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Board Briefing Note
Meeting Date: June 2020

Initiated By: Laura Weyland, Board Chair

Topic: Chair’s Report to June 2020 Board

Issue: As set out in the Governance Manual, the Chair is required to submit a report of activities at each Board meeting.

Public Interest Rationale: This report is circulated and posted publicly and speaks to the transparency of the Board and its activities.

Background: I respectfully submit a report on my activities since the March 2020 Meeting. In addition to regular meetings and phone calls with the Registrar and the Vice Chair, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period.

Due to the amended meeting agenda in March an evaluation was not sent and the standard evaluation was amended for the June meeting. The results of the evaluation 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:
April 8, 2020 – Emergency Executive Committee Meeting
April 22, 2020 – Emergency Board Meeting
April 23, 2020 – Virtual Discipline Hearing
May 6, 2020 – Virtual Discipline Committee Meeting
June 3, 2020 – Executive Committee Meeting
Weekly Pharmacy Leadership Stakeholder Updates
Bi-weekly meetings with Registrar
MINUTES OF MEETING
OF BOARD OF DIRECTORS
MARCH 23, 2020
# Ontario College of Pharmacists
## Board Meeting Minutes – March 23, 2020

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<td>7. Motion of Adjournment</td>
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</tr>
</tbody>
</table>
MONDAY, MARCH 23, 2020 – 9:00 A.M.
HELD VIA VIDEOCONFERENCE

Elected Members
District H  Dr. Régis Vaillancourt, Ottawa
District H  Ms. Nadia Facca, London
District K  Mr. Mark Scanlon, Peterborough
District K  Ms. Tracey Phillips, Westport
District L  Mr. Billy Cheung, Markham
District L  Mr. James Morrison, Burlington
District L  Mr. Siva Sivapalan, Burlington
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 T  Ms. Connie Beck, Petrolia
District TH Mr. Goran Petrovic, Kitchener

Dr. Lisa Dolovich, Interim Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
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
Ms. Tammy Cotie – Regrets
Mr. Azeem Khan, Pickering
Ms. Elnora Magboo, Brampton
Ms. Sylvia Moustacalis, Toronto
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata

Staff present
Ms. Nancy Lum-Wilson, CEO/Registrar
Ms. Angela Bates, Director, Conduct
Ms. Connie Campbell, Director, Corporate Services
Ms. Susan James, Director, Quality
Ms. Sarah MacDougall, Board & Committee Liaison
Ms. Stephennie Summerhill, Executive Assistant to the CEO/Registrar
Ms. Sharlene Rankin, Executive Assistant to the Directors

Invited Guests
Mr. Dale Tinkham, Managing Partner, Tinkham & Associates LLP
Ms. Michelle Tkachenko, Principal, Tinkham & Associates LLP
The meeting agenda was amended prior to the meeting to streamline and shorten the meeting and defer any planned presentations. Meeting elements such as the land acknowledgement and patient story were also deferred.

President's Opening Remarks

President Weyland welcomed everyone to the meeting and explained that this meeting was being held via video and teleconference due to the social distancing measures recommended by Public Health in response to state of emergency declared regarding COVID-19.

Ms. Weyland expressed her gratitude to members for taking the time to attend the meeting given the pressures due to COVID-19. She also indicated that the agenda items coming forward for information will not have presentations, but should members have questions about the materials circulated there would be an opportunity to ask them at the end of the meeting.

Ms. Weyland provided a reminder to members of their fiduciary duty to the College to put the mandate of the College above their own interests. She also acknowledged the hard work of the College staff to manage the crisis to ensure the core functions of the College are able to continue, in addition to collaborating with system partners to address practice matters and safety of front-line practitioners while maintaining access to care for the patients of Ontario.

Members were informed of the virtual meeting program features and informed that votes will be registered and recorded using the voting feature embedded in the program.

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. Approval of Minutes of Previous Meeting

4.1 Minutes of November 2019 Council Meeting
4.2 Minutes of December 2019 Council Meeting

It was moved and seconded that the Minutes of the November and December 2019 Council meetings be approved. The motion CARRIED.
5. For Decision

5.1 Briefing Note – Registrar – Section 56 Exemptions

On March 19th, in response to the COVID-19 pandemic, Health Canada issued a short-term exemption under Section 56 (1) of the Controlled Drugs and Substances Act (CDSA) which authorizes pharmacists to prescribe, sell, or provide controlled substances in limited circumstances, or transfer prescriptions for controlled substances, subject to provincial laws and regulations.

In Ontario, the provincial Government is required to approve amendments to provincial regulations. Council was presented with the draft regulations for the changes proposed by Health Canada and was informed that the open consultation period was waived, given the urgency of the matter.

Ms. James indicated that guidance to registrants will be published to aid the interpretation and application of the regulation changes.

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

The motion: That Council approve the proposed amendments (attached in Attachment 2) to General Regulation 202/94 of the Pharmacy Act, 1991, Part VII.3 (Controlled Acts) for the purpose of submission to the Ministry of Health, to enable implementation of the Subsection 56(1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic, issued by Health Canada on March 19, 2020.

The motion was moved and seconded. The motion **CARRIED.**

5.2 Briefing Note – Registrar – Scope of Practice Minor Ailments

In response to the Minister of Health’s request, the College presented Council with the draft regulations that will enable pharmacists to prescribe drugs for 12 identified minor ailments. The list presented has been assembled with input from many internal and external sources and with guidance from the Ministry. It was highlighted that there will be an added expectation of mandatory education focused on the standards and expectations before registrants can be eligible to prescribe for the identified minor ailments. The education developed will be brought to the Board for approval.

The College will work with stakeholders to identify any other education requirements.

The proposed regulations are due to the Minister for consideration on June 30, 2020.

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

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 June 30, 2020.
The motion was moved and seconded. The motion CARRIED.

5.3 Briefing Note – Registrar – Deadline for Pharmacy Non-Sterile Compounding Standards

The College proposed that due to the evolving COVID-19 pandemic situation and the need for pharmacy professionals to focus on continuity of care and minimizing public risk, the deadlines for pharmacies to meet the NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations should be extended.

Following discussion, the motion was called to a vote.

The motion: That Council approve an extension of the deadline to implement Phases 2 and 3 of the NAPRA Model Standards for Pharmacy Non-Sterile Compounding to July 1, 2021 and January 1, 2022 respectively.

The motion was moved and seconded. The motion CARRIED.

5.4 Briefing Note – Finance and Audit Committee – 2019 Financial Audit

Council was presented with the 2019 audited financial statements prepared by management and audited by Tinkham LLP Chartered Professional Accountants. Mr. Dan Stapleton reported that the Finance and Audit Committee had reviewed the Auditor’s Report and internal controls and met with the auditors in in-camera sessions both before and after the audit and is satisfied that the financial reporting risks outlined in the audit planning are being appropriately addressed. Mr. Dale Tinkham and Ms. Michelle Tkachenko of Tinkham and Associates called into the meeting to support the discussion of the audit findings and answer questions from the floor.

Following discussion, the motion was called to a vote.

The motion: That Council approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2019 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants.

The motion was moved and seconded. The motion CARRIED.

5.5 Briefing Note – Executive Committee – By-Law No. 6

Mr. Cheung reminded members that ratification of the by-laws enables the governance reforms agreed to by Council over the past year to be operationalized. The by-law ratification also enables the college to adjust registrant/pharmacy fees annually in accordance with the consumer price index (CPI). A summary of the feedback received during the 60 day public consultation was circulated with the meeting materials and included comments in support of the governance reform. There was also feedback from registrants regarding the increasingly challenging pharmacy practice environments, and the workload as well as the remuneration within community pharmacies.
Mr. Cheung directed the attention to agenda item 6.1 which speaks to the establishment of a Community Practice Environment Advisory Group which will be comprised of multiple stakeholders tasked with developing a set of shared accountability principles that will provide the foundation to address barriers to professional autonomy and patient safety in community pharmacy.

Mr. Cheung also addressed the Board and Committee remuneration resolution circulated with the meeting materials to keep the current expense allowance structure in effect until September 2020. Ms. Lum-Wilson indicated that the College would like members to consider amending the implementation date for the new remuneration policy set out in Briefing Note 5.6 to come into effect March 23, 2020 as opposed to approving the circulated resolution in light of the increase in remote meetings necessitated by the pandemic.

Following discussion, the motion was called to a vote.

The motion: It is recommended that the Council approve By-Law No. 6 and the supporting resolution for fees.

The motion was moved and seconded. The motion CARRIED.

5.6 Briefing Note – Executive Committee – Remuneration and Expenses Policy

The policy developed for remuneration and expense reimbursement for professional members of the Board and Committees Appointees was presented. Mr. Cheung explained that initially this policy was planned to come into effect in September 2020 prior to the first meeting of the new Board year. Now, given that meetings will all be held electronically in compliance with the instructions of public health due to COVID-19, it was recommended that members consider making the policy effective immediately as the previous expense allowance model used by the College did not allow for reimbursement for meetings held by electronic means.

The financial impact of accelerating the effective date will be mitigated by the decrease in travel expenses and decrease in meeting frequency due to COVID 19. Council was in agreement that the effective date of the policy be accelerated to March 23, 2020. Ms. Campbell explained that the College will need time to put into place the administrative mechanisms to issue the payments and the compensation will be paid retroactively once the internal processes are in place.

Following discussion, the motion was called to a vote.

The motion: That the Council approve the Remuneration and Expense Policy to come into effect March 23, 2020.

The motion was moved and seconded. The motion CARRIED.

5.7 Briefing Note – Executive Committee – Appointment of the Governance and Screening Committees
Council was presented with a proposed slate of appointments to the Governance and Screening Committees. These committees will be charged with carrying out the mandates as provided in By-law No. 6 to begin the process for the upcoming 2020 elections. Mr. Cheung provided that the College staff and Executive Committee will be monitoring the situation to determine if the timing for elections needs to be modified in light of the pandemic. Please refer to the Council materials for the composition of the Screening and Governance Committees as well as a high-level synopsis of the mandate of each committee.

Following discussion, the motion was called to a vote.

The motion: That the Board approve the appointments to the Governance and Screening Committees.

The motion was moved and seconded. The motion CARRIED.

6. For Information

6.1 Briefing Note – Community Pharmacy Practice Environment Initiative

Council was supportive of the establishment of the working group and the efforts of the College to address the concerns raised by the registrants.

6.2 Briefing Note – President’s Report to March 2020 Council
6.3 Briefing Note – Registrar’s Report to March 2020 Council

These reports, included with the materials for the meeting, outlined key activities of the College since the last meeting.

Following questions, the briefing notes were received for information.

7. Motion of Adjournment

There being no further business, at 12:38 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.

Sarah MacDougall          Laura Weyland
Board & Committee Liaison  Board Chair
Minutes of April 22, 2020 Meeting
Ontario College of Pharmacists
Board Meeting Minutes – April 22, 2020

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WEDNESDAY, APRIL 22, 2020 – 5:00 P.M.
HELD VIA VIDEOCONFERENCE

Elected Members
District H Dr. Régis Vaillancourt, Ottawa
District H Ms. Nadia Facca, London
District K Mr. Mark Scanlon, Peterborough
District K Ms. Tracey Phillips, Westport
District L Mr. Billy Cheung, Markham
District L Mr. James Morrison, Burlington
District L Mr. Siva Sivapalan, Burlington
District M Mr. Mike Hannah, Toronto - Regrets
District M Mr. Kyro Maseh, Toronto
District M Ms. Laura Weyland, Toronto
District N Mr. Tom Kontio, London - Regrets
District N Ms. Leigh Smith, Cambridge
District N Dr. Karen Riley, Sarnia
District P Ms. Rachelle Rocha, Sudbury
District T Ms. Connie Beck, Petrolia
District TH Mr. Goran Petrovic, Kitchener - Regrets

Dr. Lisa Dolovich, Interim Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
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
Ms. Tammy Cotie – Regrets
Mr. Azeem Khan, Pickering
Ms. Elnora Magboo, Brampton
Ms. Sylvia Moustacalis, Toronto
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata - Regrets

Staff present
Ms. Nancy Lum-Wilson, CEO/Registrar
Ms. Angela Bates, Director, Conduct
Ms. Connie Campbell, Director, Corporate Services
Ms. Susan James, Director, Quality
Ms. Sarah MacDougall, Board & Committee Liaison
Ms. Stephenie Summerhill, Executive Assistant to the CEO/Registrar
President’s Opening Remarks

President Weyland welcomed everyone to the meeting and explained that this meeting was being held via video and teleconference due to the social distancing measures recommended by Public Health in response to the state of emergency declared regarding COVID-19.

Ms. Weyland expressed her gratitude to Council members for taking the time to attend the meeting. Members were reminded of the virtual meeting platform features and informed that votes will be registered and recorded using the voting feature embedded in the platform.

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. For Decision

4.1 Briefing Note – Executive Committee – Bylaw Amendments

President Weyland invited Billy Cheung to present the briefing note.

Mr. Cheung informed the Board that the current By-Laws approved in March do not allow for a delay or extension to the elections for any other reason than interruptions to mail or electronic services. Due to the current state of emergency it was apparent that we require flexibility to respond to the current emergency and any other emergencies that may arise in the future wherein proceeding with an election and other activity associated with Board renewal is deemed impractical. This objective is being met through the proposed by-law amendments presented.

Effectively, the amendment provides for the election and all other Board activities associated with the start of a new Board year to be delayed. Accordingly, the current Board composition along with the committee appointments will stand until the first Board meeting after the election can be held, with the exception that no Director exceeds the 9 year maximum as stipulated in the Regulated Health Professions Act, 1991 (RHPA). Should that happen, the seat would remain vacant until the election is held.

Once it is deemed practical the 2020 election will be called. Subsequent elections will revert to the first Wednesday in August as per the amendment.
Following discussion, the motion was called to a vote.

