

Frequently Asked Questions on Proposed Revisions to By-Law No.5 Regarding Governance Changes and Cost of Living Fee Adjustments

Why is the size of Council decreasing?

Regulating the profession in the public interest is a privilege granted to Ontario's health regulatory colleges by the provincial government. With that privilege comes the responsibility to ensure the College does all it can to build and strengthen public confidence in its ability to deliver on its public-protection mandate. The College's Council felt it should be proactive in its efforts to evolve how it functions in order to continue to appropriately and effectively meet its fiduciary obligations.

The proposed By-Law changes reflect the emerging best practices regarding regulatory governance across the country and internationally. They reflect learnings from activities by the Advisory Group for Regulatory Excellence (AGRE), a group of the Ontario health regulators, the College of Nurses' Vision 2020, the [Cayton report](#) in British Columbia, models introduced in the United Kingdom, and other expert resources.

Regarding the change in size of Council, best practice supports a small governing board made up of an equal number of public and professional members, with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors and make decisions faster and more effectively.

Why is the College proposing a change in title for Council and Council members? Why the proposed change from members to registrants?

The change in name of Council and Council members to Board of Directors of the College and Board Directors, respectively, makes their roles and responsibilities clearer to the public as these are terms that are widely used among organizations.

The move to refer to registrants, rather than members of the College, recognizes that the College and Council are here to protect and serve the public interest, better clarifies the relationship between the College and those whom it regulates, and differentiates the College from other organizations that play a professional advocacy role.

Who will be on the Screening and Governance Committees?

A Screening Committee will be created to administer the process for screening applicants to be fully qualified as candidates for election to Council. The committee will also review applications and recommend applicants to be appointed as professional committee member appointees (registrants) and lay committee appointees (public). The Screening Committee will be made up of the chair of the Governance Committee, two additional Council members (at least one public) and two or more lay committee appointees.

A Governance Committee will be responsible for determining the competency profile for recruitment (i.e. what competencies Council will be seeking in the upcoming election), recommending distribution of pre-screened Council and committee members among the various committees, overseeing orientation,

evaluation, education/training, and remediation, and dealing with any disputes that may arise regarding qualification for election. The Governance Committee will be composed of four Council members, including the Vice-President, and one or more of each of the following: a public Council member, a pharmacist Council member, a pharmacy technician Council member and one or more lay committee appointees.

How will there be balanced representation when using a competency-based selection process?

To reinforce that pharmacy professionals elected to Council are not there to represent their voting constituents but rather to ensure that the public interest is served, there will be shift from the current geographical districts to ensuring that the professional members elected to Council have experience serving or working with various patient populations, such as rural, urban, hospital, northern/remote, Indigenous, mental health and addictions, and long-term care.

Additionally, Council members will need to collectively have certain knowledge, skills and experience, such as in working with diverse populations, protecting the public interest, managing risk, serving in oversight/board capacities, providing senior leadership, having financial/accounting expertise, and participating in organizational planning.

Council members will not be required to have every competency or experience with all patient populations. The intention of the competency process is to collectively have diverse competencies and workplace experiences available at Council.

Prior to each election period, the Governance Committee will establish a Director Profile, which will outline the competencies/experience that candidates should have in order to run for election. The Director Profile will be determined based on an assessment of the collective knowledge, skills and experience of the current Council. Once candidates have submitted their application, the Screening Committee will review the applications against the eligibility requirements in the By-Law and the Director Profile. If the committee requires additional information, they may invite the applicant for an interview.

Why is the College proposing to put in place an honorarium for Council members? How is this different from what is provided now?

Council and committees members, with the exception of public members appointed by the Lieutenant Governor in Council, are currently reimbursed for expenses for attending meetings, in the form of prescribed daily allowances depending on distance from the OCP office. This is set out in the College's By-Law No. 5.

Participation as members of Council and committees, particularly the Discipline and ICRC committees, require substantial time and commitment from registrants, including preparing materials, writing and editing decisions and participating in lengthy teleconferences. The implementation of a taxable honorarium is meant to address potential disincentives to participation in order to support the effective and efficient disposition of matters by committees. Additionally, it recognizes that all Council and committee members, whether registrants or public appointees, have the same roles and responsibilities and should be compensated for them.

The proposed change to the By-Law would see Council and committee remuneration approved via Council resolution, rather than through the By-Law. The daily honorarium will be set at \$260/day (\$130 for less than three hours) and expenses will be reimbursed in accordance with common practice followed by other health colleges and public appointments. OCP's honorarium will be at the midpoint of the other provincial colleges.

A recent survey indicated that, with the exception of OCP, all Ontario health regulatory colleges pay an honorarium plus expenses. This is 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.

Why is the College seeking an automatic fee increase tied to cost of living? How does the College ensure that it is using its resources wisely?

The College has a duty to regulate pharmacy practice in the public interest and to make sure that its programs and operations are fully funded in order to meet its responsibilities. It also has an obligation to use its resources wisely and to be a good fiscal steward in how it plans and delivers on its mandate year over year. This is a commitment that the College and its governing Council take very seriously just as it does its public protection mandate.

The College employs sound fiscal management strategies by constantly reviewing our operations to ensure we are working efficiently and effectively and by using our resources wisely. One example of the way we've worked to manage increasing costs is to implement a discipline cost recovery model. This model increases the proportion of discipline costs that are recovered from subjects of disciplinary processes to decrease the financial burden on the rest of the profession. The College also has a Finance and Audit Committee to monitor our finances, we undergo annual financial audits by an external auditor and we have policies in place to follow financial management standards.

However, many factors have contributed to the College's need for additional resources, including:

- ongoing growth in the volume and complexity of complaints, investigations and discipline matters;
- introduction of new standards, policies and guidelines;
- implementation of new regulatory programs and activities related to expanded scope and medication safety;
- ongoing evolution of hospital and pharmacy oversight; and
- adoption of risk-based regulatory strategies.

By opting for a cost-of-living increase, based on the percentage increase in consumer price index (CPI) for goods and services in Canada as published by Statistics Canada, in fees each year, Council hopes to prevent the need for future large increases in fees over a single year. For example, for the last five years, the annual percentage change of the CPI has ranged between 1.1% and 2.3%. The switch to the cost of living increase should provide more stable revenues for the College and also be more predictable for registrants and pharmacies.