



ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

MONDAY, SEPTEMBER 16, 2019 – 9:00 A.M. – 5:00 P.M.

TUESDAY, SEPTEMBER 17, 2019 – 9:00 A.M. START

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 September 2019 Council..... Appendix 4.2
- 5. Approval of Minutes of Previous Meeting**
 - 5.1 Minutes of June 2019 Council Meeting..... Appendix 5.1
 - 5.2 Minutes of August 2019 Council Meeting..... Appendix 5.2
- 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**
- 10. Briefing Note - Registrar's Report on Election of Members to Council.... Appendix 10**
- 11. Briefing Note - Elections Committee..... Appendix 11**
 - 11.1 Election of President
 - 11.2 Election of Vice President
 - 11.3 Past President's Award
 - 11.4 Appointment of Nominating Committee
 - 11.5 Election of Executive Committee
 - 11.6 Election of Committee Chairs
- 12. Registrar's Annual Performance Appraisal – *In Camera***
- 13. For Decision**
 - 13.1 Briefing Note - Executive Committee - Governance Concepts Appendix 13.1

TUESDAY, SEPTEMBER 17, 2019 – 9:00 A.M. START

COUNCIL CHAMBERS, 483 HURON STREET, TORONTO

1. Noting Members Present

2. Declaration of Conflict

- 13.2 Briefing Note - Finance and Audit Committee - Cost of Living Fee IncreasesAppendix 13.2
- 13.3 Briefing Note - Finance and Audit Committee - Appointment of Auditor..... Appendix 13.3
- 13.4 Briefing Note - Patient Relations Committee - Indigenous Cultural Competency Appendix 13.4

Prior to the break there will be a special recognition of Melissa Sheldrick for her contributions to advancing medication safety in Ontario.

14. For Information

- 14.1 Briefing Note - Statutory and Standing Committee Reports Appendix 14.1
- 14.2 Briefing Note - Assurance and Improvement in Medication Safety (AIMS)Appendix 14.2
- 14.3 Briefing Note - Opioid Strategy: Narcotics Monitoring System (NMS) Data Snapshot Appendix 14.3
- 14.4 Briefing Note - Registrar's Report to Council Appendix 14.4
- Strategic Priorities Progress Update
 - Ministry/Government Activities
 - Federal/Provincial Initiatives
 - Inter-Professional Relationships
 - Other Stakeholder Meetings
 - Miscellaneous Items
 - CCAE Prix d'Excellence Award Presentation

15. Other Matters

- 15.1 2020 Operational Plan Presentation
- 15.2 Approval of Appointments to Statutory and Standing Committees

16. Unfinished Business

17. 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. Staff and visitors attending the College are asked to limit or refrain from using scented products. Your co-operation is appreciated. Thank you.*

COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Laura Weyland, President

TOPIC: President's Report to September 2019 Council

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

PUBLIC INTEREST RATIONALE: This report is circulated and posted publicly and speaks to the transparency of the Council and its activities.

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

Attached to my report is a summary of Council member attendance at meetings (Attachment 1) and a summary of the 2018-2019 Council and Council member evaluation (Attachment 2), as well as a summary of the June Council Meeting Evaluation (Attachment 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:

- June 17 – Council Meeting
- July 12 – CEO performance teleconference
- Aug 19 – CEO performance assessment meeting
- Aug 22 – Special Council Meeting
- Aug 22 – Governance Working Group meeting
- Aug 22 – Elections Committee meeting
- Sept 4 – Executive Committee meeting
- Sept 5 & 6 – Discipline Committee panel
- Bi-weekly meetings with Registrar

COUNCIL AND COMMITTEE MEETING ATTENDANCE

COUNCIL

Meeting Dates: √ = attended X = not attended	Sept 17 2018	Sept 18 2018	Dec 10 2018	Mar 25 2019	June 17 2019	Aug 22 2019
Chair: Laura Weyland	√	√	√	√	√	√
Christine Allen ⁹	x	x	x	x	x	
Kathy Al-Zand	√	√	x	√	√	√
Linda Bracken ⁷	√	√	√	x		
David Breukelman ⁶					√	√
Billy Cheung	√	√	√	√	√	√
Lisa Dolovich ⁹						√
David Edwards	√	√	√	x	√	√
Nadia Facca	√	√	√	√	√	√
Mike Hannalah	√	√	√	√	√	√
Christine Henderson	x	x	√	√	√	√
Azeem Khan	√	√	√	√	√	√
Tom Kontio	√	√	√	√	√	√
James MacLaggan ⁵	x	x	x	x		
Elnora Magboo	√	√	√	√	√	x
Kyro Maseh	√	√	√	√	√	√
Esmail Merani	x	x	√	√	√	√
James Morrison	√	√	√	√	√	√
Sylvia Moustacalis	√	√	√	√	√	√
Joan A Pajunen ¹⁰	√	√	√	x	√	
Goran Petrovic	√	√	√	√	√	x
Tracey Phillips	√	√	√	√	√	√
Ruth-Ann Plaxton	√	√	√	√	√	√
Sony Poullose	√	√	√	√	x	√
Shahid Rashdi ¹	x	x				
Karen Riley	√	√	√	√	√	√
Rachelle Rocha	√	√	√	√	√	√
Leigh Smith	√	√	√	√	√	X
Joy Sommerfreund ²			√	x	x	√
Dan Stapleton	√	√	√	√	√	X
Doug Stewart	√	√	√	√	√	X
Gene Szabo ⁸					√	√
Régis Vaillancourt	√	√	√	√	x	√
Ravil Veli ⁴	√	√	x			
Wes Vickers ³	√	√	x			

1. S. Rashdi passed away October 4, 2018
2. J. Sommerfreund reappointed November 14, 2018
3. W. Vickers Order in Council expired February 9, 2019
4. R. Veli Order in Council expired March 22, 2019
5. J. MacLaggan Order in Council expired April 26, 2019
6. D. Breukelman appointed April 4, 2019
7. L. Bracken passed away April 6, 2019

8. G. Sazbo appointed June 6, 2019
9. C. Allen resigned June 30, 2019, L. Dolovich named as interim Dean July 1, 2019
10. J. Pajunen resigned July 31, 2019

ACCREDITATION

Meeting Dates: ✓ = attended X = not attended	Orientation /Panel Nov 12 2018	Panel Feb 6 2019	Panel May 29 2019	Panel July 25 2019
Council Members				
Chair: Regis Vaillancourt	✓	✓	x	✓
Elnora Magboo	✓	✓	✓	✓
Kyro Maseh	x	x	✓	x
Joan A. Pajunen	✓	✓	x	x
Goran Petrovic	✓	x	✓	x
Rachelle Rocha	✓	✓	x	✓
Sony Poulose ²	✓			
Joy Sommerfreund ¹		x	x	x
Non-Council Committee Member				
Sameh Bolos	✓	x	✓	x
Tracy Wiersema	✓	x	✓	x
Ali Zohouri	✓	✓	x	✓

1. J. Sommerfreund reappointed November 14, 2018
2. S. Polouse resigned November 29, 2018

DRUG PREPARATION PREMISES

Meeting Dates: ✓ = attended X = not attended	Nov 12 2018	May 29 2019
Council Members		
Chair: Goran Petrovic	✓	✓
Elnora Magboo	✓	✓
Kyro Maseh	x	✓
Joan A. Pajunen	✓	x
Rachelle Rocha	✓	x
Sony Poulose ³	✓	
Joy Sommerfreund ¹		x
Regis Vaillancourt ²	✓	
Non-Council Committee Member		
Sameh Bolos	✓	✓
Tracy Wiersema	✓	✓
Ali Zohouri	✓	x

1. J. Sommerfreund reappointed November 14, 2018
2. R. Vaillancourt resigned November 29, 2018
3. S. Polouse resigned November 29, 2018

DISCIPLINE

Meeting Dates: √ = attended X = not attended	Orientation Nov 27, 2017	Mid-Year Meeting May 29
Council Members		
Chair: Christine Henderson	√	√
Kathy Al-Zand	√	√
Linda Bracken ¹	√	
David Breukelman ²		√
Billy Cheung ³		x
Nadia Facca	√	√
Azeem Khan	x	√
Tom Kontio	x	x
James Morrison	√	√
Sylvia Moustacalis	x	x
Tracey Phillips ⁴		x
Ruth-Ann Plaxton	x	√
Sony Poulouse ⁵		x
Shahid Rashdi ⁶		
Karen Riley	√	√
Leigh Smith	√	√
Dan Stapleton	x	√
Doug Stewart	x	x
Ravil Veli ⁷	√	
Wes Vickers ⁸	√	
Laura Weyland ⁹		√
Non-Council Committee Member		
Chris Aljawhiri	√	√
Jennifer Antunes	√	√
Susan Blanchard	√	√
Fel dePadua	√	x
Dina Dichek	√	√
Jim Gay	√	√
Jillian Grocholsky	√	x
Jane Hilliard	x	x
Katherine Lee	√	x
Chris Leung	√	x
Beth Li	√	√
Doris Nessim	√	x
Don Organ	√	x
Jeannette Schindler	x	x
Connie Sellors	x	√
David Windross	x	√

1. L. Bracken passed away April 6, 2019
2. D. Breukelman appointed April 4, 2019
3. B. Cheung appointed December 10, 2018
4. T. Phillips appointed December 10, 2018
5. S. Poulouse appointed December 10, 2018
6. S. Rashdi passed away October 4, 2018
7. R. Veli Order in Council expired March 22, 2019
8. W. Vickers Order in Council expired February 9, 2019
9. L. Weyland appointed December 10, 2018

EXECUTIVE

Meeting Dates: √ = attended X = not attended	Nov 21 2018	Jan 28 2019 (TC)	Mar 7 2019	May 30 2019	Sept 4 2019 TBD
Chair: Laura Weyland	√	√	√	√	-
Kathy Al-Zand	√	√	√	√	-
Billy Cheung	√	√	√	√	-
Christine Henderson	√	√	√	√	-
Sylvia Moustacalis	√	x	√	√	-
Doug Stewart	√	√	√	√	-
Régis Vaillancourt	√	√	√	√	-

FINANCE AND AUDIT

Meeting Dates: √ = attended X = not attended	Dec 11 2018	Feb 27 2019	May 22 2019
Chair: Dan Stapleton	√	√	√
Esmail Merani	√	√	√
Doug Stewart	√	√	√
Regis Vaillancourt	√	x	√

FITNESS TO PRACTISE

Meeting Dates: √ = attended X = not attended	Orientation Oct 29 2018
Council Members	
Chair: Karen Riley	√
Kathy Al-Zand	x
Dina Dichek ¹	
Jillian Grocholsky ²	
James Morrison	√
Jeannette Schindler ³	
Wes Vickers	√
Non-Council Committee Member	
Adrian Leung	√

1. D. Dichek appointed June 12, 2019
2. J. Grocholsky appointed June 12, 2019
3. J. Schindler appointed June 12, 2019

INQUIRIES, COMPLAINTS AND REPORTS

Meeting Dates: ✓ = attended X = not attended	Orientation Oct 12 2018	Mid-Year Meeting May 3 2019
Council Members		
Chair: Rachelle Rocha	✓	✓
Christine Allen ⁶	x	x
Kathy Al-Zand	✓	x
Linda Bracken ⁴	✓	
David Breukelman ³		✓
Billy Cheung	✓	x
Mike Hannalah	✓	x
Azeem Khan	✓	✓
Tom Kontio	✓	x
Elnora Magboo	✓	✓
Sylvia Moustacalis	✓	✓
Joan A Pajunen	✓	✓
Goran Petrovic	✓	✓
Sony Poulouse	✓	✓
Leigh Smith	✓	✓
Joy Sommerfreund ¹		
Dan Stapleton	✓	✓
Gene Szabo ⁵		
Ravil Veli ²	✓	
Non-Council Committee Member		
Elaine Akers	✓	✓
Sajjad Giby	✓	✓
Frank Hack	✓	✓
Bonnie Hauser	✓	✓
Wassim Hounine	x	✓
Rachel Koehler	✓	✓
Mary Joy	✓	x
Elizabeth Kozyra	✓	x
Chris Leung	✓	✓
Jon MacDonald	✓	✓
Dean Miller	✓	✓
Vyom Panditpautra	✓	✓
Chintankumar Patel	x	✓
Aska Patel	x	x
Saheed Rashid	x	x
Dan Stringer	x	x
Frank Tee	✓	✓
Tracy Wiersema	✓	✓

1. J. Sommerfreund reappointed November 14, 2018
2. R. Veli Order in Council expired March 22, 2019
3. D. Breukelman appointed April 4, 2019
4. L. Bracken passed away April 6, 2019
5. G. Szabo appointed June 6, 2019
6. C. Allen resigned June 30, 2019

PATIENT RELATIONS

Meeting Dates: √ = attended X = not attended	Jan 16 2019	May 22 2019	Aug 7 2019
Council Members			
Chair: Kathy Al-Zand ¹	√	√	√
Chair: Linda Bracken ²	√		
Azeem Khan	√	√	√
Kyro Maseh	x	√	x
Sylvia Moustacalis	√	√	√
Karen Riley	√	√	√
Non-Council Committee Member			
Kshitij Mistry	x	√	√

1. K. Al-Zand was appointed as Chair April 15, 2019
2. L. Bracken passed away April 6, 2019

QUALITY ASSURANCE

Meeting Dates: √ = attended X = not attended	Nov 1 2018	Panel Dec 18 2018	Panel Feb 12 2019	Panel March 5 2019	Panel March 28 2019	April 10 2019	Panel May 9 2019	May 22 2019	Panel July 4 2019
Chair: Tracey Phillips	√	√	√	√	√	√	√	√	√
Ruth-Ann Plaxton	x	x	x	√	√	x	√	√	x
Leigh Smith	√	√	x	x	√	√	√	√	√
Nadia Facca	√	x	√	x	x	x	x	√	x
Joan A. Pajunen	√	√	√	√	x	x	x	√	x
Linda Bracken ¹	√								
Elnora Magboo	√	√	√	x	√	√	√	√	√
NCCM Members									
Mardi Teeple	√	√	√	x	x	x	x	√	√
Sarosh Tamboli	√	√	√	√	x	√	√	√	√
Shelley Dorazio	√	x	√	x	√	√	x	x	x

1. L. Bracken passed away April 6, 2019

REGISTRATION

Meeting Dates: √ = attended X = not attended	Dec 12, 2018 Panel Orientation	Mar 8 2019
Council Members		
Chair: Ravil Veli ¹	√	√
Linda Bracken ³	√	X
David Breukelman ²		
Mike Hannalah	√	√
Esmail Merani	X	√
Sylvia Moustacalis	√	√
Academic Appointments		
Dave Edwards	X	X
Sharon Lee ⁵	X	X
Non-Council Committee Member		
Tammy Cassin	X	√
Edward Odumodu	√	√
Deep Patel ⁴	√	√

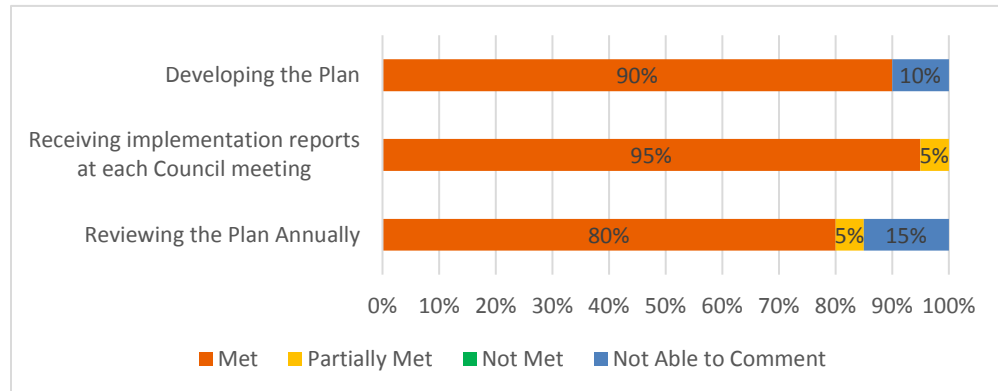
1. R. Veli Order in Council expired March 22, 2019
2. D. Breukelman appointed April 4, 2019
3. L.. Bracken passed away April 6, 2019
4. D. Patel appointed Chair March 25, 2019
5. S. Lee resigned May 6, 2019

2018-2019 COUNCIL EVALUATION

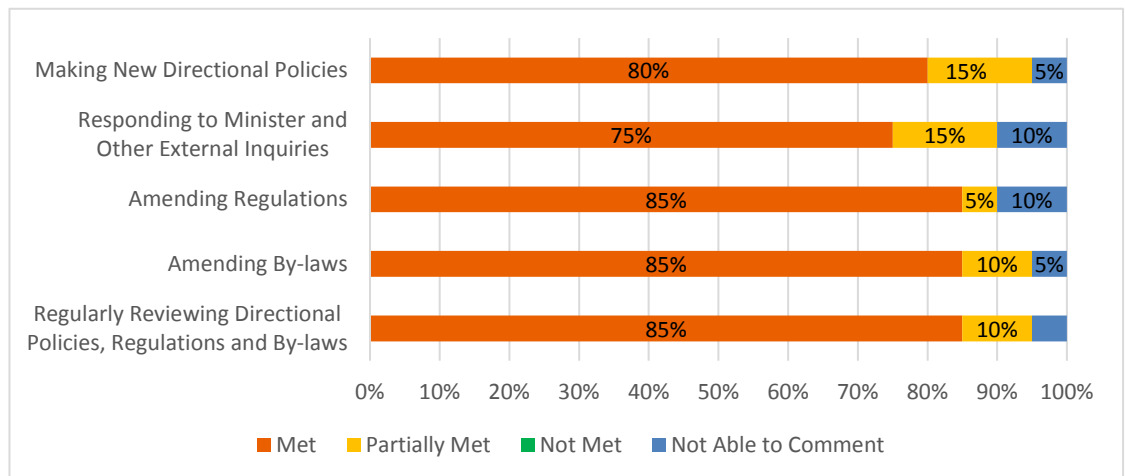
LEADERSHIP

20 RESPONSES

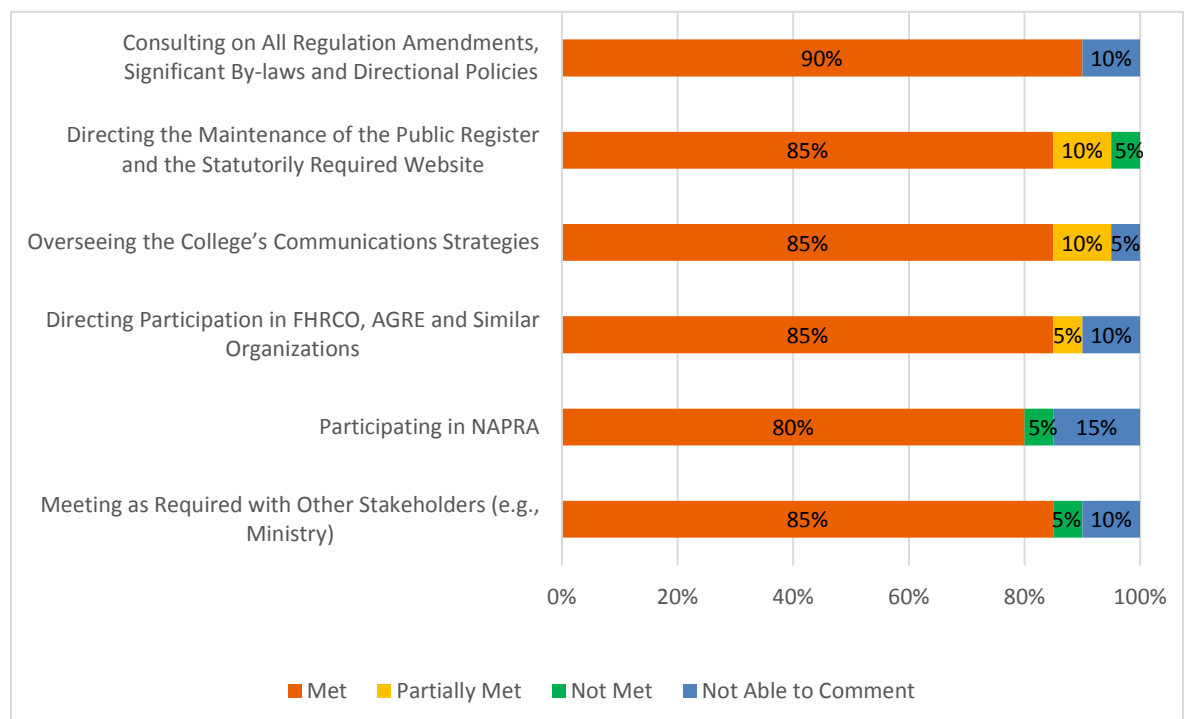
A – STRATEGIC PLANNING



B – MAKING DIRECTIONAL POLICIES AND DECISIONS



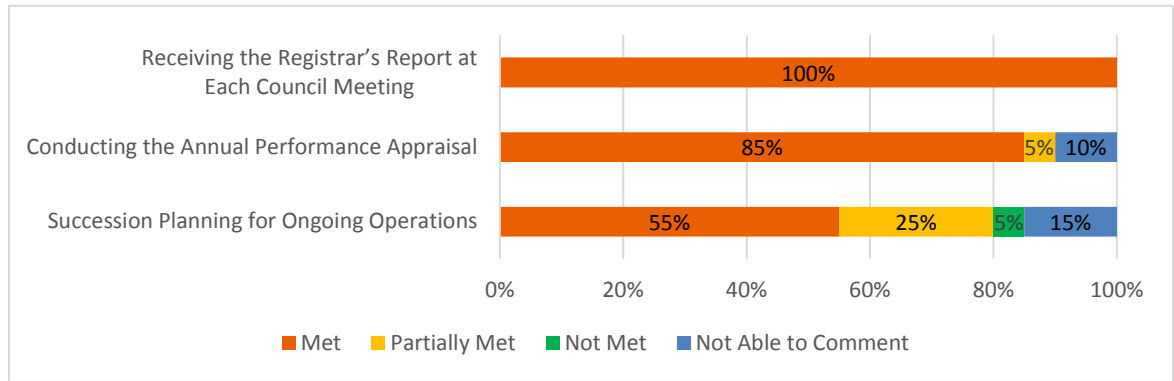
C – COMMUNICATIONS



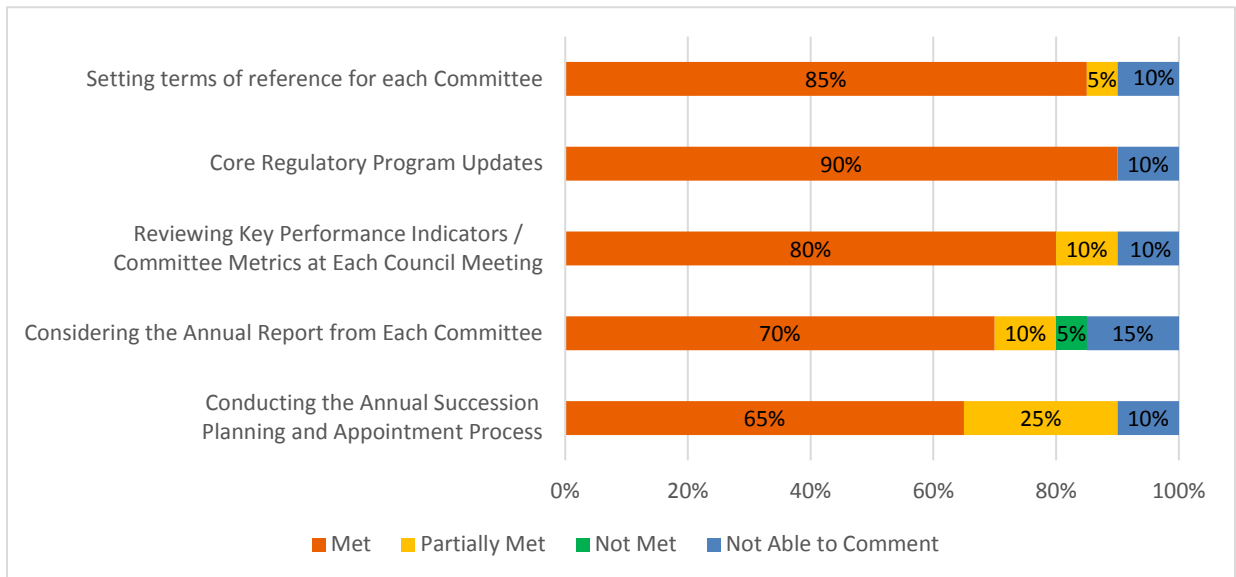
DIRECTION

23 RESPONSES

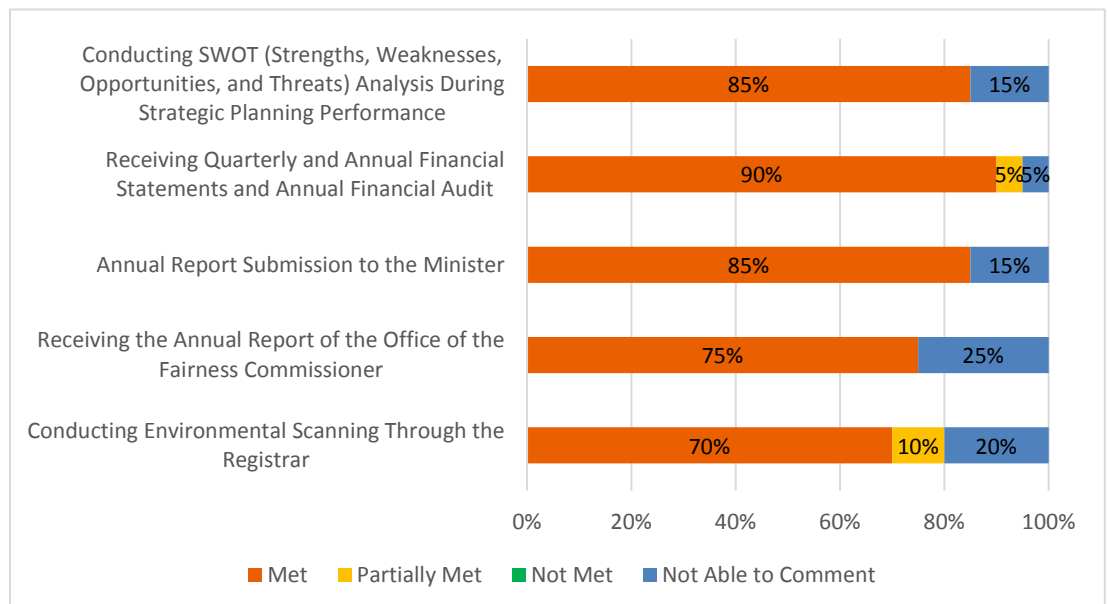
A – DIRECTING THE REGISTRAR



B – DIRECTING COMMITTEES



C – MONITORING COLLEGE PERFORMANCE



TOP THREE PRIORITIES REQUIRING ATTENTION

13 RESPONSES

PRIORITY #1	<ul style="list-style-type: none"> • Good relations with all stakeholders eg Govt Cannabis • Focus on direction of college not minutia • Continue to report outcome measures • Continuing the governance changes to reduce the size of the Board of Directors • Further bridge building between college and siloed pharmacist communities • Evolution of board governance • Smaller size • Governance training • Ensuring all members participate/knowledgeable • Public members' appointment (extension/replacement) • Expanded Scope • Ensure Participation
PRIORITY #2	<ul style="list-style-type: none"> • Communications between staff and council members • Involvement in expanded scope to benefit public • Continue to follow the strategic plan • Continue to evolve Efficiency of governance process • Training on Robert's rules • Continued governance education for council members • Environmental scans. • Restructuring of Council to become the Board • Maintaining governance model to move forward • Availability of "real" orientation on committee assignments • AGRE • Ensure preparedness
PRIORITY #3	<ul style="list-style-type: none"> • Informing pharmacists about their duty to protect the public • Continue to recruit more public members • Understand workload implications of reduced council size • Peer evaluation of council members • Succession planning to ensure ongoing effective council leadership • Demand more skills of president/chair & exec members • Maintaining necessary public members • Cost recovery • Root out advocacy

ADDITIONAL COMMENTS

4 RESPONSES

- 1 I do not remember participating in annual reports to the fairness commissioner
- 2 like to hear about environmental scanning? quarterly financials...I see annual, but not quarterly
- 3 Everything is followed as per above
- 4 A few of the questions seemed to me areas where the Council did not have direct involvement so I rated these as NA. As to the Committee Reports, I think I may have noted seeing once but not annually so I checked off Not Able to Comment. I checked a couple of items as Partially Met as the final product (e.g. Annual Report to the Minister) was just presented to us after the fact and we had no direct input (if this is really the nature of the beast --that the Registrar is purely responsible in doing this and showing to the Council after its production and submission to the Ministry---then it is "Met"). Perhaps a clarification on the extent of Council involvement in some areas or delineation between operational and governance might be welcome. On the last question, i.e. top 3 priorities for the Council requiring attention to function more effectively, the one thing that comes to mind is the timeliness of extending the Public Members' tenure or appointment of new ones to replace those whose terms have reached their limit or have had to drop off due to unforeseen personal hurdles. Is this a matter that is purely dependent on the PAS' attentiveness or is the College able to influence it? The other item I can think of is the effort invested in orienting new Public Members on the Committees they are assigned. It is not enough to just make available lists of acronyms or regulations as references that they may check individually. To maximize participation, it is good to have them attend initial session to orient them with terminologies unique to the pharmaceutical practice; the forms, sections and contents of documents and parts that need explaining and the objectives towards decision-making. I think for the most part, they just learn along the way, usually by asking questions, depending on their professional committee

members' expertise; or even function for sometime without fully appreciating or comprehending the nuances of what they are dealing with.