The motion: That the Board approve the attached by-law amendment enabling the College to respond to the current and future emergency situations that may impact Board elections.

The motion was moved and seconded. The motion CARRIED.

Following the passing of the motion Ms. Lum-Wilson informed the Board that the executive committee had already discussed the delay and were in agreement that should the Board pass the amendment, the election would be delayed until no later than 120 days after the day the state of emergency is lifted. This timeframe is based on the cycle of activities leading up to an election as outlined in the By-laws.

7. Motion of Adjournment

There being no further business, at 12:38 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.

Sarah MacDougall        Laura Weyland  
Board & Committee Liaison       Board Chair
Briefing Note – Registrar - Scope of Practice – Minor Ailments
FOR DECISION: X FOR INFORMATION

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Regulation amendments to enable pharmacist prescribing for minor ailments

ISSUE: Approval to submit General Regulation 202/94 of the Pharmacy Act, to the Minister of Health with amendments to Part VII.3 (Controlled Acts) to authorize pharmacist prescribing for minor ailments.

PUBLIC INTEREST RATIONALE:
The Minister of Health has asked the College to submit regulations to enable an expanded scope of practice for pharmacists to help ease the burden on the health care system, support streamlined care pathways, improve access to routine care in the community and support better patient outcomes. In developing the regulatory changes needed to enable the new scope, the College is defining appropriate parameters that optimize the knowledge and skill of pharmacists while also supporting the delivery of safe, high quality patient care.

BACKGROUND:
On May 30, 2019, the College received a letter from the Minister of Health (see Attachment 1) requesting that the College Board of Directors 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

A regulatory submission for the first three items was submitted to the Minister on November 30, 2019, after the Board approved the final draft regulation on November 21, 2019. The Minister of Health has asked for the fourth item (minor ailments regulation) to be submitted by June 30, 2020.

Preparing for regulatory drafting

Recognizing that the ability to achieve sustainable, system-wide effects in the health system involves strengthening coordination of care and collaboration, the College has shifted from a sector-based approach to an outcomes-focused, systems-based approach to its mandate over the past few years, broadening the engagement base and embedding patient and public involvement. This systems-based approach has been critical to the development of regulations to expand the scope of practice of pharmacists, ensuring that system outcomes and quality care, including patient safety, remain at the core of this work. By engaging and collaborating with different parts of the healthcare system – patients, physicians, nurse practitioners and other health care providers, public health experts, professional associations, regulators and many others – the College has gained valuable insights that have been applied to the drafting of relevant regulation amendments. This stakeholder feedback has also identified the types of resources and
guidance necessary to support safe implementation of expanded scope, which is intended to improve health outcomes and increase access to quality care across the province.

While it is well known that pharmacists have the most extensive training in pharmacotherapeutics, they have continued to lag behind most provinces in prescriptive authority. As such, the Minister’s request that the College make regulations to expand the scope of practice of pharmacists, enabling them to “use their education and training more effectively,” recognizes the role of the profession in collaborating to improve Ontario’s health system outcomes. It is therefore important to understand, from the perspective of both the public and other professions, where prescriptive authority for minor ailments for pharmacists will have greatest impact to improve system and patient outcomes. To achieve this understanding, the College engaged extensively throughout the regulatory development process leading up to, and including, the final open consultation on the proposed amendments to provincial regulations. These activities included:

- Regular meetings starting June 2019 with the College’s Minor Ailments Advisory Group (MAAG). The advisory group’s composition which includes primary care and public health physicians, pharmacists, health-system experts and patient partners was important to reflect patient-focused, integrated and collaborative practice. MAAG activities will continue through implementation and evaluation of pharmacist prescriptive authority in minor ailments.
- Consultation with registrants, through a survey administered in July 2019 on the first expanded scope components and a survey in December 2019 focused on minor ailments, which garnered more than 800 responses.
- Consultation with the public and patients through a series of four third-party facilitated public focus groups held in October 2019 and by engaging the Citizens Advisory Group (CAG) a collaborative partnership which brings together patients and caregivers to provide feedback related to health regulation in Ontario, in February 2020.
- Consultation with pharmacy associations in November 2019, December 2019, March 2020 and May 2020; and continued discussions with them.
- Consultation with health professional associations, including medicine and nursing, starting from March 2020 and continued discussions with them.
- Collaboration with health professional regulators on similar regulatory amendments starting from September 2019.

*for a complete listing of engagement activities, please see Attachment 2

Through these various engagement efforts, including the most recent consultation, the College has received feedback from more than 1,000 stakeholders and individuals which have informed the development of the regulation amendments that are now being presented to the Board for approval. Of note, in addition to the ongoing robust input received from registrants, the College received feedback from more members of the public throughout the regulatory drafting process (over 100) and a greater proportion of members of the public (35%) in our open consultation than it has historically attracted.

A summary of the early engagement activities are included in Attachment 3 as a supplement to the summary of the open consultation included in this briefing note.

**Regulatory drafting**

A preliminary list of 18 minor ailments was presented to the Board on December 9, 2019, at which time the Board passed a motion to add tick bites, post exposure prophylaxis of Lyme disease, to the list given the importance of timely treatment and the risk areas in Ontario. In keeping with the policy direction provided by the Ministry of Health, the preliminary list was further refined to 12 based on multiple sources of evidence and feedback including data on non-urgent emergency
department visits, results from the registrant survey and feedback from the CAG (referenced in Attachment 3). Tick bites was included under the insect bites category in response to stakeholder feedback, including the MAAG.

Additionally, the College worked with experts from the MAAG to determine the medication categories that pharmacists would be authorized to prescribe for the 12 minor ailments. Considerations such as recent evidence, clinical practice guidelines, best practices and antimicrobial stewardship guided the selection of the medication categories. Medications are referenced by categories using the American Hospital Formulary System (AHFS) classification, which aligns with how other health professions reference medications in regulation and supports pharmacists in having the flexibility to prescribe up-to-date medications, improving access to care and avoiding the need to make regulatory changes when new medications are approved.

The College has taken a similar approach when identifying medications for pharmacists’ administration by injection or inhalation, which was included in the previous expanded scope submission. Medication categories are listed for each minor ailment to help provide clarity around which categories are intended for each condition. Further guidance on clinical guidelines and best practices in treating each minor ailment will be provided through evidence-based resource tools that will be available to the profession.

The regulatory requirements for prescribing were based on existing provisions in the Pharmacy Act, 1991, O.Reg 202/94 for prescribing for smoking cessation, which pharmacists have been authorized to do since 2012. The regulatory requirements include patient assessment, documentation and sharing information with the patient’s primary care provider in support of continuity of care and inter-professional collaboration. In addition, pharmacists are required to provide the patient with the prescription and inform them of their right to fill at another pharmacy.

At the March 2020 meeting, the Board approved the proposed amendments to General Regulation 202/94 of the Pharmacy Act, 1991 Part VII.3 (Controlled Acts) for the purpose of open consultation. The 60-day open consultation then commenced on March 24, 2020.

Open Consultation
The proposed regulations were posted on the College’s website and the consultation remained open online until midnight on May 22, 2020. Registrants, stakeholders, patients and the public were informed of the proposal mainly through the College’s website, the CAG network, major College publications and digital newsletters, direct contact with stakeholders and through organic and promoted social media posts.

The College received a total of 201 comments, which were posted on the consultation page. As noted above, compared to previous consultations, the College received a greater proportion of comments from members of the public. See below for a breakdown of respondents by type:

<table>
<thead>
<tr>
<th>Online consultation respondent type</th>
<th># of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>80</td>
</tr>
<tr>
<td>Members of Public</td>
<td>71</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy Assistants</td>
<td>7</td>
</tr>
<tr>
<td>Associations</td>
<td>6</td>
</tr>
<tr>
<td>Applicant</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>201</strong></td>
</tr>
</tbody>
</table>
Feedback provided during the open consultation included proposed changes to the draft regulatory amendments as well as suggestions related to implementation of expanded scope, if approved. All of the individual comments posted on the open consultation page of the website were considered in the analysis and remain publicly accessible online.

A number of organizations including professional associations and regulatory bodies also made formal submissions through the online consultation page or directly to the College. Each of these submissions were considered in the analysis of the consultation activities. Organizational submissions, which remain publicly accessible online, were received from (approximate membership numbers provided in brackets for associations):

- **Ontario Medical Association** (44,500 members)
- **Association of Family Health Team of Ontario** (193 inter-professional teams)
- **Shoppers Drug Mart and Loblaw Pharmacies**
- **Canadian Society of Hospitals Pharmacists** (3000 members)
- **Northwest Telepharmacy Solutions**
- **Neighbourhood Pharmacy Association of Canada** (11,000 pharmacies)
- **Ontario Pharmacists Association** (10,000 members)
- **Ontario College of Family Physicians** (13,500 members)

In addition to the online consultation, the College also received a number of comments through social media outlets and direct emails to the College. While we ask that anyone interested in commenting on the proposed regulations do so using the online tool, these comments have been included in the analysis, being generally consistent with what was received online.

The Ministry will also be publicly consulting on the proposed amendments on the Ontario Public Registry.

**ANALYSIS:**

A thematic analysis of qualitative data was completed by the College. The findings from the open consultation were reviewed separately from early consultations, however the themes identified were consistent.

**Overview:**

The majority of feedback is supportive of pharmacists prescribing for minor ailments, identifying patient and system benefits. Many public respondents recognized the accessibility of pharmacists within local community pharmacies and that these scope changes can increase access to care. Several public members specifically referenced northern or remote areas in which access to care was noted as particularly challenging. Many responses from the public emphasized how much they value the relationship they have with their pharmacist and trust that their pharmacist has the knowledge and training required to care for these conditions.

Pharmacists commented they felt encouraged by the opportunity to use the full potential of their extensive knowledge and education to provide beneficial care for their patients. Additionally, some respondents (8 pharmacists, 2 public members and 1 applicant) commented that the COVID-19 pandemic highlights the benefits of having pharmacists take on a greater role within the healthcare system. Many referenced the success minor ailment programs have had in other provinces and were supportive of implementing similar regulations in Ontario.
Approximately 9% of open consultation respondents including 7 pharmacists, 8 members of the public and 3 others did not agree with introducing pharmacist prescribing for minor ailments, expressing concern for the potential risk of missing a more serious underlying condition that may require additional physical assessment or further diagnostic testing not accessible to pharmacists in community practice. There was also concern from some respondents about a possible conflict of interest with pharmacists when both prescribing and dispensing medications. Mitigation strategies to address these concerns have been identified under the appropriate themes.

Key themes:

The following summarizes the feedback received through the consultation and earlier engagement activities under these key themes:

- Education
- Practice Environment
- Collaboration and Inter-Professional Care
- Virtual Care
- Conflict of Interest
- Minor Ailments and Medication

It is important to note that a number of comments made by pharmacy professionals and the public through the extended consultation activities related to remuneration for expanded scope including those related to reimbursement for assessment of minor ailments. While the College understands the possible impact of remuneration on uptake of expanded scope by the profession, remuneration matters are not within the mandate of the College and were not within the scope of this consultation.

Additionally, some public focus group participants raised concerns over the potential creation of a two-tiered healthcare system and unequitable distribution of care should there be a fee charged to the public for minor ailment services. This too is a matter outside of the legislative scope of the College and its regulatory drafting responsibilities.

i. Education

Early consultations

Feedback from the early engagement activities with multiple stakeholders including registrants, the public, physicians and other health professionals indicated that education is important to support the expanded scope of prescribing for minor ailments.

Through the registrant survey, which garnered 818 responses, it was identified that 71% of respondents felt that guidance on meeting the regulatory requirements was needed and 88% felt that treatment algorithms would be helpful tools to support implementation. The MAAG also recommended treatment algorithms and guidelines as a mechanism to share evidence-based information on the treatment of each minor ailment. Members of the public focus groups and the CAG identified that it will be important to confirm that pharmacists have acquired the necessary education before prescribing (see Appendix 5.2 for more information on the education objectives).

Open consultation

Most respondents commented on the importance of proper education to support safe implementation. There were 11% of respondents that commented on education, of which 72% were pharmacists, 5% public, 5% applicants and 16% other. Three pharmacist respondents suggested an education program similar to the College’s mandated cannabis training program, which includes therapeutic teaching. Most pharmacist respondents felt that they were adequately
qualified and competent to assess and prescribe for minor ailments and would benefit from education focused on the regulations. Pharmacy students commented that they felt pharmacists receive adequate education through current curricula to properly assess and prescribe medications for the proposed minor ailments, as well as the ability to identify red flags and when it is appropriate to refer a patient to another healthcare provider.

Several respondents (31%) from the public commented that they felt confident their pharmacists had sufficient knowledge to prescribe for minor ailments. Conversely, there were eight members of the public, and three individuals identified as “other” who believed pharmacists do not have the resources and/or training to properly assess and rule out the presence of a more serious underlying condition.

Noting that pharmacists receive extensive training in patient assessment and are the experts in pharmacotherapeutics, and considering that like other regulated professions, pharmacists are required to maintain their competence, pharmacy associations and organizations recommended that the mandatory training requirement be limited to an orientation to the regulations and expectations rather than include education on therapeutics, which is covered in pharmacy curriculum and available as continuing education modules.

Response to feedback
Patient assessment is a key component of the practice of pharmacy and an important part of the patient assessment involves collecting and interpreting relevant patient information. The purpose of the assessment is not to diagnose, which pharmacists are not authorized to do, but to determine the most appropriate treatment option for the patient. Under the current Standards of Practice and as one of four domains of the Pharmacists Practice Assessment Criteria, pharmacists are expected to perform a patient assessment when engaging in direct patient care activities such as prescribing and reviewing medications, including new and refill prescriptions. Patient assessment, including assessment specific to common minor ailments are integral components of the core curriculum at both the University of Toronto and the University of Waterloo pharmacy programs in Ontario and graduates are equipped with the necessary competencies to support clinical decision-making required for minor ailment prescribing. Additionally, pharmacists are required to seek continuing professional development resources to maintain the knowledge, skill and judgement to provide safe and quality care.

