the drug preparation premises have not passed an inspection or passed an inspection with conditions within the previous five years, the College shall ensure that an inspection of the drug preparation premises is performed within 60 days from the day that the College receives the member's notice or 150 days from the day this Part comes into force, whichever is later.

(3) A member who engages in or supervises drug preparation activities at or in connection with a drug preparation premises as of the day that is 30 days from the day this Part comes into force shall give notice in writing to the College in accordance with subsection (5) within 90 days from the day this Part comes into force.

(4) The College shall ensure that an inspection of the drug preparation premises with respect to which a member gives notice under subsection (3) is performed within 150 days from the day this Part comes into force.

(5) The notice required in subsections (1) and (3) shall include the following information, submitted in the form and manner required by the College:

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if he or she is not the member who is required to give notice under this section.
2. The full address of the drug preparation premises.
3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.
4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part.

58. Where two or more members engage in or supervise drug preparation activities at or in connection with a drug preparation premises, the members shall designate a member as the designated member for the drug preparation premises, and shall immediately notify the College of the designated member's identity.

59. All drug preparation premises are subject to an inspection by the College once every five years after the initial inspection of the premises or more often if, in the opinion of the College, it is necessary or advisable to do so.

60. (1) After an inspection of a drug preparation premises, the College shall determine, in accordance with the accepted standards of practice, whether the drug preparation premises pass, pass with conditions or fail.

(2) In determining whether drug preparation premises pass, pass with conditions or fail an inspection, the College may consider,

(a) the inspection results provided to the College by the inspector;

(b) information provided by one or more members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises respecting the inspection, including the answers given by them in response to inquiries or questions asked by the inspector;

(c) the information contained in a notice given by a member under subsection 57 (1) or (3);

(d) any submissions made by the member or members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises that are relevant to the inspection; and

(e) any other information that is directly relevant to the inspection of the drug preparation premises conducted under this Part.

(3) The College shall deliver a report, in writing and in accordance with section 39 of the *Regulated Health Professions Act, 1991*, to the individual or corporation that is the owner or occupier of the drug preparation premises and to the designated member for the drug preparation premises, within a reasonable time after the inspection is completed.

(4) Any report made by the College respecting an inspection of drug preparation premises where a member is engaging in or in respect of which the member is supervising drug preparation activities shall make a finding that the drug preparation premises passed, passed with conditions or failed the inspection and shall provide reasons where the drug preparation premises passed with conditions or failed the inspection.

(5) Any report made by the College that finds that drug preparation premises failed an inspection or passed with conditions is effective on the day that it is received, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, by the designated member for the drug preparation premises.

(6) The designated member who receives a report made by the College that finds that a drug preparation premises failed an inspection or passed with conditions shall promptly provide copies of the report to all members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.

(7) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises that fail an inspection until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection, or passed with conditions; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass or pass with conditions.

(8) A member shall not engage in or supervise drug preparation activities at or in connection with drug preparation premises that pass an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass.

(9) A member may make submissions in writing to the College within 14 days from the date on which a report made by the College that finds that the drug preparation premises passed with conditions or failed the inspection becomes effective in accordance with subsection (5).

(10) The College may or may not elect to reinspect the drug preparation premises after receiving a member's submissions, but no more than 60 days after a member provides his or her submissions, the College shall do one or more of the following:

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.

2. Make a report and find that the drug preparation premises passed with conditions.

3. Make a report and find that the drug preparation premises passed the inspection.

(11) Drug preparation premises that fail an inspection or pass with conditions may be subject to one or more further inspections within a reasonable time after the College delivers its report, at the request of a member, any other person to whom the College gave the report, or at any time at the discretion of the College.

(12) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member's knowledge, skill or judgment is unsatisfactory, the College may direct the Registrar to refer the report to the Quality Assurance Committee.

(13) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the College may direct the Registrar to refer the report to the Inquiries, Complaints and Reports Committee.

PART X
FUNDING FOR THERAPY AND COUNSELLING

61. In this Part,

"member" includes a former member.

62. (1) The alternative requirements that must be satisfied in order for a person to be eligible for funding under clause 85.7 (4) (b) of the Health Professions Procedural Code are prescribed in this section.

(2) A person is eligible for funding for therapy or counselling if,

(a) there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member;

(b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;

(c) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by a member; or

(d) there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient, was sexually abused by a member.

(3) For the purposes of clause (2) (d), and without limiting the generality of that clause, the following kinds of evidence may support a reasonable belief that a person, while a patient, was sexually abused by a member:

1. Evidence of reports made with respect to the member under subsection 85.1 (1) or 85.2 (1) of the Health Professions Procedural Code.

2. Evidence that corroborates the person's allegations of sexual abuse by the member.

(4) A person is not eligible under subsection (2) unless, at the time the sexual abuse occurred, the person was a patient of the member and the member was practising in Ontario.

(5) Despite subsections (2), (3) and (4), a person is eligible for funding for therapy or counselling under this Part only if,

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the person;

(b) the person adheres to the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding; and

(c) the person provides such other information as is required by the Patient Relations Committee.

(6) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member.

TABLES 1, 2 REVOKED:

SCHEDULE 1
INJECTED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents
    i. 8:18 Antivirals
        A. 8:18.08.04 HIV Entry and Fusion Inhibitors
            1. Enfuvirtide
        B. 8:18.20 Interferons
            1. Interferon Alfa-2b
            2. Peginterferon alfa-2a
            3. Peginterferon alfa-2b
2. 10:00 Antineoplastic Agents
            1. Goserelin
            2. Leuprolide
            3. Methotrexate
3. 12:00 Autonomic Drugs
    i. 12:12 Sympathomimetic (Adrenergic) Agents
        A. 12:12.12 Alpha- and Beta-Adrenergic Agonists
            1. Scopolamine
            2. Hyoscine
            3. Glycopyrrolate
            4. Epinephrine
4. 20:00 Blood Formation and Coagulation
    i. 20:04 Antianemia Drugs
        A. 20:04.04 Iron Preparations
            1. Iron
    ii. 20:12 Coagulants and Anticoagulants
        A. 20:12.04 Anticoagulants
            1. Dalteparin
            2. Danaparoid
            3. Enoxaparin
            4. Fondaparinux
            5. Heparin
            6. Nadroparin
            7. Tinazaparin
    iii. 20:16 Hematopoietic Agents
            1. Ancestim
            2. Darbepoetin alfa

3. Epoetin alfa
4. Filgrastim
5. Pegfilgrastim
6. Romiplostim

5. 28:00 Central Nervous System Agents
    i. 28:08 Analgesics and Antipyretics
        A. 28:08.08 Opiate Agonists
            1. Codeine
            2. Hydromorphone
            3. Meperidine
            4. Morphine
        B. 28:08.12 Opiate Partial Agonists
            1. Nalbuphine
            2. Pentazocine
    ii. 28:16 Psychotherapeutic Agents
        A. 28:16.08 Antipsychotics
            1. Haloperidol
            2. Methotrimeprazine
    iii. 28:32 Antimigraine Agents
        A. 28:32.28 Selective Serotonin Agonists
            1. Sumatriptan
6. 40:00 Electrolytic, Caloric, and Water Balance
    i. 40:12 Replacement Preparations
            1. Normal saline
7. 48:00 Respiratory Tract Agents
    i. 48:92 Respiratory Tract Agents, Miscellaneous
            1. Omalizumab
8. 56:00 Gastrointestinal Drugs
    i. 56:22 Antiemetics
        A. 56:22.08 Antihistamines
            1. Dimenhydrinate
            2. Prochlorperazine
    ii. 56:32 Prokinetic Agents
            1. Metoclopropamide
    iii. 56:92 GI Drugs, Miscellaneous
            1. Certolizumab Pegol
            2. Methylnaltrexone
9. 64:00 Heavy Metal Antagonists
            1. Deferoxamine
10. 68:00 Hormones and Synthetic Substitutes
    i. 68:18 Gonadotropins
            1. Follitropin-alpha

2. Follitropin-beta
3. Gonadotropin-chorionic
4. Gonadotropin-chorionic-alfa
5. Gonadotropin-human
6. Lutropin-alfa
7. Menotropins
8. Urofollitropin

ii. 68:20 Antidiabetic Agents
1. Exenatide
2. Insulins
3. Liraglutide

iii. 68:22 Antihypoglycemic Agents
A. 68:22:12 Glycogenolytic Agents
1. Glucagon

iv. 68:24 Parathyroid
1. Calcitonin Salmon
2. Teriparatide

v. 68:28 Pituitary
1. Desmopressin
2. Vasopressin

vi. 68:30 Somatotropin Agonists and Antagonists
A. 68:30.04 Somatotropin Agonists
1. Somatropin
B. 68:30.08 Somatotropin Antagonists
1. Pegvisomant

vii. 68:32 Progestins
1. Medroxyprogesterone

11. 88:00 Vitamins
i. 88:08 Vitamin B Complex
1. Cyanocobalamin
2. Folic Acid
3. Methylcobalamin
4. Pyridoxine
5. Thiamine