INDIVIDUAL COUNCIL MEMBER ASSESSMENT

19 RESPONSES



ADDITIONAL COMMENTS

3 RESPONSES

- 1 Always working toward developing my own communication skills
- 2 when writing questions please look for the word "and"... it usually indicates two questions in one and make it difficult to answer accurately (e.g. 15 & 17)
- 3 I can only tick off "Partially Met" for item#15 though it would be wonderful to know the panel members I sit with or staff I work with, better. I think time is the big challenge here. Everybody is busy and we get to interact only during meetings. That said, we still manage to foster a level of collegiality among us as we stay longer through the years. Everybody has been awesome!



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Laura Weyland, President

TOPIC: June 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 June 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	14	2	0	0	0	16
2. Members were well prepared to participate effectively in discussion and decision making	6	8	2	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	12	2	2	0	0	16
5. There was an appropriate level of discussion of issues	13	3	0	0	0	16
6. The discussion was focused, clear, concise, and on topic	9	5	2	0	0	16

2. Did the meeting further the public interest?

YES = 16 = 100%

NO = 0 = 0%

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

- The discussion of the governance renewal.
- Governance discussion process worked well - allowed for discussion of the various considerations - and helped to achieve consensus on direction/next steps.
- Each of the afternoon issues were dealt with efficiently and effectively

- Having a facilitator for a potentially thorny discussion worked out really well
- The facilitated discussion and approval of proactive changes. We were able to reach consensus on all points.
- I thought the governance renewal framework discussion that had Council Members giving their opinions, asking questions, clarifying and airing their reservations worked well prior to each item being voted on.
- For all issue, everyone was given the opportunity to discuss the motions and amendments were made as necessary, well done!
- I was unable to attend the afternoon and therefore all my comments refer to the facilitated discussion
- Everything worked well.
- new governance and structure
- Approving the changes proposed by the the QA committee, the jurisprudence, and scope of practice changes. The high quality briefing notes were helpful and assisted with expeditious discussions.
- Relaxing Rules of Order to be able to discuss and "straw vote" on the governance changes.
- Governance

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.

- Overall we were fine at this meeting
- The morning session was drawn out longer than it needed to be however I recognize that it fostered every single opinion. I would have asked the moderator to change her question from "what would it take to bring you over" to what issues are you concerned about. We can discuss.
- none
- It was not really about decision-making but I thought the topic on the government's current view that there are too many colleges that need to be trimmed could have been discussed a bit more. Of course this is just a side topic but this tells us how this current government thinks and, therefore, any vision our college has should consider this.
- I think there was a good balance on decision-making, input and explanations, on all issues.
- I didn't feel the governance portion was facilitated very well. Although the slides were presented and people were invited to comment, I didn't feel the facilitator actually stimulated any true discussion prior to the vote. It very much felt like what was on the slides was pre-determined and it was just a matter of finding out how everyone could get on board with it. It's truly unfortunate since this portion of the meeting was the most impactful for our future.
- none... although perhaps we keep over estimating the knowledge of the board members.. more governance training might solve some of this .. e.g. the difference between committee accountabilities and structure.. e.g. statutory and standing or ad hoc etc.
- Throughout the governance reform discussion the back and forth debate between council members did not allow for fairness of time for others. Rules of order were not followed and this made for an inefficient use of time. Although the rules were relaxed for that portion of the meeting they ought not disappear entirely. Also, the chair of a meeting should remain neutral and not give opinion.
- None

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

Answer Choices	Responses
Completely Satisfied	9
Mostly Satisfied	7
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)

- There was some resistance to changing to an interim governance solution (i.e. before legislation/regulation changes are made), but this was likely raised as a way to mask resistance to changing the governance structure at all. It would be better if people were just more willing to risk the benefits of changing our governance structure and approach.
- Discussion did get side tracked a few times - best to be identified quickly - so that we get back to the agenda.
- Facilitators often cause unnecessary delays in decision making especially at the Board level. Happy to discuss.
- Appreciate the "Quality Indicators for Pharmacy" presentation. A very engaging/interesting topic that could have been presented at a better time when most of us were still focused. By the way, the intro on the presenter only mentioned her name but nothing more. Is she a new OCP staff?
- A little more explanation on why the College is pursuing certain changes/enhancements, no just saying "at the last council meeting" but spend a minute or two on "refreshing" the participants.
- Productive meeting, well chaired.
- Retraining on rules of order could be added to one of our meetings that is light on the agenda. Overall excellent meeting - despite the Raptors.
- None! Keep up the great work everyone!

Respectfully submitted,

Laura Weyland, President



**Ontario College
of Pharmacists**

Putting patients first since 1871

MINUTES OF MEETING

OF COUNCIL

JUNE 17, 2019

DRAFT

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MONDAY, JUNE 17, 2019 – 9:00 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

District H	Dr. Régis Vaillancourt, Ottawa - Regrets
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 - Regrets
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

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto
Mr. Azeem Khan, Pickering
Ms. Elnora Magboo, Brampton
Ms. Sylvia Moustacalis, Toronto
Ms. Joan A. Pajunen, Kilworthy
Ms. Joy Sommerfreund, London - **Regrets**
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata

Staff present

Ms. Nancy Lum-Wilson, CEO/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/Registrar

Invited Guests

Ms. Georgina Veldhorst
Mr. Richard Steinecke

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 members of Council to the meeting. She took a moment to recognize the contribution of Ms. Linda Bracken who passed away on April 6, 2019. Ms. Bracken served as a public member on Council from August 2014 until earlier this year and sat on a number of Council committees over the years. Ms. Bracken was a valued member of Council and she will be missed.

President Weyland informed the Council that districts K and L, and both pharmacy technician districts of T and TH, will be up for election in July 2019. Nominations will close on June 19, 2019. At the May 30, 2019 Executive Committee meeting, Dr. Wayne Hindmarsh and Ms. Deanna Williams were appointed as scrutineers for these elections.

President Weyland also indicated that this is the last official meeting for Mr. Esmail Merani as he has completed the term limit of nine years on Council. Mr. Merani served as President in 2015-2016. President Weyland thanked him for his immense contribution to the Council over the past nine years. Mr. Merani addressed Council and offered his sincere gratitude to the members.

President Weyland welcomed two recently appointed public members, Mr. David Breukelman and Mr. Gene Szabo, to their first Council meeting. She offered a warm welcome on behalf of the Council and College and indicated that the contributions of the public members are invaluable. Mr. Breukelman has been appointed to the Inquiries, Complaints and Reports (ICRC),

Discipline, Registration and Fitness to Practice Committees. Mr. Szabo has been appointed to the ICRC, Accreditation, and Drug Preparation Premises Committees. Other recent committee appointments have included Ms. Jillian Grocholsky, Ms. Jeannette Schindler and Ms. Dina Dicheck to the Fitness to Practice Committee.

4.1 Reflections from a Patient

Patient reflections and stories allow the Council the opportunity to hear and learn from the perspectives of patients and their families regarding their experiences with pharmacies, pharmacists and pharmacy technicians. A video was shown of Ms. Leila Ryan of Hamilton, Ontario, sharing her personal experiences as a pharmacy patient with the College.

4.2 Briefing Note – President’s Report to June 2019 Council

President Weyland referred to her report, which contains a summary of her activities since the previous Council meeting. These have included attending various committee meetings at the College, meetings with the Registrar and the Vice President, as well as her attendance at the National Association of Pharmacy Regulatory Authorities (NAPRA) annual meeting of members in Ottawa, and the Canadian Pharmacists Association (CPhA)/Ontario Pharmacists Association (OPA) joint meetings in June 2019. She also indicated that she attended the launch of the College’s Symposium on Quality Indicators for Pharmacy held on June 6, 2019.

The briefing note was received for information by Council.

4.3 Briefing Note – Evaluation Report of March 2019 Council Meeting

Ms. Weyland expressed her gratitude for the Council members’ participation in the March meeting evaluation. There were 16 responses and a summary was circulated with the meeting materials. The feedback contained several references to the light meeting agenda in March. As the meeting dates are pre-set for the year, Ms. Weyland explained that anticipated agenda items do not always come to fruition as expected for a variety of reasons. The College is cognizant of maximizing the time and energy of everyone around the table and will make every effort to have a full agenda at the meetings.

The briefing note was received for information by Council.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of March 2019 Council Meeting

It was moved and seconded that the Minutes of the March 2019 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

9.1 Request for College Name Change

President Weyland asked the Registrar, Ms. Nancy Lum-Wilson if there were matters arising from previous meetings. Ms. Lum-Wilson indicated that the College had received a response from the Minister of Health regarding the formal request for a name change to the Ontario College of Pharmacy passed at December 2018 Council.

A copy of the response letter sent to the College was circulated in the meeting materials (Appendix 9.1). In her reply, the Minister noted that considerations would only be made if there was a demonstrated benefit to patient care.

10. For Decision

10.1 Briefing Note – Executive Committee – Governance Renewal

President Weyland introduced the briefing note on behalf of the Governance Working Group of the Executive Committee. She reminded Council of the December 2018 approval of changes to the governance framework. As articulated in the College's 2019 Strategic Framework, these changes are being undertaken in order to better align with best practice, and to strengthen trust and confidence in the College's role and value as a patient-first regulator.

Ms. Weyland indicated that given the number of items that need to be discussed and the depth of the discussion that will be required in order to come to a decision, the Council will put aside the rules of procedure that would normally be followed. While Council would normally start a discussion by putting a motion on the floor, the Council will instead undertake a facilitated discussion to allow for thoughtful conversation and decision-making on the points under consideration. The motion will be brought forward and voted on at the end of the discussion, and it will be comprised of all of the components that have been agreed upon in principle.

Ms. Weyland then invited Council Vice President Doug Stewart to introduce the briefing note and read the stated goal of the discussion in place of a formal motion.

The goal of the facilitated discussion is for Council to 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 bylaws to operationalize the framework effective the start of the 2020/2021 Council year.

Mr. Stewart introduced the facilitator, Ms. Georgina Veldhorst, and Mr. Richard Steineke, who was invited to provide advice on regulatory governance to Council throughout the discussion.

PowerPoint slides containing the elements of governance reform for consideration by the Council were projected on a screen. Amendments were recorded directly within the slides during the discussion and a summary is provided below.

Separation of Council and statutory committees

True separation cannot be achieved until the governing legislation is amended; however in order to move closer to this intention, Council agreed to appoint all elected professional members to the Discipline Committee only and to appoint two public members to each statutory committee for which public members are mandatory as per the legislation. The College, along with its Advisory Group for Regulatory Excellence (AGRE) partners, will continue to advocate for changes to the legislation to achieve complete separation of Council from statutory committees.

Competency-based selection

To further the College's public protection mandate, Council agreed to shift from the current geographical districts for the election of Council members to having positions on Council that will be reflective of various patient populations. Candidates who wish to run for election will need to have demonstrated experience in serving the patient populations listed. Council also approved the development of a more robust and transparent selection process for future Council members to be eligible for election. In the absence of legislative change to separate Council from statutory committees, there is a requirement that elected professional members serve on the Discipline Committee. Therefore, prospective candidates will be encouraged to have had prior service on College committees, such as having served as a non-Council committee member (NCCM).

Reduction in Council size and equal number of public and professional members

Council approved the reduction in the number of elected members from 17 currently to the minimum of nine (of which two must be technicians) as allowable in the *Pharmacy Act*. A plan will be developed to ensure Council retains knowledge and experience during the transition to a smaller governing body. As well, the bylaws will ensure that parity between publicly appointed members and elected members of Council is maintained.

Other governance modernization and best practice changes

Changes were approved to the titles of people and groups who register with the College and govern the College to make their roles and responsibilities clearer to the public. For example, Council will be called the Board of Directors, and the President and Vice President will be known as Chair and Vice-Chair. 'Members' of the College will be officially referred to as 'registrants' to better reflect their fundamental relationship with the College. Also, the terms of office for elected Council members will be reduced to a maximum of two consecutive three-year terms to ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.

The Council concluded its discussion and Ms. Lum-Wilson explained that Council will continue to be consulted as the processes are developed and will be responsible for approving the draft bylaws over the coming year. Included in the minute package are the intentions as amended throughout the meeting.

President Weyland asked Vice-President Stewart to bring forward a motion

The **motion**: That Council approve the next level intentions as articulated through the discussion this morning within each principle of the governance framework agreed to by Council in December 2018 to enable the drafting of bylaws to operationalize the framework effective the start of the 2020/2021 Council year **was called to a vote**.

The motion was moved and seconded. The motion CARRIED.

10.2 Briefing Note – Quality Assurance Committee – Quality Assurance Regulation

President Weyland invited Ms. Tracey Phillips, Chair of the Quality Assurance Committee, to introduce the briefing note.

Ms. Phillips explained that the College is seeking to resubmit the previously approved amendments to General Regulation 202/94 in two phases in order to expedite the inclusion of pharmacy technicians in the quality assurance program including practice assessments.

Ms. Susan James explained that the initial changes to General Regulation 202/94 initially came to Council in December 2017 and were submitted in March 2018. The amendments included a change to the classes of registration: to remove pharmacy students and to add pharmacy technician interns. Also, the Quality Assurance regulation was updated to reflect the new program model and to add the requirement for pharmacy technicians to participate in the Quality Assurance program including practice assessments. To date these amendments have not moved through the approval process.

During recent discussions with government, the College expressed the desire to move the regulatory changes needed to include pharmacy technicians in the Quality Assurance program forward, in order to align with the College's implementation of pharmacy technician practice assessments earlier this year. The Ministry recommended the College re-submit the proposed changes to General Regulation 202/94 in two separate phases, leading first with the Quality Assurance program changes, followed by the registration amendments.

Following discussion, the **motion** that Council approve the withdrawal of the draft amendments to General Regulation 202/94, submitted to the Ministry of Health and Long-Term Care in March 2018, and resubmit a new draft of General 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 1 through VII (6) (Registration) **was called to a vote**.

The motion was moved and seconded. The motion CARRIED.

10.3 Briefing Note – Registration Committee – Jurisprudence Exam Blueprint

President Weyland invited Ms. Sylvia Moustacalis, member of the Registration Committee, to introduce the briefing note.

Ms. Moustacalis informed the Council that a working group of the registration committee was charged with reviewing the jurisprudence exam blueprint which was last updated in 2012. Ms. Moustacalis requested that Ms. Susan James, Director, Quality, provide the Council with further background. Ms. James related that the exam blueprint was updated with a greater focus on scope, ethics and professionalism. The exam question format will be changed to include case-based, multiple choice questions to allow for scenario-type questioning better suited to the assessment of ethics and jurisprudence.

Council discussed impact of the proposed change to the timing of the exam, now to be offered exclusively post-graduation for all applicants. This shift will allow students to have the full benefit of their education to complete the assessment of critical thinking and application of jurisprudence and ethics. A transition plan, including timelines for implementation of the changes, is in development and will be communicated to stakeholders.

Following discussion, the **motion** 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) **was called to a vote.**

The motion was moved and seconded. The motion CARRIED.

11. For Information

11.1 Briefing Note – Homeopathy in Pharmacy

Ms. Lum-Wilson informed Council that the College received a Change.org petition voicing concern regarding the sale of homeopathic products in pharmacies in Ontario. The petition was initiated by a pharmacist and had over 800 signatures. 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.

Ms. Lum-Wilson explained that the College of Pharmacists of British Columbia is conducting a consultation with the public and its registrants seeking their feedback on the sale of homeopathic products in pharmacies. In Ontario, homeopathy is a recognized regulated health profession and Health Canada is responsible for the approval of the sale of homeopathic products. The results of the review conducted by the College of Pharmacists of British Columbia will come forward at a future meeting once they are available. There was support around the table for this issue to be monitored.

The briefing note was received for information by Council.

11.2 Briefing Note – Scope of Practice

President Weyland invited the Registrar, Ms. Lum-Wilson to introduce the briefing note.

Ms. Lum-Wilson indicated that a letter dated May 30, 2019 was received from the Minister of Health (a copy was provided in the meeting materials) requesting the Council of the Ontario College of Pharmacists to develop regulations that would enable expanded scope of practice for pharmacists in four areas:

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

An Internal working group has been assembled to review the changes and support drafting of the amendments to the regulation. Two special meetings of Council will be held to approve the regulation changes: one prior to public consultation; and the second to approve the final submission. The proposed dates of the two special meetings are August 22, 2019 and November 21, 2019. These dates will be finalized once it is determined if quorum can be achieved.

The goal of the scope expansion is to contribute to ending hallway medicine by decreasing barriers that patients may face when seeking care. The College will have bi-weekly meetings with Ministry staff to review the policy changes and refine the scope changes. In response to a question, Ms. Lum-Wilson indicated that the Ministry has communicated that controlled substances are out of scope and will not be considered as part of these changes overall.

Hospital based Council members expressed concern that the current scope of practice is restricted in hospitals due to the *Public Hospital Act* (PHA), and the requirement that the CEO of each Hospital determine scope of practice for health professionals within each organization. It was explained that while the expansion of scope for pharmacists is enabled for all settings in Ontario through the proposed changes to the *Pharmacy Act* regulations, there may be other legislation, regulation or policy outside of the College's jurisdiction that may restrict scope for individuals in some settings, for instance the Public Hospitals Act. It was suggested that the associations would be the best avenue to advocate with government for change in this respect.

The briefing note was received for information by Council.

11.3 Briefing Note – Registrar's Report

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

Ms. Lum-Wilson presented the 2019 Q1 Council performance scorecard.

The report, included with the materials for the meeting, outlined key activities of the College since the last Council meeting. Of specific note, Ms. Lum-Wilson provided Council with an overview

of the Quality Indicators Symposium held on June 6, 2019. Attendees, including the Deputy Minister, the Parliamentary Assistant and a number of Ministry and cross-sector stakeholders, expressed their support for the indicators as an effective quality improvement tool to better understand the impact of pharmacy practice on patient and system outcomes.

Details regarding the timing of the changes to the operational planning schedule of the College were circulated with the report. In future, to allow for the increased use of data to drive budgeting, the budget will be presented in December for the upcoming year

The briefing note was received for information by Council.

12. Other Matters

12.1 Presentation – Quality Indicators Update

President Weyland invited Ms. Lum-Wilson to introduce the presentation on the recently announced Quality Indicators for Community Pharmacy.

Ms. Lum-Wilson introduced Ms. Margo Orchard, Manager of Strategic Policy, Planning and Analytics who provided the Council with background information on the rationale for developing and implementing the new quality indicators with our partner, Health Quality Ontario (HQP).

The areas identified as important to measure included:

- Patient/caregiver experience and outcomes.
- Appropriateness of dispensed medications.
- Medication-related hospital visits.
- Transitions of care.
- Provider experience and engagement.

The next steps of the project will include determining the technical specifications for the indicators, further development and measurement of provider experience, development of the reporting structure, planning for audits and feedback and how best to evaluate and update the indicators as needed in the future.

In response to a question, Council noted that many hospitals already use indicators as part of their performance monitoring, and that balanced scorecards could benefit from adding more pharmacy indicators. The College noted that hospital pharmacy indicators helped to inform the development of the community pharmacy indicators.

12.2 Appointment of Elections Committee

President Weyland informed the Council that Dr. Régis Vaillancourt and Mr. Dan Stapleton have been appointed as members of this year's Elections Committee.

12.3 Motion respecting 2020 Council Meeting Dates

To support planning for various College program activities, the President advised that the following dates will be proposed for Council approval:

Monday, March 23, 2020
Monday, June 15, 2020
Monday, Sept 21 and Tuesday, Sept 22, 2020
Monday, December 7, 2020

A motion to approve the 2020 Council Dates was moved and seconded. The motion CARRIED.

13. Unfinished Business

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

Motion respecting Circulation of Minutes

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

14. Motion of Adjournment

There being no further business, **at 3:30 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sarah MacDougall
Council & Committee Liaison

Laura Weyland
President



**Ontario College
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MINUTES OF MEETING

OF COUNCIL

AUGUST 22, 2019

DRAFT

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THURSDAY, AUGUST 22, 2019 – 10:00 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

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

Dr. Lisa Dolovich, Interim Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
(attended via teleconference)

Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo
(attended via teleconference)

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa (attended via teleconference)
Mr. David Breukelman, Burlington (attended via teleconference)
Ms. Christine Henderson, Toronto
Mr. Azeem Khan, Pickering (attended via teleconference)
Ms. Elnora Magboo, Brampton - **Regrets**
Ms. Sylvia Moustacalis, Toronto (attended via teleconference)
Ms. Joy Sommerfreund, London (attended via teleconference)
Mr. Dan Stapleton, Toronto - **Regrets**
Mr. Gene Szabo, Kanata (attended via teleconference)

Staff present

Ms. Nancy Lum-Wilson, CEO/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. Sharlene Rankin, Executive Assistant

1. Noting Members Present

Member attendance was noted for those in attendance and via roll call for those participating via teleconference.

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. For Decision

4.1 Briefing Note – Approval of public consultation of proposed changes to regulation 202/94 VII.3 (controlled acts)

President Weyland welcomed everyone to the special council meeting and expressed her gratitude for the members making themselves available for this meeting. Ms. Weyland reviewed the process to be used for the meeting to ensure those calling in would have the opportunity to ask questions and participate in the discussion.

Ms. Weyland requested that the Registrar, Ms. Nancy Lum-Wilson provide a brief introduction on the topic outlined in the briefing note sent to Council. Ms. Lum-Wilson explained that in a letter received on May 30, 2019 the Minister of Health asked the College to submit regulations to enable an expanded scope of practice for pharmacists.

The letter from the Minister of Health requested that the Council of the College 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 12-month 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 Ministry has asked for the first three items to be submitted by November 30, 2019 and the minor ailments regulation to be submitted by June 30, 2020. Ms. Lum-Wilson then asked Ms. Susan James, Director of Quality, to provide details of the proposed changes to the regulations.

Ms. James explained that the College has been working closely with the Ministry of Health in developing policy that will support these changes to scope while ensuring that patient safety and quality care is not compromised.

Ms. James indicated that the College has consulted with Ministry staff responsible for administration of the Universal Influenza Immunization Program (UIIP) regarding the inclusion of children 2 years of age. In addition, the College consulted with Ministry staff responsible for the *Laboratory and Specimen Collection Centre Licensing Act*, which will require regulatory amendments in order to authorize registrants to perform certain Point of Care Tests (POCT).

Over the last two months, the College has engaged and consulted with stakeholders, including pharmacy associations, provincial pharmacy regulators, subject matter experts in pharmacy, medicine and public health, and with registrants via [e-connect](#), the College's bi-weekly electronic newsletter, as well as an online survey.

Ms. James reviewed the proposed regulatory amendments for each of the scope changes and addressed clarifying questions. With respect to POCT it was noted that the College and Ministry are still actively considering the types and details of the tests that will be permitted. Ms. James clarified that the amendments in the General Regulation are only enabling in nature. Additionally the College is working with Ministry staff to consider shifting the approach to administration of substances by injection and inhalation to a drug classification model, as opposed to a fixed list, to allow for continued currency of substances and the ability of pharmacists to administer the most appropriate substance based on individual patient needs.

During discussion of the motion, there were questions as to whether the scope changes would be restricted based on the practice setting and it was explained the regulations apply equally to all practice settings but that there may be other legislation, regulation or policy outside of the College's jurisdiction, that may restrict scope for individuals in some settings, for instance the *Public Hospitals Act*.

The Council members were in support of the changes and commended the College and the Ministry in enabling the profession to optimize their knowledge and experience and take on a greater role to improve health outcomes for patients.

Following discussion, the **motion** That Council approve the proposed amendments to *General Regulation 202/94* of the *Pharmacy Act*, Part VII.3 (Controlled Acts) for the purpose of public consultation in preparation for submission of regulatory amendments to the Minister of Health by November 30, 2019. **was called to a vote.**

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

14. Motion of Adjournment

There being no further business, **at 11:14 a.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sarah MacDougall
Council & Committee Liaison

Laura Weyland
President



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

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

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

ISSUE: Election Results for 2019

PUBLIC INTEREST RATIONALE: This report is circulated and posted publicly and speaks to the transparency of the Council and its activities.

BACKGROUND:

- Per the by-laws, elections were held in Districts L (3 seats), T (1 seat) and TH (1 seat).
- There were two candidates for election for the two seats in District K – Ms. Tracey Phillips and Mr. Mark Scanlon, and accordingly, both candidates were acclaimed.
- The Scrutineers' Report and Poll results are attached for Council's Information.

RECOMMENDATION: Receive the Election results for Information



**Ontario College
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Attachment 1

August 8, 2019

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

We, the undersigned scrutineers, hereby certify that we attended the College commencing at 9.00 a.m. on Thursday, August 8, 2019, and verified the votes in the elections for Council for 2019.

The results (in alphabetical order) are as follows:

District L Election (3 seats): Billy Cheung
James Morrison
Siva Sivapalan

District T Election (1 seat): Connie Beck*

*In accordance with by-law subsection 5.19.1 the tie was broken by lot and witnessed by the scrutineers.

District TH Election (1 seat): Goran Petrovic

Dr. Wayne Hindmarsh
Scrutineer

Deanna Williams
Scrutineer



Poll Result

2019 Council Elections

Report date: Wednesday 07 August 2019 17:05 EDT

District L

District L Election - 2019 (3 Seats)

Poll ID: 152801

As at Poll close: Wednesday 07 August 2019 17:00 EDT

Number of voters: 1242 · Group size: 5318 · Percentage voted: 23.35

Number of blank votes: 1

Vote counting method: V1 FPTP

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15999674	James Morrison	498	40.10
2	15999676	Siva Sivapalan	495	39.86
3	15999659	Billy Cheung	468	37.68
4	15999675	Aska Patel	311	25.04
5	15999673	Wassim Kamel	305	24.56
6	15999672	Mohamed Elsabakhawi	201	16.18
7	15999677	Ali Zohouri	134	10.79
8	15999662	Birwa Manizikumar Desai	123	9.90

District T

District T Election - 2019 (1 Seat)

Poll ID: 152802

As at Poll close: Wednesday 07 August 2019 17:00 EDT

Number of voters: 186 · Group size: 2060 · Percentage voted: 9.03

Number of blank votes: 1

Vote counting method: V1 FPTP

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15999663	Connie Beck	54	29.03
1	15999665	Ruth-Ann Plaxton	54	29.03
3	15999664	Miranda Foster	43	23.12
4	15999666	Mardi Teeple	35	18.82

District TH**District TH Election - 2019 (1 Seat)**

Poll ID: 152803

As at Poll close: Wednesday 07 August 2019 17:00 EDT

Number of voters: 285 · Group size: 2792 · Percentage voted: 10.21

Number of blank votes: 1

Vote counting method: V1 FPTP

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	15999670	Goran Petrovic	75	26.32
2	15999667	Jennifer Antunes	63	22.11
3	15999668	Vincent Le	53	18.60
4	15999669	Catherine Payne	52	18.25
5	15999671	Beth Smith	42	14.74



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Elections Committee

TOPIC: Consideration of slate of candidates for Council Elections

ISSUE: Council Member preferences to Chair or serve on College Committees for the 2019-2020 Council year

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

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

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

Conflicts

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

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

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

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

CANDIDATES FOR ELECTION:

Candidate for President: Doug Stewart
Candidate for Vice President: Billy Cheung

Candidates for Election to the Executive Committee:

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

Elected Members:

Doug Stewart (President)
Billy Cheung (Vice-President)
Laura Weyland (Past President)
Nadia Facca
Kyro Maseh
James Morrison
Goran Petrovic
Rachelle Rocha
Mark Scanlon

Public Members:

Kathy Al-Zand
Sylvia Moustacalis
David Breukelman

Candidates for Election of Committee Chairs:

ACCREDITATION & DPP:	Régis Vaillancourt
DISCIPLINE:	Christine Henderson / Mark Scanlon
FINANCE AND AUDIT:	Dan Stapleton
FITNESS TO PRACTISE:	James Morrison / Karen Riley
INQUIRIES, COMPLAINTS & REPORTS COMMITTEE:	Mike Hannalah / Rachelle Rocha
PATIENT RELATIONS:	Kathy Al-Zand
QUALITY ASSURANCE:	Tracey Phillips
REGISTRATION:	Mike Hannalah / Sylvia Moustacalis / Mark Scanlon

COUNCIL BRIEFING NOTE
MEETING DATE: SEPTEMBER 2019

FOR DECISION	X	FOR INFORMATION
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INITIATED BY:	Executive Committee
TOPIC:	Governance Renewal
ISSUE:	Direction from Council on additional elements of the governance renewal framework

PUBLIC INTEREST RATIONALE: Governance best practice supports a small governing Board comprised of an equal number of public and professional members, with members collectively possessing a range of governance competencies. The proposed governance renewal framework is intended to move toward best practice with the goal of strengthening the ability of the Council (Board) to provide oversight that is transparently aligned with the mandate of the College to serve and protect the public interest.

BACKGROUND: At the December 2018 Council meeting, a governance renewal framework was approved that reflects best practice with respect to governance in professional regulation with a view to strengthening the ability of governing boards to align with their public protection mandate and enhancing public trust in regulatory institutions and their processes.

- 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

In June 2019 the College undertook a facilitated discussion and made decisions on the next level intentions within each principle of the governance framework to enable the drafting of by-laws to operationalize the framework to commence at the beginning of the 2020/2021 Council (Board) year, barring any legislative changes being imposed on the sector.