Pharmacists are also required to refer patients to appropriate members of the healthcare team for management of issues beyond their competence. As part of their role in providing education and recommendations to patients on medication therapy, pharmacists will advise patients when to follow-up should symptoms not resolve.

In consideration of the feedback and to support consistent translation of the regulations and expectation into practice, the mandatory education requirement referenced in the regulations will focus on practice requirements and standards, the details of which will be approved by the Board. The College, in collaboration with stakeholders and partners including other health professionals such as physicians, will also develop treatment guidelines and algorithms for each minor ailment to support a consistent approach grounded in evidence and best practice across the profession. These tools will include guidance on red flags and when to refer to another health care provider. The College will also continue discussions with the universities as these tools and resources are developed to ensure graduates continue to be prepared to provide these services.
ii. Practice Environment

Early consultations
A predominant concern identified through the various engagement activities including the CAG meeting and registrant survey related to the need for appropriate staffing levels to support assessing and prescribing for minor ailments. There was concern about a potential increase in workload which may impact patient care if adjustments in staffing are not made to account for the new scope expansion activities. During the public focus group sessions, additional concerns were raised around potential increased wait times at pharmacies without adjustments in staffing models.

Open consultation
Consistent with earlier consultations, concerns were expressed by respondents about the current practice environment. Approximately 22% of respondents expressed concerns regarding increased workload, increased wait times for other patient care activities, increased stress and propensity for errors. Of these respondents, 51% are pharmacists, 23% are members of the public, 8% are “other”, 8% are pharmacy assistants and 8% are applicants. Five pharmacists and two members of the public remarked on the importance of avoiding pressure to meet certain quotas or performance metrics. Respondents felt that adequate staffing is imperative to allow for appropriate time and focus to perform patient assessments and consultations to safely implement prescribing for minor ailments in pharmacy. There were also comments on ensuring documentation is less strenuous for expanded scope to be achievable in a demanding practice environment.

Response to feedback
Comments related to workload and other pressures to meet operational expectations is consistent with feedback received in response to the College’s first expanded scope consultation in the fall of 2019. While the College does not have direct control over individual pharmacy human-resource related matters, the College is fully committed to acting appropriately and effectively through its existing regulatory mechanisms and authorities designed to protect the public. This includes ensuring that owners/operators of pharmacies, including designated managers and those who exert any control over pharmacy operations, understand and are held accountable to uphold their responsibilities and obligations under the Standards of Operation, which include a provision that “pharmacies must have an adequate number of qualified and trained staff to maintain the accepted standards of professional practice, and to deliver safe and effective patient care”. Additionally, the College has launched the Community Practice Environment Initiative to identify shared accountability principles across pharmacies and is developing patient and provider experience quality indicators to better understand and address issues related to patient and provider experience.

iii. Collaboration and Inter-professional care

Early consultations
Communication between pharmacists and primary care physicians and practitioners was identified as an essential component to support safe implementation of minor ailment prescribing at the public focus groups and at the CAG meeting. Lack of coordinated care, secondary to the absence of an integrated medical record, was also cited as a concern through the registrant survey. Leveraging existing technology to streamline communication to primary care providers was suggested to support continuity of care.

Open consultation
Six individual respondents to the open consultation survey provided comments supporting collaboration between healthcare professionals, and the role of pharmacists who prescribe to
facilitate continuity of care by ensuring the patient’s primary care provider is informed. Three of the associations (all from other health professions) expressed the necessity for inter-professional collaboration between physicians and pharmacists in their submissions. These organizations noted that there are opportunities to strengthen collaboration and communication, primarily through the integration of EMR/EHR systems so that all providers have access to the information needed to provide coordinated care, as well as encouraging adoption of integrated, team-based care models (such as the “Patient Medical Home” model).

Some organizations and associations commented on the importance of ensuring pharmacists recognize when it is appropriate to refer to a primary care provider or other healthcare provider.

Response to Feedback
Collaboration amongst members of the inter-professional healthcare team is key to high quality patient care, and is reinforced in the standards of practice and within the practice assessments for all pharmacists, whether they practice in community or hospitals. Communication with the patient’s care team is expected, as necessary to support patient assessment, clinical decision making and continuity of care. Communication is included as a requirement in the regulation. Pharmacists are required to notify a patient’s primary care provider when prescribing, to facilitate continuity of care and to refer patients to another healthcare provider, as appropriate, based on the patient assessment. Guidance resources and tools will be developed with safety parameters for each minor ailment, and with clear expectations for collaborative care.

iv. Virtual care

Open consultation
Three organizations who submitted written responses to the open consultation referenced the use of virtual care, noting that the delivery of healthcare has evolved in response to the COVID-19 pandemic and that virtual care delivery should be permitted under the draft regulations to support pharmacist prescribing for minor ailments.

The support for pharmacists providing virtual care for minor ailments, as expressed by associations and organizations, was echoed by three respondents (two pharmacists and one “other”) to the consultation survey. These respondents voiced support for continued access to virtual care through the proposed regulatory changes. Specific benefit for northern regions of the province was identified.

Response to Feedback
As written, the draft regulations do not preclude the provision of virtual care. The expectations that currently exist for the transmission of prescriptions would continue to apply, and pharmacists filling a prescription provided by another pharmacist would retain responsibility for verifying the validity of the prescription in line with the Standards of Practice and the College’s policies and guidelines. Pharmacists are expected to meet all requirements in the draft regulation prior to providing a prescription to a patient.

v. Conflict of interest

Early consultations
During public focus groups, some participants shared concerns over potential conflict of interest due to the business aspect of community pharmacy. Members of the CAG contemplated the role and influence, if any, of pharmaceutical companies.

Open Consultation
Some respondents (two pharmacists, three public and one “other”) and 3 other health profession associations commented on a potential conflict of interest when prescribing and dispensing. There was recognition from pharmacy and other health profession associations that it will be important for pharmacists to follow conflict of interest rules to ensure prescriptions are appropriate and necessary.

**Response to feedback**
Managing and preventing conflict of interest in practice is a consideration for almost every healthcare professional and an important matter that is not new to the College. Like many other professions, the majority of pharmacists are employees and therefore not in a position to benefit financially from the provision of the service. Regardless, specific regulatory provisions to ensure that expectations and requirements to prevent or manage conflict of interest exist. Pharmacy professionals are bound by the Professional Misconduct and Conflict of Interest regulation under the *Pharmacy Act, 1991* and their professional Code of Ethics, of which the primary tenet is that registrants hold the well-being and safety of each patient to be of primary importance. Additionally, existing prescribing provisions in the *Pharmacy Act, 1991 O.Reg 202/94*, which will also apply to minor ailments prescribing, articulate the requirement that when a pharmacist both prescribes and dispenses a drug, patient choice to fill the prescription elsewhere is explicitly stated. Like other regulated health professionals, pharmacy professionals are therefore expected to be responsible, accountable and to act in the best interest of the patient.

**vi. Minor ailments and medications**

**Early consultations**
As previously mentioned, the preliminary list of 19 minor ailments was refined to 12 based on feedback from early engagement activities including data from hospital emergency department visits and feedback from the registrant survey, public focus groups and CAG. The list of 12 was included in the draft regulations. The medication categories for each minor ailment was informed by the MAAG, which used an evidence-informed framework to evaluate treatment options and appropriate safeguards for prescribing. Members of the public, through the public focus group and CAG, stated that allowing pharmacists to prescribe for over-the-counter medications in addition to prescription drugs would assist with improving access to all appropriate treatment options for the minor ailments.

**Open consultation**
There are different perspectives on the list of minor ailments. Some respondents (seven pharmacists and two “other”) felt that the list of minor ailments was limited as compared to other provinces. Other respondents, including pharmacy associations, felt that although there would be support for expanding the list, there is recognition that the current list of 12 represents a starting point from which other conditions may be added to in the future.

There were some concerns raised with specific minor ailments on the list. Common examples include over-prescribing antibiotics for urinary tract infections, and the risk of identifying a more serious underlying cause for minor ailments such as hemorrhoids and candidal stomatitis. Medical associations identified concerns for some minor ailments and provided suggestions for safeguards to mitigate risk, which the College will take into consideration when facilitating the development of clinical resources as part of implementation.

Regarding medications, some respondents (4 pharmacists and 1 other) expressed that the list of categories was too restrictive. All 3 pharmacy associations and 2 pharmacy organizations recommended providing broad authority to allow pharmacists to prescribe according to indication rather than specifying medication categories, including prescription and non-prescription medications, which is the current practice with other prescribers.
Pharmacy associations and organizations provided suggestions and clinical evidence to support the addition of other medication categories to consider adding for certain minor ailments. Examples include, the addition of proton-pump inhibitors for gastroesophageal reflux disease (GERD) and second generation antihistamines for allergic rhinitis.

There was some concern noted respecting the practical application of the American Hospital Formulary Service Pharmacologic-Therapeutic Classification System (AHFS) referenced in the regulation. It was noted that the AHFS system does not tend to be commonly used in practice, as highlighted by a pharmacy organization.

Response to feedback
Clinical guidance documents will be developed with input from physicians and other prescribers to support implementation and will include evidence-based treatment options based on clinical guidelines and best practices, including antimicrobial stewardship principles. The medication categories reflect current and emerging evidence and best practices such as those promoted by Choosing Wisely Canada. The categories are not targeted to any particular medication schedule and pharmacists will be expected to recommend the most appropriate therapy, which may include a non-prescription drug under the authorized categories, after completing a patient assessment.

Each suggestion for specific medication categories for related minor ailments was reviewed in consideration of several factors including patient safety, existing treatment guidelines and overall health-system improvement, and amendments to the draft regulation have been proposed accordingly. It should also be noted that the College does not have the regulatory authority to allow for prescribing by indication as was recommended by some respondents.

Based on feedback regarding the practical application of the AHFS system during the fall 2019 consultation on expanded scope, the College recognized the importance of assisting registrants in the application of the AHFS system and is in the process of developing a resource tool. It is important to note that the Ontario Ministry of Health uses the AHFS classification system in the Ontario Drug Benefit Formulary/Comparative Drugs Index. The College is also collaborating with other health regulators, including nurses and optometrists, who reference the AHFS system in regulation.

Changes to the proposed amendments:

Based on the consultation feedback and further clinical and technical review of the regulation, the draft regulation presented to the Board in March 2020 has been revised as follows (see Attachments 4(Amended Regulations), 5 (Form B – Clause by Clause) and 6 (Black Line Version of the Regulations).

- At the March 2020 meeting, the Board recommended the addition of antibiotics to account for patients with allergies to tetracyclines, used for tick bites. The following additions are made in alignment with the clinical guideline document for tick bites available through Ontario Health (Quality):
  - 8.12.12.04 Erythromycins and
  - 8.12.12.92 Other Macrolides (azithromycin, clarithromycin)
- Upon clinical review, it was determined that proton-pump inhibitors be included for the treatment of gastroesophageal reflux (GERD):
  - Add 56:28.36 Proton-pump Inhibitors to GERD

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1 Geri-RxFiles [https://www.rxfiles.ca/rxfiles/uploads/documents/An%20orientation%20to%20the%20GeriRxFiles.pdf](https://www.rxfiles.ca/rxfiles/uploads/documents/An%20orientation%20to%20the%20GeriRxFiles.pdf)
Upon clinical review, it was determined that second generation antihistamines be included for the treatment of allergic rhinitis²
  o Add 4:08 Second Generation Antihistamines to allergic rhinitis

Upon technical review, it was identified that the medication category for candida stomatitis referenced the topical formulation instead of the oral formulation, necessitating the following change
  o Replace Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes (84:04:08.28) with 08:14.28 Polyenes

Upon technical review, it was identified that the AHFS classification for topical corticosteroid did not align with the Health Canada, Drug Product Database, which is used to cross reference medication with their corresponding AHFS categories. The following change is made:
  o Replace Skin and Mucous Member Agents: Anti-inflammatory Agents, Corticosteroids (84:06.08) with Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)

Summary:

The College has carefully reviewed and considered all of the feedback through the consultation exercise and notes that the proposed regulatory changes to expand scope of practice for pharmacists will meet the Minister’s objectives to optimize the education and training of pharmacists, streamline care pathways, increase access to minor and routine care in the community and support improved patient and system outcomes, while also supporting inter-professional collaboration.

In addition, several priorities related to the implementation of the expanded scope have been noted and are critical to ensuring the successful implementation of the scope changes.

The College is working on an implementation plan that addresses the recommendations and concerns noted through the consultation activities. The plan includes the following:
  • The development of mandatory education as an orientation to the regulatory requirements and expectations for minor ailment prescribing pending Board approval
  • Facilitating the development of treatment guidelines and algorithms for each minor ailment
  • Exploring the availability of resources and tools, including inter-professional collaboration, to supplement clinical knowledge as necessary to maintain competence
  • Updating relevant policies and guidelines
  • Promoting utilization of available tools and resources that facilitate communication with primary care providers and collaborative practice
  • A communications plan to inform the public and other stakeholders of the new patient care service
  • An evaluation plan to monitor and assess the impact of these changes on the healthcare system and patient outcomes under the guidance of the MAAG and other stakeholders.

Further details on these items will be available and communicated in the coming months.

RECOMMENDATION:

It is recommended that the Board approve the following:

- The proposed amendments to Regulation 202/94 of the Pharmacy Act, 1991 Part VII.3 (Controlled Acts) as attached in Attachment 4 1 for submission to the Minister of Health.