ii. 88:12 Vitamin C
1. Ascorbic Acid

iii. 88:24 Vitamin K Activity
1. Vitamin K

12. 92:00 Miscellaneous Therapeutic Agents
i. 92:12 Antidotes
1. Leucovorin

ii. 92:20 Biologic Response Modifiers

1. Denosumab
2. Glatiramer
3. Interferon-Beta-1A
4. Interferon-Beta-1B
5. Natalizumab

iii. 92:36 Disease-modifying Antirheumatic Drugs

1. Abatacept
2. Adalimumab
3. Anakinra
4. Etanercept
5. Gold Sodium Thiomalate
6. Golimumab
7. Ustekinumab

iv. 92:40 Gonadotropin- releasing Hormone Antagonists

1. Cetrorelix
2. Ganirelix

v. 92:92 Other Miscellaneous Therapeutic Agents

1. Octreotide

13. Miscellaneous

1. Sterile Water for Injection (Diluent)

SCHEDULE 2
INHALED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents

i. 8:18 Antivirals

A. 8:18.28 Neuraminidase Inhibitors

1. Zanamivir

ii. 8:12 Antibacterials

A. 8:12.07.16 Monobactams

1. Tobramycin
2. Aztreonam

2. 12:00 Autonomic Drugs

i. 12:08 Anticholinergic Agents

A. 12:12.08 Antimuscarinics/Antispasmodics

1. Ipratropium
2. Tiotropium

ii. 12:12 Sympathomimetic (Adrenergic) Agents

A. 12:12.08.12 Selective Beta2- Adrenergic Agonists

1. Fenoterol
2. Formoterol
3. Salbutamol
4. Salmeterol

5. Terbutaline

iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents

A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents

1. Dihyroergotamine

iv. 12:92 Autonomic Drugs, Miscellaneous

1. Nicotine

3. 28:00 Central Nervous System Agents

i. 28:08 Analgesics and Antipyretics

A. 28:08.12 Opiate Partial Agonists

1. Butorphanol

ii. 28:32 Antimigraine Agents

A. 28:32.28 Selective Serotonin Agonists

1. Sumatriptan
2. Zolmitriptan

4. 40:00 Electrolytic, Caloric, and Water Balance

i. 40:12 Replacement Preparations

1. Sodium chloride

5. 48:00 Respiratory Tract Agents

i. 48:24 Mucolytic Agents

1. Dornase alfa

6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations

i. 52:02 Antiallergic Agents

1. Sodium Cromoglycate
2. Levocabastine

ii. 52:08 Anti-inflammatory Agents

A. 52:08.08 Corticosteroids

1. Beclomethasone
2. Budesonide
3. Ciclesonide
4. Flunisolide
5. Fluticasone
6. Mometasone
7. Triamcinolone

iii. 52:32 Vasoconstrictors

1. Oxymetazoline
2. Phenylephrine
3. Xylometazoline

7. 68:00 Hormones and Synthetic Substitutes

i. 68:18 Gonadotropins

1. Buserelin
2. Nafarelin

ii. 68:24 Parathyroid

1. Calcitonin Salmon

iii. 68:28 Pituitary

1. Desmopressin
2. Vasopressin

8. 92:00 Miscellaneous Therapeutic Agents

i. 92:12 Antidotes

1. Acetylcysteine

SCHEDULE 3
VACCINES

1. Bacille Calmette-Guerin (BCG) Vaccines
2. Haemophilus Influenzae type b (Hib) Vaccines
3. Meningococcal Vaccines
4. Pneumococcal Vaccines
5. Typhoid Vaccines
6. Combined Typhoid and Hepatitis A Vaccines
7. Hepatitis A Vaccines
8. Hepatitis B Vaccines
9. Hepatitis A and B combined Vaccines
10. Herpes Zoster Vaccines
11. Human Papillomavirus (HPV) Vaccines
12. Japanese Encephalitis Vaccines
13. Rabies Vaccines
14. Varicella Vaccines
15. Yellow Fever Vaccines

Document comparison by Workshare Compare on Monday, April 29, 2019 12:44:05 PM

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REGISTRATION COMMITTEE REPORT
MEETING DATE: JUNE 2019

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Registration Committee

TOPIC: New Competency Based Exam Blueprint for Jurisprudence, Ethics and Professionalism Assessment

ISSUE: Council approval of revised jurisprudence exam blueprint

BACKGROUND:

- Having current knowledge and understanding of jurisprudence is necessary for supporting safe, effective, legal and ethical pharmacy practice. *Pharmacy Act, 1991, Ontario Regulation 202/94* Registration Regulation requires an applicant for a certificate of registration as a pharmacist (*paragraph 2 of subsection 6(1)*) or a pharmacy technician (*paragraph 2 of subsection 16(1)*) to successfully complete an examination in pharmaceutical jurisprudence approved by Council. To meet this requirement Council must approve the blueprint that is used to guide development and selection of exam questions.

- The blueprint for the jurisprudence exam was last reviewed by Council in 2012 when a single, unified exam blueprint was approved for both pharmacists and pharmacy technicians. Exam blueprints are reviewed every few years to ensure they remain a relevant and current reflection of pharmacy practice.

- Based on a jurisprudence evaluation and recommendations from the Jurisprudence Advisory Committee, the Registration Committee approved the following changes for the entry-to-practice Jurisprudence, Ethics and Professionalism assessment:
    - Exam Blueprint – Update blueprint with greater focus on scope, ethics and professionalism.
    - Exam Question Format – Investigate use of case-based multiple choice questions to allow for more complexity with scenario-type questions to assess ethics and professionalism.
    - Exam Timing - Entry to practice exam to be offered post-graduation to allow for assessment of critical thinking and application of jurisprudence and ethics to case-based questions. Prior to graduation, educational programs to include knowledge-based exam in curriculum to assess basic knowledge of jurisprudence.

- A consultation workshop with stakeholders was held in November 2018 to update the exam blueprint to a competency based Jurisprudence, Ethics and Professionalism assessment.

- The revised blueprint was recommended for Council approval by the Registration Committee in March 2019 (Attachment 1). A comparison to the current jurisprudence blueprint is provided to illustrate the proposed changes to key topic areas and distribution of questions.

ANALYSIS:

- Best practice requires an assessment to be directly routed in practice. The assessment should measure not only knowledge but the integration of knowledge, skills and abilities including critical reasoning skills. This requires adopting a competency-based framework. The new blueprint is a matrix model that links the competencies and the topic areas to be assessed.

- Based on the jurisprudence evaluation, and analysis of performance data from the last six years of jurisprudence candidates, a greater emphasis on the last two sections of the exam (standards and scope of practice, professional responsibilities and ethics) is recommended.

- There is an expectation that pharmacy professionals apply knowledge of legislation and ethical principles to make ethical decisions on behalf of, and for, patients. As such, the exam will include higher level application based questions to assess professional judgement and ethical decision-making as a registration requirement.

NEXT STEPS:

- Once a new blueprint is approved, the exam will be developed along with an implementation plan to allow for transition from the current paper-based exam to a computer-based post-graduate Jurisprudence, Ethics and Professionalism exam.

- As a registration requirement, all applicants must first meet the education requirement for eligibility to complete the new Jurisprudence, Ethics and Professionalism exam.

- A communication plan will also be established to ensure all affected stakeholders are aware of the changes to the blueprint, exam format and eligibility criteria.

RECOMMENDATION:

That Council approve the new competency based exam blueprint for the Jurisprudence, Ethics and Professionalism assessment as noted in the General Regulation 202/94 under the *Pharmacy Act* as the pharmaceutical jurisprudence examination for pharmacist applicants under Part III, paragraph 2 of subsection 6 (1) and for pharmacy technician applicants under Part VI paragraph 2 of subsection 16(1).

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Current Jurisprudence Exam Blueprint (proposed changes in red):

Exam Section	Number of Questions	Percentage of Exam
A. Conditions for Sale*	10	8.5 % (8%)
B. Narcotics/Controlled Drugs* **(Controlled Substances)**	21	17.5 % (15%)
C. Filling & Labelling **(Drug Preparation & Distribution)**	23	19 % (15%)
D. Billing & Pricing **(Ontario Drug Benefit [ODB] Formulary & Interchangeability)**	10	8.5 % (5%)
E. Pharmacy Operations	15	12.5 % (12%)
F. College Structures/Entry to Practice/Scope of Practice **(Standards and Scope of Practice)**	19	16 % (25%)
G. Ethics/Standards/Responsibilities **(Ethics)** **including self-regulation/college role*	22	18 % (20%)
Total Number of Questions = 120 (100%)		

*Candidates are provided with the National Drug Schedules (by NAPRA) and the Prescription Regulation Summary Chart (by OCP)

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New Competency Based Blueprint:

Jurisprudence, Ethics and Professional Exam Blueprint (2019)								
***NAPRA Ethical, Legal and Professional Responsibilities** **Key Competencies**	**%**	**Exam Topic Areas**						
		Controlled Substances	**Pharmacy Operations**	**Drug Preparation & Distribution**	**Conditions for Sale**	**ODB Formulary & Interchangeability**	**Standards and Scope of Practice**	**Ethics**
1.1 Practice within legal requirements	25	✓	✓	✓	✓	✓	✓	
1.2 Uphold ethical principles	15						✓	✓
1.3 Manage actual and potential illegal, unethical, or unprofessional actions or situations in practice	15	✓	✓	✓	✓	✓	✓	✓
1.4 Apply principles of professionalism	25						✓	✓
1.5 Document activities of practice in compliance with federal and provincial/territorial legislation, standards and policies	20	✓	✓	✓	✓	✓	✓	
Percentage of Questions	**100**	**15**	**12**	**15**	**8**	**5**	**25**	**20**

*National Association of Pharmacy Regulatory Authorities

Note: Resources provided for exam to be determined as new exam developed

Exam Topic Areas:

Some examples of subtopics that may be tested in each topic area are provided below.

Controlled Substances (15%)

- Narcotics, controlled drugs, targeted substances – recordkeeping, prescription requirements
- Methadone
- Loss/disposal
- Narcotics Safety and Awareness Act
- Cannabis Act *(new)*
- Safeguarding our Communities Act (Patch for Patch) *(new)*

Pharmacy Operations (12%)

- Standards of Operation, Operation requirements/supervision
- Ownership/accreditation/assessments (inspections)
- Designated Manager responsibilities
- Signage/Advertising

Drug Preparation & Distribution (15%)

- Prescription authorization/Transfers/Copies
- Prescription Records/Receipts
- Patient Records
- Labelling, Packaging, Mailing/Delivery
- Compounding/Manufacturing

Conditions for Sale (8%)

- NAPRA Drug Schedules

ODB Formulary & Interchangeability (5%)

- Ontario Drug Benefit (principles, patient access programs)
- Interchangeability/Drug Interchangeability and Dispensing Fee Act (DIDFA)

Standards and Scope of Practice (25%)

- Controlled Acts/Scope of Practice for all members
- Documentation
- Reporting requirements
- Professional responsibilities/misconduct

Ethics/Ethical Principles (20%)

- Code of Ethics
- Confidentiality/Privacy
- Professional boundaries/Judgment
- Self-regulation/Regulated Health Professions Act (RHPA)/Regulatory college

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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Nancy Lum–Wilson, CEO & Registrar

TOPIC: Homeopathy in Pharmacy

ISSUE: Public concern regarding the sale of homeopathic products in pharmacies and the recommendation of such products by pharmacists

BACKGROUND

Current National Landscape on Homeopathy

The Ontario College of Pharmacists (the College) has received a change.org petition, initiated by a pharmacist and signed by 813 people by May 17, 2019, voicing concern regarding the sale of homeopathic products in pharmacies in Ontario. The petition proposes both the removal of homeopathic products from Ontario pharmacies and the prohibition of pharmacists recommending such products to patients in order to improve the science and evidence-based care offered at pharmacies.