ANALYSIS:

In order to further inform the drafting of bylaws Council is asked to consider and provide input into the following elements.

- Eligibility and competency based selection of Council (Board) members
- Honoraria for elected Board members and non-Council¹ committee members
- Lay Committee appointees including honorarium

¹ The term non-Council is used as to reflect the current nomenclature of the established roles of the committee members for ease of reference. Once the bylaws are formally changed the non-Council members will be referred to as professional committee appointees (PCAs).

Eligibility and Competency based selection of Council (Board) members

The RHPA sets out the authority for the College to establish by-laws respecting the qualification of candidates seeking election to Council (Board). While the current [by-law](#) (5.9) sets out eligibility criteria, it does not address competence. To conform with best practice, in addition to the changes agreed by Council in June relating to representation of patient populations as opposed to registrant geography, eligibility criteria will be expanded and desired competencies will be codified as follows.

For Consideration:

❖ Additional Eligibility criteria

- Less than two Inquiries, Complaints and Reports Committee (ICRC) dispositions that invoke a posting to the public register (caution or specified continuing education or remediation program (SCERP)), dependent on the seriousness of the nature of the concern.
- 3 year cooling off period since serving on the Board of Directors of the College to ensure continual renewal (6 consecutive year maximum approved in June 2019)
- 3 year cooling off period since serving as an officer or director of a professional advocacy association.
- Commitment to devote time to Board activity.

- ❖ **Knowledge, skills and experience** - The Board is to be comprised of a diverse mix of individuals with a complementary mixture of the knowledge, skills and experience noted below. Not all directors are expected to have experience in every area; applicants will be required to rate themselves on a sliding scale.

Public Interest/Patient Rights	Experience and understanding in the principles of protecting and acting in the public interest
Working with diverse populations	Experience working with diverse teams, marginalized groups, accommodating people of various abilities
Board Experience	Involvement in any sector; could include committee work; Board or committee chair experience
Governance/Fiduciary	Understanding of a Board member's role and good governance principles, including: <ul style="list-style-type: none"> • Risk Management, including reputational risk • Business Acumen • Human Resources • Financial Literacy
Computer Literacy	Able to navigate electronic systems efficiently and effectively
Regulatory / Legal Expertise	Legal experience or familiarity with regulated professions, and the ability to understand and/or oversee regulations and standards setting and certification
Strategic Thinking and Planning	Demonstrated ability to think strategically; experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. analysis, environmental scans, strategy design, planning, implementation and evaluation

By continually assessing the level of knowledge, skills and experience of Board members, training and development plans can be customized to enhance the skills of existing members and recruitment for new members can be tailored to address identified gaps. (Election Framework – Attachment 1)

For consideration:

❖ **A transparent and independent selection process**

The competence of Registrants applying for a Board position will be assessed by an independent committee comprised of three members of the Board and two external representatives. This process, aimed at increasing public trust, reflects best practice as set out in the attached independent report prepared by Dundee Consulting - Attachment 2.

Honorarium for the elected members and non-council committee members

In June the Council agreed to review and amend the compensation model to address potential disincentives to participation on panels of the Discipline and ICRC.

A recent survey (Attachment 3) of Ontario Regulatory College bylaws indicates that, with the exception of OCP, all Ontario health regulatory colleges pay an honorarium plus expenses, similar to the model used by the Health Boards Secretariat for public appointees. Nine of the 25 health colleges pay an honorarium of \$150/day, equal to the amount paid to public members; ten pay between \$200 and \$300/day; three between \$301 and \$400 and three above \$400/day.

For Consideration

- ❖ Professional members of the Board and committees will receive a taxable honorarium for time spent on college work and be reimbursed for expenses incurred. Time will be paid on a full day or half day basis and expenses will be reimbursed in accordance with common practice followed by other health colleges and public appointments.
- ❖ The daily honorarium be set at :
 - \$260/day (\$130 for <3 hours) which is midpoint of other provincial colleges.(financial impact approximately \$250,000/year)

Maintaining the Public Voice on committees

As previously agreed by Council, due to the significant demand on the nine government appointed public members, they will only be appointed to committees per statute requirement. To ensure a public voice on all other committees, lay committee appointees will be selected by the Board of Directors.

For Consideration:

- ❖ Lay committee appointees will be selected using the same competency based recruitment and screening process as professional non-Council committee appointments.
- ❖ Lay committee members will receive the same honorarium as professional committee appointees

RECOMMENDATION:

That Council discuss and agree on the concepts presented to further inform the drafting of by-laws to operationalize the framework effective the start of the 2020/2021 Council year.

NEXT STEPS:

- 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.

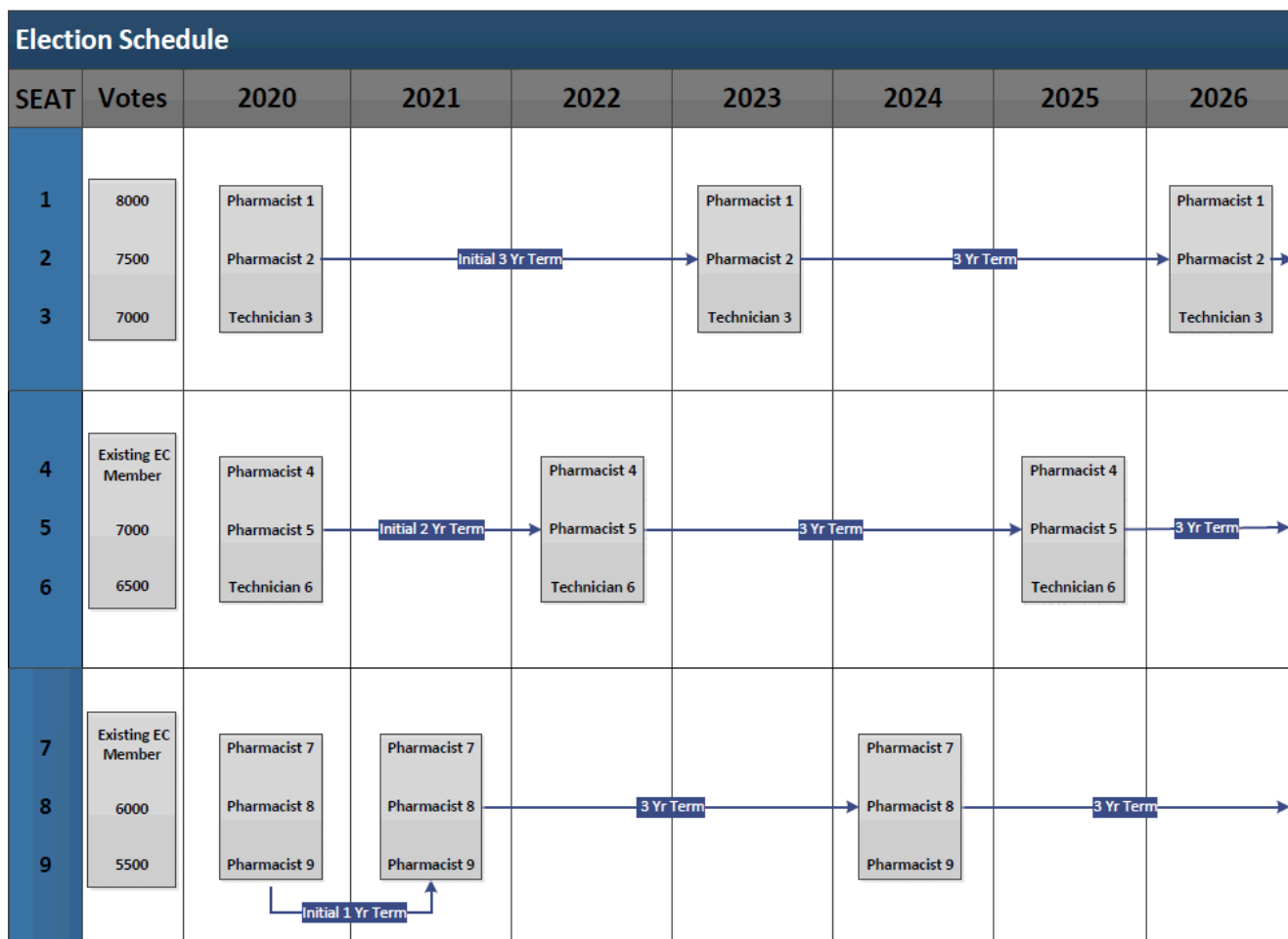
Attachment 1 – Election Framework

At the June meeting, council agreed to reduce the overall board to 20, comprised of nine (9) elected members, (9) nine public member and two (2) deans; the minimum required under the Pharmacy Act. Elected board members will be able to serve a maximum of six (6) consecutive years. To ensure continual renewal, one third of the elected board member seats will come up for election each year.

2020 will be a transition year in which all but two (2) existing council terms will cease and seven (7) eligible candidates will be elected from among a list of candidates pre-screened by the independent selection committee. As committed to council in June, to ensure some continuity between outgoing council and incoming board members, two of the nine seats will be reserved for current Executive Committee members. As election is no longer based on representation of geographic or practice areas of the profession but on the patient populations they serve the new model envisions all registrants voting for all seats each year.

The initial terms of the members elected in 2020 will be staggered to enable one third to come due for election each subsequent year. Terms will be determined by number of votes received with candidates receiving the most votes serving longer terms.

The following diagram illustrates the election cycle from 2020 onward.





*A Transparent and Independent Governance Process to
Oversee the Recruitment, Selection, Evaluation and
Orientation/Training Mechanisms for Council and Committee
Members*

*Deanna L. Williams
Dundee Consulting Group Ltd
July, 2019*

Introduction

In Ontario, regulators are under increasingly intense media scrutiny, and government faces growing calls for greater oversight of regulatory processes. The fact that current College Councils and committees are composed of elected professional members from College Councils who are not reliably subject to robust recruitment or screening processes, significantly challenges good regulatory governance. Moves to subject all regulatory Council and committee members to a defined recruitment and screening process and to also require statutory committees to be independent from the Councils, are viewed as positive steps towards rebuilding and maintaining public trust and confidence in Ontario's health regulatory system.

In December 2018 the Council of the Ontario College of Pharmacists (OCP) approved a new governance renewal framework and principles. The intent is to reflect best governance practices in professional regulation, with a view to strengthening public trust in regulators and their associated processes. The new framework approved by Council is built on four key elements:

1. A reduction in Council size
2. Council composition – equal representation of public and profession
3. Separation of Council and Statutory Committees
4. Competency-based Council

To give effect to proposed change by the spring of 2020 the College, through the Governance Working Group and with assistance from legal counsel, proposes to reduce Council size; change the composition of Council to balance representation of the public and the profession, and separate the statutory committees from Council initially through a number of by-law amendments that will be brought forward to Council for consideration in September 2019. Also in September, Council will need to approve its desired skills and competencies for professional members who are seeking elected positions on Council. This paper sets out recommendations for Council's consideration respecting the implementation of a transparent and independent process to oversee the recruitment, screening and selection of candidates who will be eligible to seek election to Council or be appointed to committees.

My association with professional and occupational regulators in Canada and abroad has given rise to considerable insights respecting similarities and differences in regulatory models and practices. Recent work has led to identification of best regulatory and governance practices of different regulatory authorities across jurisdictions, including the USA, UK, Ireland, Australia and New Zealand. These identified best practices are shared below and have informed the recommended approach.

Deanna L. Williams

Background

Canada remains one of the only jurisdictions in the western world that still allows regulated professions to elect professional peers to regulatory Councils. In other leading jurisdictions, including the USA, the UK, Australia and New Zealand, all members of regulatory Councils/Boards are appointed, pursuant to defined and accountable recruitment, screening and selection processes. In Ireland they have two models with 15 health and social care professions falling under an appointment process through CORU (Ag Rialail Gairmithe Slainte agus Curaim Shoislalaigh)- which is Ireland's multi-health and social care professions regulator similar to the model seen at the Health and Care Professions Council (HCPC) in the UK while other health professions still elect professional members onto the regulatory Councils, but the elected candidates and their election 'platforms' are subject to Ministerial scrutiny and approval before they take their seats on the Council.

In Ontario With respect to professional members of Councils, health professions may elect any eligible members as demographic or geographic representatives onto the regulatory Councils, and the Colleges are obliged to take those who are elected by their peers. A common concern is that some members of the profession are elected to Councils based on platforms not aligned with the College's mandate to serve and protect the public interest.

A defined recruitment and screening process will help the College ensure that all candidates who seek election to Council or appointment to its statutory committees, are fully aware of their duty to serve the public interest and demonstrate their commitment to protecting, promoting and serving the public interest- during the screening and selection process and throughout their tenure with the OCP. At the current time, changes to the College's current governance will be limited to what can reasonably be achieved through by-law amendments. Proposed by law amendments will be considered by Council in December 2019 and changes are expected to come into effect upon ratification of the revised by-law in March 2020.

The College of Physicians and Surgeons (CPSO), in its process for vetting non-Council Committee members wishing to serve on the ICRC or Discipline committee has included personal interviews for a number of years. Interested candidates first complete an application and then must undergo an interview process with the Chairs of the College Governance Committee and the statutory Committee in question. Interview questions are constructed in a way to determine one's familiarity with/understanding of the College and the role of the committee that they are applying for. An applicant's education and training and all relevant experience and expertise that they would bring to the committee are also considered before candidate names are put forward to Council for approval.

The Royal College of Dental Surgeons of Ontario (RCDSO), the dental college in Ontario, requires dentists interested in being Non-Council Committee Members (NCCM), to complete an online "*Application & Eligibility Form for Non-Council Committee Appointment*", and to prepare and submit a written statement of interest, setting out why he/she wishes to be involved with College governance; their qualifications and relevant experience; the committees they are interested in serving on, and how they believe their involvement will benefit the RCDSO. Initial screening of submitted application forms is now also followed by a telephone interview with potential appointees.

Similarly, OCP instituted a more rigorous process for screening NCCMs using committee competencies proposed by Advisory Group for Regulatory Excellence (AGRE) in 2017, and in 2018, instituted an Elections Committee telephone orientation process to ensure candidates seeking election to council seat were clear on the public interest mandate and the expectations of being a council member.

Other Jurisdictions: Best practices with respect to recruitment and screening are identified in the UK and Australia.

In the UK, the nine health regulators retain the role and responsibility for recruiting and screening interested candidates, but the processes used in recruiting, screening and selection are subject to scrutiny and oversight by the Professional Standards Authority (PSA). The Professional Standards Authority holds regulators accountable to demonstrate that they have met its expected standard for recruitment which includes four key principles of a good appointments process- merit, fairness, transparency and openness, and inspiring confidence. Where it considers that the processes used by a regulator in recruitment and selection are appropriately grounded in the public interest, the PSA advises the Privy Council that it can have confidence in the process used and the name(s) of the recommended candidate(s) are then forwarded on for approval and appointment.

The nine health regulators retain autonomy for their recruitment and screening processes, and each have developed Candidate Information Packages- provided to candidates who are interested in professional or lay appointments to Council. While there are some differences amongst them, the candidate information packets of all nine health regulators in the UK reference Nolan's "Seven Principles of Public Life"¹, and list as an essential criterion, that *'all candidates have and are able to demonstrate an appreciation of and commitment to protecting, promoting and maintaining the interest of the public through their decisions and actions'*.

In Australia, the Australian Health Practitioner Regulatory Agency or AHPRA is an independent body responsible for providing administrative functions for sixteen national health regulatory Boards in Australia. AHPRA conducts the recruitment processes on behalf of its National Boards and has developed its *'Guidelines for Recruitment, Appointment and Separation of Members to National Boards and State, Territory and Regional Boards of National Boards'* which sets out the common, expected procedures that will be followed, so as to ensure that the Selection Advisory Panel (SAP) process meets legislative compliance.

The "SAP Information Pack", also developed by AHPRA, sets out principles to guide the selection panels in ensuring that the selection of board members is grounded in consistency, fairness and transparency and is defensible, should the process be subject to challenge or to an FOI request.

AHPRA has also developed templates of excellent interview questions for common use by Selection Advisory Panels across the professions which could be considered for use in Ontario.

¹ This refers to the Seven Principles of Public Life (Nolan)- selflessness, integrity, objectivity, openness, honesty and leadership which are standards of probity required by public appointees in the UK and are recommended for inclusion in agreements that selected candidates in the UK have to sign upon appointment. See Appendix

Proposal for a New Recruitment and Screening Process

This proposed process is based on the assumption that the College has engaged the pharmacy profession in extensive consultation and information respecting the bylaw changes and the new election process will come into effect when the revised by-law receives final approval from Council in March, 2020. While dates noted are specific to the 2020 election cycle, the sequencing will apply to annual elections as terms expire.

1. Call for Interested Candidates (Posting of Notice late March-early April 2020;

Closing Date for Receipt of Applications from Interested Candidates May 15, 2020)

Assuming that elections will continue to be held on the first Wednesday of August, it is proposed that the College widely advertise, and post- in a prominent place on its website- a “Call for Interested Candidates for OCP Council” no later than April 5, 2020. This will allow time for the receipt and screening of applicants and for interviewing short listed candidates before the election process begins.

The notice should indicate that the OCP is seeking X pharmacists and X registered pharmacy technicians* who are interested in seeking election to College Council under the new, revised competency-based elections process.

The posting should include:

- Description of candidates that are being sought with link to eligibility criteria provided.
 - o Who are you seeking? (# of Pharmacists/RPhTs and particular criteria)
 - o Desired core attributes/competencies of Council members; particular experience that would be beneficial (financial literacy as example)
 - o About the College (role, mandate, accountability for placing public interests above others)
 - o General Expectations of a College Council member (availability to serve and commitment to: the public interest; preserving confidentiality; declaring conflicts of interest or role; adherence to Council’s values, policies and codes of conduct/ethics)
 - o Link to a candidate information booklet (see below)
 - o Date of Posting and the Closing Date for Receipt of Applications

Note: in Australia and the UK, closing of applications is usually 6 weeks after the position(s) is posted and accordingly, the proposed closing date for applications being received is mid-May.(May 15th)

Candidate Information Booklets' as a Best Practice

In the jurisdictions where regulatory Council/Boards are appointed, the parties responsible for appointments post information about positions open for recruitment, requirements, timelines and process. Best practices are identified in the UK, where the individual health regulators provide comprehensive information booklets to all candidates interested in applying for appointment to their Councils and statutory panels. While such information booklets may be titled differently, for example *"Information Packs for Candidates"* (Health and Care Professions Council, HCPC) or *"Appointment Brief for Candidates"* (General Dental Council, GDC)- they are consistently formatted, and include common headings and information across the nine regulators. Comprehensive candidate information packages ensure that important information is provided to interested candidates before they make the decision to apply for appointment (or as in OCP's case, seek an elected seat on College Council)

OCP's 'call for interest' to members of the profession who wish to seek election to Council should include a link to a 'Candidate Information Booklet' to assist in assuring some consistency with respect to the recruitment, screening and appointment processes used. While information respecting recruitment and selection processes is provided across jurisdictions, I find those provided to candidates by the health regulators in the UK represent best practice and recommend that the College consider adaptation of these templates for use in its new process.

A proposed Candidate Information Booklet, adapted for OCP from the UK template,² would include the following headings :

1. A Message from the College Council Chair -about serving in public interest, thank you for interest, deadline for return of applications
2. An Overview of the Process to be Followed - Key dates/timelines; remuneration, expected time commitments, key contact(s) at the College
3. About the College- information on its mandate, objects and Role of Council, its composition, key priorities/values (transparency, diversity, etc.)
4. The Role and Duties of Council (or statutory committee) members (contribute knowledge, experience, expertise to Council meetings to aid in effective decision-making in the public interest; support the Council objects and mandate; commit to ensuring a good working knowledge of OCP role, processes, legislative and regulatory expectations etc.)
5. Essential Criteria and Desired Personal and Behavioral Competence (List of core competencies (knowledge and behavioral) required of all Council members; particular skills or expertise that are considered desirable)
6. Appointment Considerations (eligibility re residency requirements, if any; conflicts of role, principles of diversity and equality, what to expect if appointed, including orientation and training; terms of appointment; remuneration; expectation to sign agreements to adhere to: rules of confidentiality, the principles of public life, and the code of conduct/ethics, etc.
7. Disqualification from a committee or Council
8. How to Apply/Election process and timelines; Next Steps; Contact Information

² Reference: Registrant Member, Health and Care Professions Council- Information Pack for Candidates (HCPC- UK)

2. Screening of Candidate Applications- a two-step approach (by May 15, 2020)

- a. It is proposed that an initial screening of candidate applications to ensure that basic eligibility criteria are met and applications are complete should be conducted by the staff person designated as the Council and Committee Liaison.
- b. It is proposed that a different staff person, ideally from the College's HR department, should conduct a short-listing of candidates to be interviewed, based on their review of candidates' application, including self-assessment of their own skills, competencies, attributes or particular expertise.

Staff conducting these phases of initial screening are accountable for transparently demonstrating, through documentation, that the screening processes followed were aligned with principles of merit (only candidates meeting expected criteria were put forward), consistency, fairness, and inspiring confidence (all processes were properly followed.)

3. Proposed Selection Process (Completed by June 20, 2020)

Candidates who move forward to the selection process should undergo an interview- either in person or by telephone/electronic means. In Australia, the candidate screening interviews are conducted by AHPRA- appointed Selection Advisory Panels (SAP) and follow a process that must meet legislative compliance in demonstrating consistency, fairness and transparency. In the UK, in the regulated health professions, the interview panels are appointed by the regulators. At the Health and Care Professions Council, as an example, the assessment and selection panel includes the current Chair of the HCPC Council, the Chair of another health professions regulatory Council and an independent panel member (by invitation of the HCPC Chair).

A. The Selection Panel/Committee

Including one or more panel members who are independent of the College and its Council to sit on a selection panel for Council members is an identified best practice evident in the UK, Australia and New Zealand- the revised OCP by-law should require the College to appoint non-Council members (such as a Chair of another College Council and/or a Registrar from another regulator).

It is proposed that three persons from the current Executive Committee be appointed by Council to sit on the Selection Committee along with two independent members.

B. The Interview

All candidates who are deemed to meet initial eligibility criteria should be subject to a 'live' interview process, similar to a job interview. Engagement with the candidates could be done in person, or by video or teleconferencing. Although candidates engage in a self-reflective exercise when submitting their applications, the live interview process should be focused on determining if candidates can demonstrate they meet the essential criteria as well as desired personal and behavioral competencies. Where they do not, the interviewers will want to determine if there is the intellectual ability,

willingness and commitment- to work towards attaining qualifications that are sought but not currently in evidence. Examples of questions that could be used in an interview process are included for consideration below- adapted, with permission, from those developed by AHPRA in Australia:

Proposed Sample Interview Questions³ for Candidates

These are grouped under key headings to help determine if a candidate possesses the key essential competencies being sought.

General Questions re Council Experience

- 1. Can you provide an example in your experience where you have contributed to a Board/Council/Committee in a regulatory environment?*
- 2. Has there been a time when you have been called on to interpret legislation?*
- 3. Please describe your understanding of the role of the College; of the Council (or Committee), and the health workforce regulatory model in Ontario*
- 4. What role do you believe you would play as a professional/public member of this Council?*
- 5. How do you see yourself bringing your perspective (as a professional member) to the discussions and deliberations?*
- 6. How would you plan to keep abreast of current College issues and with all the information you need to make informed decisions?*
- 7. Can you think of a time when you had to deal with a particularly difficult or challenging situation involving another board or committee member? If so, what was the outcome?*

Displays Integrity: demonstrates traits to suggest one is ethical, committed, and diligent, will come prepared, is organized, professional, principles-based, respectful, values diversity, and is able to share and/or maintain positions with courage and independence

- 1. What do you consider to be a 'conflict of interest'? Have you had to deal with conflicts in the past, and using an example, how did you manage these?*
- 2. Discuss a time when your integrity was called into question. How did you handle it?*
- 3. In exercising your duties, you will be exposed to highly confidential information. Have you had to manage confidential information in the past?*
- 4. What would you do if you believed a colleague on your Council (or committee) was in a conflict of interest or role but has failed to declare it?*

Thinks Critically: demonstrates traits that one can be objective and impartial; is logical and analytical in processing information; is able to distill the core of complex issues before considering/weighing options

1. *Describe an example where you had to assess a complex issue. What were the challenges and issues you needed to consider and how did you determine the most appropriate course of action?*
2. *Can you provide an example where you achieved consensus in a group around a contentious issue?*
3. *Please describe a problem that you solved in a unique or unusual way. What was the outcome and were you satisfied with it?*
4. *Was there ever a time you had to make a decision without all the information you wanted or needed? How did you proceed and what was the outcome?*

Brings and Uses Expertise: demonstrates ability to apply relevant knowledge, expertise, skills and experience to contribute to decision-making

1. *Thinking of a time when you have been faced with a difficult personal or professional decision, what actions did you take and what was the result?*
2. *How do you react in situations where you are called to make 'immediate' decisions?*
3. *In what situations do you seek input from others before making a decision?*
4. *Please share experience you have had, if any, in a regulatory role and a key contribution that you believe you made*

Communicates Effectively: demonstrates that one is articulate, persuasive and diplomatic; that they show characteristics of emotional intelligence, including self-awareness, and reflection about personal impact or effectiveness; and that they listen and respond constructively to contributions and views of others

1. *How would you describe your communication style?*
2. *Can you provide an example of a high quality written decision you have produced?*
3. *You do not support a proposed recommendation, and during the meeting, discover that you are the only member of the Council (or Committee) that does not support it. How would you approach this situation?*
4. *Can you provide an example of working within a diverse team to try and achieve consensus on a matter? Have you had to compromise your own point of view in pursuit of consensus?*

Focuses Strategically: demonstrates the ability to take a broad perspective, to see the ‘big picture’ and to consider long term impacts

1. *Given your knowledge about this College and the regulatory system in Ontario, what would you consider to be the challenges for this Council in the next three years?*
2. *Tell us about an achievement that you are particularly proud of. How did you set about achieving this goal? Did you experience any setbacks and if so, how did you deal with them?*

Demonstrates Leadership (potential for future Chairing role): conveys confidence and decisiveness; respects and also commands respect; is likely to act without fear or favor; fully understands professional regulation and serving the public interest; would drive reform to best serve the regulatory mandate; shows potential for assuming a future Chair role

1. *How would you describe your leadership style?*
2. *Can you provide an example of a time where you have lead a high performing team through a challenging process? What were the results?*
3. *What would you cite as your greatest leadership achievement, in either a personal or professional environment? Talk through the steps you took to reach it*
4. *(for Chair candidates) How do you see yourself as contributing to this committee or Council as its Chair?*
5. *Describe a time when a position you took was unpopular or criticized by your team. How did you handle it? Would you, looking back, have done anything differently?*

C. Selection of Candidates

Following the interviews, the selection panel members will select the candidate(s) who will proceed to seek election onto Council. Odd- numbered panels (of three or five rather than four) are widely viewed as most effective at facilitating better decision-making and avoiding tied votes and accordingly, are recommended for this selection process.

It is proposed that a scoring guide be provided for the panel by the College’s HR staff to assist each panel member in independently ‘scoring’ interviewed candidates on their individual merits. An important step will be to ensure that scoring templates are consistently used for all candidates, that documentation of the process occurs, and in a manner that demonstrates that all candidates were interviewed and scored on merit using a fair, objective, accountable and transparent process.

3 Adapted, with permission of AHPRA, from its “Selection Advisory Panel Information Pack”(November 2015

The selection process will need to be completed, with candidates notified and notice provided to the profession as to the candidates who have been approved to run for election to Council in time for the election process to align with timelines that will allow the election count to take place as usual in early August.

All communication respecting the new process- to the candidates who went through the application process, to the professional registrants who will elect from amongst selected candidates, and to the profession at large must demonstrate the OCP's commitment to transparency through open sharing of the process used and messaging from the Council Chair reflecting on how the process followed international best practices that are built on principles of merit, fairness, and consistency. It would be important that messaging include a notice that, in keeping with Council's commitment to evaluation and accountability, its processes followed in the recruitment and screening of candidates will be subject annually to an external audit. (More below)

4 Orientation and Training

(August 15-September 10, 2020)

Best practices require participation in an orientation and training program that is, at minimum, robust enough to provide new Council (and Committee) members with a solid regulatory foundation before they attend their first Council meeting and/or adjudicate their first statutory matter.

The Ontario College of Pharmacists has long provided comprehensive orientation to new Council members whether elected or government-appointed; over the years the nature and extent of this initial training has evolved along with changing times and expectations.

Proposals to develop and deliver a more comprehensive 'regulatory boot camp' type training to new Council and statutory committee members of all health regulatory Colleges in Ontario are currently under consideration by the Federation of Health Regulatory Colleges of Ontario (FHRCO) and by the Advisory Group on Regulatory Excellence (AGRE). Until such a program is developed, it is proposed that the current orientation manual and process be reviewed to ensure adequate orientation to concepts of self-regulation in Ontario; roles and responsibilities of the College, the Council and the staff. In addition, some discussion respecting the high(er) expectations that are placed on members of regulatory Councils today to ensure the College effectively meets its legislative/regulatory obligations and that its actions inspire public confidence and trust should also occur.

5 Inspiring Confidence through a Transparent and Accountable Process (Annually)

Oversight through External Scrutiny/Audit

Oversight and accountability mechanisms respecting recruitment and selection processes for Council members differ across regulators and jurisdictions.