NEXT STEPS:
After it is submitted to the Minister of Health, the regulation undergoes the Ministry’s policy review. The Ministry of Health will post the proposed regulatory changes on the Public Registry for public consultation for a 45-day period. The regulation will not take-effect until it is approved by the Ontario government and given Royal Assent.
May 30, 2019

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

Dear Ms. Weyland:

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

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

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

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

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

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

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

Sincerely,

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

c: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Nancy Lum-Wilson, Registrar and Chief Executive Officer, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Neighbourhood Pharmacy Association of Canada
Bill Wilson, Interim Chief Executive Officer, Ontario Pharmacists Association
Attachment 2: Stakeholder engagement activities associated with consultation for minor ailments

The College consulted and connected with patients and stakeholders across the healthcare sector throughout the regulatory drafting process to obtain and encourage feedback. The health-system perspective was crucial to gaining valuable insights and in planning how to draft and implement regulations that are centered on patient safety, patient outcomes, interprofessional collaboration, and supports an integrated healthcare system. The College will continue to engage with health care stakeholders, registrants, patients and caregivers throughout the planning and implementation of the regulation.

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<thead>
<tr>
<th>Organization or group</th>
<th>Type of engagement</th>
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<td>Association of Family Health Teams of Ontario (AFHTO)</td>
<td>- Submission letter through open consultation</td>
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| Canadian Society of Hospital Pharmacists Ontario Branch (CSHP OB) | - Meetings with President of CSHP and other pharmacy associations November 2019, March 2020, May 2020  
- Focus group December 2019  
- Submission letter through open consultation |
| Citizen's Advisory Group (CAG) | - In-person third-party facilitated meeting in February 2020 |
| College of Physicians and Surgeons of Ontario (CPSO) | - Teleconference in March 2020 with policy team members |
| College of Nurses of Ontario (CNO) | - Regular teleconferences from September 2019 with policy/practice team members |
| College of Optometrists of Ontario | - Regular teleconferences from September 2019 policy/practice team members |
| College of Midwives of Ontario | - Regular teleconferences from September 2019 policy/practice team members |
| Minor Ailments Advisory Group (MAAG) | - Regular meetings starting June 2019 |
- Focus group December 2019  
- Submission letter through open consultation |
| Northwest Telepharmacy Solutions | - Submission letter through open consultation |
| Nurse Practitioners’ Association of Ontario (NPAO) | - Feedback provided through open consultation |
| Ontario College of Family Physicians (OCFP) | - Submission letter through open consultation |
| Ontario Medical Association (OMA) | - Meeting from March 2020  
- Submission letter through open consultation |
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<th>Category</th>
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| Ontario Pharmacists Association (OPA) | o Meetings with Executive Vice President, Chief Pharmacy Officer and other team members and pharmacy associations November 2019, March 2020, May 2020  
                                      | o Focus group December 2019                                               |
| Patients and the public             | o Two in-person and two-online third-party facilitated focus groups held in November 2019  
                                      | o Responses through open consultation and social media postings           |
| Registrants                         | o Online surveys administered in July and December 2019                   |
| o Comment through open consultation  |                                                                           |
| Shoppers Drug Mart and Loblaw Pharmacy | o Submission letter through open consultation                             |
| Universities (Leslie Dan Faculty of Pharmacy and University of Waterloo School of Pharmacy) | o Ongoing discussions                                                   |
Attachment 3: Summary of Stakeholder Feedback: Regulation amendments to enable pharmacist prescribing of minor ailments

Early consultation with a variety of audiences has been ongoing since the Minister directed the College to draft regulations to enable expanded scope of practice in May 2019. Consultations offered insight related to current policy work and regulation development. In particular, feedback was sought on the preliminary list of minor ailments with a view to understanding perspectives of various audiences and further supporting prioritization. Data on the most prevalent minor ailments that resulted in an emergency department visit provided insight on the impact pharmacist prescribing may have if this type of routine or minor care were moved into the community. Key highlights are provided in the table below.

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<td>Minor Ailments Advisory Group – several meetings starting in June 2019</td>
<td>This group has provided advice and input on various aspects of planning and development, including: draft regulations, proposed minor ailments and medication categories, and practice support tools. This group will continue to meet and provide input on an evaluation plan and considerations for implementation from a system perspective.</td>
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| A survey of pharmacy professionals (N=818) in December 2019 – January 2020 circulated through e-Connect | There were 818 responses (85% were pharmacists, 8% pharmacy technicians, 5% pharmacy students and 2% other). Feedback received will help to inform implementation of the scope changes. Many respondents felt that the following were important to consider in implementing the changes:  
  - Education/training – to support the expanded scope activities  
  - Practice environment and funding model – providing appropriate staffing in the workplace and creating a funding model that supports the expanded scope activities  
  - Electronic medical records – for pharmacists to review labs, relevant medical history and communicate electronically with prescribers  
  - Collaboration with other healthcare providers – through communication, documentation and integration  

Feedback was sought on the preliminary list of 19 minor ailments. Respondents were asked to select the minor ailments they felt would be of most benefit to patients. The minor ailments are ranked below from highest priority to lowest priority based on respondent feedback:  
1. Urinary tract infection (uncomplicated)  
2. Herpes labialis (cold sores)
3. Dermatitis (Atopic-mILD/moderate eczema, allergic contact and irritant contact)*
4. Allergic rhinitis*
5. Gastroesophageal reflux disease (GERD)
6. Conjunctivitis (bacterial, viral and allergic)
7. Acne (mild to moderate)*
8. Vulvovaginal candidiasis (yeast infection)
9. Musculoskeletal sprains and strains
10. Hemorrhoids*
11. Candidal stomatitis (oral thrush)*
12. Insect bites / urticaria
13. Dysmenorrhea*
14. Diaper dermatitis
15. Nausea and vomiting of pregnancy
16. Lyme disease, post exposure prophylaxis
17 Oral aphthae (canker sores)*
18. Pinworms and threadworms
19. Impetigo

*approved in 7/7 provinces

Feedback was also sought on types of guidance of practice tools that would best support pharmacists in the provision of care for minor ailments. Common supports selected were treatment flowcharts (88%), e-learning modules (77%), guidance on meeting regulatory requirements (71%) and follow-up/monitoring tools (53%).

| Four third-party facilitated public focus groups held in October 2019 | The group provided input on important safety considerations. Many will require collaboration with multiple stakeholders. Feedback highlighted the importance of the following:  
- privacy when communicating with a pharmacist in a practice setting  
- avoidance of creating inequality in the healthcare system by requiring patients to pay out-of-pocket for these services  
- the ability for pharmacies to have dedicated time and staff support in a busy setting  
- ensuring pharmacists have appropriate education and that this is communicated to patients  
- pharmacist access to health records, and  
- communication between pharmacists and primary care providers |
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<td>Citizen’s Advisory Group in February 2020 Citizens Advisory Group (CAG)</td>
<td>This group provided feedback on the preliminary list of 19 minor ailments and on potential safeguards. The group emphasized the importance of selecting minor ailments for which there would be lower risk that the symptoms could be masking another underlying more serious conditions. Minor ailments that were noted as being of concern included gastroesophageal reflux disease, pinworms and threadworms, and nausea and vomiting of pregnancy.</td>
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The group highlighted the importance of ensuring proper education and resources are in place. There was recognition of the potential challenges posed by busy practice environments and the importance of ensuring there are adequate numbers of staff to provide quality, safe care.

| Data on less and/or non-urgent emergency department (ED) visits from 2014-2019 |
|---|---|
| ED visit data from the Institute for Clinical Evaluative Sciences (ICES) was analyzed to understand the impact pharmacist prescribing for minor ailments may have if this type of routine or minor care were moved into the community. |
| Of the preliminary list of 19 minor ailments, below are the ten with the most number of ED visits from 2014 to 2019: |
| Urinary tract infection (uncomplicated) |
| Conjunctivitis (bacterial, viral, allergic) |
| Insect bites/urticarial |
| Musculoskeletal sprains and strains |
| Dermatitis (atopic-mild/moderate eczema, allergic contact and irritant contact) |
| Impetigo |
| Candidal stomatitis (oral thrush) |
| Hemorrhoids |
| Gastroesophageal reflux disease (GERD) |
| Vulvovaginal candidiasis (yeast infections) |
Ontario Regulation 202/94

General

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

Last amendment: 452/16.


This Regulation is made in English only.

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PART I
INTERPRETATION
DEFINITIONS

1. In this Regulation,
“direct supervision” means supervision that is provided by a person who is physically present on the premises where the practice that is being supervised is being carried out;
“non-restricted registration” means the holding of a licence, permit, certificate or registration as a pharmacist from an authority responsible for the regulation of pharmacists in one of the states of the United States of America, or in another non-Canadian jurisdiction that has been approved by the Council, where that licence, permit, certificate or registration is not subject to any restrictions, terms, conditions or limitations, including terms, conditions or limitations that,
(a) relate to the holder’s ability to practise independently,
(b) require the holder to practise under supervision or direction,
(c) require the holder to maintain a position or appointment as a condition of continued registration,
(d) require the holder to practise only in a part of the geographical area over which the authority has jurisdiction,
(e) restrict the holder to temporary or time-limited registration or practice,
(f) were imposed by that authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding, or
(g) were placed on the holder’s registration by agreement between the holder and that authority;
“pharmacy” has the same meaning as in subsection 1 (1) of the Drug and Pharmacies Regulation Act;
“remote dispensing location” has the same meaning as in subsection 1 (1) of the Drug and Pharmacies Regulation Act.

PART II
GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

2. (1) The following are prescribed as classes of certificates of registration:
   1. Pharmacist.
   2. Registered pharmacy student.
   3. Intern.
   4. Pharmacy technician.
   (2) Every certificate of registration that was in existence immediately before December 3, 2010 is continued as the equivalent certificate of registration with the same status under this Regulation until such time as it otherwise ceases to be effective.
   (3) Where an application for a certificate of registration had been made but not finally dealt with before December 3, 2010, the application shall be dealt with in accordance with this Regulation as amended by Ontario Regulation 451/10.

APPLICATION FOR CERTIFICATE OF REGISTRATION

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

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

4. (1) The following are requirements for the issuance of a certificate of registration of any class:
1. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.

2. The applicant must not have been found guilty of any offence in any jurisdiction.

3. The applicant must not be the subject of a current proceeding in respect of any offence in any jurisdiction.

4. The applicant must not have been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any like proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation.

5. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the Immigration and Refugee Protection Act (Canada) to permit the applicant to engage in the practice of pharmacy in Ontario as a pharmacist, registered pharmacy student, intern or pharmacy technician in the manner permitted by the certificate of registration for which he or she has applied.

6. The applicant’s past and present conduct must afford reasonable grounds for the belief that the applicant,
   i. will practise pharmacy with decency, honesty and integrity, and in accordance with the law,
   ii. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise pharmacy in a safe manner,
   iii. has sufficient knowledge, skill and judgment to competently engage in the practice of pharmacy authorized by the certificate of registration, and
   iv. will display an appropriately professional attitude.

7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.

8. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration for which the applicant applied.

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

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

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

TERMS, ETC., OF EVERY CERTIFICATE

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

   1. The member shall provide to the Registrar the details of any of the following that relate to the member and that occur or arise after the registration of the member:
      i. a finding of guilt arising in any jurisdiction relating to any offence,
      ii. a charge arising in any jurisdiction relating to any offence,
      iii. a finding of professional misconduct, incompetence or incapacity or any like finding in any jurisdiction in relation to pharmacy or any other profession or occupation,
      iv. a proceeding for professional misconduct, incompetence or incapacity or any like proceeding in any jurisdiction in relation to pharmacy or any other profession or occupation.

   2. The member shall not engage in the practice of pharmacy unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the Immigration and Refugee Protection Act (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

   3. The member shall immediately advise the Registrar in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the Immigration and Refugee Protection Act (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

   4. If a member to whom paragraph 3 applies subsequently obtains Canadian citizenship or becomes a permanent resident of Canada or attains authorization under the Immigration and Refugee Protection Act (Canada) permitting the member to engage in the practice of pharmacy in Ontario permitted by the certificate of registration, the member shall immediately advise the Registrar in writing of that fact.

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

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

PART III
REGISTRATION — PHARMACISTS

ADDITIONAL REQUIREMENTS

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

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 on the applicant’s first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

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

3. Subject to subsection (5), the applicant must have successfully completed a structured practical training program approved by the Council, while holding a certificate of registration as an intern and while under the supervision of a preceptor approved by the Registration Committee.

4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists at a time when the examination was approved by the Council or have successfully completed another examination that has been approved by the Council for that purpose.

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

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist unless the applicant,
   a. satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council,
   b. undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees; or
   c. successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist.

(4) The requirement in paragraph 2 of subsection (1) shall not be considered to be met unless the applicant is issued a certificate of registration as a pharmacist within three years of meeting that requirement.
(5) An applicant is deemed to have met the requirement in paragraph 3 of subsection (1) if, at the time of application, the applicant,
(a) has successfully completed a structured practical training program which is, in the opinion of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1); or
(b) has other education, training or experience that is, in the opinion of a panel of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1).

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

(7) Subject to subsection (8), the requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant,
(a) successfully completed the examination within three attempts; or
(b) successfully completed the examination on the applicant’s fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, specified by a panel of the Registration Committee.

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

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

(10) The requirements in paragraphs 1, 3 and 4 of subsection (1) are deemed to have been met by an applicant,
(a) who previously held a certificate of registration as a pharmacist in Ontario; and
(b) who,
   (i) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council, or
   (ii) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees.

(11) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,
(a) was registered as an intern on December 3, 2010; or
(b) becomes registered as an intern after December 3, 2010 but before December 3, 2011.

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

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

MOBILITY FROM OUTSIDE CANADA

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

1. The applicant must,
   i. hold a non-restricted registration in at least one jurisdiction at the time of application and have held that registration continuously for at least two years, and
   ii. satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours.