The College of Pharmacists of British Columbia commenced an informal consultation through a Registrar's Message in February 2019, asking for the public and registrants' thoughts on the sale of homeopathic products in pharmacies. This Registrar's Message was prompted by a social media post on homeopathy in pharmacy and is intended to generate an exploratory conversation on the topic. The comments and themes resulting from the Registrar's Message discussion are expected to be shared in the next few months.

Currently, no province or territory in Canada has regulations or guidelines in place to prohibit the sale of homeopathic products in pharmacies or prevent pharmacists from recommending them.

The practice of homeopathy

Homeopathy is a holistic practice founded on the philosophy that the human body can cure itself. The fundamental premise of homeopathy is the "Law of Similars", also known as "like cures like"[1]. According to this premise, if a certain substance causes a symptom in an individual, that same substance in small amounts can also cure that individual by boosting the individual's healing processes[2]. The dosing of homeopathic products is centered on the theory of the "Law of Minimum Dose", namely, the more dilute a product, the greater its efficacy[3]. Homeopathic products, like other natural health products, have the potential to cause side effects and drug interactions.

Homeopathic substances are commonly derived from minerals, plants or animals and come in a variety of dosage forms such as sugar pellets, tablets, ointments, creams, gels and drops[4].

The *Regulated Health Professions Act* (RHPA) establishes the regulatory framework for regulated health professions in Ontario. Homeopaths in Ontario have been accorded regulated health professional status and therefore are regulated within the framework of the RHPA through the College of Homeopaths of Ontario and the *Homeopathy Act*, which was established in

[1] https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/regulation/information-homeopathic-products.html
[2] https://www.healthlinkbc.ca/health-topics/aa104729spec
[3] https://nccih.nih.gov/health/homeopathy

2007[4]. The *Homeopathy Act* is responsible for governing the profession of homeopathy with a focus on public protection.

Safety and Efficacy of Homeopathic Products
In 2015, the National Health and Medical Research Council in Australia reviewed 225 research papers on homeopathy and concluded that "there are no health conditions for which there is reliable evidence that homeopathy is effective"[5]. The US Centers for Disease Control and Prevention states that there is no credible scientific evidence in support of homeopathic immunizations[4].

In Canada, homeopathic products are regulated by Health Canada, as a type of natural health product (NHP), identified by a homeopathic medicine number (DIN-HM). Health Canada reviews homeopathic products for market approval based on support provided by homeopathic references. This is in contrast to the process for non-prescription drug products listed on the federal drug schedules that are regulated by Health Canada in that non-prescription drugs are reviewed to ensure that the efficacy of the drug product is supported by scientific evidence.

ANALYSIS

Considerations

- **The College's role in restricting products for sale in pharmacies**
    - By stocking homeopathic products in pharmacies, critics argue that patients are at risk of self-selecting a product they believe to be strictly regulated and grounded in scientific evidence, when in fact, they may not be aware that the product they are choosing is not a pharmaceutical grade product, but in fact a homeopathic one.

    - However, others argue that there are many products that are currently sold in pharmacies that lack evidence for certain conditions, or pose a risk of harm, particularly when used inappropriately. Therefore, if the College were to ban the sale of homeopathic products, this would create an inconsistent regulatory approach.

    - Currently, pharmacies are permitted the autonomy to determine which products are sold within their places of practice as long as the sale of these products is compliant with regulations and standards. Pharmacists are expected to be available to enable patients to make informed and safe decisions about the products sold in pharmacies. The College has not restricted the sale of any product in pharmacies since 1994 when legislation was passed banning the sale of tobacco products. This restriction was enforced for a multitude of reasons including the well-established link between tobacco and harms, and the impression of hypocrisy of selling tobacco products while promoting smoking cessation.

- **Standards of Practice related to the sale of homeopathic and natural health products**
    - Pharmacists often encounter patients asking for advice on over the counter products including homeopathic products. Critics argue that by recommending a product with no solid scientific evidence, pharmacists are acting unethically.

    - According to the NAPRA Model Standards of Practice for Canadian Pharmacists, pharmacists should recommend non-prescription drug therapy only having "collected and interpreted patient information to ensure that there are no significant drug interactions or contraindications and the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications and

[4] http://www.collegeofhomeopaths.on.ca/pages/regulation.html
[5] https://www.theguardian.com/lifeandstyle/2015/mar/11/homeopathy-not-effective-for-treating-any-condition-australian-report-finds

the dose and instructions for use of the medication are correct"[6]. In addition, according to the Code of Ethics, College members "provide only medications and health related products that are from safe and proven sources of good quality, and meet the standards required by law". Pharmacists who choose to sell homeopathic or natural health products are therefore expected, as per their Standards of Practice and Code of Ethics to provide accurate information to patients around their safety and efficacy.

NEXT STEPS

- The College will monitor the outcome of the BC College's consultation activity and review the summary report once released.
- The College will continue to monitor the environment with regard to public comments, petitions and voiced concerns on the topic of homeopathy.
- In the meantime, the College has and will continue to expect pharmacy professionals to follow the Code of Ethics and all relevant laws, regulations and standards. This includes having the knowledge and competencies to be able to provide safe advice to patients.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (IF ANY)

[6] https://napra.ca/sites/default/files/2017-09/Model_Standards_of_Prac_for_Cdn_Pharm_March09_layout2017_Final.pdf

Ontario College of Pharmacists
Putting patients first since 1871

REGISTRATION COMMITTEE REPORT
MEETING DATE: JUNE 2019

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Nancy Lum-Wilson, CEO & Registrar

TOPIC: Changes to Scope of Practice for Pharmacists

ISSUE: Update on development of regulations to enable expanded scope of practice.

BACKGROUND:

On May 30, 2019 a letter from the Honorable Christine Elliott, Minister of Health and Long-Term Care was received by the College (Attachment 1). The Minister's letter asked the Council of the Ontario College of Pharmacists to make regulations that would enable pharmacists to do the following:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a year's supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration; and
4. Prescribe drugs for certain minor ailments.

The Minister has requested the College submit the regulation amendments needed to achieve the first three elements of the new scope referenced above by November 30, 2019, and additional regulation changes needed to support prescribing drugs for minor ailments by June 30, 2020.

Given the timeframe for submission of these regulation changes, the Ministry has committed to work closely with the College throughout the drafting process and regular meetings with Ministry and College staff have been established.

Additionally, the Minister has asked the College to work with Ministry staff to provide pharmacists the authority to "perform certain point of care tests for certain chronic conditions". Ministry staff will initiate this work. Although broad consultation will be necessary, this activity does not require changes to College regulations. The Minister has requested that this work move forward quickly.

There is an expectation that the College may place parameters around each of these changes to ensure pharmacists provide high quality care and that patient safety is not compromised.

ANALYSIS:

Although many of the proposed scope enhancements were directionally included in a briefing note submitted to the Minister late last year, further discussions with Ministry staff indicate that there are some considerations which will require further policy work prior to defining the specific regulatory amendments needed to authorize the new scope and to meet the government's overall objective to support streamlined care pathways and enhance access to minor and routine care in the community.

NEXT STEPS:

An internal working group has been engaged to create a detailed work plan to include policy development, broad stakeholder consultation and regulatory drafting.

In order to meet the November 30, 2019 deadline for submission of a regulation addressing the first three items in the Minister's letter, two special meetings of Council will be needed: one to allow for approval of draft regulatory amendments for the purpose of public consultation; and the second for approval of the final regulatory amendments to be submitted to government. Notice of these meeting dates will be provided as soon as they are confirmed.

Additional details will be provided to Council at future meetings throughout the year.

Ministry of Health and Long-Term Care

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Ontario

May 30, 2019

HLTC2968IT-2019-57

Ms. Laura Weyland
President
Ontario College of Pharmacists
483 Huron Street
Toronto ON M5R 2R4

Dear Ms. Weyland:

As was articulated in the 2019 Ontario Budget, we are committed to enabling health professions to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals.

One way that we can achieve our vision, is to ensure that patients have streamlined care pathways that make connections easier in the system and that there is access to minor and routine care in the community. Recognizing the integral role that pharmacists play in helping us to achieve these commitments, I would like the Council of the Ontario College of Pharmacists (College) to make regulations that would enable pharmacists to do the following:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a year's supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration; and
4. Prescribe drugs for certain minor ailments.

With respect to the first three items listed above, I would like the College to submit a regulation to the ministry for my review no later than November 30, 2019. With respect to prescribing for minor ailments, I would like the College to submit a regulation to the ministry for my review no later than June 30, 2020.

Additionally, in recognition of the need for pharmacists to have access to information to assist with medication management and the treatment of patients, I have asked ministry staff to work with the College to authorize pharmacists to perform certain point of care tests for certain chronic conditions. I have asked that this be implemented as soon as possible, once a broad consultation occurs.

…2

Ms. Laura Weyland

To ensure that the work of the College considers all possible perspectives, I am expecting the College to actively consult with system partners in the development of its own regulations and that this work be undertaken as soon as possible. I understand that as a result of these consultations and through the College's own work, that there may be the need to place parameters on these new authorities. This may include the College requiring pharmacists to demonstrate that they are competent and can provide safe, high-quality care when performing these activities.