In the UK, an external and independent third party provides oversight of the regulators' processes for recruitment and screening of candidates, and it is proposed that OCP look to the UK's model as its preferred approach. In the absence of a government-established independent body such as the

Professional Standards Authority (PSA), it is proposed that OCP engage external auditors to effectively audit and report on the recruitment and selection processes used in a particular year.

There is already a precedent in Ontario for using external auditors to scrutinize and report on the registration practices of health regulatory Colleges, and for OCP, it is proposed that engaging external auditors to review and report on its new recruitment and screening process could be easily done in 2020 and annually, thereafter.

It is further proposed that the review by auditors engaged for this work should be modelled on the scrutiny process used by the Professional Standards Authority⁴

Public Reporting on Successes but also Areas for Improvement

A commitment by OCP Council to publicly report on its recruitment and selection process is an important first step in assuring the Minister and the public that they can have confidence that the College's process- following best international practices, provides an acceptable level of assurance that at a minimum:

Professional members elected to Council, or appointed by Council to statutory committees:

- fully understand the role of the College and how it differs from other professional bodies
- fully understand the College's mandate to put the public interest first in all deliberations and decisions
- fully understand the expectations that accompany election to Council or appointment to statutory committees
- have demonstrated experience or expertise in adjudication of matters or have demonstrated an ability to quickly learn from others
- can demonstrate that they possess good written and verbal communication skills
- are in the position to be available for hearings as needed
- fully understand the need to preserve confidentiality, to declare conflicts of interest/role and to adhere to approved codes of conduct and ethics.

⁴ Good Practice in Making Council Appointment- principles, guidance and the scrutiny process https://www.professionalstandards.org.uk/docs/default-source/appointments/good-practice-in-making-council-appointments.pdf?sfvrsn=90b57020_2

Appendix 1

Summarizing the Proposed New Recruitment and Selection Process at OCP

1. Call for Interested Candidates Posted and Circulated by Staff as soon as possible after Council's final ratification of revised bylaw and new selection/election process
2. Closing date for applications from interested candidates no later than May 15th
3. Initial screening of applications done in two steps:
 - a. Council and Committee Liaison ensures basic eligibility criteria is met and that application is complete for each applicant
 - b. HR staff short lists candidates on basis of merit (evidence that candidates possess desired competencies and/or particular expertise)
4. Council-appointed selection panel interviews screened candidates to determine that candidates demonstrate desired skills/competencies or if not, that there is a willingness and capability of developing needed skills through additional training. Interviews would need to be completed, and candidates selected and notified by mid-late June to allow for election process and voting to occur within usual and customary timelines. It is proposed that selection panels of three or five members be appointed.
5. It is recommended that the revised bylaw require Council to appoint independent members to the selection panels, similar to practice at the HCPC in the UK where panels include the Chair of a different health regulatory Council and one other independent member.
6. Notice to all professional registrants should be transparent in setting out the process(es) used by the College in recruitment and screening of candidates and should include messaging as to Council's commitment to follow processes, built on best international practices, that inspire trust and confidence
7. Orientation and training should be provided to all new Council members before they attend their first Council (or Committee) meeting- suggested this happen between mid-August and early September if possible). This could be done through a web based learning module conducted by Council Chair and College staff if in-person attendance is not possible. Training should be expanded to highlight the high expectations now placed on regulatory Council members and the increased pressures on Council and the College to demonstrate greater accountability for decisions and approved processes.
8. It is proposed that the College demonstrate its commitment to accountability for the recruitment and selection process by engaging services of external auditors- beginning in the fall of 2020 and annually, following each Council election- to review and scrutinize the processes followed and to report back on findings, including opportunities for improvement. Council's commitment to principles of transparency and openness can be demonstrated by making public the auditor's findings -including both successes and opportunities for improvements -and accompanied by Council's action plan to address these.
9. A key component of this proposed process requires a commitment from Council and staff to carefully document what is done throughout each step of this process and where appropriate, the rationale for a decision or action. This will be important in the event that a decision or action is called into question at a later date. Open sharing about how steps were taken and decisions made to ensure consistency and fairness will be important in building public trust and confidence going forward.

Appendix 2

The Seven Principles of Public Life

All candidates for public appointments are expected to demonstrate a commitment to and an understanding of, the value and importance of the principles of public service.

Selflessness

Should act solely in terms of the public interest

Integrity

Must avoid placing themselves under any obligation to people or to organizations that might try to inappropriately influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, their friends, or others.

Objectivity

Must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Should be truthful

Leadership

Should exhibit these principles in their own behavior. They should actively promote and robustly support the principles and be willing to challenge poor behavior in others when it occurs.

(Nolan's Seven Principles of Public Life)

Appendix 3

References

1. Examples of screening tools and candidate information packages across regulators and jurisdictions were reviewed, including those used in the UK by the General Dental Council, the General Pharmaceutical Council and the Health and Care Professions Council; by the Irish government for state board appointments, by the CPSO in Ontario and by the Australian Health Practitioners Regulatory Agency (AHPRA). A competency-based eligibility appointments framework, developed by AGRE was also reviewed.
2. Nolan's Seven Principles of Public Life- which all prospective candidates are asked to consider before submitting an application for appointment to health regulatory Councils in the UK- these are included in all of the candidate information booklets/packets provided to interested candidates by the regulators
3. The Professional Standards Authority (PSA)'s comprehensive document setting out its principles, guidance and scrutiny process for regulators making Council appointments and can be found at:

https://www.professionalstandards.org.uk/docs/default-source/appointments/good-practice-in-making-council-appointments.pdf?sfvrsn=90b57020_20

Attachment 3

<u>Amount</u>	<u>College</u>
\$150	College of Chiropractors of Ontario
\$150	College of Dietitians of Ontario
\$150	College of Denturists of Ontario
\$150	College Of Medical Laboratory Technologists Of Ontario
\$150	College of Medical Radiation Technologists of Ontario (CMRTO)
\$150	College Of Naturopaths Of Ontario
\$150	College of Respiratory Therapists of Ontario
\$150	College of Traditional Chinese Medicine Practitioners Acupuncturists of Ontario
\$150	College of Kinesiologists of Ontario (CKO)
\$200	College of Chiropractors of Ontario (CCO)
\$225	College of Registered Psychotherapists of Ontario (CRPO)
\$250	College of Occupational Therapists of Ontario
\$260	College of Nurses of Ontario
\$275	College of Massage Therapists of Ontario
\$300	College of Audiologists and Speech-Language Pathologists (CASLPO)
\$300	College of Dental Hygienists of Ontario
\$300	College of Dental Technologists
\$300	College of Homeopaths of Ontario
\$300	College of Opticians of Ontario (COO)
\$320	College of Midwives of Ontario
\$325	College Of Psychologists Of Ontario
\$326	College of Physiotherapists of Ontario
\$750	College of Optometrists of Ontario
\$996	College of Physicians and Surgeons of Ontario
\$1,060	Royal College of Dental Surgeons of Ontario



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Policy Consideration – Cost of Living Adjustment Fee Increases

ISSUE: To provide a stable revenue source to fund the regulatory functions of the College.

PUBLIC INTEREST RATIONALE: By providing a predictable revenue stream the College will maintain the ability to be adequately resourced to regulate the profession's adherence to high standards aimed at providing quality care to the patients of Ontario.

BACKGROUND:

Over the years, the College has been fortunate to rely on growth in the number of registrants/pharmacies to fund the increased cost of operations as they have evolved due to regulatory changes aimed at meeting changing societal expectations. This has resulted in long periods of time where fees were unchanged, with large percentage increases to fees from time to time. The most recent example was the 25% increase to fees following nearly a decade of no increases (registrant fees spread over two years). While the 25% increase amounted to less than 2.5% compounded annually since the last increase, the feedback from the profession was significant. At the March 2019 meeting, Council discussed the feedback and asked that the Finance and Audit Committee examine the possibility of instituting annual cost of living increases to fees as a means of avoiding future large fee increases following years of stable fees.

ANALYSIS:

An examination of the historical patterns of registrant growth experienced by OCP indicated that there was a slowing of growth in the past four to five years, meaning that although all registrant classes continue to increase each year, the number of net new members, calculated as new registrations less deletions, is decreasing.

The College also examined the approach of other health regulators in Ontario. The review indicated that nearly half of the colleges had implemented by-laws that called for regular incremental increases to fees equal to the Consumer Price Index (CPI). Other colleges did not have fee increases addressed in their bylaws relying, as OCP did, on fee increases being determined based on the need to fund projected expenses. Two Colleges indicated that considerations of fee increases happen within a prescribed amount of time, such as three to 7 years.

Based on the information noted above, and taking into account the fact that 70% of the College's expense is staffing costs which is impacted by regular cost of living and performance increases, the FAC agreed that it would be prudent to implement annual cost of living fee increases.

RECOMMENDATION: That the College by-laws be amended to provide for annual cost of living fee increases across all fee categories to commence in 2021. The proposed by-law will be circulated for stakeholder feedback together with by-law amendments relating to governance reform following the December council meeting.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Appointment of Auditors

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

PUBLIC INTEREST RATIONALE: Annually the College undergoes an independent audit of its financial statements in accordance with Canadian accounting standards for not-for-profit organizations. The objective is to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report. By completing the audit and publishing its results the public trust in the financial health of the College can be maintained.

BACKGROUND:

Early this year, the Finance and Audit Committee (FAC) discussed the decision made at Council in December 2017 when the current audit firm, Tinkham and Associates, was appointed due to the dissolution of the previous auditor. At that time, the FAC recommended appointment of Tinkham on the basis of a 2014 market review. While discussion at the time indicated the expectation that audit services be taken to the market again in 2019, the FAC determined that was not necessary provided other checks and balances acceptable in the industry be put in place. The committee noted that the two audits undertaken since 2017 have been well executed and that Tinkham has provided the FAC with sound advice aimed at strengthening their oversight responsibilities.

Accordingly, with the added check and balance of requesting a new Audit lead periodically along with regular review of the performance, the committee is comfortable retaining Tinkham and Associates LLP as auditors.

ANALYSIS:

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

RECOMMENDATION: That Tinkham & Associates LLP be appointed as auditor for 2019.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Patient Relations Committee

TOPIC: Indigenous Cultural Competency

ISSUE: Improving patient care for Indigenous communities within Ontario by following the *Truth and Reconciliation Commission of Canada: Calls to Action* (2015) as guidance.

PUBLIC INTEREST RATIONALE: This initiative to improve patient care for indigenous communities in Ontario developed following a meeting in December of 2018 coordinated by the Royal Canadian Mounted Police in Kingston to consider issues facing Indigenous peoples regarding drugs and alcohol. There may be other opportunities in the future to similarly respond to at risk groups of patients.

BACKGROUND:

The Patient Relations Committee advises Council with respect to the Patient Relations Program, Defined as a program to enhance relations between registrants and members of the public. The Committee recommends that the College follow the Truth and Reconciliation Commission's Calls to Action (C2As) regarding health to improve patient care for Indigenous communities within Ontario.

Truth and Reconciliation (See [Appendix 1](#)):

- In 2015 the Truth and Reconciliation Commission of Canada published reports that analyzed and documented the history and lasting impacts of the Canadian Indian residential school system on Indigenous people. Along with the reports, 94 C2As were stated to encourage reconciliation between Canadians and Indigenous people.
- These C2As include a section on health, highlighting seven areas where governing bodies and healthcare professionals can engage in reconciliation.
- While this section largely focuses on actions from the federal government, the C2As #22-24 are applicable to the functions of the Ontario College of Pharmacists (the College) and its registrants.

The Importance of Indigenous Cultural Competency within the College's Work:

- Indigenous communities continue to experience "considerably lower health outcomes" than non-Indigenous Canadians and continue to show a disproportionate burden of disease of health disparities.¹
- These disparities have been linked to health inequities caused by the social determinants of health and have been linked to discrimination in healthcare practice.
- With Truth and Reconciliation gaining more public awareness and understanding, the public has begun to set higher expectations for responses and action by health professionals to address inequality towards Indigenous communities.
- The College needs to remain responsive to the needs of the people of Ontario and seek out opportunities to improve patient outcomes.

¹ An Overview of Aboriginal Health in Canada. National Collaborating Centre for Aboriginal Health, 2013, An Overview of Aboriginal Health in Canada, www.ccnsc-nccah.ca/docs/context/FS-OverviewAboriginalHealth-EN.pdf.

ANALYSIS:

- Other regulatory bodies and organizations have already begun work to improve patient care for Indigenous communities ([see Appendix 2](#)).
- The schools of pharmacy have also started to acknowledge the importance of cultural competency within the pharmacy setting. Both the University of Toronto's and the University of Waterloo's pharmacy schools have offered lectures on Indigenous health ([see Appendix 2](#)).

RECOMMENDATION: It is recommended that the College adopt the opportunities outlined below to cultivate Indigenous cultural competency amongst the College staff and its registrants.

- **Commitment to Act:** The College should further examine ways to address cultural inequalities to improve patient outcomes through research and engagement with Indigenous government, other regulatory bodies, and cultural healthcare advocacy groups. The first step would be to have the College conduct a thorough jurisdictional scan of action taken by other regulatory colleges to address inequality in patient care. This work may guide the College's own action plan.

In addition, the College should strive for relationship building and engagement with Indigenous communities and healthcare advocacy groups that focus on Indigenous health. This opportunity corresponds with #22 and #23 of the C2As.

- **Web Material:** The College should create a cultural sensitivity page on the College's website that would include resources and a training module on the inclusionary services that the College expects of registrants. This would be the beginning of engaging registrants with cultural competencies. This opportunity corresponds with #23iii and #24 of the C2As.
- **Land Acknowledgement:** The College should begin Council meetings with a [Land Acknowledgement](#) ([see Appendix 3](#)). Doing so will remind Council members, College staff and registrants that we all have a role in the reconciliation process and to consider this role within our work. A land acknowledgement should be accompanied by a public commitment of action to contribute to reconciliation, such as recognizing that we have a role in the reconciliation process.

Land acknowledgement is not in the C2As, but is based on the principle that Truth comes before Reconciliation. By acknowledging that the land on which the College operates is traditional Indigenous land, the College would demonstrate its dedication to bettering pharmacy care for Indigenous people while acknowledging the historical past of the province and the country.

Further Considerations:

- As the College begins work to acknowledge and address the C2As, it must also be committed to working alongside Indigenous communities in a partnered approach.

APPENDICES:

Appendix 1: Truth and Reconciliation Commission of Canada's Calls to Action:

Excerpt from the Health Section:

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Appendix 2:

Regulatory Bodies and Other Organizations:

A brief scan of other organizations within healthcare was conducted. Below are some of the findings:

- **Federation of Health Regulatory Colleges of Ontario (FHRCO): The College of Physicians and Surgeons of Ontario (CPSO)** presented at the April 2019 FHRCO meeting a request to consider a Declaration of Commitment to Cultural Safety and Humility (as British Columbia has done below). FHRCO agreed and a proposal is being developed.
- **The College of Physicians and Surgeons of Ontario:** CPSO has met with the Nishnawbe Aski Nation (NAN) which asked for support for their health transformation initiative. As a result of this meeting, CPSO has been examining further opportunities to improve cultural competency and Indigenous healthcare.
- **The College of Pharmacists of British Columbia (CPBC):** In 2017, all of British Columbia's health regulators signed the [Declaration of Commitment – Cultural Safety and Humility in the Regulation of the Health Professionals](#). Signing this showcased the health regulators' commitments to support cultural safety training for healthcare professionals, regulatory boards and staff; to work with First Nations Health Authority leadership; to appoint Aboriginal leader to sit on boards and committees; and to incorporate cultural humility in regulatory proceedings and day-to-day operations. In response to making this commitment, the CPBC has [created a strategy and courses](#) (both accredited and voluntary).
- **The College of Nurses of Ontario (CNO):** CNO has a [Culturally Sensitive Care](#) webpage and have included cultural sensitivity in its' [Therapeutic Nurse-Client Relationship](#) practice standard.
- **The College of Physiotherapists of Ontario (CPO):** CPO has included cultural sensitivity in its [communication skills training](#) webpage.
- **Health Quality Ontario (HQO):** HQO includes cultural appropriate Indigenous healthcare as a component of all its quality standards (see [Appendix 1](#)). HQO has also created a [Health Equity Plan](#) and made a commitment to ensure that "all people living in Ontario have access to care that is appropriate and effective."

Pharmacy Curriculums:

- **University of Waterloo:** UW offers a lecture on the "*Diversity and Health Disparities: Beginning to Understand Indigenous Health*" in the [PHARM 120: Introduction to the Profession of Pharmacy](#) course in the undergraduate degree program.
- **University of Toronto:** In the fall of 2018, Jason Pennington, the co-coordinator of Indigenous Health in Medicine, spoke about Indigenous culture and health to pharmacy students.

Appendix 3:

Example of a Land Acknowledgement (by the City of Toronto):

The City of Toronto acknowledges that we are on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. The City also acknowledges that Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

The City of Toronto has been acknowledging the traditional territory since March 2014. Due to conversations with Indigenous leaders, including the Aboriginal Advisory Committee as part of the 2018 Toronto for All Campaign, the language the City of Toronto uses has evolved.

The following statements were updated in February 2019:

Land Acknowledgement for Toronto

We acknowledge the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.



OPIOID USE AMONG FIRST NATIONS IN ONTARIO

A REPORT OF CURRENT FINDINGS

PREPARED BY
THE INSTITUTE OF CLINICAL EVALUATIVE SCIENCES
FOR
THE CHIEFS OF ONTARIO
AND THE
CHIEFS IN ASSEMBLY



OPIOID USE AMONG FIRST NATIONS IN ONTARIO

BACKGROUND

The rising use of opioids has become a major concern in Ontario and a public health crisis in First Nations communities in particular. One way that opioids are accessed in Ontario is through prescriptions. The limited high-quality data on prescription opioid use and related adverse events among First Nations people in Ontario is a barrier to effective planning of appropriate services and supports that could target these issues in affected communities. In response to this opioid epidemic, on June 26, 2013, the Chiefs in Assembly passed Resolution 13/10 (Prescription Opioid Surveillance) mandating the Chiefs of Ontario (COO) to work with the Institute for Clinical Evaluative Sciences (ICES) and the Non-Insured Health Benefits (NIHB) Program to develop research that is relevant and appropriate to the needs of First Nations. The Opioid Surveillance Steering Committee acted as the technical advisory group for this work. This report was prepared by ICES for the purpose of sharing current findings on opioid use among registered First Nations with COO and the Chiefs in Assembly.

KEY TERMS

MEQ

Morphine Equivalents (MEQ) allow us to compare doses between people using different types of opioids and are calculated by converting an opioid dose into its equivalent dose in morphine. This is reported as mg MEQ/day.

NIHB

The Non-Insured Health Benefits (NIHB) Program is a national program that provides coverage to registered First Nations for a specified range of medically necessary items and services (including drugs) that are not covered by other plans and programs. NIHB is 'first payer' for those who are not eligible for ODB.

ODB

The Ontario Drug Benefit (ODB) database contains claims for prescription drugs received under the Ontario Drug Benefit program. To be eligible for the ODB program, an individual must have a valid Ontario health card and be aged 65+. Individuals under the age of 65 can also qualify if they have low socio-economic status, receive disability support or home care, have high drug costs relative to household income, or reside in a long-term care home.

OPIOIDS

Opioids are natural or synthetic chemicals that reduce feelings of pain. Common prescription opioid pain relievers include¹: Oxycodone (e.g. *OxyContin*; *OxyNeo*), Hydromorphone, Fentanyl, Morphine, Codeine, and other combination agents (e.g. *Tylenol No. 2 and 3*; *Percocet*).

RATE

The frequency with which an event or circumstance occurs per unit of time, population, or other standard of comparison. Example: Based on a rate of *1.5 deaths per 10,000 people*, we can expect approximately 15 deaths in a community of 100,000.

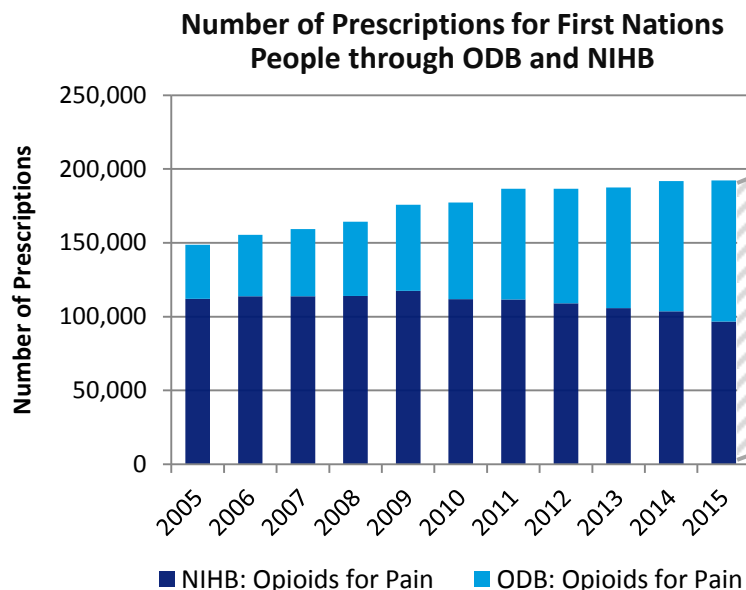
Please refer to the *Technical Appendix* for a comprehensive list of data sources used in the analyses.

HOW ARE OPIOIDS PRESCRIBED AMONG FIRST NATIONS PEOPLE?

Council Meeting - September 16 & 17, 2019

Appendix 13.4

Data sources:
ODB and NIHB



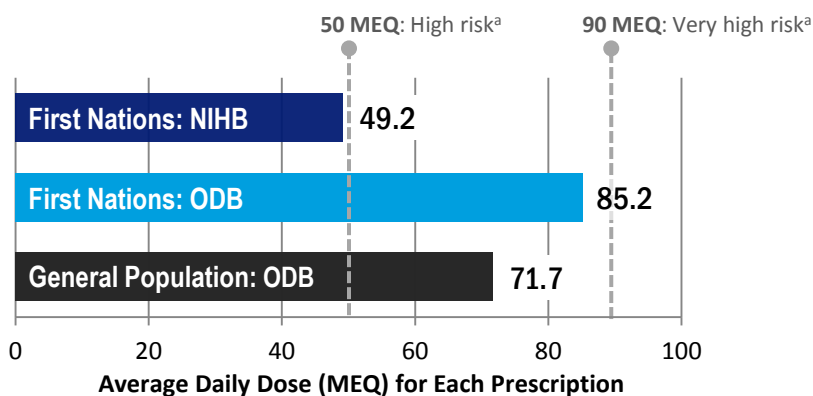
When we look at *different* data sources we see *different* trends. Overall, these results show that the number of prescriptions for opioids has **increased** over time, and is driven by **increased prescribing through ODB** in more recent years.

NOTE: Opioid prescription results do **not** include illicit opioid use, opioids used to treat addiction (i.e. methadone), or prescriptions that are not funded through the NIHB or ODB programs (e.g. private payments, cash payments).

Morphine Equivalents (MEQ) in 2015

^a These dosage thresholds are based on overdose risk when opioids are prescribed for pain.²

↑ Daily dose = ↑ Health risk



Note: people may get multiple prescriptions that could put them over the risk thresholds.

The average daily dose dispensed to First Nations people through ODB is higher than the general population, and higher than that dispensed to First Nations people through NIHB. This is concerning given the higher risk of toxicities associated with higher doses of opioids.

LIMITATION: The figure includes two types of opioids: immediate-release and long-acting. The results may be lower than expected because immediate-release opioids are often prescribed, but have very low daily doses.

NOTE: If we were able to link opioid prescription data from ODB to NIHB, the average daily dose dispensed may be even higher in First Nations people compared to the general population (as some individuals may be accessing opioids from both ODB and NIHB).

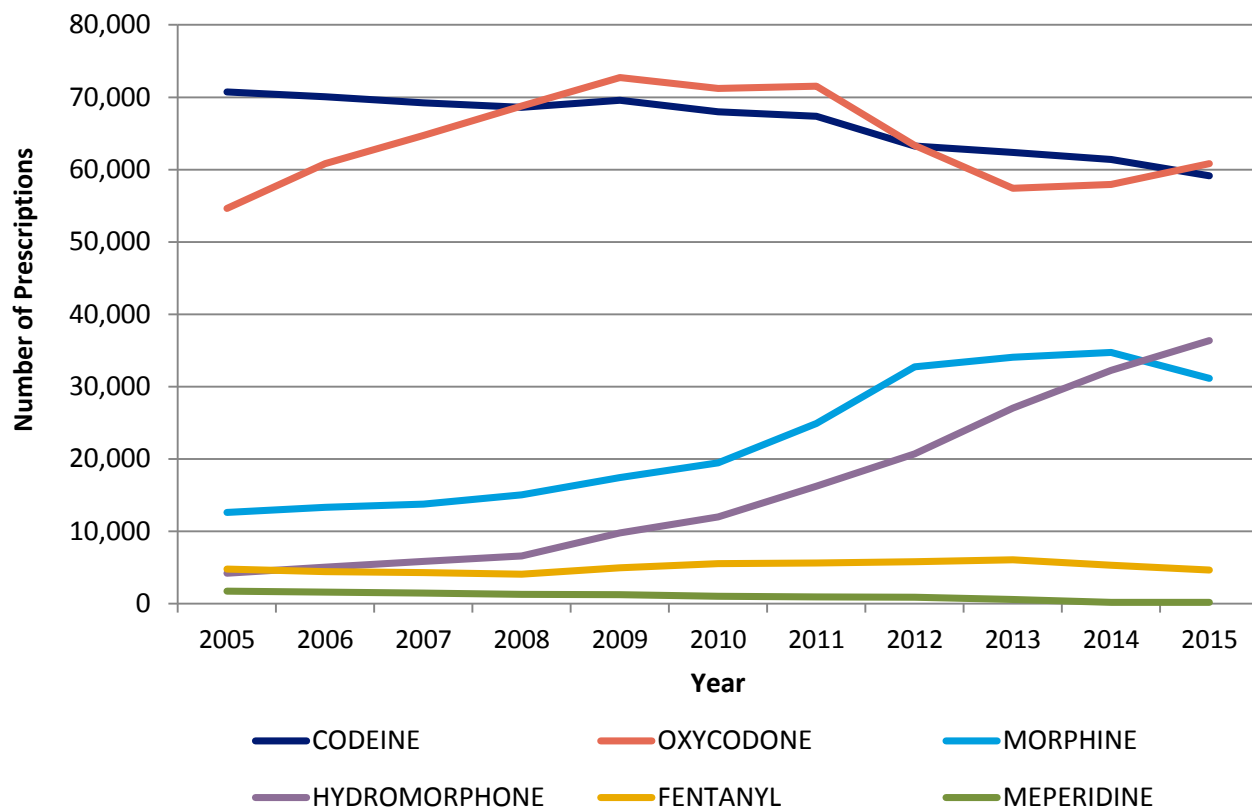
HOW ARE OPIOIDS PRESCRIBED AMONG FIRST NATIONS PEOPLE?

Council Meeting - September 16 & 17, 2019

Appendix 13.4

Data sources:
ODB and NIHB

Number of Prescriptions for First Nations People through ODB and NIHB, by Type of Opioid



Between 2005 and 2015:

- Codeine and oxycodone (single agents and combination agents) are the most commonly prescribed opioids over the 10 years shown, largely driven by use of the combination agents that are prescribed more often for short term use (e.g. Tylenol No. 2 and 3; Percocet).
- Despite the high use of codeine, the number of codeine prescriptions have **decreased by 16%** over the past 10 years.
- The opioids with the most noticeable increase in number of prescriptions are morphine (**147% increase**) and hydromorphone (**768% increase**).
- The number of fentanyl and meperidine prescriptions have remained below 10,000 prescriptions per year, over the last 10 years.

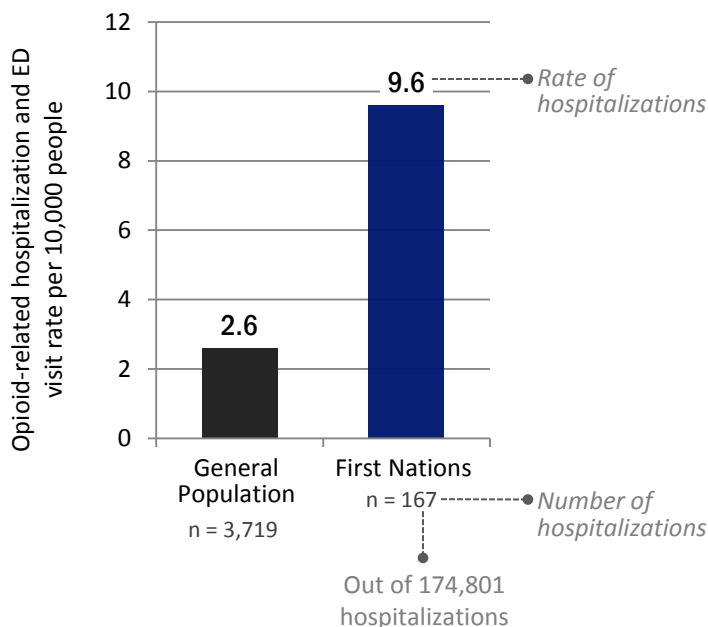
WHAT ARE THE IMPLICATIONS OF OPIOID USE?