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

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

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

MOBILITY WITHIN CANADA

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

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

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

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

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

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

TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST

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

1. The member shall not provide any care to a patient, whether direct or indirect.

2. The member shall not dispense, sell or compound drugs.

3. The member shall not supervise that part of the pharmacy where drugs are kept.

4. The member shall not be the designated manager of a pharmacy within the meaning of the Drug and Pharmacies Regulation Act.

5. The member shall not supervise the practice of pharmacy of an intern, registered pharmacy student or pharmacy technician.

6. The member shall, when working in a pharmacy or any other environment where patient care is being provided, clearly identify him or herself as a non-practising pharmacist.

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

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

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

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

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

(c) the term of the approval, which must not exceed six months.
(5) Where the Registrar is satisfied that it is appropriate to do so the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Quality Assurance Committee approves of a further extension.

PART IV
REGISTRATION — REGISTERED PHARMACY STUDENTS
ADDITIONAL REQUIREMENT

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

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

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

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

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

MOBILITY WITHIN CANADA

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

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

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

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

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

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

TERMS, CONDITIONS AND LIMITATIONS

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

1. The member,

   i. in the case of a member to whom subsection 11 (1) does not apply, shall only engage in the practice of pharmacy while enrolled in and actively participating in a program provided for in subsection 10 (1) or while actively engaged in any education or training specified in that subsection, and

   ii. in the case of a member to whom subsection 11 (1) applies, shall only engage in the practice of pharmacy while enrolled in and actively participating in an educational program that is a requirement for the issuance of an applicable out-of-province certificate authorizing practice as an intern or pharmacist.

2. The member may only engage in the practice of pharmacy,

   i. while under the direct supervision of a member who holds a certificate of registration as a pharmacist, or

   ii. where a program or any education or training provided for in subsection 10 (1) includes a clinical component in a premises that is not a pharmacy but at which drugs may be prescribed or dispensed, while under the direct supervision of a member of a College within the meaning of the Regulated Health Professions Act, 1991 who has been approved for this purpose by the faculty that provides the program, education or training.

3. Despite subparagraph 2 ii, the member shall not dispense, compound or sell a drug unless under the direct supervision of a member holding a certificate of registration as a pharmacist.

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

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

(2) A certificate of registration as a registered pharmacy student automatically expires when the member is issued a certificate of registration as a pharmacist or an intern.
(3) A certificate of registration as a registered pharmacy student automatically expires,
(a) in the case of a member engaged in a program referred to in subparagraph 1 i of subsection 6 (1), when the member is refused readmission to the program, ceases to be enrolled in the program or ceases to actively participate in the program;
(b) in the case of a member engaged in an approved program referred to in sub-subparagraph 1 ii A of subsection 6 (1), two years after registration as a registered pharmacy student unless that period of time is extended by a panel of the Registration Committee;
(c) in the case of a member engaged in attaining any education or training or combination of education and training referred to in sub-subparagraph 1 ii B of subsection 6 (1) or in attaining any education or training or combination of education and training required by a panel of the Registration Committee as a condition for the issuance of another class of certificate of registration, on the date specified by the panel in its decision or, if no date was specified, one year from that decision, unless extended by a panel of the Registration Committee; and
(d) in the case of a member whose application for a certificate of registration as a registered pharmacy student was considered under subsection 11 (1), on the date on which the member ceases to hold an out-of-province certificate that is equivalent to a certificate of registration as a registered pharmacy student.

PART V
REGISTRATION — INTERNS
ADDITIONAL REQUIREMENTS

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

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 of subsection 6 (1) on the applicant’s first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

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

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

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

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

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

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

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

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

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

MOBILITY WITHIN CANADA

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

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

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

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

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

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

TERMS, CONDITIONS AND LIMITATIONS

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

1. The member shall only engage in the practice of pharmacy,

   i. when practising in a pharmacy to which the Drug and Pharmacies Regulation Act applies, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or

   ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist.

2. The member shall not supervise that part of the pharmacy where drugs are kept.

3. The member shall not delegate a controlled act.

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

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

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

PART VI
REGISTRATION — PHARMACY TECHNICIANS

ADDITIONAL REQUIREMENTS

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

1. The applicant must,

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

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

   A. must have successfully completed a program that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or
B. must have successfully completed the examination referred to in paragraph 4 on the applicant’s first attempt, and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant successfully completes a new program mentioned in subparagraph 1 i of subsection (1).
An applicant shall be deemed not to have met the requirement of subparagraph 1 iii of subsection (1) unless, before January 1, 2012 and before commencing the program referred to in that subparagraph, the applicant successfully completed,

(a) the College’s Pharmacy Technician Certification Examination;
(b) the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or
(c) another examination approved by the Council.

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

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

MOBILITY WITHIN CANADA

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

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

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

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

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

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

TERMS, CONDITIONS AND LIMITATIONS

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

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the Drug and Pharmacies Regulation Act applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or
   ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist.

2. When practising in a pharmacy to which the Drug and Pharmacies Regulation Act applies the member shall not supervise that part of a pharmacy where drugs are kept.

3. The member shall not delegate a controlled act.

4. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment.

PART VII
SUSPENSIONS, RESIGNATIONS, REINSTATEMENTS, ETC.

ADMINISTRATIVE SUSPENSIONS

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

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

20. (1) If, pursuant to the by-laws, the College requests evidence that the member holds professional liability insurance in the amount and in the form as required by the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so, the Registrar shall immediately give the member notice of intention to suspend the member and may suspend the member’s certificate of registration for failure to provide the evidence 30 days after notice is given.
(2) Where the Registrar suspends the member’s certificate of registration under subsection (1), the Registrar shall lift that suspension upon being satisfied that the member holds professional liability insurance in the amount and in the form required by the by-laws and that any fee required for the lifting of that suspension has been paid.

21. Where the Registrar suspends a member’s certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a fee, the Registrar shall lift the suspension upon being satisfied that the member,
(a) has paid all amounts owed to the College;
(b) holds professional liability insurance in the amount and in the form required by the by-laws; and
(c) pays any fees required for the lifting of that suspension.

DEEMED RESIGNATIONS

22. (1) A member shall be deemed to have resigned where,
(a) the member’s certificate of registration was suspended for failure to pay a fee that the member was required to pay in accordance with the regulations or by-laws and that suspension continued for 120 days; or
(b) the member’s certificate of registration was suspended pursuant to subsection 19 (1) or subsection 20 (1) and the suspension continued for 60 days.

(2) The resignation is effective,
(a) in the case of a resignation under clause (1) (a), on the 121st day following the commencement of that suspension;
(b) in the case of a suspension under clause (1) (b), on the 61st day following the commencement of the suspension.

RETURN OF CERTIFICATE, ETC.

23. A member who resigns, or whose certificate of registration is suspended or revoked shall, if so requested, immediately return to the College,
(a) his or her certificate of registration; and
(b) any card or other form of identification issued to him or her by the College for the purpose of identifying him or her as a member of the College.

REINSTATEMENT

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

(2) Subject to subsections (3), (4) and (6), the Registrar may reinstate the former member’s certificate of registration if,
(a) the former member has paid,
(i) the required reinstatement fee,
(ii) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid,
(iii) the annual fee for the year in which the former member resigned or was deemed to have resigned, if not previously paid unless the Registrar is satisfied that the former member did not engage in the practice of pharmacy in Ontario during that year, and
(iv) any other money owed by the former member to the College at the date the application for reinstatement is submitted, including, without being limited to, any penalty fees that were due at the time that he or she ceased to be a member and any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a Court and any amount owing to the College under a by-law or former regulation made under the Act;
(b) the application for reinstatement was submitted to the Registrar within three years of the date on which the former member resigned or in the case of a former member who was deemed to have resigned under subsection 22 (1), three years from the date on which the former member was suspended where that suspension resulted in a deemed resignation; and
(c) the application meets the requirement set out in paragraph 7 of subsection 4 (1) with necessary modifications.

(3) A former member is ineligible for reinstatement under subsection (2) if he or she,
(a) is the subject of a proceeding for professional misconduct, incompetence or incapacity in Ontario or any like proceeding in any other jurisdiction in relation to the practice of pharmacy or another profession, or was the subject of such a proceeding, other than a proceeding that was completed on its merits;
(b) was, at the time he or she ceased to be a member or at any time since, the subject of a proceeding in respect of,
(i) any criminal offence in any jurisdiction,
(ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,
(iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or
(iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(c) was, after he or she ceased to be a member, found guilty of,
   (i) any criminal offence in any jurisdiction,
   (ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,
   (iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or
   (iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

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

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

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

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

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

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

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

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

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

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

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

### REINSTATEMENT, PURSUANT TO ORDER

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

(a) the required reinstatement fee; and

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

### PART VII.1

#### NOTICES OF MEETINGS AND HEARINGS

#### NOTICE OF MEETINGS

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

(2) The notice must be published at least 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario.
(3) The notice must be in English and French.
(4) The notice must contain the following information:
   1. The date, time and place of the meeting.
   2. A statement of the purpose of the meeting.
(5) The Registrar shall provide the information contained in the notice to every person who requests it by telephone.

NOTICE OF HEARINGS

27. (1) The Registrar shall ensure that the information concerning an impending hearing by a panel of the Discipline Committee to deal with allegations of professional misconduct or incompetence made against a member is given, in accordance with this section, to a person who requests the information.
   (2) The information shall be given,
      (a) at least 14 days before the date of the hearing, if the request is received 14 days before the date of the hearing; or
      (b) as soon as possible after the request is made, if the request is received after that time but before the date of the hearing.
   (3) The information given shall be as follows:
      1. The name of the member against whom the allegations have been made.
      2. The member’s principal place of practice.
      3. The date, time and place of the hearing.
      4. A statement of the purpose of the hearing.
   (4) The Registrar shall provide the information in French to a person who requests that the information be provided in French, wherever reasonably possible.

PART VII.2
ADVERTISING

28. (1) In this section,
   “advertisement” includes an announcement, directory listing or other form of communication similar to an advertisement;
   “drug services” means one or more of the compounding, dispensing or sale by retail of drugs or the provision of information or advice with respect to drugs.
   (2) A member shall not, through any medium, publish, display, distribute or use, or permit, directly or indirectly, the publication, display, distribution or use through any medium of, an advertisement relating to drug services that,
      (a) is false, misleading or deceptive, whether as a result of the inclusion of information or the omission of information;
      (b) is not readily comprehensible to the persons to whom it is directed;
      (c) is not dignified and in good taste;
      (d) contains anything that cannot be verified;
      (e) contains testimonials, comparative statements or endorsements;
      (f) contains a reference to a member’s area of practice or to a procedure or treatment available from a member practising in the pharmacy, unless the advertisement discloses whether or not the member has an area of expertise and, if the member does have such an area of expertise, the particular expertise;
      (g) contains references to a particular brand of equipment used to assist in providing drug services;
      (h) contains information that is not relevant to the choice of a pharmacist; or
      (i) contains any representations as to the safety or effectiveness or an indication for use of any drug referred to in Schedule I established by the regulations under the Drug and Pharmacies Regulation Act.
   (j) REVOKED: O. Reg. 59/11, s. 1 (4).
   (3) An advertisement by a member that includes price information relating to drugs referred to in Schedule I established by the regulations under the Drug and Pharmacies Regulation Act shall include the price information for at least 15 different drugs, 10 of which each belong to a different one of the following drug classifications:
      1. Anti-infective agents.
      2. Antineoplastic agents.
3. Autonomic agents.
5. Cardiovascular drugs.
6. Central nervous system drugs.
7. Diagnostic agents.
8. Electrolytic, caloric and water balance drugs.
10. Eye, ear, nose and throat preparations.
11. Gastrointestinal drugs.
12. Gold compounds.
13. Heavy metal antagonists.
15. Oxytocics.
16. Skin and mucous membrane preparations.
17. Spasmolytics.
18. Unclassified therapeutic agents.
19. Vitamins.

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

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

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

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

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

(7), (8) REVOKED: O. Reg. 59/11, s. 1 (6).

PROFESSIONAL MISCONDUCT RE ADVERTISING

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

CLARIFICATION RE APPLICATION OF PART

30. Nothing in this Part prohibits a member from publishing, displaying, distributing or using, or permitting directly or indirectly the publication, display, distribution or use of, an advertisement that relates solely to the co-payment or dispensing fee charged by the member for supplying a drug that is a listed drug product under the Ontario Drug Benefit Act to an eligible person under that Act.
PART VII.3
CONTROLLED ACTS

INTERPRETATION

31. In this Part,
“adapt” means to change a patient’s prescription respecting,
(a) the dose of the prescribed drug,
(b) the dosage form of the prescribed drug,
(c) the directions for use of the prescribed drug, or
(d) the route of administration for taking the prescribed drug,
but does not include therapeutic substitution;
“Part A pharmacist” means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;
“prescriber” means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;
“prescription” means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;
“renew” means to provide a patient with a prescription that repeats a prescription previously provided to that patient;
“therapeutic substitution” means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.

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

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

CONTROLLED ACTS

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

34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:
1. Administering a substance specified in Schedule 1 by injection to a patient.
2. Administering a substance specified in Schedule 2 by inhalation to a patient.

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

(3) A member may only perform an act provided for in subsection (1) if he or she complies with the following:
1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,
   i. must explain that purpose to the patient or his or her authorized agent, and
   ii. must receive an informed consent from the patient or his or her authorized agent.
2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.
6. The member must maintain a patient record that includes,
i. the name and address of the patient,
ii. the name and address of the member,
iii. the date the act was performed,
iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
vi. confirmation that an informed consent was given by the patient or his or her authorized agent.

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

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

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

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

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

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

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

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

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

1. The following specified drugs:
   i. Varenicline Tartrate, and
   ii. Bupropion Hydrochloride.

2. A drug in the categories listed in Schedule 4 for the corresponding conditions listed therein.

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

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

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

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

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

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

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

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

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

(g) in the case of a drug referred to in paragraph 2 of subsection (1),
   i. has successfully completed such educational requirements as have been specified by Council, and
   ii. has determined that prescribing the drug is the most appropriate treatment for the patient’s condition.