I would like to thank the College for its continued contributions to the healthcare system in Ontario, and I look forward to your continued partnership on these initiatives.

Sincerely,

Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

c: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Nancy Lum-Wilson, Registrar and Chief Executive Officer, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Neighbourhood Pharmacy Association of Canada
Bill Wilson, Interim Chief Executive Officer, Ontario Pharmacists Association

Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2019

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Registrar's Report to June 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 March 2019 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 the matters that I dealt with on behalf of the College during the reporting period.

Strategic Priorities Progress Update

A key part of the Registrar's performance is to regularly provide an update to Council on the College's Operational Plan. I am pleased to present the Q1 2019 scorecard for your review which provides a snapshot of the performance of the College against the established objectives for the 2019-2021 strategic plan (Attachment 1).

Following discussion with the Finance and Audit Committee, the College's operational planning and budgeting cycle was reviewed and amended to better align with the Council year and improve the accuracy of workload and associated cost predictions. The revised 2020 operational planning cycle is attached for information (Attachment 2).

Ministry/Government Activities

Provincial budget signals expanded scope of practice

On April 11, 2019 the provincial government tabled its spring budget which included a number of key announcements related to health care. There continues to be a focus on patient-centered care and providing a seamless experience for patients dealing with multiple care providers.

Expansion of pharmacist scope of practice was a key takeaway from the budget and the College is working to identify the steps that need to be taken, such as required legislative or regulatory changes, to both enable and implement expanded scope in Ontario. The Minister has publicly announced the government's intention to allow pharmacists to prescribe for minor ailments and noted her expectation to work with the College to establish the regulatory mechanism needed to accomplish this objective; keeping patient safety at the forefront during this process. On May 30, 2019, the College received a letter from the Minister of Health and Long-Term Care outlining her expectations regarding the expansion of scope of practice for pharmacists (refer to Appendix 11.2, Attachment 1).

Prior to the budget announcement regarding expanded scope for pharmacists, College staff had initiated an environmental scan regarding the issue of different registration categories for

pharmacists, such as an advanced practice certificate. This work has since been reframed to align with the introduction of prescribing for common ailments and the other scope changes proposed by the government. A jurisdictional scan of the regulatory changes and approach that other provincial pharmacy regulators took when introducing common ailments has been undertaken and will help inform our discussions prior to drafting the regulatory amendments needed to enable the new scope.

During this reporting period, the College continued to meet with various officials from multiple branches of the Ministry of Health and Long-Term Care to provide updates on our work on relevant issues.

Legislative Initiatives

Bill 74, The People's Health Care Act, 2019 – *(Government Bill – passed third reading and received Royal Assent).*
The Bill will implement a significant restructuring of the provision of health care services in Ontario. The government is anticipating health care providers (likely anchored by at least one hospital) will make proposals for Ontario Health Teams that will be accepted by the government.

Federal/Provincial Initiatives

Ontario Fairness Commissioner

On April 4, 2019, the College received communication from Grant Jameson, Fairness Commissioner of Ontario, confirming that his two-year term, which began on April 5, 2017 was expiring. In his remarks he acknowledged the continued effort of the regulated professions toward observance of fair access to registration legislation and made special mention of a panel discussion his office hosted during Black History Month in February 2019. The theme of the discussion was systemic racism in the context of registration practices. Susan James, Director, Quality attended the discussion which focused on different approaches that could be used to detect and eliminate systemic racism or unconscious bias which might be present in the registration practices of regulated professions.

On May 15, 2019, the College also received a letter from the Office of the Fairness Commissioner with news that George Zegarac, Deputy Minister of the Ontario Ministry of Training, Colleges and Universities was appointed as Interim Fairness Commissioner for a period of one year or until a new Commissioner is appointed.

Ontario Opioid Drug Observatory (OODO) Steering Committee - Naloxone Grant

As a member of the OODO Steering Committee, in April 2019 I accepted the offer to sit as a co-project investigator, along with other steering committee members, on two Canadian Institutes of Health Research (CIHR) grant-funded projects. One project will evaluate the relationship between access patterns of the Ontario Naloxone Program for Pharmacies and opioid-related overdoses. The other project will determine the relationship between naloxone dispensing rates and regional characteristics.

Health Quality Ontario - Quality Indicators for Pharmacy

The College continues to collaborate with Health Quality Ontario (HQO) to establish quality indicators for pharmacy. The Expert Panel completed its modified Delphi process and has identified a set of quality indicators for community pharmacy. The *Quality Indicators for Pharmacy Symposium* was held on June 6, 2019, and marked the launch of the first set of system-focused indicators for community pharmacy. It brought together various stakeholders including: pan-Canadian pharmacy regulatory authorities, key provincial health regulatory colleges, corporate pharmacy leaders, data experts, academics, pharmacists and patients; allowing for continued discussion on how regulators can use outcome measures, including

public reporting, to drive quality improvement. This initiative is fully aligned with the *Regulated Health Professions Act* (RHPA) object 3.1.4 "…to promote continuing evaluation, competence and improvement among the members." Both the Parliamentary Assistant to the Minister of Health and Long-Term Care (Effie Triantafilopoulos) and the Deputy Minister of Health and Long-Term Care (Helen Angus) provided remarks at the event.

To coincide with the symposium launch, a report summarizing the indicator development process has been published on HQO's website, and the College will post further communication for pharmacy professionals on its website and in the next *Pharmacy Connection*.

Health Workforce Regulatory Oversight Branch – College Performance Measurement Framework

The Health Workforce Regulatory Oversight Branch at the Ministry of Health and Long-Term Care has established a working group that will guide the development of a College Performance Measurement Framework. The purpose of this framework is to:

- Further strengthen the accountability and oversight of Ontario's health regulatory colleges by providing information that is transparent, consistent and aligned across all colleges on their performance in serving the public's interest; and;
- Provide benchmark information and best practices that will help colleges improve their performance and ensure that public confidence in each profession is maintained.

The group includes representation from a cross-section of Colleges, including both a Council and a staff member from our College. The group has met several times and is expected to present a set of recommended measurement criteria in the coming months.

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

At the FHRCO Board of Directors meeting held on April 25, 2019, Richard Steineke (editor of the widely read *Grey Areas* newsletter commenting on recent developments in professional regulation) was on hand to provide some insight and assessment of Harry Cayton's report (An Inquiry into the College of Dental Surgeons of British Columbia and the Health Professions Act). A summary of the report is available in Appendix 10.1 Attachment 7.

Kevin Taylor from the College of Respiratory Therapists of Ontario will remain as Chair of FHRCO for another term. The members also discussed the purpose and mission of the Federation.

Other Stakeholder Meetings

National Association of Pharmacy Regulatory Authorities (NAPRA)

NAPRA meetings were held in Ottawa from May 7-9, 2019, including the Annual Meeting of Members. Laura Weyland attended the Annual Meeting of Members with me, during which there was a generative discussion regarding the role of NAPRA in national drug scheduling. Further information will be forthcoming as NAPRA continues to evaluate its role in light of federal modernization initiatives including the Health Canada self-care framework and Pharmacare. In addition, three external Directors were elected to the Board based on competence.

During the Board of Directors meeting, I assumed the position of Chair of the Board for NAPRA. Sam Lanctin, Registrar of the New Brunswick College of Pharmacists, was elected by acclamation to the position of Vice-Chair.

Discussions during the Board meeting included medication incident reporting, professionalism in pharmacy, development of a framework to address cross-jurisdictional issues, and sterile and non-sterile compounding. A decision was made to establish a number of working groups to address these items as well as the updating of a number NAPRA standards and guidance documents.

In conjunction with the NAPRA Board meetings, there were several meetings held with various departments within Health Canada to discuss issues of common interest.

On May 6, 2019, several representatives from NAPRA met with staff from the Therapeutic Products Directorate (TPD), Health Products and Food Branch of Health Canada, to address the issue of creating a national database capable of receiving medication incident data from multiple platforms, in order to support the medication safety programs of multiple jurisdictions. The existing system, Canadian Medication Incident Reporting and Prevention System (CMIRPS), is funded by Health Canada and is managed in collaboration with the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). While intended to be a pan-Canadian program, there is currently no mechanism for CMIRPS to receive data from community pharmacy other than the ISMP database. This inability to accept data from the largest province introduces significant limitations to the robustness of the CMIRPS community data. As it is known that there are at least three technology platforms available in Canada for reporting of medication incidents in community pharmacy, Health Canada has agreed to work with NAPRA to further the development of a mechanism to accept data from all technology platforms, which will allow for more thorough analysis and improved learning from medication incident reporting.

On May 9, 2019, NAPRA also held bilateral meetings with Health Canada including the Office of Controlled Substances (OCS) and the Health Products and Food Branch (HPFB). Agenda items included modernization of the *Controlled Drugs and Substances Act*, low dose codeine, and impact of the NAPRA sterile compounding standards on requests for access to Special Access Program (SAP) drugs. NAPRA has concluded its work with the Prescription Monitoring Program Network and determined that it is not feasible to compile the data of each province's opioid prescriptions in this capacity. NAPRA has made the decision to focus on continuing discussions with Health Canada regarding pharmacist prescribing of controlled substances and will contribute information as needed to enable Health Canada to review the provincial request.

On May 10, 2019, the Regulatory Operations and Enforcement Branch invited NAPRA members to discuss policy issues related to regulating commercial compounding. This meeting was of particular importance to the College as it relates to the oversight of Drug Preparation Premises (DPP). Oversight of DPPs was established in Ontario in 2013 as a temporary measure to address a regulatory gap identified between the practice of traditional compounding in accredited pharmacies and general pharmacy manufacturing. Health Canada sought feedback from the pharmacy regulators on a number of policy issues related to oversight of these services and has committed to continue to work with NAPRA to determine how to define and create an appropriate regulatory model for long-term oversight of commercial compounding. It is unlikely that this initiative will be complete before 2021.