Council Meeting - September 16 & 17, 2019
Appendix 13.4
Data sources:
CIHI-DAD,
CIHI-NACRS

Opioid-Related Toxicity

(may be related to prescription and/or illicit use)

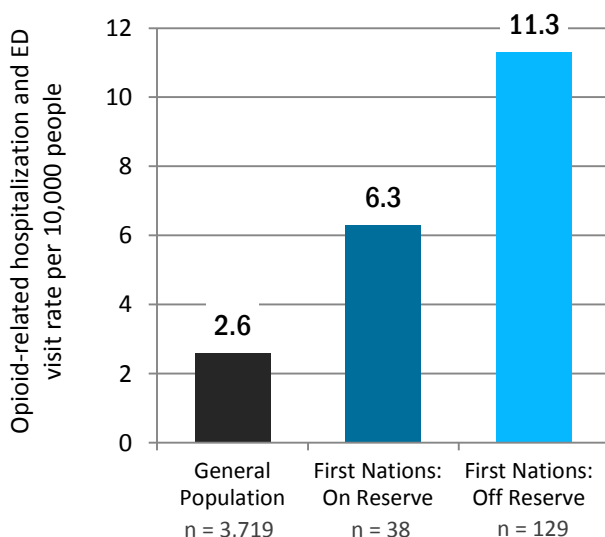
Rate of Opioid-Related Hospitalizations and Emergency Department Visits in 2015



Rates of opioid-related hospitalizations and emergency department visits are nearly **4 times** higher among First Nations people compared to the general population.

Rates of opioid-related hospitalizations and emergency department visits are nearly **2 times** higher among First Nations people off reserve compared to First Nations people on reserve.

Rate of Opioid-Related Hospitalizations and Emergency Department Visits in 2015



LIMITATION: Opioid-related toxicity may not be well-captured in emergency department and hospitalization data; therefore we are likely underestimating the true number of events in this report.

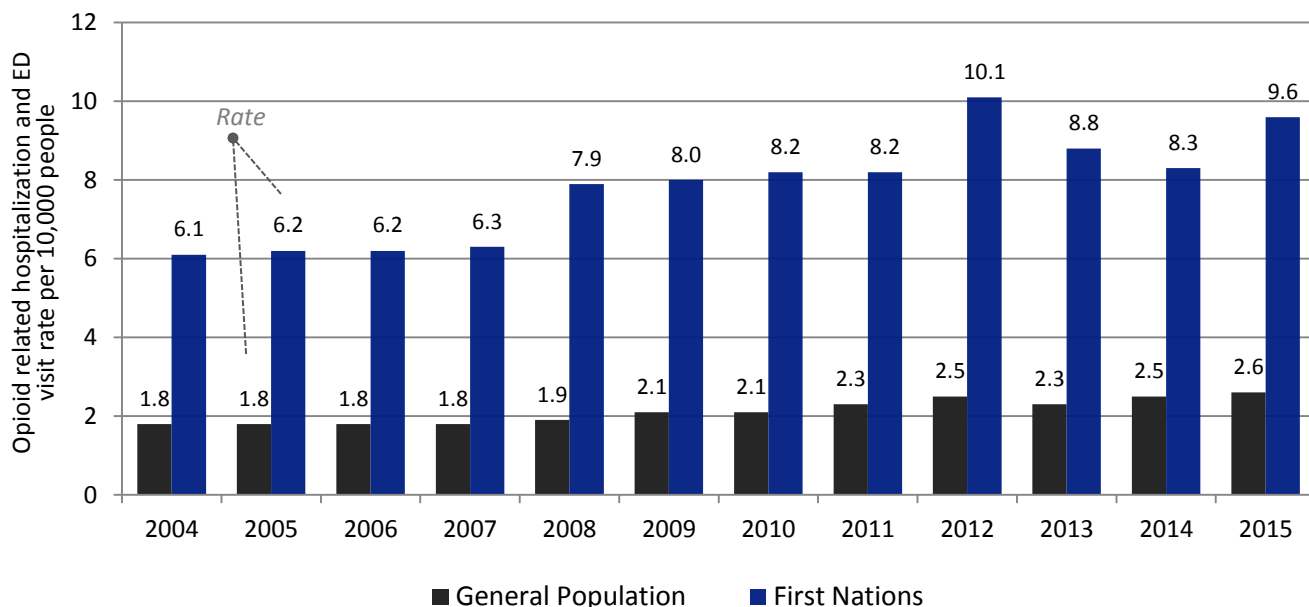
LIMITATION: Emergency Department visits and hospitalizations will not capture opioid-related toxicities that occur in nursing stations or in remote communities, which may underestimate events among First Nations.

NOTE: Higher rates of opioid toxicity are seen in urban areas among First Nations; in contrast, higher rates are seen in rural areas among the general population.

Opioid-Related Toxicity

(may be related to prescription and/or illicit use)

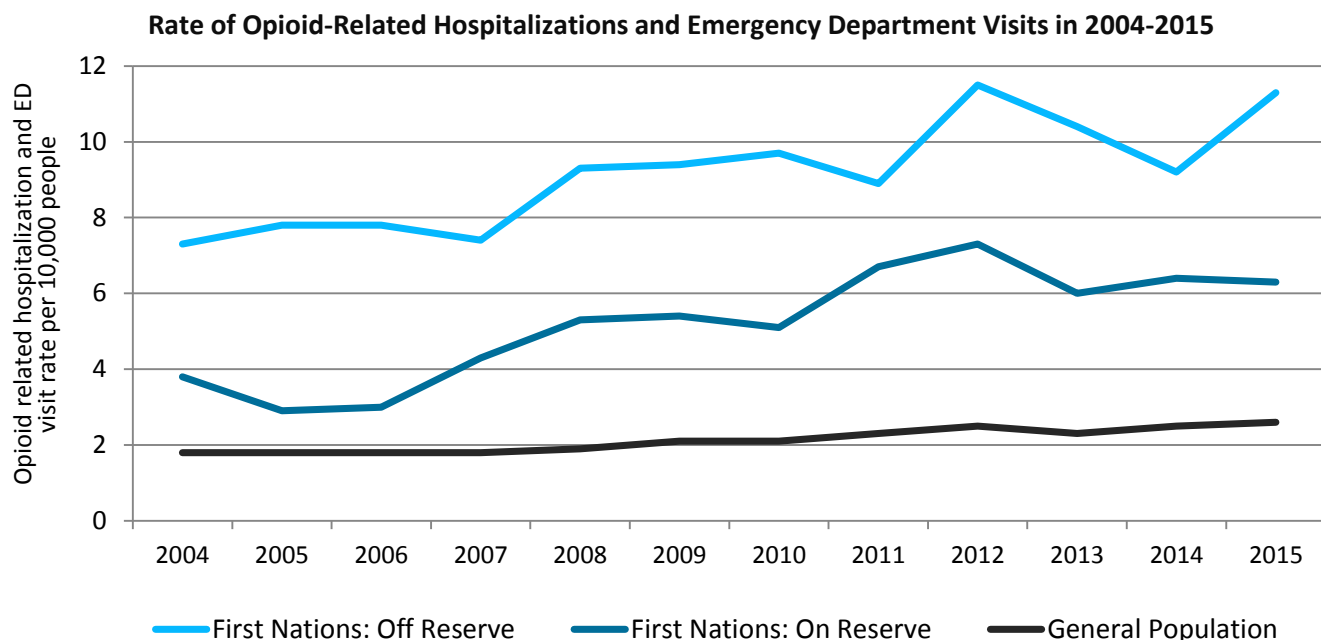
Rate of Opioid-Related Hospitalizations and Emergency Department Visits in 2004-2015



Rates of hospitalizations and emergency department visits between 2004 and 2015 are **consistently higher** among First Nations people compared to the general population. Moreover, these rates have been **increasing to a greater extent** in First Nations people compared to the general population.

Opioid-Related Toxicity

(may be related to prescription and/or illicit use)



Rates of hospitalizations and emergency department visits between 2004 and 2015 are **consistently higher** among First Nations people living off reserve compared to First Nations people living on reserve. The increase in rates are evident in First Nations living on and off reserve.

WHAT ARE THE IMPLICATIONS OF OPIOID USE?

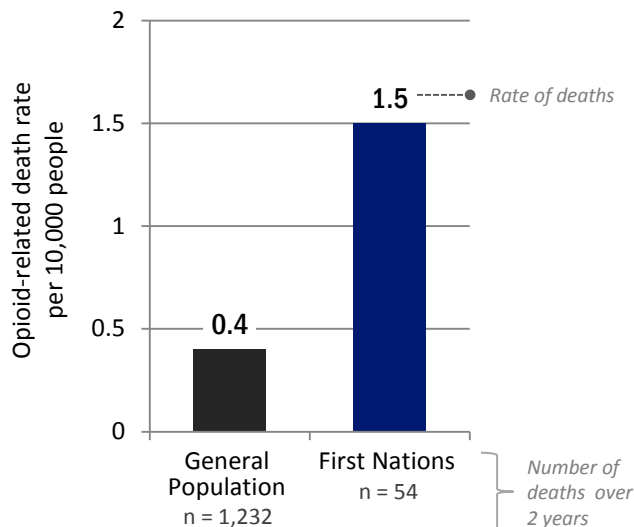
Council Meeting - September 16 & 17, 2019
Appendix 13.4

Data source:
Coroner
Death Data

Opioid-Related Mortality

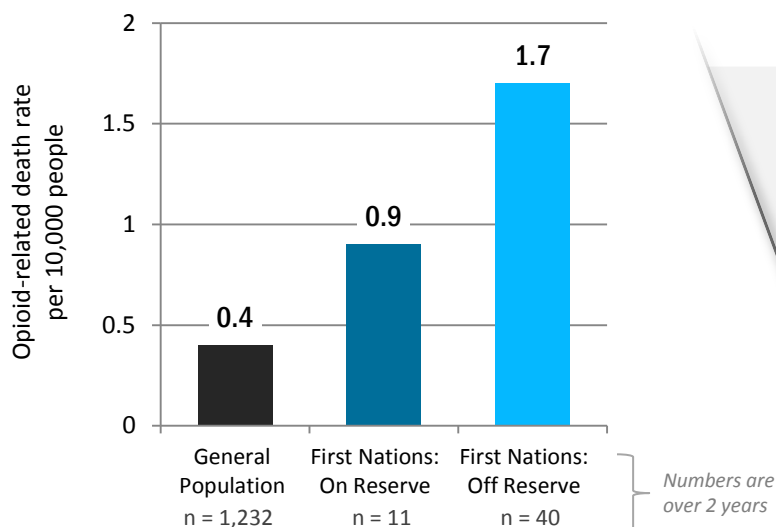
(may be related to prescription and/or illicit use)

Average Rate of Opioid-Related Deaths in 2014-2015



Rates of opioid-related deaths are nearly **4 times** higher among First Nations people compared to the general population.

Average Rate of Opioid-Related Deaths in 2014-2015



Rates of opioid-related deaths are nearly **2 times** higher among First Nations people off reserve compared to First Nations people on reserve.

NOTE: Charts depicting on/off reserve comparisons contain small numbers, which may be more likely to fluctuate from year to year. However, we have found that between 2004 and 2015, rates of opioid-related toxicity and mortality are consistently higher among First Nations people off reserve than those on reserve.

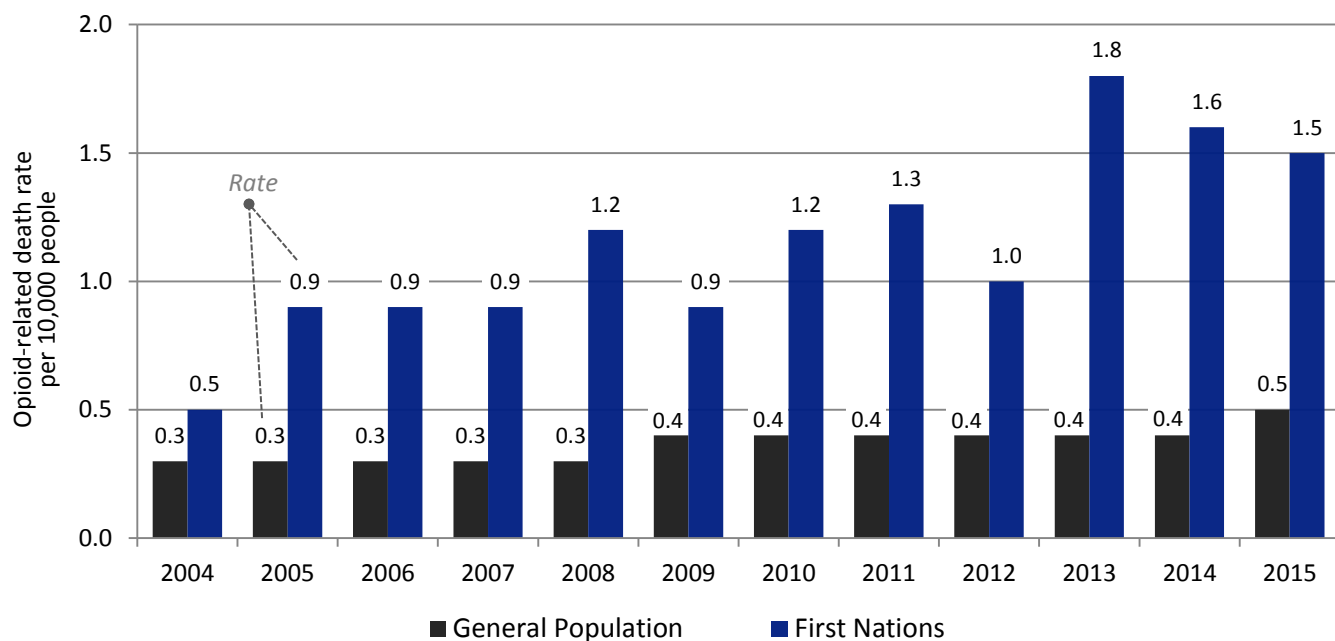
NOTE: Due to the presence of small cells when presenting 2015 opioid-related deaths by on/off reserve information, the results for 2014 and 2015 were combined for all opioid-related death data.

NOTE: Coroner investigations are completed through the same process for on and off reserve populations.

Opioid-Related Mortality

(may be related to prescription and/or illicit use)

Rate of Opioid-Related Deaths in 2004-2015



Rates of opioid-related deaths between 2004 and 2015 are **consistently higher** among First Nations people compared to the general population.

Moreover, the rates of opioid-related deaths have been **increasing to a greater extent** in First Nations people compared to the general population.

NOTE: We were not able to present the 2004-2015 opioid-related deaths by on/off reserve due to the presence of small cells.

OVERVIEW & MOVING FORWARD

In summary, the rates of prescribing of opioids, doses dispensed, and opioid-related hospitalizations are higher in First Nations people compared to the general population; and higher among First Nations people living off reserve compared to those living on reserve. The rate of opioid-related deaths also appear to be higher in First Nations people compared to the general population. Moving forward, it will be important to understand if clustering of high rates of prescribing and toxicity events exist in certain regions in Ontario. Another key step will be to work towards obtaining permission to link the IRS data to the Narcotics Monitoring System (NMS) database for future work. The NMS includes records on all prescription opioids dispensed in Ontario, regardless of the type of payer (NIHB, ODB, cash, etc.) The NMS will allow us to better characterize prescribing patterns and dose of opioids.

TECHNICAL APPENDIX

TABLE 1. SOURCES OF DATA USED IN ANALYSIS

ICES Database	Details
Indian Registry System (IRS) file	Registered/status First Nations living in Ontario, including non-Ontario Band members, up to 2010.
Registered Persons Database (RPDB)	Individuals living in Ontario who are eligible for the Ontario Health Insurance Plan. Includes demographic details (sex, age etc.)
Canadian Institute for Health Information Discharge Abstract Database (CIHI-DAD)	Dataset contains inpatient hospitalization records with reason for visit. Opioid-related toxicity codes used to identify hospitalizations include International Classification of Diseases (ICD-10) codes T40.0, T40.1, T40.2, T40.3, T40.4, T40.6.
Canadian Institute for Health Information National Ambulatory Care Reporting System (CIHI-NACRS)	Dataset contains emergency department visit records with reason for visit. Opioid-related toxicity codes used to identify emergency department visits include ICD-10 codes T40.0, T40.1, T40.2, T40.3, T40.4, T40.6.
Office of the Chief Coroner Death Data	Opioid-related deaths in Ontario abstracted from chart records.
Ontario Drug Benefit (ODB) Database	Prescription drugs received under the ODB program. To be eligible, an individual must have a valid Ontario health card and be aged 65+. Individuals under the age of 65 can also qualify if they have low socio-economic status, receive disability support or home care, have high drug costs relative to household income, or reside in a long-term care home.
NIHB Dataset	Details
Non-Insured Health Benefits (NIHB) first payer prescription data	Drugs covered for registered First Nations individuals in Ontario. NIHB is 'first payer' for those who are not eligible for ODB.

TECHNICAL APPENDIX

ADDITIONAL LIMITATIONS

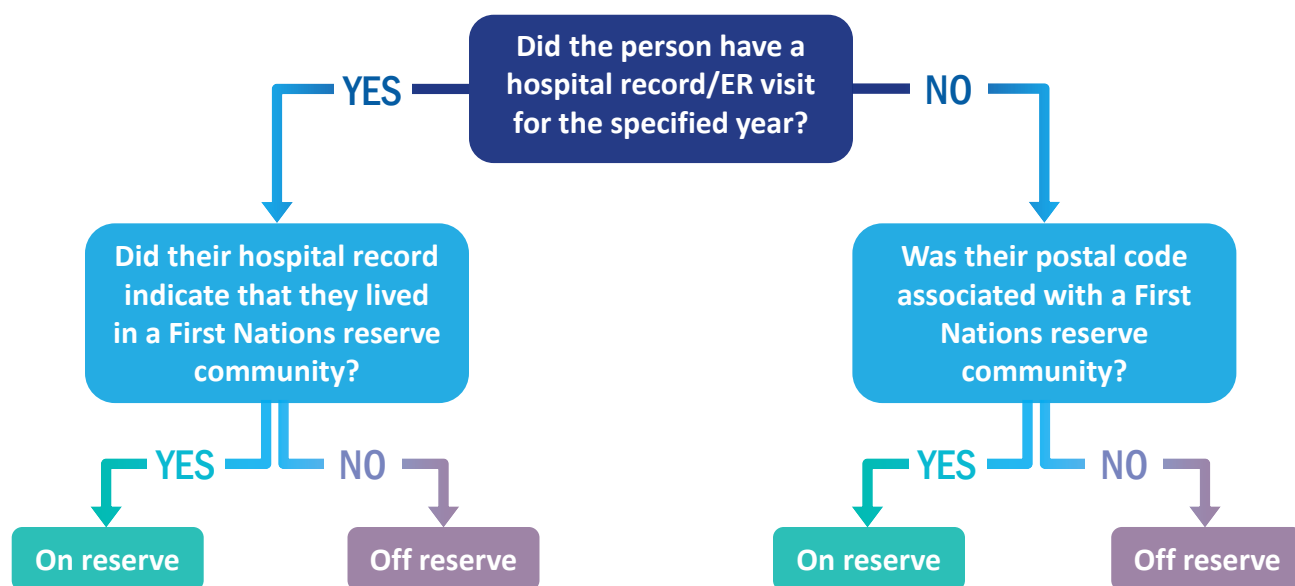
Prescribing data for ODB and NIHB are not linked at the user level, and so we could not calculate the number of individuals receiving prescription opioids from both sources. In addition, some opioid-related deaths in Ontario are missing person identifiers. These will not be counted in the estimates shown since it is unknown if this was a First Nations individual.

METHODS OVERVIEW

A cross-sectional analysis was conducted among individuals living in Ontario to evaluate the rates of opioid prescribing, opioid-related hospitalizations and emergency department visits, and opioid-related deaths, among registered First Nations and the general population in Ontario. All databases used in this study were linked using unique, encoded identifiers and analyzed at the Institute for Clinical Evaluative Sciences (ICES; www.ices.on.ca) using SAS Enterprise Guide Version 6.1. More detail on the methods used can be found elsewhere.³

ON/OFF RESERVE METHODOLOGY

*How did we determine if someone lived **on reserve** or **off reserve**?*



OPIOIDS USE AMONG FIRST NATIONS PEOPLE IN ONTARIO

CONTRIBUTORS

ICES: Joe Eibl, Kinwah Fung, Vasily Giannakeas, Tara Gomes, David Henry, Diana Martins, Evelyn Pyper, Jennifer Walker

COO: Tracy Antone, Laurie Carr, Bernadette deGonzague, Carmen Jones, Emily King, Alexander Yurkiewich

COO Opioid Surveillance Steering Committee: Natalie Binguis, Yvonne Corbiere, Lori Davis Hill, Judy Desmoulin, Penny Hill, Megan Logan, Noella Mandamin, Suzanne Nicholas, Shirley Williams (Elder)

ACKNOWLEDGEMENTS

- This study was supported by the Institute for Clinical Evaluative Sciences (ICES), which is funded by an annual grant from the Ontario Ministry of Health and Long-Term Care (MOHLTC). This study was also supported by the Ontario Drug Policy Research Network (ODPRN) which is funded by a grant from the Ontario MOHLTC, as well as the Ontario Strategy for Patient-Orientated Research (SPOR) Support Unit which is supported by the Canadian Institutes of Health Research and the Province of Ontario. The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by ICES, the SPOR Unit or the Ontario MOHLTC is intended or should be inferred. We thank IMS Brogan Inc. for use of their Drug Information Database.
- Parts of this material are based on data and information provided by Cancer Care Ontario (CCO). The opinions, results, view, and conclusions reported in this paper are those of the authors and do not necessarily reflect those of CCO. No endorsement by CCO is intended or should be inferred.
- Parts of this material are based on data and information compiled and provided by the Canadian Institute for Health Information (CIHI). However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of CIHI.
- These datasets were linked using unique encoded identifiers and analyzed at the Institute for Clinical Evaluative Sciences.

CONTACT

For more information, please contact the ICES Indigenous Portfolio, at:

Indigenous@ices.on.ca

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1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. [Webpage]. Available from: <https://www.cdc.gov/drugoverdose/prescribing/patients.html>
2. Centers for Disease Control and Prevention. Calculating Total Daily Dose of Opioids for Safer Dosage. 2017. [Clinical Guideline]. Available from: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
3. The Ontario Drug Policy Research Network. Opioid Use and Related Adverse Events in Ontario. November 2016. [Report]. Available from: <http://odprn.ca/wp-content/uploads/2016/11/ODPRN-Opioid-Use-and-Related-Adverse-Events-Nov-2016.pdf>



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

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

TOPIC: Reporting by Committees

ISSUE: Receipt of annual reports of statutory and standing committees of the College.

PUBLIC INTEREST RATIONALE: This report is circulated and posted publicly and speaks to the transparency of the Council and its activities.

BACKGROUND:

Attached for Council's information are annual reports of the statutory and standing committees of the College.

ANALYSIS:

As per section 11 of the Code (Health Professions Procedural Code, Schedule 2, Regulated Health Professions Act 1991), each statutory committee of the College is required to "monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council". This requirement is also reflected in the College's By-Law No. 4. In an effort to provide a complete overview, reports from the standing committees of the College are also included for Council's information. It is to be noted that none of the material in the reports is new and is a re-cap of what has occurred and been reported since the previous Council year.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):



Committee Annual Report

Accreditation Committee - September 2018 to August 2019

Committee Role: The Accreditation Committee reviews all issuance and renewal applications for pharmacy certificates of accreditation that the Registrar proposes to deny and directs the Registrar to either issue/renew, refuse, or to impose terms, conditions or limitations on the certificate of accreditation.

The Accreditation Committee also considers assessment results of pharmacies identified by staff based on the level of risk. The committee may conclude a matter if all issues previously identified have been addressed and the committee is satisfied that compliance has been achieved. The committee has the authority to order a re-assessment at cost to the pharmacy to verify that all issues addressed on the pharmacy's action plan have been implemented and are effective.

Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the DPRA and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the committee may refer the person who has been issued a certificate of accreditation, the designated manager of the pharmacy, or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee. The Accreditation Committee has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation, if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient, or a member of the public, to harm or injury.

Members: Regis Vaillancourt (Chair), Sameh Bolos, Elnora Magboo, Kyro Maseh, Joan A. Pajunen (until July 31, 2019), Goran Petrovic, Sony Poulouse (until November 29, 2018), Rachelle Rocha, Joy Sommerfreund (from November 14, 2018), Tracy Wiersema, Ali Zohouri

Meetings Held: November 12, 2018

Meetings Held of Panels of the Accreditation Committee*: Full-day meetings – 4;
Teleconferences – 4

* as of the date of this report

Key Highlights:

- During the 2018-2019 council year, the volume of referrals to the Accreditation Committee related to assessments increased; as of the date of this report, there were 19 new referrals to the Accreditation Committee, compared with 4 in the 2017-2018 council year.
- The Accreditation Committee approved its Renewal Administrative Policy for the 2018-2019 council year. This policy authorizes the Registrar to use the authority of the Accreditation Committee in defined circumstances to renew certificates of accreditation for pharmacies where there is concern about the past and/or present conduct of an owner

and the conduct is limited to matters that are currently before the Discipline Committee of the College and not yet decided.

- Accreditation Committee processes, including templates and decisions, have been aligned with other committees supported by the Conduct Operations department for increased efficiency and consistency.

For additional information or statistics relating to Accreditation Committee activity, please refer to the College's annual report.

Ongoing Work: The Accreditation Committee will continue with its review of pharmacy assessment reports and consider any issuance and renewal applications that the Registrar forwards to them.



Committee Annual Report

Discipline Committee - September 2018 to August 2019

Committee Role: Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against members, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. The majority of matters are resolved by way of an uncontested hearing in which the member admits to the allegations and the supporting facts, and the member and College make joint submissions as to the appropriate sanction. When the member denies the allegations, the College is required to prove its case on a balance of probabilities by presenting evidence to the panel, following which the panel makes a determination in relation to each allegation. If the panel makes a finding or findings of professional misconduct or incompetence against a member, the panel may make an order to revoke, suspend or impose terms, conditions or limitations on the member's certificate of registration or the corporation's certificate of accreditation; order payment of a fine, and/or all or part of the College's costs respecting the investigation or the hearing; and/or reprimand the member.

Information about any current allegations or previous findings of professional misconduct or incompetence relating to a member are outlined on the College's Public Register, including any terms, conditions, or limitations imposed on a member's certificate of registration.

Members: Christine Henderson (Chair), Chris Aljawhiri, Kathy Al-Zand, Jennifer Antunes, Susan Blanchard, David Breukelman, Billy Cheung, Fel dePadua, Dina Dichek, Nadia Facca, Jim Gay, Jillian Grocholsky, Jane Hilliard, Azeem Khan, Tom Kontio, Katherine Lee, Chris Leung, Beth Li, James Morrison, Sylvia Moustacalis, Doris Nessim, Don Organ, Tracey Phillips, Ruth-Ann Plaxton, Sony Poulouse, Karen Riley, Jeannette Schindler, Connie Sellors, Leigh Smith, Dan Stapleton, Doug Stewart, Laura Weyland, David Windross

Meetings Held: November 27, 2018 and May 29, 2019

Panel Meetings Held: 67 Pre-Hearing Conferences, 19 Case Management Conferences, 27 Motions (13 in writing, 11 at the commencement of the hearing, 2 oral motions independent of the hearing), 19 Uncontested Hearings, 6 Contested Hearings and 4 Partially Contested Hearings

Key Highlights: The Discipline Committee held two meetings this year which provided opportunities for the Committee to meet as a whole to receive training from Independent Legal Counsel, discuss issues of common concern, and share best practices. The focus of the November 2018 meeting was training regarding decision writing. The Committee was given information regarding its benchmarks for releasing written decisions, along with strategies to build on the work done last year to improve the benchmark results. The training provided and changes in the decision writing process that were implemented over the course of the year contributed to improvements in the benchmark results.

The May 2019 meeting similarly focused on training and education with a broader focus on issues that arise throughout the course of discipline proceedings.

For information or statistics relating to Discipline Committee activity, please refer to the College's annual report.

Ongoing Work: The Committee works to ensure that its primary focus to serve and protect the public interest is maintained and enhanced through the appointment of panels with the requisite skill, knowledge and judgment, among other things. In addition, the Committee continues to focus on consistently meeting its decision writing benchmark results along with measures to support this goal. The Committee evaluates its processes to identify opportunities to achieve efficiencies, including costs reduction, and make other improvements, including ensuring that matters proceed through the discipline process in a timely manner.

Drug Preparation Premises Committee - September 2018 to August 2019

Committee Role: The Drug Preparation Premises (DPP) Committee considers all matters relating to the operation of drug preparation premises in Ontario. The DPP Committee is responsible for the oversight of registrants engaging in or supervising drug preparation activities, ensuring requirements defined in legislation and policy and assessment criteria are adhered to. The committee reviews DPP assessment reports and issues one of the following outcomes: pass, pass with conditions or fail.

Members: Goran Petrovic (Chair), Sameh Bolos, Elnora Magboo, Kyro Maseh, Joan A. Pajunen (until July 31, 2019), Sony Poulouse (until November 29, 2018), Rachelle Rocha, Joy Sommerfreund (from November 14, 2018), Regis Vaillancourt (until November 29, 2018), Tracy Wiersema, Ali Zohouri

Meetings Held: November 12, 2019, May 29, 2019

Key Highlights:

- The DPP Committee reviewed 9 assessments reports for DPPs in the 2018-2019 council year. This number included 2 assessments related to new opening applications.
- DPP Committee processes, including orientation, templates, and decisions have been aligned with other committees supported by the Conduct Operations department for increased efficiency and consistency.

For additional information or statistics relating to DPP Committee activity, please refer to the College's annual report.