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

1. Adapting a patient’s prescription.

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

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

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

1. The member must either possess the patient’s prescription to be adapted or renewed or,
   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription, or
   iii. have access to the medical record that contains information about the prescription.

2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,
   i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
   ii. a six months’ supply.

3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient’s primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient’s prescription, when the member,
   i. renews a patient’s prescription, or
   ii. adapts a patient’s prescription, if, in the member’s opinion,
      A. adapting the prescription is clinically significant in relation to the patient, or
      B. the notification is necessary to support the patient’s care.

4. At the time that the member adapts or renews the patient’s prescription, the member must advise the patient or his or her authorized agent,
   i. that he or she is entitled to the prescription, and
   ii. that he or she may take the prescription to a pharmacy of his or her choosing.

5. The member must comply with the additional requirements under sections 37 and 38.

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

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

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

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

ii. The patient’s prescriber notified under paragraph 3 of subsection 36 (4).

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

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

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

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

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

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

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient’s self care and education or for the patient’s self monitoring of his or her chronic disease, and before performing the act,
   i. shall explain that purpose to the patient or his or her authorized agent, and
   ii. shall receive an informed consent from the patient or his or her authorized agent.

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

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

4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.

5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.

6. The member must maintain a patient record that includes,
   i. the name and address of the patient and the member,
   ii. the date the act was performed, and
   iii. confirmation that an informed consent was given by the patient or his or her authorized agent.

40. REVOKED: O. Reg. 451/10, s. 5.

PART VIII
QUALITY ASSURANCE

GENERAL

41. In this Part,

“assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code;

“Committee” means the Quality Assurance Committee.

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

1. Maintenance of a portfolio of continuous learning.

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

3. Practice review and remediation.

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

CONTINUOUS LEARNING PORTFOLIO

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

(2) A pharmacist shall submit the portfolio to the College on request.
TWO-PART REGISTER FOR PHARMACISTS

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

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

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

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

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

46. (1) A pharmacist may ask for a transfer from Part A of the register to Part B or from Part B to Part A at any time.

(2) If a member listed in Part A asks for a transfer to Part B, the member shall be transferred to Part B.

(3) If a member listed in Part B asks for a transfer to Part A, the member shall be transferred to Part A if he or she, (a) undergoes a practice review in accordance with section 47; and (b) satisfies the educational and practice requirements that may be specified by the Quality Assurance Committee.

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

(5) The member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision.

(6) A member whose request to be listed in Part A is rejected by the panel may appeal to another panel of the Quality Assurance Committee.

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

(8) On an appeal, the member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision.

PRACTICE REVIEW AND REMEDIATION

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

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

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

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

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

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

(7) After considering the report, the Committee may decide, (a) that no further action is required; (b) that the pharmacist is required to undertake the remediation specified by the Committee to correct any deficiency in his or knowledge, skills or judgment identified by the review; or (c) that the pharmacist is to be listed in Part A where the review took place pursuant to a request to be listed in Part A.

(8) If the Committee proposes to require a pharmacist to undertake remediation under clause (7) (b), it shall not do so unless, (a) the pharmacist has been given a report of the results of the review; (b) the pharmacist has been given written notice of the Committee’s intention to require him or her to undertake remediation; (c) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee; and
(d) the Committee has considered any such submissions.

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

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

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

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

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

(c) the Committee has considered any such submissions.

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

(4) If the period specified under subsection (1) expires and the pharmacist still has not undertaken or successfully completed the remediation, the Committee may direct the Registrar to impose terms, conditions or limitations on the pharmacist’s certificate of registration for a specified period not exceeding six months.

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

(6) After directing the imposition of terms, conditions or limitations on a pharmacist’s certificate of registration for a specified period not exceeding six months under subsection (1), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if the Committee is satisfied that they are no longer needed.

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

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

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

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

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

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

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

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

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

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

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

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

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

(12) The assessment shall be carried out by an assessor appointed by the Committee.
(13) The assessor shall provide a written report to the panel and shall make such recommendations as the assessor considers appropriate about the member’s need for education with respect to sexual abuse.
(14) A copy of the report and recommendations, and a notice informing him or her of the right to make submissions in accordance with subsections (6) and (7), shall be provided to the member.
(15) After considering the assessor’s report and recommendations and the member’s submissions, if any, the panel may require the member to attend or participate in a sexual abuse education program.
(16) If the panel proposes to take action under subsection (15), the member has the right to make submissions in accordance with subsections (6) and (7).

50. (1) If a member refuses to undergo an assessment under subsection 49 (11) or to attend or participate in a program under subsection 49 (15), the panel may direct the Registrar to impose terms, conditions or limitations on the member’s certificate of registration for a specified period not exceeding six months.
(2) If the panel proposes to take action under subsection (1), the member has the right to make submissions in accordance with subsections 49 (6) and (7).
(3) If the panel is satisfied that the terms, conditions and limitations imposed on a member’s certificate or registration are no longer needed, it shall direct the Registrar to remove them before the end of the specified period.
(4) If, at the end of the specified period, the member continues to refuse to undergo the required assessment or to attend or participate in the program, the panel shall refer the matter to the Executive Committee.

PANEL REQUIREMENTS
51. (1) The Committee may sit as a panel to consider a report on a practice review or any matter arising out of a practice review, a matter relating to the imposition of terms, conditions or limitations on a member’s registration under section 48 or a matter under section 49.
(2) A panel shall have at least three members appointed by the chair of the Committee from among the Committee members; at least one member of the panel shall be a member appointed to the Committee by the Lieutenant Governor in Council.
(3) Three members of a panel constitute a quorum.

PART IX
INSPECTION OF DRUG PREPARATION PREMISES

TEMPORAL APPLICATION
52. This Part applies to the College and members as of the day that it comes into force, except that,
(a) sections 54, 55, 56, 59 and 60 apply as of 90 days from the day that this Part comes into force; and
(b) the requirements in subsection 57 (1) and section 58 apply as of 30 days from the day that this Part comes into force.

INTERPRETATION
53. (1) In this Part,
“designated member” means,
(a) the member designated for a drug preparation premises in accordance with section 58, or
(b) where only one member engages in or supervises drug preparation activities at or in connection with a drug preparation premises, that member;
“drug” means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of “drug” in subsection 1 (1) of the Drug and Pharmacies Regulation Act, but does not include,
(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or
(b) a substance or preparation referred to in clause (e), (f), (g), (h) or (i) of that definition;
“drug preparation activities” means reconstituting, diluting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription;
“drug preparation premises” means any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include,
(a) a pharmacy in respect of which a valid certificate of accreditation has been issued under the Drug and Pharmacies Regulation Act,
(b) a premises in respect of which a valid establishment licence has been issued under the Food and Drugs Act (Canada), or

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

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

“supervise” means to supervise either directly or indirectly.

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

INSPECTION

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

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

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.

2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member’s practice with respect to the drug preparation activities at or in connection with the drug preparation premises.

3. Inquiries or questions to be answered by the member that are relevant to the member’s practice with respect to the drug preparation activities at or in connection with the drug preparation premises.

4. Direct observation of a member in his or her practice with respect to drug preparation activities at or in connection with the drug preparation premises.

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

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

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

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

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

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

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

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

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

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

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

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if he or she is not the member who is required to give notice under this section.

2. The full address of the drug preparation premises.
3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.

4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.
2. Make a report and find that the drug preparation premises passed with conditions.

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

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

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

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

PART X
FUNDING FOR THERAPY AND COUNSELLING

61. In this Part, “member” includes a former member.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TABLES 1, 2 REVOKED: O. Reg. 452/16, s. 2.

SCHEDULE 1
INJECTED SUBSTANCES

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

1. 8:00 Anti-infective Agents
   i. 8:18 Antivirals
      A. 8:18.08.04 HIV Entry and Fusion Inhibitors
1. Enfuvirtide

B. 8:18.20 Interferons
   1. Interferon Alfa-2b
   2. Peginterferon alfa-2a
   3. Peginterferon alfa-2b

2. 10:00 Antineoplastic Agents
   1. Goserelin
   2. Leuprolide
   3. Methotrexate

3. 12:00 Autonomic Drugs
   i. 12:12 Sympathomimetic (Adrenergic) Agents
      A. 12:12.12 Alpha- and Beta-Adrenergic Agonists
         1. Scopolamine
         2. Hyoscine
         3. Glycopyrrolate
         4. Epinephrine

4. 20:00 Blood Formation and Coagulation
   i. 20:04 Antianemia Drugs
      A. 20:04.04 Iron Preparations
         1. Iron
   ii. 20:12 Coagulants and Anticoagulants
      A. 20:12.04 Anticoagulants
         1. Dalteparin
         2. Danaparoid
         3. Enoxaparin
         4. Fondaparinux
         5. Heparin
         6. Nadroprarin
         7. Tinzaparin
   iii. 20:16 Hematopoietic Agents
      1. Ancestim
      2. Darbepoetin alfa
      3. Epoetin alfa
      4. Filgrastim
      5. Pegfilgrastim
      6. Romiplostim

5. 28:00 Central Nervous System Agents
   i. 28:08 Analgesics and Antipyretics
      A. 28:08.08 Opiate Agonists
         1. Codeine
         2. Hydromorphone
         3. Meperidine
4. Morphine

B. 28:08.12 Opiate Partial Agonists
   1. Nalbuphine
   2. Pentazocine

ii. 28:16 Psychotherapeutic Agents
   A. 28:16.08 Antipsychotics
      1. Haloperidol
      2. Methotrimeprazine

iii. 28:32 Antimigraine Agents
     A. 28:32.28 Selective Serotonin Agonists
        1. Sumatriptan

6. 40:00 Electrolytic, Caloric, and Water Balance
   i. 40:12 Replacement Preparations
      1. Normal saline

7. 48:00 Respiratory Tract Agents
   i. 48:92 Respiratory Tract Agents, Miscellaneous
      1. Omalizumab

8. 56:00 Gastrointestinal Drugs
   i. 56:22 Antiemetics
      A. 56:22.08 Antihistamines
         1. Dimenhydrinate
         2. Prochlorperazine
      ii. 56:32 Prokinetic Agents
          1. Metoclopropamide
      iii. 56:92 GI Drugs, Miscellaneous
           1. Certolizumab Pegol
           2. Methylnaltrexone

9. 64:00 Heavy Metal Antagonists
   1. Deferoxamine

10. 68:00 Hormones and Synthetic Substitutes
    i. 68:18 Gonadotropins
       1. Follitropin-alpha
       2. Follitropin-beta
       3. Gonadotropin-chorionic
       4. Gonadotropin-chorionic-alfa
       5. Gonadotropin-human
       6. Lutropin-alfa
       7. Menotropins
       8. Urofollitropin
    ii. 68:20 Antidiabetic Agents
        1. Exenatide
        2. Insulins
3. Liraglutide

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

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

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

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

vii. 68:32 Progestins
    1. Medroxyprogesterone

11. 88:00 Vitamins
    i. 88:08 Vitamin B Complex
       1. Cyanocobalamin
       2. Folic Acid
       3. Methylcobalamin
       4. Pyridoxine
       5. Thiamine
    ii. 88:12 Vitamin C
        1. Ascorbic Acid
    iii. 88:24 Vitamin K Activity
        1. Vitamin K

12. 92:00 Miscellaneous Therapeutic Agents
    i. 92:12 Antidotes
       1. Leucovorin
    ii. 92:20 Biologic Response Modifiers
        1. Denosumab
        2. Glatiramer
        3. Interferon-Beta-1A
        4. Interferon-Beta-1B
        5. Natalizumab
    iii. 92:36 Disease-modifying Antirheumatic Drugs
        1. Abatacept
        2. Adalimumab
        3. Anakinra
        4. Etanercept
5. Gold Sodium Thiomalate
6. Golimumab
7. Ustekinumab

iv. 92:40 Gonadotropin-releasing Hormone Antagonists
   1. Cetrorelix
   2. Ganirelix

v. 92:92 Other Miscellaneous Therapeutic Agents
   1. Octreotide

13. Miscellaneous
   1. Sterile Water for Injection (Diluent)

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SCHEDULE 2
INHALED SUBSTANCES

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

1. 8:00 Anti-infective Agents
   i. 8:18 Antivirals
      A. 8:18.28 Neuraminidase Inhibitors
         1. Zanamivir
   ii. 8:12 Antibacterials
      A. 8:12.07.16 Monobactams
         1. Tobramycin
         2. Aztreonam

2. 12:00 Autonomic Drugs
   i. 12:08 Anticholinergic Agents
      A. 12:12.08 Antimuscarinics/Antispasmodics
         1. Ipratropium
         2. Tiotropium
   ii. 12:12 Sympathomimetic (Adrenergic) Agents
      A. 12:12.08.12 Selective Beta2-Adrenergic Agonists
         1. Fenoterol
         2. Formoterol
         3. Salbutamol
         4. Salmeterol
         5. Terbutaline
   iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
      A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents
         1. Dihyroergotamine
   iv. 12:92 Autonomic Drugs, Miscellaneous
      1. Nicotine

3. 28:00 Central Nervous System Agents
   i. 28:08 Analgesics and Antipyretics
      A. 28:08.12 Opiate Partial Agonists
1. Butorphanol

ii. 28:32 Antimigraine Agents
   A. 28:32.28 Selective Serotonin Agonists
      1. Sumatriptan
      2. Zolmitriptan

4. 40:00 Electrolytic, Caloric, and Water Balance
   i. 40:12 Replacement Preparations
      1. Sodium chloride

5. 48:00 Respiratory Tract Agents
   i. 48:24 Mucolytic Agents
      1. Dornase alfa