On June 3 and 4, 2019, in my role as Chair of NAPRA, I attended meetings with CCAP (The Canadian Council for Accreditation of Pharmacy Programs) and PEBC (Pharmacy Examining Board of Canada), to discuss areas for collaboration to ensure the needs of the Pharmacy Regulatory Authorities are being met as required by provincial statutes.

Ontario Pharmacists Association (OPA)

On May 27, 2019, I met with Bill Wilson, Interim CEO of the OPA, to discuss the anticipated scope of practice changes and to confirm that the College will be seeking broad consultations and will be engaging with key stakeholders as appropriate, including OPA, to develop the policies around these changes.

Canadian Pharmacist Association & Ontario Pharmacists Association Joint Meeting

I attended the joint conference of the two associations on June 3-5, 2019 in Toronto, along with other College staff. This conference provides the College with an opportunity to engage in discussions with multiple pharmacy stakeholders about current practice issues. The College also participated in the Conference trade show in order to provide registrants with an opportunity to engage with staff about current College initiatives and to see first-hand how the Pharmapod technology platform functions within the Assurance and Improvement in Medication Safety (AIMS) Program.

Miscellaneous Items

Cannabis Strategy Update

On March 31, 2019 the Ontario Pharmacists Association (OPA) sent out a notification of the availability of an educational program that satisfies the mandatory cannabis education competencies required by the College. The program is available through online learning making it readily accessible to all pharmacists. It was developed in conjunction with the University of Waterloo (UW) School of Pharmacy and has been accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP). We also anticipate the availability of additional programs in the near future.

OCP Professorship in Pharmacy Practice at the University of Toronto (U of T)

Professor Lisa Dolovich, the recipient of the professorship in pharmacy practice at the Leslie Dan Faculty of Pharmacy at U of T has submitted the first annual report on her activity to help advance both the practice and profession of pharmacy. Professor Dolovich included in her report her gratitude to the College for the financial support of this Chair position (Attachment 3). The College will be working with Professor Dolovich to identify opportunities to incorporate her work into to the policies that guide the profession and practice on an ongoing basis.

OCP Professorship in Pharmacy Innovation at the University of Waterloo

Dean David Edwards recently informed the College that the current recipient, Nancy Waite, is pursuing additional assignments related to faculty development within the University and that the decision has been made to transition the OCP Professorship in Pharmacy Innovation at the University of Waterloo to Kelly Grindrod. A report on the status of the professorship has been requested.

Canadian Council Advancement of Education Prix d'Excellence Award

I am pleased to inform you that the College communications staff have won an award for best use of Social Media regarding the campaign to launch and promote Pharmacy 5in5. This campaign was a joint effort of the communications teams at the College and The University of Waterloo. I wish to extend a special acknowledgement to the College's communications specialist, Matthew Collis, for this work.

ONE ID Update

Although timelines have been extended due to the government's focus on the creation of the new Ontario Health Teams, College staff continue to collaborate with eHealth Ontario on an initiative that will support pharmacy's access to provincial digital health tools including clinical viewers. Pharmacists and pharmacy technicians will require "ONE ID" credentials in order to

access these tools and the College is working with eHealth to facilitate the enrollment process for “ONE ID” through a registrant portal.

Assurance and Improvement in Medication Safety (AIMS)
Implementation of the College’s mandatory Assurance and Improvement in Medication Safety (AIMS) Program continues to gain momentum across the province. Approximately 80 per cent of Ontario’s community pharmacies now have access to the medication incident reporting platform with the remaining pharmacies expected to gain access by mid-2019.

The aggregate, de-identified data will be analyzed by the College and a Response Team of pharmacy professionals and patient safety experts to develop recommendations on how pharmacies can reduce the risk of patient harm and support continuous quality improvement. The recommendations will be shared quarterly with pharmacy professionals and other healthcare stakeholders to help reduce medication errors and improve patient safety, with the first report expected in summer 2019.

The College has also been collecting and incorporating feedback from pharmacy professionals and experts to strengthen the program, including through an independent assessment of the initial ambassador phase of the program. A report by pharmacy expert Todd Boyle (Attachment 4) provides recommendations on how to support and enhance the AIMS Program as it continues to roll out across the province. It showed that the program had a positive effect in community pharmacies by enhancing reporting and learning about medication incidents and near misses. The College is taking steps to action the recommendations including strengthening communication to address education needs.

Police Background Check
The College has been working toward implementation of police background checks, a registration requirement previously approved by Council, which will apply to all new registration applicants effective July 1, 2019. Communication of this change in the application process has been posted on the website and provided to other stakeholders such as NAPRA and the Office of the Fairness Commissioner. Police background checks, along with the declaration of good character, further support the College’s due diligence in assessing candidate eligibility for licensure and its mandate to protect the public.

Regional Meetings and Dates
I and members of the senior executive team have been presenting at a number of regional meetings that have been scheduled between April 29 and June 10, 2019 in locations throughout the province. The theme of this year’s series of regional meetings is related to using data to promote a quality culture in pharmacy and has focused on our Quality Indicators Initiative, the implementation of and early experience with the Assurance and Improvement in Medication Safety (AIMS) Program and the College’s development of an integrated data strategy to support our work on risk-based regulation.

Meetings have also been designed to provide registrants with an opportunity to actively participate in engagement discussions regarding fostering a quality and safety culture within their pharmacies and to ask questions of the College on other topics of interest. Registration counts have been promising; however, there continues to be a pattern of high attrition rates with many registered participants not showing up for the meetings. A report on the regional meeting program will be provided once this year’s schedule has wrapped up.

In conjunction with the regional meetings, we have offered four meetings (in Ottawa, Markham, Toronto and Windsor) for Directors of Hospital Pharmacy to meet with myself and other College staff to discuss issues of particular importance to this group of stakeholders. This is the first time the College has held meetings with pharmacy directors since assuming oversight of medication

management in hospitals in 2016. Feedback from the first three meetings have been positive and allowed for discussion of issues that are unique to this practice environment. The hospital directors are encouraged to also attend the regional meetings as content of the two meetings is not duplicated.

Boardvantage Roll Out – Update

College staff have been working to prepare the new Council portal system for meeting materials and the final tests are underway. The Inquiries, Complaints and Reports Committee (ICRC) will be piloting the system for their meetings over the summer and the rest of the committees and Council will begin using it at the Council meeting in September 2019.

	Strategic Plan Alignment			Quarterly Scorecard – OCP Council - Q1 2019		2019					Annual
				2018	Key Performance Indicators and Milestones	Q1	Q2	Q3	Q4	YTD	Target
No.	*SP1*	*SP2*	*SP3*	Actual	*Governance and Strategic Risk*						
1			✓		**Develop governance evaluation tool to measure public interest focus*					n/a	30-Sep
2			✓		**Develop a plan to advance governance framework, aligned with agreed principles*					n/a	30-Sep
3			✓		**Integrate operational risk oversight into Finance & Audit Committee work plan*					n/a	30-Jun
					Regulatory Risk						
4		✓		30%	% Complaints disposed within 150 days	cumulative measure (YTD)				35%	41% min
5		✓		103/340	Number of complaints disposed within 150 days / total number disposed	cumulative measure (YTD)				17 / 49	Ref
6		✓		38%	% Registrar's Inquiries disposed within 365 days	cumulative measure (YTD)				33%	54% min
7		✓		25 / 68	Number of Registrar's Inquiries disposed within 365 days / total number disposed	cumulative measure (YTD)				6 / 18	Ref
8		✓		79%	% HPARB complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)	cumulative measure (YTD)				71% 5/7	75% min
9		✓		41%	% Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	cumulative measure (YTD)				50%	66% min
10	✓			44%	% Pharmacists assessed meeting more than 75% of indicators without coaching	47.6%				47.6%	53% min
11	✓				**Implement a framework for risk-based assessment of pharmacy professionals & pharmacies*					n/a	30-Sep
					Stakeholder, Transparency and Reputational Risk						
12	✓	✓	✓		**Formally launch pharmacy indicator initiative*					n/a	30-Jun
13	✓	✓	✓		**Public reporting of medication incidents commences*					n/a	31-May
14		✓	✓		**Publish transparency framework and principles*					n/a	30-Jun
					Financial and Operational Performance Risk						
15			✓	44%	% Engagement drivers, organizational culture (subset)	Annual Report Q3 2019					51%
16	✓	✓	✓	n/a	% Variance of operating annual budget to year end actuals	Annual Report Jan 2020					within 5%
17	✓	✓	✓		**End of development and testing, data analytics strategy*					n/a	31-Dec
18		✓			**Presentation of draft Discipline cost recovery model policy*	15-Mar				n/a	31-Mar
					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
n/a = not applicable	On Target within 10%	On Track (proceeding per plan)
** Indicates a project milestone*	Approaching Target >10% - 25%	Potential Risk
Completed milestone	Beyond Target >25%	Risk/Roadblock

6-May-19

Attachment 1

Scorecard Measure	Q1 2019 Council Summary / Improvement Strategies
#1 *Develop governance evaluation tool to measure public interest focus	**Project is proceeding as planned.**
#2 *Develop a plan to advance governance framework, aligned with agreed principles	**Project is proceeding as planned.**
#3 *Integrate operational risk oversight into Finance & Audit Committee work plan	**Project is proceeding as planned.**
#4 % Complaints disposed within 150 days	***As provided for within the budget, additional staffing to address the growing caseload and existing inventory of files was secured throughout Q4 2018 and Q1 2019. Time was required for the new resources to become proficient in OCP processes. Furthermore, resources were committed to the oldest files first. While production at various stages of the complaint process fluctuate by quarter, full impact on timeliness of disposition will not likely be felt until Q3 or later. There has been an increase in the number of ICRC panels convened, however committee capacity continues to be a challenge, including the excessive time commitment required to effectively review the volume of material. The resultant strain on prompt production of decisions with reasons is next to be addressed.***
#5 Number of complaints disposed within 150 days / total number disposed	There were 17 complaints disposed out of 49 in total that took 150 days or less.
#6 % Registrar's Inquiries disposed within 365 days	***Similar to the explanation provided in respect to complaints, disposition of Registrar's Inquiries fluctuate per quarter and the impact on timeliness will not likely be obvious until future quarters.***
#7 Number of Registrar's Inquiries disposed within 365 days / total number disposed	There were six Registrar's Inquiries disposed out of 18 in total that took 365 days or less to dispose.
#8 % Health Professions Appeal and Review Board (HPARB) complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)	**First quarter is meeting target. Five out of seven HPARB decisions were confirmed. The two files that were returned to the ICRC will be reviewed for necessary changes.**
#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	***For the two of the four decisions which took longer than 60 days, one evolved over the holiday period, and the other was complicated by legal matters despite being classified as uncontested. Future consideration of holidays and specific case circumstances are being incorporated into future processes and deadlines.***