Ongoing Work: The committee continues to review DPP assessment reports of initial, routine (annual), and re-assessments and issue an outcome.



Committee Annual Report

Executive Committee - September 2018 to September 2019

Committee Role: The Executive Committee exercises all the powers and duties of the Council between Council meetings that require urgent attention. It reviews correspondence and other information coming to the College and fulfills specific financial and compensation related duties set out in the by-laws.

The Executive Committee is comprised of the President, the Vice President, the immediate Past President, an elected member of Council as well as three public members. The Committee is resourced by the CEO and Registrar.

Members: Laura Weyland (President and Chair), Doug Stewart (Vice President), Régis Vaillancourt (Past President), Billy Cheung, Kathy Al-Zand, Christine Henderson, Sylvia Moustacalis.

Meetings Held: January 21, 2019; November 21, 2018; March 7, 2019; May 30, 2019; and September 4, 2019

Key Highlights: The committee met via teleconference in January to discuss and to approve a communication from the College to the Ministry of Health and Long Term Care (MOHLTC) in support of a legislative submission on governance reform. The College's communication to the MOHLTC reflected the governance renewal framework approved by Council and considered the importance of moving in alignment with other Advisory Group for Regulatory Excellence (AGRE) Colleges.

There were no other urgent matters between Council meetings during this reporting period. Listed below are some of the issues which Executive put their mind to for Council's subsequent consideration and decision.

Rules of Order

The Rules of Order document, used by the College to guide the meeting proceedings, was updated based on feedback from the meeting evaluations and was implemented.

Cannabis Sale in Hospital

The College was made aware that some licensed producers had approached hospitals to solicit their participation in the implementation of a business model to sell cannabis for medicinal use directly to inpatients and outpatients. The committee considered if there was a role for the College to interpret intent and upon further examination were satisfied that interpretation rests with Health Canada who indicated that the intent of the legislation is to support continuity of therapy while patients are hospitalized. Health Canada also indicated that any hospital considering selling cannabis to patients should work with them as the legislative requirements are significant.

Guidelines for pharmacist use of cannabis while working

With the legalization of cannabis, the committee considered whether additional guidance was needed for the profession as to appropriate use. The committee was satisfied that the College's professional misconduct regulation sufficiently set out the College's expectations, as noted in the following section: "It would be considered an act of professional misconduct if a member was found practising the profession while the member's ability to do so is impaired or adversely affected by any substance, condition, dysfunction, disorder, or circumstance that the member knows or ought to know impairs or adversely affects his or her ability to practise."

Governance - The executive established a Governance Working Group comprised of a subset of Executive Committee members to examine the current governance model and make recommendations on how the College will move forward with a competency based board which will align with the intended government direction as well as international trends.

The four elements of the framework approved by Council are as follows:

1. Reduction in Council size
2. Council composition
3. Separation of Council and Statutory Committees
4. Competency-based Council

In June a briefing note was considered by Council to discuss and decide upon the intentions of the working group to inform the drafting of bylaws to operationalize the new framework. In September the Council will be discussing and deciding on further concepts within the framework to enable the bylaws to be drafted and circulated for the December meeting.

Regulatory Role relating to Natural Disasters

The committee received and considered information regarding the response of the profession in emergency situations, such as the recent flooding in Eastern Ontario. The committee was in agreement that consideration of the role of the registrants in response to emergency situations could be considered in future scope of practice discussions.

Ongoing Work: The committee will continue to fulfill the obligations set out in statute, the by-laws and the governance manual.

Finance and Audit Committee - September 2018 to August 2019

Committee Role: The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations regarding College assets and liabilities. The committee reviews and recommends to Council the annual operating and capital budget, monitors and reports on the financial status and directs the audit process.

Members: Dan Stapleton (Chair), Esmail Merani, Doug Stewart, Regis Vaillancourt

Meetings Held: December 11, 2018, February 27, 2019 and May 22, 2019

Key Highlights:

December 2018

At the initial meeting of the committee in December members met with the auditors, Tinkham and Associates, to review the expectations for the upcoming audit, with a focus on the risk management oversight role. Finance policies were reviewed as part of the committee's orientation and internal financial statements were reviewed in accordance with the committee's terms of reference as outlined in the by-laws.

February 2019

The committee reviewed the audited financial statements and the audit report as well as the internally produced Risk Management Report and Plan and internal controls. The audit revealed no concerns or recommendations and were the committee was satisfied that the risk mitigation activities adequately protect the organization and that the college is in a healthy financial position. As is routine practice, the committee held an in-camera session with the auditors during this meeting.

May 2019

In response to discussion at March Council meeting the committee examined the impact of instituting a policy that mandates the annual cost of living increases to fees as a means of avoiding future large fee increases following years of stable fees. Due to slowing of the net new growth in the profession, as well as the fact that 70% of the College's expenses is staffing costs which is regularly impacted by regular cost of living and performance based increases, the committee recommended that changes to the by-law be instituted to require annual cost of living fee increases equal to the consumer price index.

The committee was informed that the College has adopted a new operational planning and budgeting cycle to better align with the Council year and improve the accuracy of workload and associated cost predictions. The impact of the timing shift is that endorsement of the 2020 operational budget will be relegated to the fall for this committee and that Council approval of the budget will be sought at the December meeting.

Appointment of Auditor Discussion

The committee considered the benefits and drawbacks of taking the audit services to market after two years experience with the current audit firm Tinkham and Associates. They concluded that provided the performance of the current audit continued to be assessed as satisfactory and that there be regular turnover in the audit lead that Tinkham be reappointed as auditor for the current year.

Ongoing Work:

The committee will continue to focus on ensuring that sufficient funds are available to meet the objectives set out in the strategic plan and oversee the audit services retained by the College.



Committee Annual Report

Fitness to Practise Committee - September 2018 to August 2019

Committee Role: After conducting inquiries into a member's health, the Inquiries Complaints and Reports Committee can refer a member to the Fitness to Practise Committee for incapacity proceedings.

The Fitness to Practise Committee may hold a hearing to determine whether a member is incapacitated, and if so whether terms, conditions or limitations should be placed on the member's certificate of registration, or whether the member's certificate of registration should be suspended. When a member is referred to the Fitness to Practise Committee, this information is available to the public through the Public Register. At the end of the Fitness to Practise process, only the information necessary to protect the public is available through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

The majority of proceedings before the Fitness to Practise Committee result in a voluntary admission by the member of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the member has enrolled in a monitoring contract with the Ontario Pharmacy Health Program (OPHP) offered through Lifemark Health Group. The OPHP provides case management, and monitoring services for members of the College. The primary objective is to ensure that members receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPHP is available to all College members, and can be accessed anonymously by the member, or can be facilitated by the College. Previously, these services were provided by the Centre for Addiction and Mental health (CAMH) through the Ontario Pharmacy Support Program (OPSP). On July 5, 2019 the College's assessment and monitoring services were transferred to the Lifemark Health Group.

In cases where a member is enrolled in a monitoring program, the member's case is still reviewed by the Committee, but the College and the member may seek to waive the notice and procedural requirements set out in the applicable legislation, which require that a hearing into the member's capacity be convened before the Committee. Instead, the member may enter into a Memorandum of Agreement with the College ("MOA") agreeing she or he is incapacitated and the resulting terms, conditions or limitations to be placed on the member's certificate of registration. Through the MOA, both parties authorize a Panel of the Committee to issue a Consent Order finding the member to be incapacitated without a formal hearing.

Members: Karen Riley (Chair), Kathy Al-Zand, David Breukelman, Dina Dichek, Jillian Groscholsky, James Morrison, Adrian Leung, Jeannette Schindler

Meetings Held: October 29, 2018

Panel Meetings Held: 1 consent order review on May 10, 2019, 1 contested hearing held on August 13 and 14, 2019

For statistics relating to Fitness to Practise proceedings, please refer to the College's Annual Report.

Key Highlights: At its meeting on October 29, 2018 the Committee received training from Independent Legal Counsel regarding the Fitness to Practise process. A member of the OPSP gave a presentation regarding addiction and mental health, and the services provided by the OPSP Program. In advance of the contested hearing the Committee received additional training from Independent Legal Counsel regarding procedures related to contested hearings.

Ongoing Work: The Committee will continue to review its procedures to ensure that they are in keeping with best practices, and reflect the changing landscape of how regulatory bodies address incapacitated members. The Committee will also review and update its *Execution of Consent Orders* policy to reflect the change from CAMH to Lifemark.

Inquiries, Complaints and Reports Committee - September 2018 to August 2019

Committee Role: The Inquiries, Complaints and Reports Committee (“ICRC”) is a screening committee that conducts investigations into registrant-specific issues related to professional misconduct, incompetence, and incapacity from various sources including formal complaints, mandatory reports, and other information that comes to the attention of the Registrar.

Following its investigation, panels of the ICRC, appointed by the committee Chair, make decisions, which can include one or more of the following:

1. Take no action
2. Take other appropriate action such as requiring the registrant to complete a specified continuing education or remediation program.
3. Require the registrant to appear before a panel of the ICRC to be cautioned.
4. Investigate the registrant’s capacity.
5. Refer specified allegations of professional misconduct to the Discipline Committee.

The ICRC has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a registrant’s certificate of registration if it is of the opinion that the conduct of the registrant exposes or is likely to expose the registrant’s patients to harm or injury.

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to conduct an incapacity investigation, complaint decisions are reviewable by the Health Professions Appeal and Review Board.

Members: Chair: Rachelle Rocha (Chair), Elaine Akers, Christine Allen (until June 30, 2019), Kathy Al-Zand, Linda Bracken (until April 6, 2019), David Breukelman (from April 4, 2019), Billy Cheung, Sajjad Giby, Frank Hack, Mike Hannalah, Bonnie Hauser, Wassim Houneini, Mary Joy, Azeem Khan, Rachel Koehler, Tom Kontio, Elizabeth Kozyra, Chris Leung, Jon MacDonald, Elnora Magboo, Dean Miller, Sylvia Moustacalis, Joan A Pajunen (until July 31, 2019), Vyom Panditpautra, Aska Patel, Chintankumar Patel, Goran Petrovic, Sony Poulouse, Saheed Rashid, Leigh Smith, Joy Sommerfreund (from November 14, 2018), Dan Stapleton, Dan Stringer, Gene Szabo (from June 6, 2019), Frank Tee, Ravil Veli (until March 22, 2019), Tracy Wiersema

Meetings Held: October 12, 2018, May 3, 2019

Meetings Held of Panels of the ICRC*: Full-day Meetings – 46; Teleconferences – 10

* as of the date of this report

Key Highlights:

- There were 25% more ICRC panel meetings scheduled during the 2018-2019 council year than in the previous year to address an increased volume of investigation files opened and ready to be reviewed by the ICRC; ICRC panels disposed of 35% more files compared to the previous council year.

- The ICRC implemented post-panel meeting surveys to self-assess whether the panel made decisions in the best interest of the public and how well panel members were prepared to participate effectively in discussion and decision-making.
- The ICRC continued to use the second version of its Risk Assessment Tool (implemented in April 2017) in order to assess risk when making decisions and to promote consistency in decision-making among panels. A working group was struck to review and update the Risk Assessment Tool in the 2019-2020 council year.
- The ICRC continued to use a tool developed by the College's Professional Development & Remediation program to identify gaps in standards of practice that contributed to an investigation being opened against a registrant. The data collected assists in identifying trends and flagging areas where new or additional educational resources may be required for registrants, with the aim of optimizing practice of the profession and improving patient outcomes.

For additional information or statistics relating to ICRC activity, please refer to the College's annual report.

Ongoing Work: The committee will continue its investigation and review of matters, making decisions geared towards improving registrant conduct and enhancing public safety.

Patient Relations Committee - September 2018 to August 2019

Committee Role: The Patient Relations Committee (PRC) advises Council with respect to the Patient Relations Program defined as “a program to enhance relations between members and patients.” This includes implementing measures for preventing and dealing with sexual abuse of patients, specifically the requirement for the College to have a Sexual Abuse Prevention Plan, as well as the provision of funding for therapy or counselling for patients who have alleged to have been sexually abused by a registrant.

Members: Linda Bracken (Chair – Sept 2018 to March 2019), Kathy Al-Zand (Chair – March 2019 to August 2019), Azeem Khan, Kyro Maseh, Sylvia Moustacalis, Karen Riley, Kshitij Mistry

Meetings Held: January 16, May 22, and August 7, 2019

Key Highlights

The Patient Relations Committee focused on the following core priorities over the past year:

- Ongoing oversight of the Patient Relations Program and administration of the funding process for patients who have alleged sexual abuse by a registrant.
- Ongoing input into the development and implementation of communication initiatives including the public website.
- Development of an Indigenous Cultural Competency framework, guided by the Truth and Reconciliation Commission of Canada’s Calls to Action.

Patient Relations Program

In 2018, the Committee approved a policy that authorized College staff to review applications for funding for therapy/counselling, and upon approval, immediately notify a patient of their eligibility to access funds. This has resulted in a more supportive experience for the patient and more timely access to funding.

College staff continue to provide the Committee with regular updates on the number of eligible patients and the number of patients actively receiving funding through the Patient Relations Program. To date, fifteen (15) patients have been deemed eligible for funding through the program. Of those, four (4) have submitted requests for funding and have been approved. Disbursements through the funding program are ongoing.

The Committee expressed a desire to ensure victims of sexual abuse receive appropriate support as they navigate their way through the College’s processes. Since July 2018, the College has retained the services of an independent third party support representative for patients who allege that they have been sexually abused by a College registrant. This representative assists patients in understanding the regulatory context and its processes related to investigations and discipline proceedings. The representative also assists by creating a safe and neutral environment in which patients can express themselves, and may refer patients to additional resources including other health/mental health practitioners. This support is separate and distinct from any communication between the College and the complainant related to an investigation.

All regulatory colleges have developed and implemented their own approaches to the administration of their Patient Relations Programs that satisfy the legislation and meet regulatory requirements. A jurisdictional scan was completed at the inception of the *Protecting Patients Act* 2017 to prepare the College for the impact of this legislation on the College and the Patient Relations Program. Starting this fall, College staff will conduct a follow-up jurisdictional scan and review of the program to determine opportunities for further program development to continue to support the Committee's mandate.

Cultural Competency

This year, the Committee discussed the importance of cultural awareness and humility, the challenges faced by vulnerable communities in Ontario, the importance of knowing the community in which registrants serve, and the unique health needs and challenges of these communities. This year, the Committee endorsed moving forward with three opportunities to improve patient care for Indigenous communities within Ontario by following the [Truth and Reconciliation Commission of Canada's Calls to Action](#) as guidance. Formal recommendations will be presented to Council for approval at its September 2019 meeting.

Communication with the Public

The College recently worked with a third party vendor to redesign/refresh the existing OCP website. The goals of the website refresh were to:

- Streamline and improve user experience for registrants and the public.
- Better align public messaging with the College's current strategic plan and priorities.
- Refresh the design/format to improve the overall navigation, usability and accessibility of the site across various platforms.

Feedback was sought from various stakeholders, including registrants, members of the public, the Patient Relations Committee and the Citizen Advisory Group. The results of this consultation indicated a level of frustration in navigating and finding information on the former website. This issue has been addressed with the new website design, which exceeds web accessibility standards and has been optimized for use on multiple devices.

Ongoing Work

The Committee will continue to provide appropriate oversight of the Patient Relations Program and play an important advisory role as any new legislation or regulation is introduced related to this program or the role of the Committee. The Committee will also continue to provide input into the communications activities of the College, with an increasing focus on patient/public facing communication and education in support of the College's strategic priorities. This includes the continued examination of options for cost efficiencies in communications with both the public and registrants through the promotion and innovative use of digital technology.

The Committee is also considering how best to educate the public that they are a *patient* of a pharmacy, not simply a *customer*. The Committee would also like to increase awareness of the scope of practice of a pharmacy professional, which will be a key activity as scope of practice for pharmacists is expanded in the province in the near future.



Committee Annual Report

Quality Assurance Committee – September 2018 – August 2019

Committee Role: The Quality Assurance Committee has oversight of the quality assurance program which includes maintenance of a learning portfolio, two-part register, self-assessment, practice assessment and remediation. The Committee is continually reviewing the program and appoints quality assurance assessors. The Committee reviews practice and peer assessment reports and requires those individuals whose knowledge, skill and judgement have been assessed and found to have fallen below standards to participate in specified continuing education or remediation programs. The Committee can also direct the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a member whose knowledge, skill and judgement has been assessed or reassessed and found to have fallen below standards or who has been directed to participate in specified education or remediation and has not completed those programs successfully. The Committee may sit as a panel to consider any matter arising out of a practice assessment, or any matter relating to the imposition of terms, conditions or limitations on a member's registration.

Members: Tracey Phillips (Chair), Ruth-Ann Plaxton, Leigh Smith, Nadia Facca, Joan A. Pajunen, Elnora Magboo, Mardi Teeple, Sarosh Tamboli, Shelley Dorazio

Meetings Held: November 1, 2018, December 18, 2018 (Panel), February 12, 2019 (Panel), March 5, 2019 (Panel), March 28, 2019 (Panel), April 10, 2019, May 9, 2019 (Panel), May 22, 2019, July 4, 2019 (Panel), August 9, 2019 (Panel).

Key Highlights: The Committee continued with the evaluation and re-design of the quality assurance program, for both pharmacists and pharmacy technicians. This year, the Committee accomplished the following goals:

- The following policies were approved:
 - Assessment Tools for Pharmacy Technicians
 - Assessment Tools – Community Pharmacists
 - Part B to A and Referrals
 - Post Remediation Practice Assessment
 - Proposed Quality Assurance Program – Pharmacy Technicians
 - Quality Assurance Coach and Assessor Criteria
 - Quality Assurance Program - Pharmacists
 - Reassessment (and Coaching)
 - Review of Assessments
- The Committee approved the appointment of College Practice Advisors and Peer Quality Assurance Assessors for 2019.
- The Committee approved the blueprint for knowledge assessment for pharmacists, to include clinical knowledge, jurisprudence, ethics and professionalism.

For statistics relating to QA Committee considerations, please refer to the College's annual report.

Ongoing Work:

- Practice assessments for pharmacists practicing in hospitals and other healthcare facilities
- Quality assurance coaching and peer assessment processes for pharmacy technicians
- Knowledge assessments for pharmacists (knowledge examination and evaluation of patient cases)

Registration Committee - September 2018 to August 2019

Committee Role: The Registration Committee fulfils its duty to maintain registration practices that are transparent, objective, impartial and fair, and free of unintentional mobility barriers by overseeing the development of registration requirements. These include examinations and assessments, recommendations to Council on changes to the registration requirements defined in legislation and policy, and monitoring and reporting on registration programs that the College administers and/or approves as part of the registration process.

Panels of the Registration Committee are responsible for reviewing all applications that do not meet the requirements for the Registrar to issue a Certificate of Registration. Panels decide if the applicant meets the registration requirements and direct the Registrar to either register the applicant (with or without any additional training, education or examinations, or terms, conditions or limitations) or to deny registration. All decisions of the Registration Committee panels are appealable to the Health Professions Appeal and Review Board.

Members: Ravil Veli (Chair) appointment expired March 22, 2019; Deep Patel (Chair) appointed as Chair replacing R. Veli March 25, 2019; Linda Bracken appointed November 29, 2018, deceased April 6, 2019; David Breukelman appointed April 4; Tammy Cassin; Dave Edwards; Sharon Lee, resigned June 6, 2019; Esmail Merani; Sylvia Moustacalis; Edward Odumodou

Meetings Held: December 12, 2018 and March 8, 2019

Panel Meetings Held:, October 11 and 31, November 22, December 3 and 17, January 17, February 19, March 20, April 16, May 22, June 25, July 24, August 6 and 22.

Key Highlights:

- The Committee reviewed its policies that direct the Registrar on how to proceed with an application that meets specific criteria without having it referred to a Panel, and rescinded or amended policies following analysis of trends
- The Committee
 - o recommended amendments to Council resolutions affected by approval of PACE
 - o approved Registration policies affected by the approval of PACE
 - o approved the policy for Police Background Checks to allow for implementation with all new applications for certificates of registration beginning July 2019
 - o approved the recommendations resulting from the Jurisprudence Evaluation to provide direction for the development of the new Jurisprudence assessment
 - o recommended the approval of the competency-based Jurisprudence, Ethics and Professionalism assessment blueprint for pharmacist and pharmacy technician applicants

Refer to the College's annual report for statistics relating to registration panel considerations.

Ongoing Work: Development work for PACE for Pharmacy Technicians is continuing. Implementation is being deferred until the new Canadian Council for Accreditation of Pharmacy Programs (CCAPP) standards and resulting curriculum and program changes are implemented.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

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

TOPIC: Assurance and Improvement in Medication Safety (AIMS) program update

PUBLIC INTEREST RATIONALE: The AIMS program puts in place a mandatory, standardized medication safety program for all pharmacy professionals with the ultimate goal of reducing the risk of patient harm caused by medication incidents.

BACKGROUND:

- Implementation of the AIMS program continues to build momentum with over 80% of all community pharmacies onboarded to the incident recording platform.
- Full implementation among all 4,400 communities is expected by fall 2019.
- Moving forward with Ontario's new medication safety program will lead to more standardized, accurate and complete tracking of medication incident information across the province and help to provide a better understanding of medication incidents in pharmacies and how they can be prevented.
- The focus on the reduction of medication incidents is a priority for the entire health system across the country and internationally.

ANALYSIS:

- The College is finalizing all components of the program to maximize its impact.
- Implementation
 - Stakeholder feedback and third party evaluation has identified dual reporting as a barrier to full adoption of the program. The College has been working with Pharmapod and pharmacy stakeholders to establish an interoperability model that will help to reduce the burden of dual reporting while maintaining confidentiality, anonymity and security of the data.
 - Medication safety program principles in other jurisdictions have been considered in order to develop a model that will promote consistency and support our goal for national reporting.
 - A solution has been developed and the final group of pharmacies will pilot the model and complete onboarding this fall.
- Pharmacy Safety Self-Assessment (PSSA)
 - A PSSA tool that is designed to bring heightened awareness to the distinguishing characteristics of safe pharmacy systems is being piloted in a group of community pharmacies this fall. Self-assessment criteria that will influence safe medication use have been developed and will be used by pharmacy teams to make improvements in their practice and operations, to proactively improve patient safety. Feedback from the pilot will be collected and analyzed before full roll-out.

- Evaluation Framework
 - An evaluation program is in development and includes meaningful use of the medication safety program and impact on system outcomes.
- Hospital Implementation
 - The College has been working with hospital pharmacy stakeholders to understand how to build upon their well-established medication safety processes through implementation of the AIMS program.
 - The College has sought feedback from hospital pharmacists through various mechanisms such as a survey, regional meetings and the Hospital Practice Advisory Group and will continue to collaborate with hospitals.
 - The College has also worked with health system partners to explore how to leverage and improve upon systems already in place, taking into consideration existing hospital reporting requirements enforced through *Vanessa's Law* (mandatory reporting of all serious adverse drug reactions and medical device incidents, effective December 2019) and the *Public Hospitals Act, 1990* (mandatory reporting of all critical medication incidents).
- Analysis and Shared Learning
 - Crucial to the program is the ability to translate the incident and near miss information into actionable insights that can be harnessed to improve patient safety.
 - As part of the AIMS program, an independent team of pharmacy professionals and patient safety experts, analyze de-identified aggregate data collected from community pharmacies through the AIMS program.
 - The first analysis has been completed and includes recommendations on strategies for continuous quality improvement and reducing the risk of patient harm associated with medication incidents. (Materials to follow in due course.)
 - This represents the first analysis of the data and additional regular analyses will follow to ensure that pharmacy professionals and the public can benefit from the learnings of the data.
 - The College will share the analysis along with additional information about the progress of the program with pharmacy professionals, the public and other key stakeholders.

NEXT STEPS:

- The College will complete implementation of AIMS in all community pharmacies and will continue to engage the hospital sector in implementing AIMS in hospitals.



COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2019

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

TOPIC: Opioid Strategy: Narcotics Monitoring System (NMS) Data Snapshot

ISSUE: Public Reporting of Analyzed Aggregate NMS Dispensing Data

PUBLIC INTEREST RATIONALE: Making analyzed aggregate Narcotics Monitoring System (NMS) dispensing data widely available represents a significant and meaningful opportunity to influence and shape quality practice and inform improvements in pharmacy care related to the management of opioids; promoting better patient outcomes and system accountability in line with our vision, mission and values.

BACKGROUND:

- The College has a duty to understand the impact of pharmacy practice to ensure that the pharmacy profession is continuously contributing to improved patient outcomes.
- In September 2017, the College launched a comprehensive [Opioid Strategy](#) complementing local, provincial and national efforts underway to reduce mortality due to opioids. Providing data analysis on opioid dispensing practices for the purposes of quality improvement and transparency was one of the initiatives expressed in the Strategy.
- Since the acknowledgement of the opioid crisis in Ontario, there has been significant public and health system attention paid to implementing measures to ensure the appropriate prescribing of opioids to reduce the risk of misuse and abuse. This has included an interest in analyzing and using data from the provincial Narcotics Monitoring System (NMS) to better understand prescribing patterns to help medical professionals make improvements where possible in how opioids are prescribed in the province. For instance, Ontario Drug Policy Research Network (ODPRN) publishes an Ontario Prescription Opioid Tool which allows access to indicators of opioid prescribing in Ontario.
- There is a growing interest to better understand the role of pharmacy in helping to reduce the human and societal impact associated with the opioid crisis in our communities, and NMS data can contribute to this goal.
- Last year, the College initiated a collaborative effort with the Ministry of Health in order to receive analyzed aggregate dispensing data from the NMS with the goal of transparently reporting this information to help guide quality pharmacy care and educate both pharmacy professionals and the public about dispensing patterns in the province.

NEXT STEPS:

- The release of the first NMS dispensing data snapshot report is anticipated for later this fall.
- Like the Assurance and Improvement in Medication Safety (AIMS) Program data which is expected to be released soon, and the recent announcement of Canada's first-ever Quality Indicators for community pharmacy, analyzed NMS dispensing data (see Appendix) will be reported at an aggregate level and will not identify specific pharmacies or professionals.



- Given the importance for pharmacy professionals, the public, and the health system to understand the rationale behind the release of this information and how it can be used to support quality improvement in pharmacy practice, the NMS dispensing data analysis roll out will be supported by a comprehensive communication plan. More about this initiative will be shared over the coming weeks.



Appendix 1

The NMS Data Snapshot will include the following analysis:

- Opioid High Dose Incidence
 - **DEFINITION:** Percentage of opioid-naïve patients who were dispensed an initial dose greater than 50 mg (or 90 mg)* morphine equivalents per day
 - ***Both 50 mg and 90mg statistics are included**
- Opioid High Dose Prevalence
 - **DEFINITION:** Percentage of patients dispensed at least one high dose opioid greater than 90 mg morphine equivalents per day within the last 6 months
 - **Note:** This is also one of the College's Quality Indicators for Pharmacy
- Opioid & Benzodiazepine co-dispensing prevalence
 - **DEFINITION:** Percentage of patients dispensed opioids who were also dispensed a benzodiazepine within the last 6 months



COUNCIL BRIEFING NOTE
MEETING DATE: SEPTEMBER 2019

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

TOPIC: Registrar's Report to September 2019 Council

ISSUE: As set out in the Governance Manual, Council holds the Registrar accountable for the operational performance of the organization. The Registrar is expected to report on these activities at every Council meeting.

BACKGROUND: I respectfully submit a report on the activities that have taken place since the June 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.

PUBLIC INTEREST RATIONALE: 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.

Strategic Priorities Progress Update

Referenced at the end of the report.

Ministry/Government Activities

On August 6, 2019, Susan James and I had the opportunity to meet with the Deputy Premier and Minister of Health, the Honourable Christine Elliot to provide an update on several of the College's current initiatives, including pharmacy indicators, regulatory changes related to her request for expanded scope for pharmacists, and Council governance. Minister Elliot congratulated the College on the successful introduction of community pharmacy indicators and acknowledged that many of our efforts are well aligned with the government's priorities. She welcomed our advice on an approach to introduce pharmacist prescribing for minor ailments in a manner that is supportive of the existing antimicrobial stewardship efforts. I also took the opportunity to discuss a recent letter sent to the Minister at the request of Christy Hackney, Manager (Acting) Agency Liaison, Public Appointments & Risk Management regarding the ongoing need for timely public member appointments to ensure that Council remains constituted (Attachment 1).

Despite the traditional summer slowdown of government activities, along with senior OCP staff, I maintained regular meetings with representatives from the Ontario Public Drug Programs and the Health Workforce Regulatory Oversight Branch, with meetings on July 29 and August 12, 2019 respectively. These meetings continue to provide both parties with the opportunity to share timely updates and coordinate future work.

Expanded Scope:

Following the Special Council meeting on August 22, 2019, as approved by Council, the College posted the proposed regulatory amendments on the [public consultation page](#) of the website, which will be open for feedback through October 26, 2019. A summary of the consultation feedback, along with any recommended changes to the regulatory amendments will be presented to Council at the next Special Meeting on November 21, 2019.

The focus of our work will now turn to development of the regulatory amendments to enable pharmacist prescribing for certain minor ailments, for submission by June 30, 2020. Similar to the

approach used to draft the first regulatory amendments, the College will meet regularly with Ministry staff and pharmacy stakeholders to inform the regulatory drafting process. Ministry meetings will continue to ensure alignment with government priorities while meetings with stakeholders such as the Ontario Pharmacists Association (OPA) will focus on the impact and uptake of the scope changes.