6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations
   i. 52:02 Antiallergic Agents
      1. Sodium Cromoglycate
      2. Levocabastine
   ii. 52:08 Anti-inflammatory Agents
       A. 52:08.08 Corticosteroids
          1. Beclomethasone
          2. Budesonide
          3. Ciclesonide
          4. Flunisolide
          5. Fluticasone
          6. Mometasone
          7. Triamcinolone
   iii. 52:32 Vasoconstrictors
        1. Oxymetazoline
        2. Phenylephrine
        3. Xylometazoline

7. 68:00 Hormones and Synthetic Substitutes
   i. 68:18 Gonadotropins
      1. Buserelin
      2. Nafarelin
   ii. 68:24 Parathyroid
      1. Calcitonin Salmon
   iii. 68:28 Pituitary
        1. Desmopressin
        2. Vasopressin

8. 92:00 Miscellaneous Therapeutic Agents
   i. 92:12 Antidotes
      1. Acetylcysteine
SCHEDULE 3
VACCINES

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

SCHEDULE 4
LIST OF MINOR AILMENTS AND CORRESPONDING DRUG CATEGORIES

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

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<thead>
<tr>
<th>CONDITION</th>
<th>AHFS CLASSIFICATION</th>
</tr>
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<tbody>
<tr>
<td>1. Urinary tract infection (uncomplicated)</td>
<td>• Anti-infective Agents: Antibacterials. Sulfonamides (8:12.20)</td>
</tr>
<tr>
<td></td>
<td>• Anti-infective Agents: Urinary Anti-infectives (8:36)</td>
</tr>
<tr>
<td>2. Dermatitis (atopic/eczema, allergic and contact)</td>
<td>• Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)</td>
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<tr>
<td>3. Insect bites and urticaria</td>
<td>• Erythromycins (8.12.12.04)</td>
</tr>
<tr>
<td></td>
<td>• Other Macrolides (8.12.12.92)</td>
</tr>
<tr>
<td></td>
<td>• Antibiotic Tetracyclines (8:12:24)</td>
</tr>
<tr>
<td></td>
<td>• Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)</td>
</tr>
<tr>
<td>4. Conjunctivitis (bacterial, allergic, viral)</td>
<td>• Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents (52:02)</td>
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<tr>
<td></td>
<td>• Eye, Ear, Nose, and Throat Preparations: Anti-infectives. Antibacterials (52:04.04)</td>
</tr>
<tr>
<td>5. Allergic rhinitis</td>
<td>• Second Generation Antihistamines (4:08)</td>
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<tr>
<td></td>
<td>• Eye, Ear, Nose and Throat Preparations: Antiallergic Agents (52:02)</td>
</tr>
<tr>
<td></td>
<td>• Eye, Ear, Nose and Throat Preparations: Anti-inflammatory Agents. Corticosteroids (52:08.08)</td>
</tr>
<tr>
<td>6. Candidal stomatitis</td>
<td>• Polyenes (8:14.28)</td>
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<tr>
<td></td>
<td>• Skin and Mucous Membrane Agents: Anti-infectives. Antivirals (84:04.06)</td>
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<td></td>
<td>• Skin and Mucous Member Agents: Anti-inflammatory Agents</td>
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| 8.   | Hemorrhoids                        | • Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)  
               |                                  | • Skin and Mucous Membrane Agents: Antipruritics and Local Anesthetics (84:08)  
               |                                  | • Skin and Mucous Membrane Agents: Miscellaneous Skin and Mucous Membrane Agents (84:36)  
               |                                  | • Proton-pump Inhibitors (56:28.36)  
               |                                  | • Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)  
| 12.  | Impetigo                           | • Skin and Mucous Member Agents: Anti-infectives. Antibacterials (84:04.04)  
               |                                  | • Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)  

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### DRAFT General Regulation 202/94 of the Pharmacy Act

**Clause by Clause Comparison of Proposed Amendments**

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<th>Existing Clause</th>
<th>Proposed New Clause</th>
<th>Rationale</th>
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<tr>
<td><strong>VII.3 (CONTROLLED ACTS)</strong></td>
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<tr>
<td>35. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other requirements of this section is authorized to prescribe the following specified drugs: 1. Varenicline Tartrate. 2. Bupropion Hydrochloride.</td>
<td>35. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other requirements of this section is authorized to prescribe: the following specified drugs: 1. Varenicline Tartrate, and 2. Bupropion Hydrochloride.</td>
<td>Currently, pharmacists are authorized to prescribe for smoking cessation. The proposed regulation grants the additional authority to prescribe for specific minor ailments listed under Schedule 4.</td>
</tr>
<tr>
<td>(2) A drug mentioned in subsection (1) may only be prescribed by a member for the sole purpose of smoking cessation. O. Reg. 302/12, s. 1.</td>
<td>(2) A drug mentioned in paragraph 1 of subsection (1) may only be prescribed by a member for the sole purpose of smoking cessation.</td>
<td>In subsection 35(2), language is added to link the two medications in paragraph 1 of 35(1) to smoking cessation.</td>
</tr>
<tr>
<td>(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.</td>
<td>(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.</td>
<td></td>
</tr>
<tr>
<td>(4) A member may only prescribe a drug under this section if he or she, (a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient’s condition to prescribe the drug for the patient; (b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient; (c) gives the prescription to the patient or his or her authorized agent; (d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing; (e) notifies the patient’s primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription; and</td>
<td>(4) A member may only prescribe a drug under this section if he or she, (a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient’s condition to prescribe the drug for the patient; (b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient; (c) gives the prescription to the patient or his or her authorized agent; (d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing; and</td>
<td></td>
</tr>
<tr>
<td>Existing Clause</td>
<td>Proposed New Clause</td>
<td>Rationale</td>
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</tr>
<tr>
<td>(f) complies with the additional requirements under sections 37 and 38.</td>
<td>(e) notifies the patient’s primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription; and (f) complies with the additional requirements under sections 37 and 38; and (g) in the case of a drug referred to in paragraph 2 of subsection (1), i. has successfully completed such educational requirements as have been specified by Council, and ii. has determined that prescribing the drug is the most appropriate treatment for the patient’s condition.</td>
<td>The proposed regulation in subsection g(i) requires that registrants complete education, as specified by Council. Subsection g(ii) was added to specify the expectation that before prescribing for minor ailments, pharmacists are required to assess the patient and determine the most appropriate course of action, which may or may not involve prescribing a drug.</td>
</tr>
<tr>
<td>38. A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member’s rationale for his or her decision to act under section 35 or 36 and the following information, if applicable: 1. Reference to, or a copy of, the patient’s prescription that the member renewed or adapted, including the name and contact information of the prescriber. 2. A copy of the prescription that the member gave to the patient or his or her authorized agent under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under paragraph 4 of subsection 36 (4). 3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36. 4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred: i. The patient’s primary care provider notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4). ii. The patient’s prescriber notified under paragraph 3 of subsection 36 (4).</td>
<td>38. A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member’s rationale for his or her decision to act under section 35 or 36 and the following information, if applicable: 1. Reference to, or a copy of, the patient’s prescription that the member renewed or adapted, including the name and contact information of the prescriber. 2. A copy of the prescription that the member gave to the patient or his or her authorized agent under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under clause 35 (4) (d) or paragraph 4 of subsection 36 (4). 3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36. 4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred: i. The patient’s primary care provider notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4). ii. The patient’s prescriber notified under paragraph 3 of subsection 36 (4).</td>
<td>Pharmacists are required to keep a record of the prescription issued to the patient or authorized agent for the minor ailment regardless or where his or her authorized agent decided to have the prescription dispensed.</td>
</tr>
</tbody>
</table>

**Rationale for Inclusion of Schedule 4**

<table>
<thead>
<tr>
<th>Proposed New Clause</th>
<th>Rationale</th>
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</table>
### SCHEDULE 4

**LIST OF MINOR AILMENTS AND CORRESPONDING DRUG CATEGORIES**

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

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<tr>
<td>- Skin and Mucous Membrane Agents: Anti-inflammatory Agents. (84:06.00)</td>
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<tr>
<td>3. Insect bites and urticaria</td>
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<tr>
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<td>- Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents (52:02)</td>
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<td>6. Candidal stomatitis</td>
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<tr>
<td>- Polyenes (8:14.28)</td>
</tr>
<tr>
<td>7. Herpes labialis</td>
</tr>
<tr>
<td>- Anti-infective Agents: Antivirals. Nucleosides and Nucleotides (8:18.32)</td>
</tr>
<tr>
<td>- Skin and Mucous Membrane Agents: Anti-infectives. Antivirals (84:04.06)</td>
</tr>
<tr>
<td>- Skin and Mucous Membrane Agents: Anti-inflammatory Agents (84:06.00)</td>
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<td>8. Hemorrhoids</td>
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<tr>
<td>- Skin and Mucous Membrane Agents: Miscellaneous Skin and Mucous Membrane Agents (84:36)</td>
</tr>
<tr>
<td>9. Gastroesophageal reflux disease (GERD)</td>
</tr>
<tr>
<td>- Gastrointestinal Drugs: Antulcer Agents and Acid Suppresants. Histamine H2-Antagonists (56:28:12)</td>
</tr>
<tr>
<td>- Proton-pump Inhibitors (56:28.36)</td>
</tr>
<tr>
<td>10. Dysmenorrhea</td>
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Schedule 4 includes the minor ailments and corresponding medication categories. The list of minor ailments was informed through expert analysis by physicians, health-system experts, pharmacists and patients and through stakeholder engagement from a variety of activities including a survey to registrants and public focus groups. Additionally, emergency department visit data from the Institute for Clinical Evaluative Sciences (ICES) was analyzed to understand the impact pharmacist prescribing for minor ailments may have if this type of routine care were moved into the community pharmacy setting.

The medication categories were developed with guidance from an expert group, the **Minor Ailments Advisory Group** and was informed through the open consultation. Considerations such as recent evidence, clinical practice guidelines, best practices, medication allergies, special populations, and antimicrobial stewardship guided the selection of the medication categories. Medications are referenced by categories for each minor ailment to provide pharmacists with the flexibility to prescribe up-to-date medications and are included for each minor ailment to help provide clarity around which categories are intended for each condition.
<p>| | |</p>
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</table>
     | Musculoskeletal sprains and strains  
     | Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. COX-2 inhibitors (28:08.04.08)  
| 12. | Impetigo  
     | Skin and Mucous Membrane Agents: Anti-infectives. Antibacterials (84:04.04)  
     | Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.00) |
Pharmacy Act, 1991  
Loi de 1991 sur les pharmaciens

ONTARIO REGULATION 202/94  
GENERAL

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

Last amendment: 452/16.


This Regulation is made in English only.

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PART I
INTERPRETATION
DEFINITIONS

1. In this Regulation,
“direct supervision” means supervision that is provided by a person who is physically present on the premises where the practice that is being supervised is being carried out;
“non-restricted registration” means the holding of a licence, permit, certificate or registration as a pharmacist from an authority responsible for the regulation of pharmacists in one of the states of the United States of America, or in another non-Canadian jurisdiction that has been approved by the Council, where that licence, permit, certificate or registration is not subject to any restrictions, terms, conditions or limitations, including terms, conditions or limitations that,
(a) relate to the holder’s ability to practise independently,
(b) require the holder to practise under supervision or direction,
(c) require the holder to maintain a position or appointment as a condition of continued registration,
(d) require the holder to practise only in a part of the geographical area over which the authority has jurisdiction,
(e) restrict the holder to temporary or time-limited registration or practice,
(f) were imposed by that authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding, or
(g) were placed on the holder’s registration by agreement between the holder and that authority;
“pharmacy” has the same meaning as in subsection 1 (1) of the Drug and Pharmacies Regulation Act;
“remote dispensing location” has the same meaning as in subsection 1 (1) of the Drug and Pharmacies Regulation Act.

PART II
GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

2. (1) The following are prescribed as classes of certificates of registration:
1. Pharmacist.
2. Registered pharmacy student.
3. Intern.
4. Pharmacy technician.
(2) Every certificate of registration that was in existence immediately before December 3, 2010 is continued as the equivalent certificate of registration with the same status under this Regulation until such time as it otherwise ceases to be effective.
(3) Where an application for a certificate of registration had been made but not finally dealt with before December 3, 2010, the application shall be dealt with in accordance with this Regulation as amended by Ontario Regulation 451/10.

APPLICATION FOR CERTIFICATE OF REGISTRATION

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

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

4. (1) The following are requirements for the issuance of a certificate of registration of any class:
1. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.

2. The applicant must not have been found guilty of any offence in any jurisdiction.

3. The applicant must not be the subject of a current proceeding in respect of any offence in any jurisdiction.

4. The applicant must not have been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any like proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation.

5. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of pharmacy in Ontario as a pharmacist, registered pharmacy student, intern or pharmacy technician in the manner permitted by the certificate of registration for which he or she has applied.

6. The applicant’s past and present conduct must afford reasonable grounds for the belief that the applicant,
   i. will practise pharmacy with decency, honesty and integrity, and in accordance with the law,
   ii. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise pharmacy in a safe manner,
   iii. has sufficient knowledge, skill and judgment to competently engage in the practice of pharmacy authorized by the certificate of registration, and
   iv. will display an appropriately professional attitude.

7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.

8. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration for which the applicant applied.

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

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

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

**TERMS, ETC., OF EVERY CERTIFICATE**

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

1. The member shall provide to the Registrar the details of any of the following that relate to the member and that occur or arise after the registration of the member:
   i. a finding of guilt arising in any jurisdiction relating to any offence,
   ii. a charge arising in any jurisdiction relating to any offence,
   iii. a finding of professional misconduct, incompetence or incapacity or any like finding in any jurisdiction in relation to pharmacy or any other profession or occupation,
   iv. a proceeding for professional misconduct, incompetence or incapacity or any like proceeding in any jurisdiction in relation to pharmacy or any other profession or occupation.