Attachment 1

#10 % Pharmacists assessed meeting more than 75% of indicators without coaching	***This indicator has an annual target. First quarter results are heading in the right direction (3% above 2018 year end result). Improvement strategies have been identified and will be implemented in the second quarter.***
#11 *Implement a framework for risk-based assessment of pharmacy professionals & pharmacies	**Project is proceeding as planned.**
#12 *Formally launch pharmacy indicator initiative	**Project is proceeding as planned.**
#13 *Public reporting of medication incidents commences	**Project is proceeding as planned.**
#14 *Publish transparency framework and principles	**Project is proceeding as planned.**
#15 % Engagement drivers, organizational culture (subset)	The employee pulse survey will be over the summer months with results available for Q3 reporting.
#16 % Variance of operating annual budget to year end actuals	Results will be available for Q4 reporting.
#17 *End of development and testing, data analytics strategy	**Project is proceeding as planned.**
#18 *Presentation of draft Discipline cost recovery model policy	**This project is complete.**

Attachment 1

Scorecard Measure	Indicator or Milestone Definition	Performance
#1 Develop governance evaluation tool to measure public interest focus	Develop governance evaluation tool to measure public interest focus.	On Track Potential Risk Risk/Roadblock
#2 Develop a plan to advance governance framework, aligned with agreed principles	Develop a plan to advance governance framework, aligned with agreed principles.	On Track Potential Risk Risk/Roadblock
#3 Integrate operational risk oversight into Finance & Audit Committee work plan	Integrate operational risk oversight into Finance & Audit Committee work plan.	On Track Potential Risk Risk/Roadblock
#4 % Complaints disposed within 150 days	The % compliance with the statutory requirement to dispose of complaints within 150 days. Includes all complaints (investigator appointed (75.1c) and complaints where an Investigator is not required. The 150 days begins the date the complaint is "filed" and ends on the date the complaint is disposed of (decision mailed).	% performance is: 37% or more 31% – 36% 31% or less
#5 Number of complaints disposed within 150 days/total number disposed	This indicator illustrates the volume of complaints represented in indicator #4 above, including those that exceed 150 days	
#6 % Registrar's Inquires disposed within 365 days	The % of the Registrar's Inquiries (75.1a) disposed of within 365 days. The 365 days begins the date the Inquiry is "filed" and ends on the date the Inquiry is disposed of (decision mailed).	% performance is: 48% or more 40% – 47% 39% or less
#7 Number of Registrar's Inquiries disposed within 365 days/total number disposed	This indicator illustrates the volumes of Registrar's Inquires represented in indicator #6 above, including those that exceed 365 days.	
#8 % HPARB complaint decisions confirmed (# decisions confirmed/# HPARB decisions)	The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.	% performance is: 67% or more 56% – 66% 55% or less
#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	The % of "Decisions" for uncontested hearings that are issued within 60 days. The period of measurement for this indicator begins from the last day of the hearing to the date the hearing "Decision" was released to the parties. The total number of uncontested decisions issued for the quarter is shown in brackets.	% performance is: 59% or more 49% – 58% 48% or less

Attachment 1

Scorecard Measure	Indicator or Milestone Definition	Performance
#10 % 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)	% performance is: 47.7% or more 39.7% – 47.6% 39.6% or less
#11 Implement a framework for risk based assessment of pharmacy professionals & pharmacies	This milestone reflects the development of a framework for identification of risk factors that will be developed through analysis of data to establish criteria and scheduling for practice and operational assessments.	On Track Potential Risk Risk/Roadblock
#12 Formally launch pharmacy indicator initiative	Part of the Outcome Indicators for Pharmacy initiative, this milestone reflects the official launch of the initiative.	On Track Potential Risk Risk/Roadblock
#13 Public reporting of medication incidents commences	Part of the Medication Safety Program project, this milestone reflects the start of medication incident reporting across all community pharmacies (excluding hospitals) in Ontario.	On Track Potential Risk Risk/Roadblock
#14 Publish transparency framework and principles	Part of the Transparency core priority, this milestone reflects the publishing of a formal transparency framework to guide the advancement and evolution of the College's transparency principles.	On Track Potential Risk Risk/Roadblock
#15 % Engagement drivers, organizational culture (subset)	A full scale employee engagement survey was conducted by an external 3rd party in 2018. Senior Management Relationships was targeted as an area for improvement. A pulse survey on this subset of indicators will be conducted on the 1 year anniversary of the survey. The target is set at the industry benchmark.	% performance is: 46% or more 38% - 45% 37 % or less
#16 % Variance of operating annual budget to year end actuals	This is a measure of the variance of actual operating expenses against budget. Achieving operating outcomes with additional efficiencies would exceed performance.	% performance is: 5.5% or less 5.6% - 6.3% 6.4 % or more
#17 End of development and testing, data analytics strategy	Part of the Data Management Program project, this milestone reflects the end of the development and testing of the data analytics strategy.	On Track Potential Risk Risk/Roadblock
#18 Presentation of draft discipline cost recovery model policy	Part of the Discipline Cost Recovery Model project, this milestone reflects the readiness of the draft policy for Council presentation.	On Track Potential Risk Risk/Roadblock

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Annual Operational Planning and Budgeting Overview

Performance Monitoring/ Strategic Planning

Operational Planning

Budget

Performance Monitoring

Council

Strategic Planning
(Every third year)

September
First Council Meeting
Review operating priorities and high level financial impact

October
Establish Registrar/CEO annual Performance Objectives (Early Oct)

November
Presentation of Plan and Budget to Finance and Audit Committee and Executive Committee

December
Approve Budget in support of Operational Plan *(propose fee change by-law if required)*

March
Approve fee change by-law for following year; approve audited statements; review risk report

Committees

Council Meeting March 25

Council Meeting June 17

Council Meeting September 16-17

Council Meeting December 9

Council Meeting March

Executive Team, Staff and Management

March - May
Phase 1 Planning
(Objectives and Outcomes)

June - September
Phase 2 Planning
(Detailed plans and financial impact)

September - October
Phase 3 Planning
(Budget - based 8 months YTD)

November - January
Confirm Targets and Measures

January - February
Performance Appraisals;
Establish annual Staff Performance Objectives

December
Establish annual Directors' Performance Objectives

BOUNDLESSINNOVATION

ANNUAL ACTIVITY REPORT OF PROFESSOR LISA DOLOVICH

ONTARIO COLLEGE OF PHARMACISTS PROFFESSORSHIP IN PHARMACY PRACITCE

The Ontario College of Pharmacists Professorship in Pharmacy Practice is central to the academic and professional mission of the Leslie Dan Faculty of Pharmacy. The work of the Chair in research, teaching, and service to the community leads and supports practice development and enhances patient care in diverse settings. Beyond the financial support provided by the position of Chair, the status and standing of an academic chair position in pharmacy practice confers significant prestige upon the work of the chair-holder. We are grateful for the foresight and generosity of the Ontario College of Pharmacists in supporting an Academic Chair position in Pharmacy Practice to help advance both the practice/profession of pharmacy and the mandate of the Faculty. **Thank you.**

Report from the Chair Holder (Professor Lisa Dolovich) May 1, 2017–April 30, 2018

Research Activities that support the evolution of pharmacy practice

Began development of a White Paper on the Future of Pharmacy at the request of the Ontario College of Pharmacists. I led the development of the White Paper, which involved colleagues from the Ontario Pharmacy Evidence Network (OPEN). The paper was presented to the OCP Executive in the summer of 2018.

Furthered a collaboration with Lori MacCallum of the Banting and Best Diabetes Centre (BBDC) to develop a research project on improving how community pharmacists conduct regular monitoring and follow up activities (funded by the Canadian Foundation for Pharmacy in fall 2017).

- This approach utilizes continuous quality improvement (CQI) and implementation science methods to encourage better pharmacy monitoring and follow up
- co-wrote a commentary in the Canadian Journal of Pharmacists discussing that "Follow-up in community pharmacy should be routine, not extraordinary" (published February 2018)

Member of the Catalyst deprescribing in community pharmacy research team that began its activities in late fall 2016 and has continued.

- co-wrote paper submitted for publication on the implementation of deprescribing in community pharmacy
- senior author for paper in draft describing how the strategies used by community pharmacists map to an implementation science framework

Co-lead (together with Dr. Nancy Waite) the 2.4 million dollar OPEN: STIMULUS research program funded by the Ontario Ministry of Health, Health Services Research Program. (Preparation of this grant occurred in March 2017; the grant was successful in obtaining $2.1 million dollars of funding with notification of that success in October 2017). I continue to participate as a member of the Executive of the Ontario Pharmacy Evidence Network thereby

providing support to this program of research that generates evidence on the quality, outcomes and value of medication management services. Through this program of work we are

- developing an Atlas describing the delivery of community pharmacy professional services (I am part of team led by Dr. Suzanne Cadarette)
- developing proposals to evaluate MedsCheck (I am leading this work)
- developing a Citizen's panel to provide advice on medication management research (I am part of this team led by Dr. Zahava Rosenburg-Yunger)
- developing various approaches to deprescribing in community pharmacy (I am part of teams led by Dr. Barbara Farrell and Dr. Dee Mangin)
- developing quality improvement approaches in community pharmacy (I co-lead this team)
- exploring how community pharmacy can be better integrated with the healthcare system (I lead this work)

Developed a research project that will collect information on the characteristics of patients receiving medication review in the primary care team (i.e. Family Health Team) setting.