While this scope change has the potential to improve patient access to care and effective use of healthcare resources, appropriate prescribing must have a balanced the approach to ensure patient safety. Following notification of the Minister's request regarding this new scope, the College was approached by representatives of the University Hospital Network, Antimicrobial Stewardship Program and Public Health Ontario to consider a proposal aligning implementation of pharmacist prescribing for minor ailments with their work in support of the 2015 World Health Organization action plan on antimicrobial resistance. The group noted that expansion of pharmacist scope of practice in Ontario provides an opportunity to proactively pilot and evaluate antimicrobial stewardship initiatives with pharmacists.

Recognizing this opportunity to develop an approach to implementation of pharmacist prescribing for minor ailments that considers health system impact, the College established an advisory group of key stakeholders including experts in pharmacy practice (hospital, community, rural, urban, corporate and independent practice), medicine, public health, health systems research and patient representatives. The advisory group will inform and guide the development of the regulatory amendments, with a goal to develop an implementation model that will support both sustainability and evaluation of prescribing for all minor ailments, with an initial focus on those treated with antimicrobials. In addition, the College will consult broadly with pharmacy professionals, pharmacy associations, the public and other stakeholders, whose input will be key in informing the development of regulations that put patient safety first. More details on this effort will be presented at the next Council meeting. Draft regulatory amendments will be ready for review during the March 2020 Council meeting.

Long-Term Care Homes Inquiry Report and Recommendations:

As you will recall from my previous updates shared at Council, the College was one of several system stakeholders that participated in stakeholder consultations at the request of the Commissioner of the Inquiry into the Safety and Security of Residents in the Long-Term Care Home System. We were pleased to provide our input from the perspective of the regulator of pharmacy in Ontario, and our contribution was acknowledged along with other stakeholders in the [final report published](#) on July 31, 2019.

The report outlines a total of 91 recommendations, some of which include references to the role of pharmacy professionals as well as system-wide opportunities involving regulators, government and other stakeholders to improve the safety and quality of long-term care in the province. As government moves forward in responding to the report's recommendations, we welcome the opportunity to work with the government and other stakeholders in our shared goal to protect the public and contribute to a safer long-term care system. The College will continue to reinforce current expectations related to mandatory reporting.

Federal/Provincial Initiatives

Health Workforce Regulatory Oversight Branch – College Performance Measurement Framework

The College Performance Measurement Framework (CPMF) working group has continued its work over the summer and is on track to conclude its work by the end of December 2019. Recently a sub-working group was established to define several specific performance measures, and the Manager of Conduct Operations has represented the College at these meetings.

In order to introduce the framework and implementation plan, the Ministry has organized a full day meeting with the FHRCO Registrars in October. In order to support this initiative further, I

have accepted an invitation to present during this meeting on the College's experience and progress with performance measurement.

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

At the FHRCO Board of Directors meeting held on July 9, 2019, Mr. David Lepofsky was invited to provide a presentation. A leader in protecting against discrimination based on disability, Mr. Lepofsky's is working to make Ontario fully accessible to persons with disabilities.

The governance working group also presented their findings on the development of Board Member Competencies (Attachment 2) which included the feedback of many member Colleges.

After several meetings held to consider recommendations regarding organizational "function and form," FHRCO voted to change the name of the federation to the Ontario Health Professions Regulators and revise its statement of purpose to be: Advancing excellence in public safety through collaboration of Ontario's health professions regulators.

Other Stakeholder Meetings

National Association of Pharmacy Regulatory Authorities (NAPRA)

NAPRA meetings were held via teleconference on July 30, 2019 and on August 21, 2019.

NAPRA is facilitating the development of a Memorandum of Understanding (MOU) between the Pharmacy Regulatory Authorities (PRAs) and both the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and the Pharmacy Examining Board of Canada (PEBC).

NAPRA also continues to work with Health Canada to clarify its role in the scheduling of Natural Health Products (NHPs) in light of Health Canada's work on renewal of the self-care framework.

Ontario Pharmacists Association (OPA)

On July 11, 2019, the Ontario Pharmacists Association (OPA) announced that Mr. Justin J. Bates will join the Association as Chief Executive Officer effective September 3, 2019. Mr. Bates has spent the last 14 years advocating on behalf of the pharmacy industry in various capacities at the Neighbourhood Pharmacy Association of Canada, including as Chief Executive Officer since 2016.

Miscellaneous Items

Neighbourhood Pharmacy Association of Canada (NPAC)

On August 8, 2019, the Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) announced that Ms. Sandra Hanna will be the interim Chief Executive Officer effective September 3, 2019.

National Medication Safety Database (ISMP/Pharmapod/OCP)

On July 8, 2019, the College entered into a formal Memorandum of Understanding (MOU) with Pharmapod and the Institute for Safe Medication Practices Canada (ISMP Canada) in order to map the data fields to enable submission of de-identified medication incidents and near miss reports recorded in the AIMS program to the national Canadian Medication Incident Reporting and Prevention System (CMIRPS) via ISMP Canada. Mapping the data fields is the first step to enabling broad knowledge sharing resulting from analysis of medication incidents across Canada. All parties have agreed to collaborate with the shared goal of enhancing the safety of the

medication use system for patients and will begin working on the necessary data sharing agreements to support this effort in the near term.

Public Website Refresh

Recently the College launched a refreshed public website, www.ocpinfo.com. In response to feedback to improve user experience for visitors, the updated website includes new navigational and functionality features along with a fresh contemporary design to help make important content easier to access for professionals and for members of the public. The website renewal aligns with Council defined strategic priorities and our overall commitment to improve communication with the public and stakeholders and to strengthen awareness of the role of the College.

This work was informed by input from public/patients, members of the Citizen Advisory Group, registrants and our Patient Relations Committee. It also benefited from the guidance of a number of staff within the organization. It is important to note that while we have endeavored to improve the navigation of the site, the location of the content remains largely unchanged. Resources to support visitors as they navigate the website can be found [here](#).

OCP Professorship in Pharmacy Innovation at the University of Waterloo

Dean David Edwards recently submitted the first impact report on behalf of the University of Waterloo's Professorship in Pharmacy Innovation. Dr. Nancy Waite has held this prestigious professorship since its inception in 2012 and UW Pharmacy provided this report to highlight the significant ways in which this position has enriched both education at UW Pharmacy and pharmacy practice throughout the province to date (Attachment 3). As reported at the June Council meeting, the Professorship has now transitioned to Dr. Kelly Grindrod.

Regional Meetings Report

Further to my last report to Council, we have completed the Regional Meeting program for 2019 and have prepared a report (Attachment 4) on the performance and learnings from this year's program. While our attendance figures were not as high as we had hoped, our satisfaction scores met or exceeded our target (80%). Furthermore, along with the benefit of interacting with registrants, the introduction of a different format this year involving real-time polling and table-top discussion exercises into these engagement opportunities proved successful and will be used more often in the future.

In conjunction with the regional meetings, the College met with directors and other leaders in Hospital Pharmacy, covering four Local Health Integration Networks (LHINs). These sessions allowed the College and hospital staff to review issues specific to hospital initiatives and practice. The meetings were well attended and well received and will be considered in the planning for future regional meetings.

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 Q2 2019 scorecard (Attachment 5) for your review which provides a snapshot of performance against indicators established to deliver on objectives set out in the 2019-2021 strategic plan. One of the performance indicators on the scorecard relates to employee engagement and I am happy to present to Council the results of a pulse survey conducted over the summer to measure improvement on this indicator.

In addition to reporting on performance against the 2019 operations plan, I have also included as part of my report, the 2020 operational plan which further advances the initiatives reflected in the strategic plan. This operational plan will form the basis for development of the 2020 annual operating and capital budget which will be presented to council in December (Attachment 6).

July 25, 2019

Sent via email.

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto ON M7A 1N3

Dear Minister Elliott:

Further to our discussions with the Public Appointments & Risk Management Office, I am writing regarding the College's current and upcoming needs for new appointments and reappointments for appointed public members. As of July 31st, 2019, with the resignation of Ms. Joan Pajunen, the Ontario College of Pharmacists (OCP) will have nine public members which is the legislated minimum for our College.

The Order in Council (OIC) for Ms. Joy Sommerfreund is set to expire on November 13th, 2019 and her position on Council will need to be replaced in order for our Council to be properly constituted in accordance with regulations.

We have eight members whose OIC will expire in 2020 and will require reappointment.

Elnora Magboo, Brampton	January 11, 2017 to January 10, 2020
David Breukleman, Burlington	April 4, 2019 to April 3, 2020
Christine Henderson, Toronto	April 26, 2017 to April 25, 2020
Dan Stapleton, Toronto	June 28, 2017 to June 27, 2020
Sylvia Moustacalis, Toronto	August 13, 2014 to August 12, 2017 August 13, 2017 to August 12, 2020
Kathleen Al-Zand, Ottawa	September 8, 2014 to September 7, 2017 September 8, 2017 to September 7, 2020
Azeem Khan, Pickering	November 29, 2017 to November 28, 2020

By statute and in order to fulfill the College's mandate of serving and protecting the public of Ontario, public member representation is required on our Council and Committees, and most importantly, panels considering matters for Inquiries, Complaints and Reports (ICRC), Discipline, Registration, and Accreditation.

The workload of the Registration, Accreditation Committees is minimal in comparison to that of the ICRC and Discipline Committee.

By the end of this Council year, the ICRC will have held 46 full-day panel meetings. The volume of information required to be read in order to effectively deliberate on a matter is significant. Accordingly, for every full day meeting, committee members spend considerable time in preparation. We are very dependant on the availability of our public members and losing current members who have high availability might cause a delay in scheduling future meetings.

The Discipline Committee is anticipated to have over 52 hearing days in 2019. The members of the Discipline panels also spend additional time on each case separate from the hearing days, for example on deliberation and decision-writing. As well, conflict of interest considerations mean that public members cannot participate in hearings for both ICRC and Discipline on the same matter, further limiting their availability.

The number of cases to be heard by ICRC and Discipline continues to increase and the need for public members to support this work cannot be overstated. We are also considerate of the potential risk to the public should there be a delay in our ability to constitute these important hearings to address the conduct of College registrants.

At our June meeting, College Council endorsed moving to a competency-based approach to Council elections starting in 2020. We anticipate that the current and incoming public members will also be included in our skills, experience and attributes framework and our recruitment would ideally be tailored to ensuring the diversity of members on Council. We would welcome the opportunity to work with the Public Appointments Office to develop a process to have a mindful targeted approach to filling vacancies to complement the gaps in skills or experience needed on our Council by public members.

I wish to thank the Public Appointments Office for their support and assistance in expediting our requests and for providing support during recent unforeseen circumstances including the passing of two of our public members in the last two years.

Should you wish to discuss this matter, please do not hesitate to contact me at the College through my Council & Committee Liaison, Ms. Sarah MacDougall at smacdougall@ocpinfo.com.

Sincerely,



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

cc:

John Amodeo, Director, Corporate Management Branch, Ministry of Health

Helen Angus, Deputy Minister, Ministry of Health

Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning, Ministry of Health

Christy Hackney, Manager (A), Agency Liaison, Public Appointments and Risk Management, Ministry of Health

Attachment 2



Federation of Health Regulatory Colleges of Ontario (FHRCO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

Meeting: Board of Directors

Date: July 9, 2019

From: Governance Working Group

Re: Individual Entry-Level Board Member Competencies for Discussion and Direction for the Working Group

Background on the Governance Working Group (WG)

Established at the December 2018 strategy session with the following members:

- Fazal Khan, College of Opticians of Ontario, with support of Melanie Woodbeck
- Brenda Kritzer, College of Kinesiologists of Ontario
- Kevin McCarthy, College of Nurses of Ontario
- Melisse Willems, College of Dietitians of Ontario

Purpose of the WG:

- To gather information from FHRCO members regarding Colleges' progress with governance modernization and from other sources related to promising practices in regulatory governance (NB: a survey was sent to FHRCO Board members on April 2, 2019, with results reported April 28, 2019)
 - To develop a competency profile for Council members which could lead to governance training and form the basis of a consistent approach to the use of competency profiles that could be used in elections/appointments processes in the future
-

Issue 1: To discuss individual competencies for "Board members", i.e., members of Council, as part of the governance modernization process

Background: During the WG's May 22nd meeting, survey results were reviewed, and at its June 11th and July 2nd meetings, the following was noted based on that review and the material received by Colleges (as requested by email on May 23rd)

- The majority of Colleges are either considering modernization efforts or initiating processes
- There is general acceptance in principle of competency-based, appointed Board composition for Councils
- The decision-makers, i.e., Council, are of greatest interest to the public and should be the first focus

- FHRCO members will need time to consider the material and any recommendations and bring these recommendations to their respective boards.
- To address the objectivity and subjectivity that arise when assessing competencies for board appointments, it may be prudent to consider using a 3rd party HR consultant to facilitate the selection process.
- Board effectiveness relies on both “knowledge, skills, and experience” and “personal and behavioral characteristics”
- No one person should be expected to fulfill all the competencies; the combination of skills, experience and attributes needed for a well-functioning board as a whole must be examined.
- It is integral to self-regulation that the profession can find competent people to populate their Boards
- After examining various board competency frameworks and relying on its own collective board governance experience, the working group will present the FHRCO Board with recommendations on a core set of competencies that have a high degree of consistency across the frameworks.
- The ultimate goal of the project is a recommendation for Colleges with universal adoption

A competencies comparison document was prepared (**APPENDIX 1**) and was used to identify “entry-level competencies” for individual, professional members of Council. **These competencies are presented below for the Board’s consideration:**

“Entry-Level” Competencies for Individual Board Members	Note
Clinical Skill/Currency/Professional Knowledge/Registrant Practice	
Cross-Cultural Experience/Lived Experience	Experience working with diverse teams, marginalized groups, experience accommodating people of various abilities. Board informed by a diverse perspective; not just an identified person “sitting at the table”
Board Experience	From any sector and could include committee work; Board chair experience not necessary but helpful.
Leadership	General leadership skills, not tied to specific chairing of a group or to healthcare systems/sector

“Entry-Level” Competencies for Individual Board Members	Note
Governance/Fiduciary	<p>Understanding of the board member’s role and good governance principles, including:</p> <ul style="list-style-type: none"> • Risk Management • Business Acumen • Human Resources • Financial Literacy
Computer Literacy	Able to navigate electronic systems to facilitate the work of the College efficiently and effectively
Critical Reasoning/Professional Judgment/Decision-making/Problem-solving/Evidence-based	
Analytical/Objective/Astute/Independent	
Systems Thinker/Organizational Thinking/Strategic	
Public interest/Patient Rights/Patient Safety Orientation	
Diversity (Gender/Urban-Rural, Cultural, Geographic, Age, Diverse Patient Needs, Indigenous, Education)	Need to consider how this would be accomplished based on research which shows more diverse boards function better
Respectful/Relationship Building/Emotional Intelligence	
Teamwork/Collaboration	
Inclusive/Unifier/Active Listener	
Effective Communicator	
Integrity/Ethical/Honest/Accountable	

“Entry-Level” Competencies for Individual Board Members	Note
Open-minded/Adaptable	
Learner/Humility/Willing to Learn	
Recognition of Limits/Capacity/Self-Aware	
Proactive/Initiative/Innovative	
Diligence/Preparedness/Committed/ Participatory	
For Further Discussion	
Cultural Safety/Social Justice/Human Rights Awareness	
Health Systems Quality/Health Sector Leadership	
Eligibility Considerations	
No Bankruptcy	
No Previous Negative Regulatory Outcome	
Availability/Commitment	
Unconflicted (Cooled Off)	
No Criminal Charges	
No Concerning Social Media Presence	

Decision: To agree on “entry-level competencies” for further development by the WG

Issue 2: To provide additional direction to the Governance Working Group

Background: The WG is planning to continue to develop material for the Board’s consideration with end goals, including:

- Providing tools/resources/educational opportunities for individual Colleges to use as they travel their governance modernization journey
- Aspirationally, using those tools as drivers for consistency amongst all Colleges

Areas for continued WG consideration and development are offered as follows:

- Collective Board Competencies
 - It is understood that not every Board member would have every competency
 - These would round out a productive/effective Board
 - Gaps could be identified to recruit people who have those competencies
- Committee Competencies
- Levels for review of a potential Board member’s competencies
 - Eligibility to apply
 - Tier 1 – entry level
 - Tier 2 – specific skills that could be learned during their tenure
- Opportunities to include the competencies in Board appointment processes
 - Job descriptions
 - Self-selection tools (e.g. self-assessments)
 - Education and training (e.g. pre- and post-selection modules)
 - Evaluation
- Nomination Committee or Other Body/Organization to vet Applicants, Evaluate, Recommend Competencies to Address Gaps
- Assessment of Change Management Needs

Decision: To direct the Governance Working Group to continue to develop recommendations for FHRCO related to Board member competencies, both individually and as a collective body

APPENDIX 1

Methodology to Distill the Competency Frameworks into a Comparable Format

Competency groupings created:

- The frameworks often have different terminology for similar competencies. Based on the competency descriptions, competencies were grouped, and terminology differences captured where possible.
- Where a competency is mentioned in a framework more than once, multiple x's are recorded.
- Where a competency appears in 4 or more different frameworks, or is heavily emphasized, the competency is highlighted in yellow.

Competencies dimensions reorganized:

- The frameworks use different dimensions to categorize groups of competencies (See 'Competency Dimensions,' Chart B). In this analysis, competencies are categorized under the headings: experience and background, skills and knowledge, values and attributes, and eligibility factors, but these don't necessarily reflect the dimensions laid out in each framework.

Analysis of Board/Committee Competencies:

- The frameworks apply to either boards, committees, or both. (See 'Applicability,' Chart B). RCDSO and BCCNP have frameworks that apply to both.
- The BCCNP has detailed competencies for each committee, but only the board competencies were included in this analysis.
- The RCDSO has board eligibility by-laws and committee competencies; and latter has much variation. Only the RCDSO Patient Relations Committee competencies were included in this analysis, simply because it has the most competencies. RSCDO by-laws also appear under the 'eligibility factors' heading.

CHART A: Comparison of Competencies

COMPETENCY	RCDSO Pt Rel	AGRE	CMO	CNO	ON GOV	PSA	BCCNP Board
Experience and Background							
Clinical Skill/Currency/Professional Knowledge/Registrant Practice		x		x	x		x
Regulatory Knowledge/Experience			x	x			x
Legal Experience	x						
Cross-Cultural Experience/Lived Experience	x			x			x
Board Experience/Board or Chair Leadership				x			xx
Health Systems Quality/Health Sector Leadership			x	x			x
Skills and Knowledge							
Leadership	x		x	x		x	x
Change Management/Change Leadership				x			x
Conflict Management/Resolution/Diplomacy					x		x
Government Relations	x		x				x
PR/Strategic Communications/Stakeholder Engagement	x		x	x			x
Governance/Fiduciary	x		x	xx			x
Risk Management			x	x			x
Business Acumen				x			x
Human Resources/Executive HR				x			x
Financial Literacy/Financial Management/Oversight			xx	xx			xx
Legal knowledge/Understanding	xx						x
Policy Development	x		x				
Computer Literacy/IT Management	xx	x		x			xx
Education System Knowledge (Profession Specific)				x			
Values and Attributes							
Critical Reasoning/Professional Judgment/ Decision-making/Problem-solving/Evidence-based	x	x	x	xxxxxx	xx		x
Analytical/Objective/Astute/Independent	xxx	x		xxx		x	x
Systems Thinker/Organizational Thinking/Strategic			xx	xxx			xx
Public Interest/Patient Rights/Patient Safety Orientation	x	x	x	xxx		x	x
Diversity (Gender, Urban-Rural, Cultural, Geographic, Age, Diverse Patient Needs, Indigenous, Education)		x		xxxxxx			xxxxx
Cultural Safety/Social Justice/Human Rights Awareness	xxxx	x		x			x
Respectful/Relationship Building/Emotional Intelligence	xxx	x	x	xx	x		x
Teamwork/Collaboration	x	x	x	x			x
Inclusive/Unifert/Active Listener	x			xxx	x		x
Effective Communicator	xxxx	x	x	x	x		
Integrity/Ethical/Honest/Accountable/Openness	xx	x		x	x	xxxx	x
Open-minded/Adaptable	x	x		x	x		x
Learner/Humility/Willing to Learn		x		x			x
Recognition of Limits/Capacity/Self-aware		xx		x			x
Proactive/Initiative/Innovative		x		x			x
Diligence/Preparedness/Committed/Participatory	xxx	xx					

CHART A: Comparison of Competencies

COMPETENCY	RCDSO Board	AGRE	CMO	CNO	ON GOV	PSA	BCCNP Board
Eligibility Factors							
No Bankruptcy		x					
No Previous Negative Regulatory Outcome	x	x					
Availability/Commitment	x	x					
Unconflicted (Cooled off)	x	x					
No Criminal Charges	x	x					
Completion of Board Training	xx						
No Concerning Social Media Presence		x					

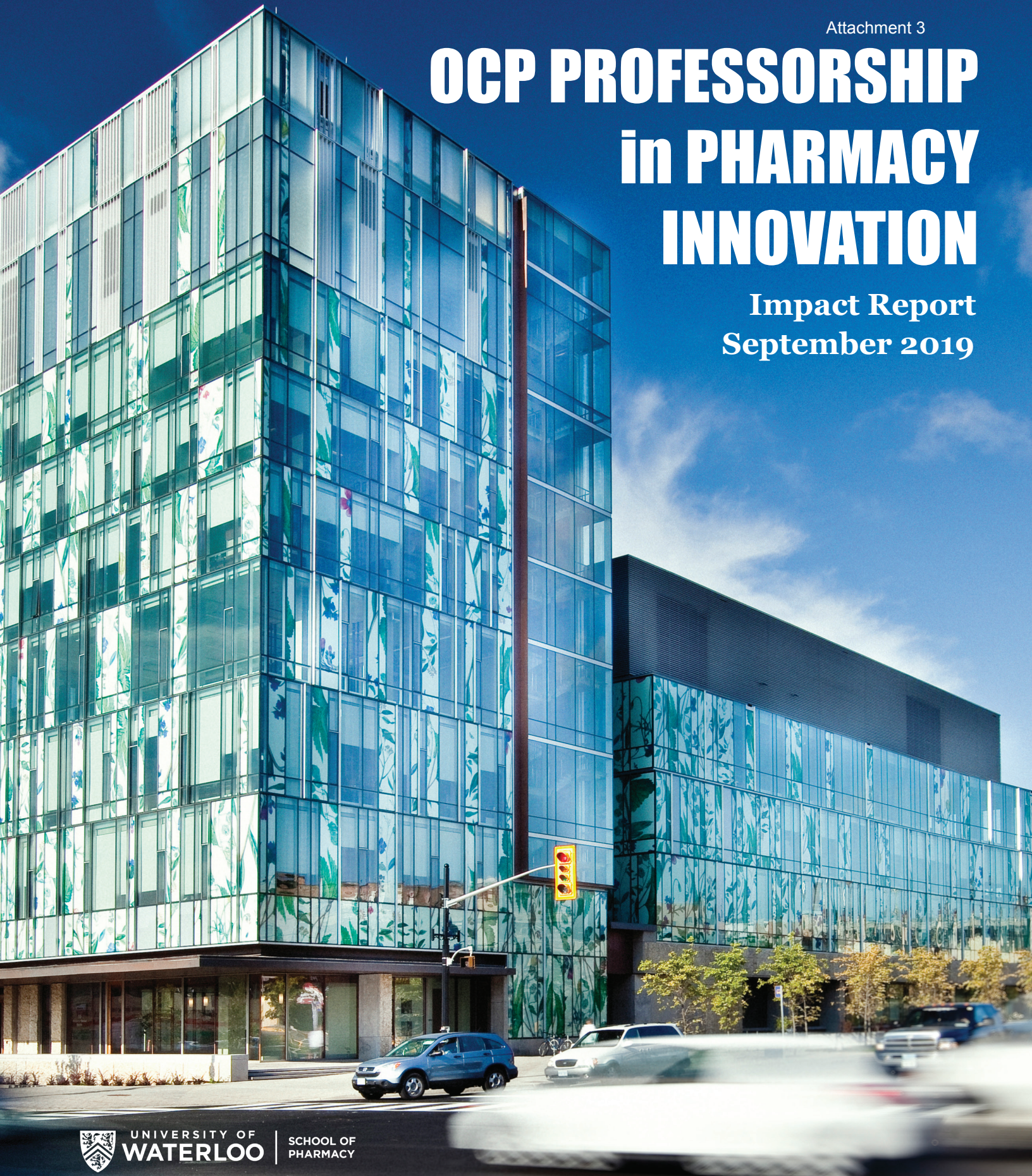
CHART B: Comparison of Competency Frameworks

	Royal College Dental Surgeons (RCDSO)	(AGRE)	College of Midwives Ontario (CMO)	College of Nurses Ontario (CNO)	Government Ont (ON Gov)	Professional Standards (PSA)	Nursing Professionals British Columbia (BCCNP)
Date	2017	December 2017	Oct 2017 – June 2018	October 2018	March 2019	March 2019	April 2019
Applicability	Board and Committees (except Executive)	Committees (except Executive)	Board	Board	Board	Board	Board and Committees
Document Purpose	By-Law eligibility for Board elections. Separate document sets out specific committee competencies (except Exec).	Competency framework for statutory committees anticipating future legislative change.	Annual Council Evaluation Competencies for Self-Evaluation Tool.	Competency profile reflecting ideal collective board membership, anticipating future legislative change.	Competency profile for members of regulatory and adjudicative agencies.	Provides advice to UK regulators on the integrity of board appointment process.	Competency framework for a future state, reflecting the board and individual committee competencies, anticipating legislative change.
Competency Dimensions	1) Core Competencies 2) Additional Competencies 3) For dentists 4) For Public members	1) Skills 2) Qualities AND 3) Eligibility 4) General Competencies 5) Committee-Specific Competencies	1) Knowledge, Skills and Experience (individual board member) 2) Personal Behavioural Characteristics (entire board)	1) Career knowledge and experience 2) Functional skills 3) Affinity attributes 4) Character attributes	Core competencies	Seven Principles of Public Life	1) Values and Attributes (Individual board member) 2) Skills, Practices, Knowledge (Individual board member, willing to learn) 3) Diverse Experience, Backgrounds and Perspectives (Entire board) 4) Professional Experience, Knowledge and skills (one or more board members)
Mandatory Competencies	Board eligibility factors are mandatory; unknown whether committee competencies dimensions are mandatory.	Implied that eligibility and general competencies (4) apply to all committee members. Specific competencies may be required for different Committees (5).	Not necessary for Council to be expert in all or even many competencies. More important that Council has the collective expertise to provide effective oversight.	In general, all board and committee members should possess the character attribute competencies (4).	Unknown	All board members are responsible for upholding the seven principles and should challenge any contrary actions/behaviours by other members.	Values and attributes (1) are mandatory for each board member and all committee members; Diverse Experience, Backgrounds and Perspectives (3) are the same competencies for the board and all committees. Skills, practices and knowledge (2) can be learnt.
Interesting Features	Pre-appointment training and testing.	Envisions consistent approach for all Colleges; same process for public appointments.	Includes a scale and matrix for assessing competency level and comparing with other members.	Pilot tested for non-board appointments in 2019.		Suggests principles of a good process: Merit, Fairness, Transparency & Inspiring Confidence.	Includes matrix for board members and entire board. Each Committee has competencies common to the board, plus committee specific competencies.

Attachment 3

OCP PROFESSORSHIP in PHARMACY INNOVATION

Impact Report
September 2019



UNIVERSITY OF
WATERLOO

SCHOOL OF
PHARMACY

The Ontario College of Pharmacists and the University of Waterloo School of Pharmacy

Working together to improve health outcomes

The Ontario College of Pharmacists has been instrumental in leading the advancement of pharmacy to ensure that all Ontarians receive quality services and care. By focusing on the delivery of patient-centred care, OCP supports pharmacists and pharmacy technicians in their efforts to optimize health and wellness for patients across the province.

The University of Waterloo School of Pharmacy is uniquely positioned to assist in OCP's efforts. Our focus on research, education, assessment and use of technology provides a foundation unlike any other institution. We value our partnership with OCP and believe that working together we are able contribute to positive health outcomes for Ontarians.

In 2012, the creation of the OCP Professorship in Pharmacy Innovation helped formalize the partnership between OCP and UW Pharmacy at a critical time in our profession. Through this professorship, the School is able to serve the College by producing graduates who provide patient-centred, outcome-focused care and by generating practice-based research that can translate into policy or practice change.

Dr. Nancy Waite has held this prestigious professorship since its inception. As it is now passing to Dr. Kelly Grindrod, we feel that it is important to highlight the significant ways in which this position has enriched both education here at UW Pharmacy and pharmacy practice throughout the province. The following publication focuses on Dr. Waite's work in three critical areas:

- › Innovations in Experiential Learning
- › Empowering Practice-based Research
- › Translating Knowledge to Action

On behalf of the University of Waterloo School of Pharmacy, I thank the College for its support of the OCP Professorship in Pharmacy Innovation – the impact of your investment is felt by our students, staff, faculty, and by patients and pharmacists province-wide.



David Edwards

Hallman Director

University of Waterloo School of Pharmacy



Innovations in Experiential Learning

An integral part of the OCP Professorship in Pharmacy Innovation is to advance pharmacy student education. This involves applying expertise in curricular development, delivery and assessment to ensure that we produce pharmacists who flourish in their professional environment and who lead change as the profession continues to evolve.