Co-developed a proposal submitted to the Canadian Foundation for Pharmacy with Whole Health Pharmacies to examine patients receiving pharmacy services using an Appointment Based Model.

Participates as a co-investigator on a project funded by the Canadian Institutes of Health Research (led by NPI David Rudoler and PI Sara Allin) to better understand primary care reform and the relationship of reforms to improvements in me*dication appropriateness for seniors in Ontario and Quebec.*

Co-lead an initiative to encourage the scale up of the Cardiovascular Health Awareness Program (CHAP; www.chapprogram.ca) across Canada. This work is funded by the Canadian Vascular Network.

Administrative Activities that support the evolution of pharmacy practice

Serves as Acting Academic Director of the Centre for Practice Excellence at the University of Toronto to provide strategic direction and organize activities of the Centre.

Participates as a member of the Management Committee for the Hospice Palliative Care Ontario Research Collaborative

- developing a project that will explore how pharmacists can become better connected to a novel multi-component intervention / learning health system within the Windsor-Essex health region of Ontario

Chair of the Ontario Primary Care Team Pharmacists Network to help advance education, networking, advocacy, communication promising practices and research among the group.

Participates as a Member of the Management Committee for the Ontario INSPIRE-Primary Health Care researcher network. I bring the pharmacy perspective to the group.

Leads the Drug Safety and Effectiveness Cross Disciplinary Training (DSECT) program, which provides research training to graduate students to build capacity in drug safety and effectiveness

research.

Publications:

1. Oliver D, Dolovich L, Lamarche L, Gaber J, Avilla E, Bhamani M, Price D. A volunteer program to connect primary care and the home to support the health of older adults: A community case study. Frontiers in Medicine. 2018;5: doi.org/10.3389/fmed.2018.00048.

2. Rosenberg-Yunger Z, Verweel L, Gionfriddo MR, MacCallum L, Dolovich L. Community Pharmacists' Perspectives on Shared Decision Making in Diabetes Management. Int J Pharm Pract. 2018;26:414-422.

3. Smith-Turchyn J, Gravesande J, Agarwal G, Mangin D, Javadi D, Dolovich L, Richardson J. A healthy lifestyle App for older adults with diabetes and hypertension: Usability assessment. Int J Healthcare Technology and Management. 2017;26(3/4):250-270.

4. Verweel L, Gionfriddo MR, MacCallum L, Dolovich L, Rosenberg-Yunger ZRS. Community pharmacists' perspectives of a decision aid for managing type 2 diabetes in Ontario. Canadian Journal of Diabetes. 2017;41(6):587-595.

5. Sandu RK, Guirguis LM, Bungard TJ, Youngson E, Dolovich L, Brehaut JC, Healey JS, McAlister FA. Evaluating the potential for pharmacists to prescribe oral anticoagulants for atrial fibrillation. CPJ 2018;151(1):51-61.

6. Hunter P, Kaaslainen S, Froggatt K, Ploeg J, Dolovich L, Simard J, Salsali M. Using the ecological framework to identify barriers and enablers to implementing Namaste Care in Canada's long-term care system. Annals of Palliative Medicine. 2017;6(4):340-353.

7. Gillespie U, Dolovich L, Dahrouge S. Activities performed by pharmacists integrated in Family Health Teams – results from a web-based survey. Can Pharm J (Ott). 2017 Oct 5;150(6):407-416.

8. Tarride JE, Dolovich L, Blackhouse G, Guertin JR, Burke N, Manja V, Grinvalds A, Lim T, Healey JS, Sandhu RK. Screening for atrial fibrillation in Canadian pharmacies: an economic evaluation. CMAJ Open 2017;5(3):E653-E661. DOI: 10.9778/cmajo.20170042.

9. Kastner M, Sayal R, Oliver D, Straus SE, Dolovich L. Sustainability and scalability of a volunteer-based primary care intervention (Health TAPESTRY): A mixed-methods analysis. BMC Health Services Research. 2017;17:514. DOI 10.1186/s12913-017-2468-9.

10. MacCallum L, Consiglio G, MacKeigan L, Dolovich L. Uptake of community pharmacist-delivered MedsCheck Diabetes medication review service in Ontario between 2010 and 2014. Can J Diabetes. 2017;41(3):253-258

11. MacKeigan L, Ijaz N, Bojarski E, Dolovich L. Implementation of a Reimbursed Medication Review Program: Corporate and Pharmacy Level Strategies. Res Social Adm Pharm. 2017;13(5):947.58.

12. Guenter D, Angeles R, Kaczorowski J, Agarwal G, Cristobal FL, Arciaga R, Smigh JF, Kessomboon P, Jarraya F, Agbulos R, Arnuco FD, Barrera J, Dimitry S, Gregorio E, Halili S Jr, Jalani NT, Kessomboon N, Ladeza M, Dolovich L. Choosing the optimal method of blood pressure measurement for limited-resource rural communities in the "Community Health Assessment Program—Philippines." J Clin Hypertens. 2017;19:899-903.

Presentations:

1. Dolovich L. Quality pharmacy practice in areas of core responsibility. National Summit on Wicked Problems in Community Pharmacy. Halifax, NS. April 11-12, 2018.

2. Dolovich L. Planning a GRADE deprescribing special interest group. Evidence Based Deprescribing Guideline Symposium 2018. Ottawa, ON. March 26 – 28, 2018.

3. Dolovich L. The evidence for pharmacy value. 2017 CFP Pharmacy Forum: Increasing our Value to Canadians. Toronto, ON. November 21, 2017.

4. Dolovich L. New research from the Ontario Primary Evidence Network (OPEN): Informing health delivery and policy. Ontario Pharmacists Association Conference 2017. London, ON. June 16, 2017.

5. Dolovich L. Synthesizing and translating primary healthcare research findings into policy options. Primary Health Care Rounds, Toronto, ON. June 20, 2017.

AIMS Assurance and Improvement in Medication Safety

A PATIENT SAFETY AND QUALITY IMPROVEMENT PROGRAM OF THE ONTARIO COLLEGE OF PHARMACISTS

ASSESSMENT OF THE ASSURANCE AND IMPROVEMENT IN MEDICATION SAFETY (AIMS) PROGRAM

SUMMARY OF KEY FINDINGS RELATED TO PROGRAM UPTAKE AND SUSTAINED USE IN COMMUNITY PHARMACIES

Prepared By:

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SafetyNET-Rx Policy Advisor

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March 8, 2019

INTRODUCTION

Assurance and Improvement in Medication Safety (AIMS) is a community pharmacy continuous quality improvement (CQI) program developed by the Ontario College of Pharmacists in consultation with various pharmacy stakeholders. AIMS encourages an open dialogue on medication incidents/near misses, and provides the support needed to identify the root causes of errors and implement appropriate system-based changes. Medication incidents and near misses are defined by the Ontario College of Pharmacists[1] and this summary report as:

> A **Medication Incident** is a preventable occurrence or circumstance that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.
>
> A **Near-Miss Event** is an event or circumstance that took place and could have resulted in an unintended or undesired outcome(s) but was discovered before reaching the patient.

AIMS adopts many similar components as other community pharmacy CQI programs currently in use in Canada. Specifically, the core elements of AIMS include the online reporting of medication incidents/near misses to the Pharmapod platform, regular meetings/communication to discuss medication incidents/near misses and plan changes, and analysis and discussion of significant or common medication incidents that have occurred elsewhere. To explore issues surrounding AIMS uptake, value, and challenges, the Ontario College of Pharmacists in February 2018 initiated a pilot of AIMS. This pilot involved the use of AIMS by 100 community pharmacies for a period of nine months. Results of the pilot study identified opportunities for improvement related to structured assessments of process quality, revised AIMS governance, enhanced stakeholder engagement, and increased community pharmacy uptake and sustainability. This report summarizes the key findings and recommendations related to AIMS uptake and sustainability in community pharmacies.

[1] Based on definitions developed or listed by ISMP Canada. https://www.ismp-canada.org/definitions.htm, accessed November 12, 2018.

RESEARCH METHODS

As part of the AIMS assessment, other community pharmacy CQI programs were examined, the current literature on medication incident reporting was reviewed, and a survey of designated managers and staff from AIMS pilot pharmacies was conducted. Ethics approval for the survey was obtained from the St. Francis Xavier University Research Ethics Board. This board reviewed the survey's research methods and protocols following the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.*[2] The questionnaire adopted for this assessment is based on an instrument that has been used to assess the performance of similar CQI programs, including SafetyNET-Rx (Nova Scotia), COMPASS (Saskatchewan), and Safety IQ (Manitoba). The questionnaire captures basic demographic details about the respondent, use of the various tools and techniques that form part of AIMS, how the safety culture of the pharmacy may have changed during the AIMS pilot, the benefits obtained from participating in the AIMS pilot, and the various challenges faced.

An online version of the questionnaire was distributed by email to 520 designated managers, pharmacists, and pharmacy technicians in early October 2018. A follow-up email was sent in mid-October 2018, and a final round of deployment occurred in mid-November 2018. A total of 80 usable questionnaires were returned[3], yielding a response rate of approximately 15.4% The quantitative data from the survey were analyzed using IBM SPSS Statistics 24. Basic statistics (e.g., mean and frequency counts) and paired samples tests (e.g., pre- and post-cultural changes) were used to analyze the quantitative data. The qualitative data (e.g., challenges and benefits of AIMS use) were analyzed using thematic analysis.

[2] Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/, Accessed November 13, 2018

[3] Three questionnaires were excluded from further analyses. One was not included as the respondent was not practicing in a community pharmacy at the time of survey deployment. Two were not included as their pharmacy was not using AIMS at the time of survey deployment (i.e., pharmacy not part of the pilot).