OUTCOME: By leading curriculum development, the OCP Professor has helped the School produce engaged, competent professionals, supporting OCP's mission of ensuring that the public receives quality services and care from pharmacists.

The School of Pharmacy has a dynamic curriculum that is responsive to pharmacy's evolution in Ontario, ensuring our graduates practice to optimal scope. As the Associate Director of Clinical Education, Dr. Waite leads the development and refinement of our unique experiential learning model.

Dr. Waite's leadership was key in ensuring that UW Pharmacy was one of the first pharmacy schools in Canada accredited to offer a Doctor of Pharmacy program. As part of this program, our students experience co-operative work terms and patient care rotations where they collaborate both inter- and intra-professionally. They also participate in a variety of Community Service Learning initiatives to foster their sense of civic engagement.

CO-OPERATIVE EDUCATION

Co-op is a hallmark of the University of Waterloo. Dr. Waite led the design and implementation of Canada's first and only co-operative education program for pharmacy students. She has been instrumental in refining the program to accommodate the School's switch from a Bachelor of Science in Pharmacy program to a PharmD program. In the present model, students complete three 16 week co-op work terms during the first three years of the program.

- > **3,973** co-op jobs since program launch in 2008
- > **1.35** co-op jobs on average available per student each work term
- > **67%** of co-op jobs occur outside the GTA

COMMUNITIES OF PRACTICE

In their final year, students complete 24 weeks of patient care rotations via the Communities of Practice model. This model places students into one of 14 regions across Ontario. They live in that region for six months, providing patient care in three practice settings for eight weeks each. They are supported by preceptors and by UW Pharmacy's regional clinical coordinators (pharmacists living locally, hired by the School). These like-minded people learn together and from one another to push the boundaries of their profession.

On rotation, students interact directly with patients and collaborate extensively across the circle of care. They refine their communication skills and experience first-hand how to provide patient-centred care. Their performance is assessed using the OPPCAT tool, developed in partnership with OCP, the Hospital Pharmacy Residency Forum of Ontario, and the University of Toronto Leslie Dan Faculty of Pharmacy.

This model has resonated well with the pharmacy practice community: in the first year of the program there were two times more approved rotation sites than students available. Since then, there has been a continuing demand for UW Pharmacy students.

SUPPORTING STUDENT RESEARCHERS

Dr. Waite is co-founder of the Ontario Pharmacy Evidence Network (OPEN), a multidisciplinary research collaborative that examines the quality, outcomes, and value of medication management services provided by pharmacists and other health care professionals.

Trainee education plays a key role in OPEN's research output, as student researchers support many of the network's projects. Dr. Waite also directly supervises students at all stages of education – she oversees co-op student research projects, PharmD student independent studies, and MSc and PhD graduate students.

Through such mentorship, Dr. Waite contributes to Ontario's overall capacity for research in pharmacy practice and medication management.

Award Highlight

*For her innovative contributions to experiential education, Dr. Waite received the **Bristol-Myers Squibb Excellence in Education Award** from the Association of Faculties of Pharmacy in Canada.*

PROVINCE-WIDE EDUCATION NETWORK

- > **14** Communities of Practice across Ontario
- > **650** pharmacist preceptors and **650** interprofessional preceptors (40% nurses, 34% physicians, 9% dietitians, 17% other in 2019)
- > **2 month** rotation blocks in diverse settings such as regional health centres, family health teams, hospitals, and community pharmacies

"Dr. Waite's mentoring style offers independence to her students, while consistently ensuring that she is available to guide us through challenges. Her vision to see the profession of pharmacy flourish inspires me as a young researcher!"

GOKUL PULLAGURA

**PHD CANDIDATE, UNIVERSITY OF WATERLOO
SCHOOL OF PHARMACY**



Empowering PRACTICE-BASED RESEARCH

Supporting practice-based research is a key component of the OCP Professorship in Pharmacy Innovation. The OCP Professor is a leader to faculty, encouraging research that explores new models for pharmacy, proposing new care delivery methods, and evaluating clinical and economic outcomes related to the provision of medication management services by pharmacists.

OUTCOME: By empowering medication management research, the Professorship furthers OCP's vision of advancing pharmacy to optimize the health and wellness of Ontarians.

BUILDING COLLABORATIONS

In 2013, Ontario Pharmacy Evidence Network (OPEN) co-founders Nancy Waite and Lisa Dolovich acquired a \$5.77 million Health System Research Fund program grant from the Ontario Ministry of Health and Long Term Care to foster innovation in and evaluation of pharmacist-led medication management programs. Today, OPEN is one of Canada's leading collaborative programs in improving medication management, with more than 50 researchers and over 100 students and trainees.

As a co-founder, Dr. Waite guides the program's development, direction, and operations. On specific projects she directly designs and conducts research. On others she partners with knowledge users that include government, policy makers, industry, health care practitioners, community agencies and more. In 2018, OPEN's output resulted in the awarding of a Health Sciences Research Fund grant for over \$2 million.

Examples of OPEN knowledge users:



By connecting interdisciplinary researchers with expertise in pharmacy practice research, OPEN also acts as a launching pad for innovative and time-sensitive projects. Here are some examples of projects OPEN supports:

HEALTH SERVICES IN RURAL FRANCOPHONE AND NORTHERN COMMUNITIES

Equitable access to health services in rural northern and francophone communities is a challenge facing Ontario's health care system. This research project will investigate the medication management needs of these communities and their ability to access services, developing recommendations on how gaps in the system can be addressed.

PHARMACY 5IN5

OPEN provided start-up funding for Pharmacy 5in5, an innovative pharmacist education platform designed by professor Kelly Grindrod.

Dr. Waite's efforts empower practice-based research at UW Pharmacy and beyond. In April 2017 she organized an event that brought global experts in pharmacists-as-immunizers research to Ontario. Pharmacy practice research leaders from Australia, New Zealand, the United Kingdom, the United States and other Canadian provinces gathered to generate strategies for implementing pharmacist-led outreach and vaccination promotion in their respective countries. The two-day event was supported by the University of Waterloo International Research Partnerships Grant.



Researchers from five countries gathered to collaborate on influenza immunization

RESEARCH OUTPUT

Dr. Waite is a recognized expert in practice-based research, as is apparent from both the grant funding she holds and the numerous presentations she's given to share findings.

The following is a summary of Dr. Waite's research over the term of the professorship.

13 grants from government, academia & health organizations
totalling **\$8.3** million

Award Highlight

Dr. Waite and coauthors received the **2015 Best Pharmacy Practice Research Oral Presentation Award** at the Canadian Pharmacists Conference for their analysis of data on community pharmacists providing influenza vaccines in Ontario.

43 invited presentations

29 peer-reviewed journal articles

73 peer-reviewed oral and poster presentations

Dr. Waite also holds numerous advisory roles: she has been the pharmacy representative on boards of directors such as Gateway Centre of Excellence in Rural Health, the Association of Faculties of Pharmacy of Canada, and the Centre for Family Medicine, a Kitchener family health team.

An example of Dr. Waite's collaborative approach to research is her leadership of an economic analysis of the health system and societal impacts of pharmacist administration of influenza vaccines in Ontario. This research was conducted with colleagues at the University of Waterloo and in partnership with the Neighbourhood Pharmacy Association of Canada and the Program for the Assessment of Technology in Health.

"Nancy has facilitated my involvement with a number of decision-makers and knowledge users, and I've successfully leveraged these relationships to develop my own research stream in travel medicine and travel vaccines."

"As a new investigator, her mentorship and collaboration have greatly enhanced my professional development and ability to successfully conduct practice-based research."

SHERILYN HOULE
ASSISTANT PROFESSOR, UNIVERSITY OF
WATERLOO SCHOOL OF PHARMACY

Translating Knowledge to Action

The holder of the OCP Professorship in Pharmacy Innovation provides leadership in demonstrating how research or educational innovation can inform policy and practice change. The Professor models how pharmacists can be health care change-leaders.

OUTCOME: By actively engaging in knowledge translation, the Professorship supports OCP's strategic initiative of continuously improving quality in practice and health care.

ENABLING EVIDENCE-BASED POLICY OPTIONS

Dr. Waite has consistently tailored her research to reflect ongoing changes to the scope of pharmacy in Ontario. Together with other OPEN members, she has generated research that can and has been used to inform government discussions about policy.

Below is an example of a project where Dr. Waite's research has been translated into action that improves health care in Ontario.

Dr. Waite and her team:

- › examine pharmacist and public responses to addition of influenza vaccination to RPh scope
- › explore ability of RPh students to vaccinate



Dr. Waite and OPEN researcher Dr. Sherilyn Houle:

- › share findings with MOHLTC as part of working group to assess expanding RPh vaccination services
- › provide research-informed advice about allowing pharmacy students to vaccinate



Ministry of Health and Long Term Care:

- › expands Ontario RPh vaccination to include 13 preventable diseases
- › allows RPh students to administer vaccines

GENERATING RESOURCES FOR DIVERSE AUDIENCES

Understanding and responding to the needs of knowledge users is a key component in translating research into positive change. Dr. Waite frequently works in collaboration with non-academic bodies to produce resources that improve health care.

With the Pharmacists-as-Immunizers project, Dr. Waite has demonstrated how pharmacists can be at the forefront of conducting relevant research that supports knowledge user decision-making and benefits the public. Her vaccine hesitancy work is the first of its kind in pharmacy and she and others on her team have shared their findings with Quebec to enhance their pharmacist-as-immunizer regulations.

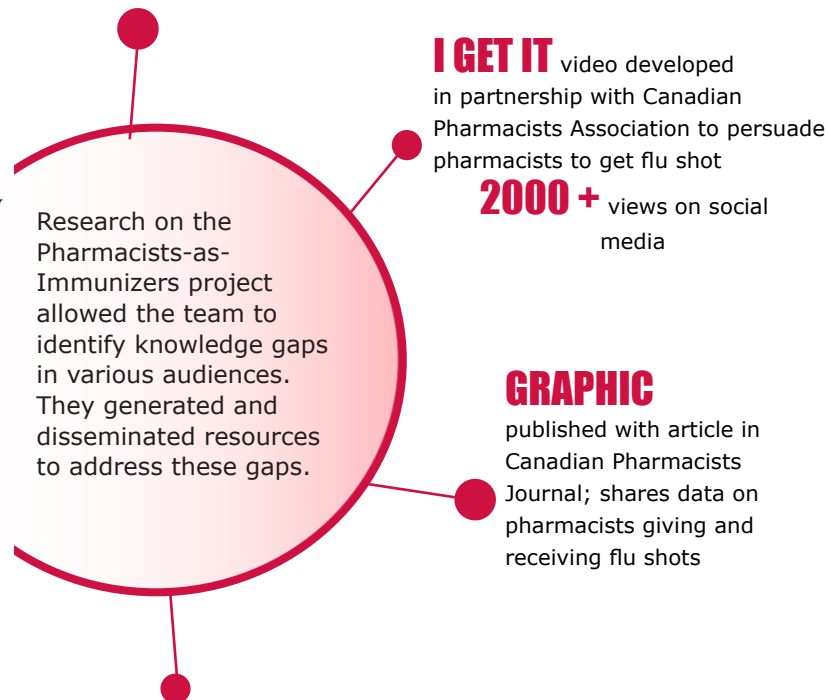
Through OPEN and her own collaborative research practice, Dr. Waite enjoys working with pharmacists, students, professional associations, industry, and researchers to build action-oriented initiatives. Examples include the Ontario College of Pharmacists white paper, *Enhancing the impact of the profession of pharmacy on people's lives in the context of health care trends, evidence, and policies*, she co-authored, and her participation on the Assurance and Improvement in Medication Safety (AIMS) response team. The team assists the College in analyzing the data collected by AIMS and developing strategies for continuous quality improvement.

Award Highlight

In 2016 Dr. Waite and OPEN coauthors received the **2016 Best Paper Award** from the #1 ranked pharmacy journal, the *Research in Social and Administrative Journal*. Their paper was a scoping literature review that examined pharmacy practice and health-related disparities.

Special supplement

in Canadian Pharmacists Journal
about immunization developed with
Sherilyn Houle, due out fall 2019



CMAJ ARTICLES

on vaccine-related topics including:

- impact of pharmacist influenza vaccine administration on uptake in Canada
- characteristics of patients vaccinated in physician offices versus pharmacies

"Nancy is a tireless promoter and an undisputed leader of pharmacist-related policy-relevant research in Canada.

In one of our collaborations, she shared valuable pharmacist perspectives for a study that examined the impact of provincial policies allowing pharmacists to provide influenza vaccines in Canada.

We have also been working on a study of influenza vaccine recipients who obtain them from pharmacists versus physicians, leading to some interesting results that will guide decision-making."

JEFF KWONG

SENIOR SCIENTIST, INSTITUTE FOR CLINICAL
EVALUATIVE SCIENCES





Thank you from Dr. Nancy Waite

On behalf of the University of Waterloo School of Pharmacy, I thank you for your generous support. As my term in the professorship comes to a close, I reflect back on the many ways in which this position has enriched me, my professional life, education here at UW Pharmacy, and pharmacy practice and medication management research throughout the province. While UW Pharmacy has a strong commitment to innovation and advancement of the pharmacy profession, it is with support such as OCP's that our institution flourishes.

The OCP Professorship has allowed me to co-found one of the most robust multi-institutional and interprofessional medication management research networks in the country and enabled me to think creatively and innovatively in my work building the experiential learning program as Associate Director of Clinical Education at UW Pharmacy. Personally, I wore the title of OCP Professor of Pharmacy Innovation with pride and am grateful to have had the College's support as I communicated with policy makers and knowledge users in the field of health care.

Going forward, I will continue to push boundaries in all spheres of my work. In education, I am stepping into the role of the University of Waterloo's Director of Academic Leadership where I will foster the development of outstanding faculty leaders. In research, I will further seek out relevant projects that serve real needs for multiple audiences. In partnerships, I will continue to pursue collaborations with knowledge users such as the Ontario Ministry of Health, the Public Health Association of Canada, the Canadian Immunization Research Network, Health Quality Ontario, and Sanofi.

These outcomes will be of service to OCP: our graduates will be well-prepared to offer quality services and care, and the research projects I collaborate on and support through OPEN will ensure that Ontario pharmacists are continually evaluating and improving medication management.

All of this has been possible because of OCP's support, and once again, I thank you for this opportunity.



*OCP Professor in Pharmacy Innovation
Associate Director, Clinical Education
University of Waterloo School of Pharmacy*

UNIVERSITY OF
WATERLOO



uwaterloo.ca/pharmacy

FALL 2019

TO:	Nancy Lum-Wilson, CEO and Registrar
DATE:	July 18, 2019
FROM:	Todd Leach, Manager, Communications
RE:	2019 Regional (District) Meetings

This past Spring, the College hosted a series of regional meetings (formerly referred to as district meetings) in several communities throughout the province. Meetings were held in the Greater Toronto Area (West Toronto/Mississauga and Markham), Ottawa, London, Sudbury, Thunder Bay, Peterborough and Windsor. The previous regional meeting program hosted in Fall of 2017 visited four locations (Toronto, London, Ottawa and Sudbury) and so the 2019 program represented an intentional expansion of the meeting program to additional communities throughout the province.

College registrants were invited to attend any one of the meetings in person. Although registration was requested through an online registration system, there was no cost to registrants associated with registering for these meetings. Additionally, in an effort to provide flexible options for those who were not able to attend any of the in person, registrants were given the option to register for a webcast that would be streamed from the Markham meeting. An archived webcast is now available on the College's YouTube channel and the link will be sent to registrants via e-Connect.

Program and Format

The program theme was "Outcomes Matter: Promoting a Data and Quality Culture in Pharmacy" and was delivered by the CEO and Registrar, the Deputy Registrar/Director of Conduct and the Director of Quality. Council members who were present were introduced at each of the meetings. The program focused on the following topics: an update on the Assurance and Improvement in Medication Safety (AIMS) Program implementation, Quality Indicators for Pharmacy, and the College's Data and Analytics Strategy and approach to better using information as the foundation to risk-based regulation.

The format featured formal presentations by College speakers with an opportunity for registrants to ask questions throughout and at the end of the presentations. New this year and to the regional meeting program as a whole was the introduction of an engagement activity involving those in attendance with the purpose of gaining additional valuable insights from registrants regarding the safety culture in pharmacy:

- Online polling was integrated into each of the presentations which provided presenters and the audience with real-time responses to questions related to medication safety and overall safety culture as well as the use of data and indicators in everyday practice.
- The College also engaged in a facilitated table-top exercise with those in attendance to further explore issues and opportunities related to the promotion of a safety culture in pharmacy, the current experience of pharmacies in implementing a safety culture, what has worked well, potential barriers and associated solutions. The table-top exercise was implemented at all meetings except the Markham meeting due to the event size and logistics issues associated with a later start.

Attendance

A total of 1,096 registrants (including both pharmacists and pharmacy technicians) registered in advance to attend either an in-person or webcast meeting. Of those, 498 were confirmed to have attended in person or logged in to the webcast. More than half of those who registered in advance either for an in person or webcast meeting did not

attend. The breakdown by city/town is as follows:

City/Town	Registered	Webcast Registered	Attended	Webcast Attended
Thunder Bay (Apr 29)	29		20	
Peterborough (May 2)	46		30	
Ottawa (May 6)	134		62	
Markham (May 14)	197	328	82	86 (149*)
Sudbury (May 16)	54		32	
London (May 27)	81		52	
Mississauga (May 29)	170		45	
Windsor (Jun 10)	57		26	
Totals	768	328	349	86 (149*)
Grand Total	1,096		435 (498*)	

* See webcast update later in this report. 149 is the number of those who originally logged in to the webcast compared to the 86 who remained on the webcast following the initial technical disruptions.

Actual attendance figures for the past two regional meeting programs indicate a pattern of attrition. Attendance at the 2017 regional meeting also was below the number who registered, with an attendance rate of about 60%. Anecdotally the drop off in the number of those who ultimately attended the meetings can, in part, be attributed to timing of the events (early evening start times present some challenges for some participants), unexpected pharmacist/pharmacy technician schedule changes, and venue locations (traffic, parking issues). Attendance barriers will need to be further considered going forward.

Engagement Insights and Observations

The College successfully introduced engagement activities into this year's regional meeting program. These activities were designed to provide an opportunity to engage registrants in meaningful discussion and dialogue and to complement the topics presented by College staff at the meetings.

- Real-time polling: Consistently, the majority of polling participants strongly or somewhat agreed that their pharmacy/team is capable of analyzing incidents and near misses to develop improvements, that their pharmacies are a safe place to openly discuss incidents/errors, that their employers support a safety culture, that they trust that employers will not use AIMS Program data for punitive reasons, that they trust that the College does not have access to individual incident data recorded through the AIMS Program and that they see themselves as being an important part of the health system. There was some variability in responses to the polling questions at each meeting which was used as a source of discussion as much as possible.
- Table-top exercise: Through table-assigned groups, attendees shared their insights in response to questions regarding barriers to a safety culture in pharmacy, what has worked well and opportunities to remove those barriers/promote safety within pharmacies and the profession. Some of the common insights shared included a need to establish regular team communication and new processes/procedures regarding the AIMS Program recording requirement, acknowledging that errors can and do happen and that these are learning opportunities, and feedback from registrants regarding time pressures and workload on pharmacy staff and its potential impact on a safety culture.

Feedback collected through these exercises is being considered by College staff as it moves forward with the AIMS Program and Quality Indicators for Pharmacy initiatives.

Meeting Experience and Satisfaction

A target satisfaction rate of at least 80% was assigned prior to the regional meeting implementation in both 2017 and 2019. Following each of the regional meetings this year, brief surveys were sent to all meeting registrants to identify overall satisfaction, what worked well, what could be improved, whether the meetings met expectations and potential future topics for the College to consider in future engagement and communication activities.

A total of 99 responses were received. Analysis of survey responses indicate the following:

- 80% strongly agreed or agreed that, overall, the regional meetings were a worthwhile event
- 80% strongly agreed or agreed that the information was useful for member practice
- 82% strongly agreed or agreed that the meeting information was well organized and easy to follow
- 90% strongly agreed or agreed that they have a better understanding of College priorities and initiatives
- 91% strongly agreed or agreed that the meeting objectives were clear
- 91% strongly agreed or agreed that they would attend a future regional meeting

Overall, like the 2017 program, the 2019 Regional Meeting program successfully met its goal of at least 80% satisfaction among participants, meaning that those who did attend generally found the meeting to be worthwhile and useful. Attendees also provided additional feedback, which has been bundled below (major themes only):

- Key takeaways from the meetings:
 - Importance and value of the AIMS Program
 - Quality improvement and using data/information to guide improvements and safety culture
 - College priorities focusing on its public mandate, use of data to guide decision making
- Topics of interest for future consideration:
 - Expanded scope
 - Cannabis
 - Quality/optimal practice
 - Pharmacy technician integration/information
- Recommendations for improvement:
 - Continue with virtual polls and table top engagement – positively received by registrants
 - Timing and location of meetings
 - More practice-related content
 - Additional time for open discussion

Webcast*

A live webcast of the Markham regional meeting event attracted 328 registrations prior to the event. Upon the start of the webcast, 149 had logged in and began watching the presentation. However, technical issues originating with the venue and its internet service provider created significant problems for those watching the webcast. These issues took several minutes to be resolved; however, viewers continued to report ongoing problems with their ability to see and hear the content being presented. Approximately 60 viewers from the group who logged on abandoned the webcast altogether following the original technical problems.

Despite the pre-event testing involving a third-party webcast vendor, it was determined that these issues were outside of the College's control. The College subsequently sought and received relief from the venue for the event audio-visual/technical costs that would have otherwise been billed.

No survey was issued to those who registered given the obvious problems with their ability to consistently access

the content of the presentation. Those who were registered were issued a communication from the College apologizing for the challenges and reminding them that an archive of the video recording of the Markham meeting will be available on the website at a later date.

Considerations Going Forward






















Format: The College should continue to seek additional opportunities to use interactive (online real-time polling) and engagement (table-top exercise) activities with registrants as this was viewed as a welcome addition to format of the meetings and, most importantly, provided an effective vehicle for dialogue and information sharing among registrants and the College.




























Program: The College should continue to explore and implement a mix of activities and topics into the program content so that registrants feel there is greater applicability of the information provided to every day practice. Given the consistent pattern of registration-to-attendance attrition, the College should also re-evaluate whether the regional meeting program should continue or whether it is more effective for the College to engage registrants more frequently on single topics/areas of focus and to consider expanding the use of other forms of communication rather than in-person meetings, notwithstanding the continued due diligence regarding the reliability of any web-based communication.

	Strategic Plan Alignment			2018	Quarterly Scorecard – OCP Council - Q2 2019	2019					Annual Target			
						Q1	Q2	Q3	Q4	YTD				
No.	SP1	SP2	SP3	Actual	Key Performance Indicators and Milestones									
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						17-Jun		n/a	30-Sep
3			✓		*Integrate operational risk oversight into Finance & Audit Committee work plan						31-Mar		n/a	30-Jun
Regulatory Risk														
4		✓		30%	% Complaints disposed within 150 days					cumulative measure (YTD)		36%	41% min	
5		✓		103/340	Number of complaints disposed within 150 days / total number disposed					cumulative measure (YTD)		57 / 157	Ref	
6		✓		38%	% Registrar's Inquiries disposed within 365 days					cumulative measure (YTD)		39%	54% min	
7		✓		25 / 68	Number of Registrar's Inquiries disposed within 365 days / total number disposed					cumulative measure (YTD)		15 / 38	Ref	
8		✓		79%	% HPARB complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)					cumulative measure (YTD)		82% 9/11	75% min	
9		✓		41%	% Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)					cumulative measure (YTD)		77%	66% min	
10	✓			44%	% Pharmacists assessed meeting more than 75% of indicators without coaching					47.0%	47.6%		47.3%	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						6-Jun		n/a	30-Jun
13	✓	✓	✓		*Public reporting of medication incidents commences						31-May		n/a	31-May
14		✓	✓		*Publish transparency framework and principles						10-Jul		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.														
20-Aug-19				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				

Scorecard Measure	Q2 2019 Council Summary / Improvement Strategies
#1 *Develop governance evaluation tool to measure public interest focus	This project milestone is proceeding as planned.
#2 *Develop a plan to advance governance framework, aligned with agreed principles	This project milestone is complete.
#3 *Integrate operational risk oversight into Finance & Audit Committee work plan	This project milestone is complete.
#4 % Complaints disposed within 150 days	<i>Performance is approaching target as the additional resources added in Q4 2019 and Q1 2020 are fully on-boarded resulting in increased productivity/output. Increased inflow from early stage processing is resulting in a bottleneck in decision writing that is currently being addressed.</i>
#5 Number of complaints disposed within 150 days / total number disposed	<i>Values that support indicator #4 above.</i>
#6 % Registrar's Inquiries disposed within 365 days	<i>Focus on improvement in 150 day target for complaints impacts the resources available to focus on Registrar's Inquiries. Additional investigative resources intended to reach steady-state beginning to have effect; decision writing as above (#4).</i>
#7 Number of Registrar's Inquiries disposed within 365 days / total number disposed	<i>Values that support indicator #6 above.</i>
#8 % Health Professions Appeal and Review Board (HPARB) complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)	Within target range.
#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	The YTD ending Q2 is meeting target. There were 10 out of 13 decisions issues within 60 days.
#10 % Pharmacists assessed meeting more than 75% of indicators without coaching	<i>This indicator has an annual target. Results for the first two quarters are heading in the right direction (> 3% above 2018 year end result). Improvement is expected as more pharmacists are aware of practice assessment expectations, however the final cohort represents a higher percentage of relief and occasional practicing pharmacists, which may impact the outcome. Improvement strategies, such as ongoing communication and education, are being employed.</i>

<p>#11 *Implement a framework for risk-based assessment of pharmacy professionals & pharmacies</p>	<p>This project milestone is proceeding as planned. Framework paper is on track for completion by September 30.</p>
<p>#12 *Formally launch pharmacy indicator initiative</p>	<p>This project milestone is complete.</p>
<p>#13 *Public reporting of medication incidents commences</p>	<p>This project milestone is complete.</p>
<p>#14 *Publish transparency framework and principles</p>	<p>This project milestone is complete. Presentation to Council in September.</p>
<p>#15 % Engagement drivers, organizational culture (subset)</p>	<p>The Pulse Survey is reported under the Registrar's Briefing Note.</p>
<p>#16 % Variance of operating annual budget to year end actuals</p>	<p><i>Results will be available for Q4 reporting.</i></p>
<p>#17 *End of development and testing, data analytics strategy</p>	<p>This project milestone is proceeding as planned.</p>
<p>#18 *Presentation of draft Discipline cost recovery model policy</p>	<p>This project milestone is complete.</p>

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

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 3 rd 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



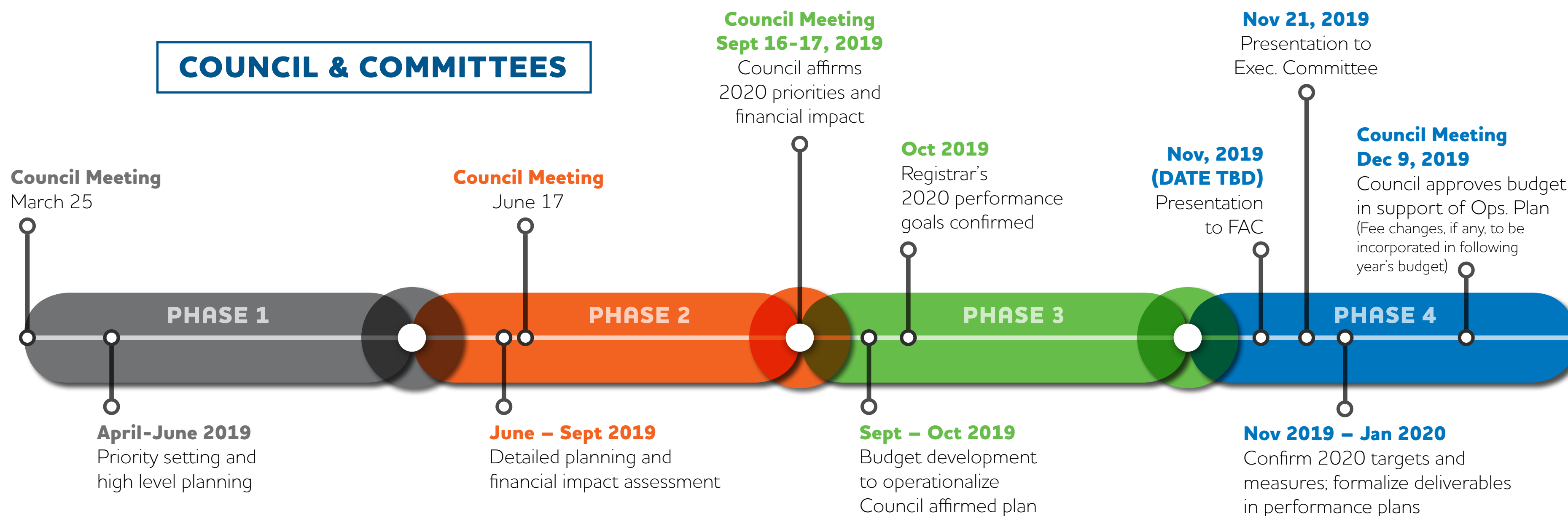
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2020 OPERATIONAL PLAN PRIORITIES



KEY DATES: 2020 OPERATIONAL PLANNING

COUNCIL & COMMITTEES



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