DATA SUMMARY

Of the 80 respondents, 15 (18.8%) are pharmacy owners, 18 (22.5%) are designated managers, 30 (37.5%) are staff pharmacists, 4 (5.0%) are relief pharmacists, 11 (13.8%) are pharmacy technicians, and 2 (2.5%) are pharmacy assistants. In addition, 48 (60.0%) respondents are female, 30 (37.5%) are male, and 2 (2.5%) chose not to answer. Respondents have an average of 9.3 years of experience in their current pharmacy, with an average of 17.9 years spent in community pharmacy practice. A total of 38 (47.5%) respondents work in an independent pharmacy, 13 (16.3%) work in a franchise pharmacy, and 29 (36.3%) work in a chain pharmacy. Respondents reported that an average of 3.7 staff pharmacists and 1.48 pharmacy technicians work in their pharmacy. The average reported weekly script count is 2,722.

Use of the Pharmapod platform ranged. In terms of reporting medication incidents/near misses, 48 (60.0%) respondents did not record any medication incidents/near misses to Pharmapod in the past week,[4] 31 (50.0%) respondents did not record any medication incidents/near misses in the past month, while 28 (35.0%) did not record any medication incidents/near misses since the start of the AIMS pilot. A total of 15 (18.8%) respondents recorded at least one medication incident/near miss in the past week, 31 (38.8%) recorded at least one medication incident/near miss in the past month, and 45 (56.3%) recorded at least one medication incident/near miss since the start of the AIMS pilot. The remaining respondents chose not to answer the questions related to their extent of reporting. With regards to meeting to discuss medication incidents/near misses and plan subsequent improvements, 28 (35.0%) of respondents highlighted that no such meetings occurred in their pharmacy, 20 (25.0%) indicated that one meeting took place, and 31 (38.8%) stated that more than one meeting occurred. One (1.3%) respondent chose not to answer the question. When such meetings did take place, the majority of respondents (i.e., 48 of the 49 that attended at least one meeting) felt comfortable talking about medication incidents/near misses.

A variety of questions were presented to survey participants to identify any fear or confusion with recording and discussing medication incidents/near misses. Results of the data analysis indicate that low to moderate levels of fear exists with recording and discussing medication incidents/near

[4] All times are based on when the respondent completed the online survey.

misses, low confusion and disagreement with the definitions of medication incidents and near misses, and moderate to high views that recording and feedback from medication incidents/near misses are beneficial. However, moderate to high levels also exist with the extra work and time involved in recording medication incidents/near misses.

The data also highlights various benefits of AIMS. Key themes identified in the qualitative data include increased caution and awareness of individual actions, improved understanding of the root causes of medication incidents/near misses, increased openness with medication incident/near miss discussions, and perceived reduction in the number of medication incidents that occur. Statistically significant improvements occurred with the comfort levels of reporting. Specifically, there were increases in the views that when medication incidents / near misses are reported, it is the problem that is being reported and not the person; and that staff feel that medication incidents/near misses are not held against them. Statistically significant improvements related to medication incident / near miss communication and learning also occurred. Increases occurred in the views that medication incident / near miss discussions aim to learn from mistakes and communicate the findings widely; and following a medication incident, there is a real commitment to change throughout the pharmacy.

Despite these benefits and cultural changes, various challenges of using AIMS were highlighted by respondents. Key challenges identified relate to the additional time needed to record medication incidents/near misses, and the lack of clarity with regards to near miss recording. Respondents identified a variety of activities that the designated manager, corporate head office (where applicable), or the Ontario College of Pharmacists could do to further support AIMS. These activities focused around enhancing AIMS awareness and education and promoting open and blame-free discussions of medication incidents / near misses.

SUMMARY OF KEY RECOMMENDATIONS

The AIMS pilot has resulted in various enhancements to medication incident/near miss reporting and learning in participating community pharmacies. The research literature highlights that early (i.e., after one year of use) changes obtained from implementing standardized CQI programs in community pharmacies include:[5] (1) perceived reduction in the number of medication incidents that are occurring in the pharmacy; (2) increased awareness/confidence of individual actions related to dispensing; (3) increased understanding of the dispensing and related processes/workflow; (4) increased openness to talking about medication incidents among pharmacy staff; and (5) quality and safety becoming more entrenched in the workflow (e.g., staff are more aware of their roles and responsibilities in patient safety and confident that the dispensing processes are safe and reliable). Apart from the fifth change, evidence of similar changes is found in the data, despite the short pilot time period. Based on the findings from the pilot, it is recommended that AIMS be deployed to all community pharmacies in Ontario.

- **Recommendation 1** - The Ontario College of Pharmacists deploy AIMS to all community pharmacies in Ontario.

Results of the pilot study indicate that AIMS is already a well-designed CQI program. However, a number of opportunities exist to enhance AIMS uptake and sustainability. Key recommendations to improve the uptake and sustained use of AIMS based on the results of the pilot study, review of the research literature, and comparison to similar CQI programs in Canada include:

- **Recommendation 2** - The Ontario College of Pharmacists develop a detailed visual tool/aid that will allow pharmacy staff to quickly decide if a near miss should be recorded.

- **Recommendation 3** - The Ontario College of Pharmacists develop and market the AIMS Learning Portal. This learning portal will serve as the main source for detailed information on the AIMS program.

- **Recommendation 4** - The Ontario College of Pharmacists work with Pharmapod to develop a suite of AIMS cases of varying outcomes and process complexity.

[5] Boyle TA, Bishop AC, Duggan K, et al. Keeping the "continuous" in continuous quality improvement: exploring perceived outcomes of CQI program use in community pharmacy. Res Social Adm Pharm. 2014 Jan-Feb;10(1):45-57.

- **Recommendation 5** - The Ontario College of Pharmacists encourage a group of AIMS users to develop and actively market an AIMS community forum.

- **Recommendation 6** - The Ontario College of Pharmacists facilitate an initial dialogue between Pharmapod and corporate chains on how to better streamline the medication incident recording process, while ensuring that data anonymity, confidentiality, and security are maintained.

- **Recommendation 7** - Pharmapod and the Ontario College of Pharmacists update training material to increase awareness of the functionality that allows for shared contributions when recording medication incidents / near misses.

- **Recommendation 8 -** The Ontario College of Pharmacists review all AIMS documentation with the goal of emphasizing the role of the pharmacy assistant in the AIMS program.

- **Recommendation 9 -** The Ontario College of Pharmacists develop a training case focused on the role of the pharmacy assistant in the entire AIMS process.

CONCLUSION

Assurance and Improvement in Medication Safety (AIMS) is a CQI program that encourages an open dialogue on medication incidents/near misses, and provides the support needed to identify the root causes of errors and implement process related changes. To better understand AIMS uptake, value, and challenges, a pilot study involving the use of AIMS by 100 community pharmacies occurred in 2018. Results of the pilot study, along with comparisons to similar CQI programs and a review of the research literature, identified areas for program improvement. Broad areas for improvement relate to structured assessments of process quality, revised AIMS governance, enhanced stakeholder engagement, and increased community pharmacy uptake and sustainability. This report summarizes the key findings and recommendations related to AIMS uptake and long-term sustainability in community pharmacies.

ABOUT THE AUTHOR

Dr. Todd A. Boyle is a Full Professor of Operations Management at the Gerald Schwartz School of Business, St. Francis Xavier University. Dr. Boyle's primary teaching areas include operations management, enterprise systems, information systems, and business research methods. His research is focused on quality improvement in community pharmacies. From 2007-2017, Dr. Boyle held the Canada Research Chair (CRC) in Quality Assurance in Community Pharmacy and was team lead of SafetyNET-Rx; a research and outreach program focused on deploying continuous quality improvement to enhance medication incident reporting and learning in community pharmacies. Post-CRC, Dr. Boyle's primary focus is assisting pharmacy regulatory authorities with deploying and assessing continuous quality improvement standards across their jurisdiction.

Dr. Boyle has over 80 publications, including journal articles, book chapters, posters, conference papers, abstracts, and edited proceedings. He has received over two million dollars in funding awards spanning a wide variety of federal and provincial agencies, including the Social Sciences and Humanities Research Council of Canada, Canada Research Chairs Program, Canadian Institutes of Health Research, Canada Foundation for Innovation, and Nova Scotia Health Research Foundation (NSHRF). Dr. Boyle has also received awards from Innovacorp and Springboard to commercialize products developed by his research program. Dr. Boyle has served as Chair and Vice-Chair of the Nova Scotia Health Research Foundation Health Policy, Services and Outcomes Review Committee, and as a scientific review panel member for various tri-council and provincial funding agencies. Dr. Boyle holds a Ph.D. in Operations Management from Carleton University and has completed executive training at the University of Manitoba's Centre for Higher Education Research and Development.

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Executive Committee and Council Meeting Dates 2019 and Proposed Executive Committee and Council Meeting Dates for 2020

	2019	2020 (Proposed)	Notes
1. March	Executive Committee Meeting Thursday, March 7 Council Meeting Monday March 25	Executive Committee Meeting March 5 Council Meeting (No retreat until 2021) March 23	By-laws state the first meeting should be held within 90 days following the August Election. Historically, first meeting of the year has been held third week in September and every 12–14 weeks thereafter. 1. First week of March NAPRA Board March 16-20 - March Break 2. NABP AGM is traditionally mid-May (May 16 — 18, 2019) May 18 - Victoria Day Early June – OPA/CPhA June 8 – Uof T convocation 3. Sept 7 – Labour Day Sept 10-21 Tiff 3rd week of Sept CLEAR Sept 18-20 - Rosh Hashana Sept 27-28 – Yom Kippur
2. June	Executive Committee Meeting Thursday May 30 Council Meeting Monday June 17	Executive Committee Meeting Thursday May 21 Council Meeting: Monday June 15	
3. September	Executive Committee Meeting Thursday Sept 4 Council Meeting Monday September 16 and Tuesday September 17 Council Reception Sunday September 115	Executive Committee Meeting Thursday August 27 Council Meeting Monday September 21 and Tuesday September 22 Council Reception Sunday September 20	
4. December	Executive Committee Meeting Thursday November 21 Council Meeting Monday December 9	Executive Committee Meeting Thursday November 19 Council Meeting Monday December 7	

https://www.timeanddate.com/calendar/?year=2020&country=27