2. The member shall not engage in the practice of pharmacy unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

3. The member shall immediately advise the Registrar in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

4. If a member to whom paragraph 3 applies subsequently obtains Canadian citizenship or becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario permitted by the certificate of registration, the member shall immediately advise the Registrar in writing of that fact.

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

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

PART III
REGISTRATION — PHARMACISTS
ADDITIONAL REQUIREMENTS

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

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 on the applicant’s first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

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

3. Subject to subsection (5), the applicant must have successfully completed a structured practical training program approved by the Council, while holding a certificate of registration as an intern and while under the supervision of a preceptor approved by the Registration Committee.

4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists at a time when the examination was approved by the Council or have successfully completed another examination that has been approved by the Council for that purpose.

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

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

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

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

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

(4) The requirement in paragraph 2 of subsection (1) shall not be considered to be met unless the applicant is issued a certificate of registration as a pharmacist within three years of meeting that requirement.
(5) An applicant is deemed to have met the requirement in paragraph 3 of subsection (1) if, at the time of application, the applicant,
(a) has successfully completed a structured practical training program which is, in the opinion of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1); or
(b) has other education, training or experience that is, in the opinion of a panel of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1).

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

(7) Subject to subsection (8), the requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant,
(a) successfully completed the examination within three attempts; or
(b) successfully completed the examination on the applicant’s fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, specified by a panel of the Registration Committee.

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

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

(10) The requirements in paragraphs 1, 3 and 4 of subsection (1) are deemed to have been met by an applicant,
(a) who previously held a certificate of registration as a pharmacist in Ontario; and
(b) who,
(i) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council, or
(ii) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees.

(11) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,
(a) was registered as an intern on December 3, 2010; or
(b) becomes registered as an intern after December 3, 2010 but before December 3, 2011.

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

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

MOBILITY FROM OUTSIDE CANADA

7. An applicant is deemed to have met the requirements in paragraph 1 of subsection 6 (1) if the applicant meets all the following non-exemptible requirements:
1. The applicant must,
   i. hold a non-restricted registration in at least one jurisdiction at the time of application and have held that registration continuously for at least two years, and
   ii. satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours.
2. The applicant must,
i. satisfy the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in one or more of the jurisdictions where he or she held the non-restricted registration,

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

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

**MOBILITY WITHIN CANADA**

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

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

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

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

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

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

**TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST**

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

1. The member shall not provide any care to a patient, whether direct or indirect.

2. The member shall not dispense, sell or compound drugs.

3. The member shall not supervise that part of the pharmacy where drugs are kept.

4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.

5. The member shall not supervise the practice of pharmacy of an intern, registered pharmacy student or pharmacy technician.

6. The member shall, when working in a pharmacy or any other environment where patient care is being provided, clearly identify him or herself as a non-practising pharmacist.

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

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

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

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

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

(c) the term of the approval, which must not exceed six months.
(5) Where the Registrar is satisfied that it is appropriate to do so the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Quality Assurance Committee approves of a further extension.

**PART IV
REGISTRATION — REGISTERED PHARMACY STUDENTS**

**ADDITIONAL REQUIREMENT**

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

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

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

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

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

**MOBILITY WITHIN CANADA**

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

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

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

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

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

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

**TERMS, CONDITIONS AND LIMITATIONS**

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

1. The member,

   i. in the case of a member to whom subsection 11 (1) does not apply, shall only engage in the practice of pharmacy while enrolled in and actively participating in a program provided for in subsection 10 (1) or while actively engaged in any education or training specified in that subsection, and

   ii. in the case of a member to whom subsection 11 (1) applies, shall only engage in the practice of pharmacy while enrolled in and actively participating in an educational program that is a requirement for the issuance of an applicable out-of-province certificate authorizing practice as an intern or pharmacist.

2. The member may only engage in the practice of pharmacy,

   i. while under the direct supervision of a member who holds a certificate of registration as a pharmacist, or

   ii. where a program or any education or training provided for in subsection 10 (1) includes a clinical component in a premises that is not a pharmacy but at which drugs may be prescribed or dispensed, while under the direct supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who has been approved for this purpose by the faculty that provides the program, education or training.

3. Despite subparagraph 2 ii, the member shall not dispense, compound or sell a drug unless under the direct supervision of a member holding a certificate of registration as a pharmacist.

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

5. The member may neither delegate a controlled act nor accept the delegation of a controlled act.
(2) A certificate of registration as a registered pharmacy student automatically expires when the member is issued a certificate of registration as a pharmacist or an intern.

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

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

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

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

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

PART V
REGISTRATION — INTERNS
ADDITIONAL REQUIREMENTS

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

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 of subsection 6 (1) on the applicant’s first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

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

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

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

(4) An applicant shall be deemed to have met the requirement in paragraph 2 of subsection (1) if, at the time of application, the applicant holds a non-restricted registration as a pharmacist, has held that registration for at least two years and the applicant,
   (a) satisfies the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours;
   (b) successfully completed a structured practical training program which is, in the opinion of a panel of the Registration Committee at least equivalent to a program mentioned in paragraph 2 of subsection (1), or has other education, training
or experience that, in the opinion of a panel of the Registration Committee is at least equivalent to the program mentioned in paragraph 2 of subsection (1); or

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

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

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

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

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

MOBILITY WITHIN CANADA

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

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

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

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

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

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

TERMS, CONDITIONS AND LIMITATIONS

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

1. The member shall only engage in the practice of pharmacy,

   i. when practising in a pharmacy to which the Drug and Pharmacies Regulation Act applies, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or

   ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist.

2. The member shall not supervise that part of the pharmacy where drugs are kept.

3. The member shall not delegate a controlled act.

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

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

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

PART VI
REGISTRATION — PHARMACY TECHNICIANS

ADDITIONAL REQUIREMENTS

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

1. The applicant must,

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

   ii. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians other than one referred to in subparagraph i or have a university degree or university diploma in pharmacy and, in either case,
A. must have successfully completed a program that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) successfully completed the examination on the applicant’s fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, that was specified by a panel of the Registration Committee.
(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant successfully completes a new program mentioned in subparagraph 1 i of subsection (1).

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

(a) the College’s Pharmacy Technician Certification Examination;
(b) the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or
(c) another examination approved by the Council.

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

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

**MOBILITY WITHIN CANADA**

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

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

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

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

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

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

**TERMS, CONDITIONS AND LIMITATIONS**

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

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist, or
   ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist.

2. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies the member shall not supervise that part of a pharmacy where drugs are kept.

3. The member shall not delegate a controlled act.

4. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment.

**PART VII
SUSPENSIONS, RESIGNATIONS, REINSTATEMENTS, ETC.**

**ADMINISTRATIVE SUSPENSIONS**

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

(2) Where the Registrar suspends a member’s certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the required information has been filed with the College and that any fees required for the lifting of that suspension has been paid.
20. (1) If, pursuant to the by-laws, the College requests evidence that the member holds professional liability insurance in the amount and in the form as required by the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so, the Registrar shall immediately give the member notice of intention to suspend the member and may suspend the member’s certificate of registration for failure to provide the evidence 30 days after notice is given.

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

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

(a) has paid all amounts owed to the College;
(b) holds professional liability insurance in the amount and in the form required by the by-laws; and
(c) pays any fees required for the lifting of that suspension.

DEEMED RESIGNATIONS

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

(a) the member’s certificate of registration was suspended for failure to pay a fee that the member was required to pay in accordance with the regulations or by-laws and that suspension continued for 120 days; or
(b) the member’s certificate of registration was suspended pursuant to subsection 19 (1) or subsection 20 (1) and the suspension continued for 60 days.

(2) The resignation is effective,

(a) in the case of a resignation under clause (1) (a), on the 121st day following the commencement of that suspension;
(b) in the case of a suspension under clause (1) (b), on the 61st day following the commencement of the suspension.

RETURN OF CERTIFICATE, ETC.

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

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

REINSTATEMENT

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

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

(a) the former member has paid,

(i) the required reinstatement fee,
(ii) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid,
(iii) the annual fee for the year in which the former member resigned or was deemed to have resigned, if not previously paid unless the Registrar is satisfied that the former member did not engage in the practice of pharmacy in Ontario during that year, and
(iv) any other money owed by the former member to the College at the date the application for reinstatement is submitted, including, without being limited to, any penalty fees that were due at the time that he or she ceased to be a member and any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a Court and any amount owing to the College under a by-law or former regulation made under the Act;
(b) the application for reinstatement was submitted to the Registrar within three years of the date on which the former member resigned or in the case of a former member who was deemed to have resigned under subsection 22 (1), three years from the date on which the former member was suspended where that suspension resulted in a deemed resignation; and
(c) the application meets the requirement set out in paragraph 7 of subsection 4 (1) with necessary modifications.

(3) A former member is ineligible for reinstatement under subsection (2) if he or she,
(a) is the subject of a proceeding for professional misconduct, incompetence or incapacity in Ontario or any like proceeding in any other jurisdiction in relation to the practice of pharmacy or another profession, or was the subject of such a proceeding, other than a proceeding that was completed on its merits;

(b) was, at the time he or she ceased to be a member or at any time since, the subject of a proceeding in respect of,
   (i) any criminal offence in any jurisdiction,
   (ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,
   (iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or
   (iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(c) was, after he or she ceased to be a member, found guilty of,
   (i) any criminal offence in any jurisdiction,
   (ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,
   (iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or
   (iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

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

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

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

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

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

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

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

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

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

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

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

**REINSTATEMENT, PURSUANT TO ORDER**

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

(a) the required reinstatement fee; and

(b) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid.
PART VII.1
NOTICES OF MEETINGS AND HEARINGS

NOTICE OF MEETINGS

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

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

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

(4) The notice must contain the following information:
   1. The date, time and place of the meeting.
   2. A statement of the purpose of the meeting.

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

NOTICE OF HEARINGS

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

(2) The information shall be given,
   (a) at least 14 days before the date of the hearing, if the request is received 14 days before the date of the hearing; or
   (b) as soon as possible after the request is made, if the request is received after that time but before the date of the hearing.

(3) The information given shall be as follows:
   1. The name of the member against whom the allegations have been made.
   2. The member’s principal place of practice.
   3. The date, time and place of the hearing.
   4. A statement of the purpose of the hearing.

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

PART VII.2
ADVERTISING

ADVERTISING

28. (1) In this section,
“advertisement” includes an announcement, directory listing or other form of communication similar to an advertisement;
“drug services” means one or more of the compounding, dispensing or sale by retail of drugs or the provision of information or advice with respect to drugs.

(2) A member shall not, through any medium, publish, display, distribute or use, or permit, directly or indirectly, the publication, display, distribution or use through any medium of, an advertisement relating to drug services that,
   (a) is false, misleading or deceptive, whether as a result of the inclusion of information or the omission of information;
   (b) is not readily comprehensible to the persons to whom it is directed;
   (c) is not dignified and in good taste;
   (d) contains anything that cannot be verified;
   (e) contains testimonials, comparative statements or endorsements;
   (f) contains a reference to a member’s area of practice or to a procedure or treatment available from a member practising in the pharmacy, unless the advertisement discloses whether or not the member has an area of expertise and, if the member does have such an area of expertise, the particular expertise;
   (g) contains references to a particular brand of equipment used to assist in providing drug services;
   (h) contains information that is not relevant to the choice of a pharmacist; or
(i) contains any representations as to the safety or effectiveness or an indication for use of any drug referred to in Schedule I established by the regulations under the Drug and Pharmacies Regulation Act.

(j) REVOKED: O. Reg. 59/11, s. 1 (4).

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

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

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

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

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

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

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

(7), (8) REVOKED: O. Reg. 59/11, s. 1 (6).

PROFESSIONAL MISCONDUCT RE ADVERTISING

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

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

PART VII.3
CONTROLLED ACTS

INTERPRETATION

31. In this Part,
“adapt” means to change a patient’s prescription respecting,
(a) the dose of the prescribed drug,
(b) the dosage form of the prescribed drug,
(c) the directions for use of the prescribed drug, or
(d) the route of administration for taking the prescribed drug,
but does not include therapeutic substitution;
“Part A pharmacist” means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;
“prescriber” means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;
“prescription” means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;
“renew” means to provide a patient with a prescription that repeats a prescription previously provided to that patient;
“therapeutic substitution” means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.

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

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

CONTROLLED ACTS

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

34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:
1. Administering a substance specified in Schedule 1 by injection to a patient.
2. Administering a substance specified in Schedule 2 by inhalation to a patient.

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

(3) A member may only perform an act provided for in subsection (1) if he or she complies with the following:
1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,
   i. must explain that purpose to the patient or his or her authorized agent, and
   ii. must receive an informed consent from the patient or his or her authorized agent.
2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.

6. The member must maintain a patient record that includes,
   i. the name and address of the patient,
   ii. the name and address of the member,
   iii. the date the act was performed,
   iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
   v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
   vi. confirmation that an informed consent was given by the patient or his or her authorized agent.

(4) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer influenza vaccine by injection to a patient who is five years of age or older, if the member,
   a) administers the vaccine in accordance with Ontario’s Universal Influenza Immunization Program as described on the Ministry’s website;
   b) receives an informed consent from the patient or his or her authorized agent; and
   c) meets all the requirements in paragraphs 2 to 6 of subsection (3).

(5) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer a vaccine from one of the vaccines specified in Schedule 3 by injection to a patient who is five years of age or older, if the member,
   a) receives an informed consent from the patient or his or her authorized agent;
   b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and
   c) notifies the patient’s primary care provider (if any) within a reasonable time that the member administered a vaccine to the patient and provides details respecting the administration.

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

   2. A drug in the categories listed in Schedule 4 for the corresponding conditions listed therein.

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

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

   (4) A member may only prescribe a drug under this section if he or she,
   a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient’s condition to prescribe the drug for the patient;
   b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;
   c) gives the prescription to the patient or his or her authorized agent;
   d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing;
   e) notifies the patient’s primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription; and
   f) complies with the additional requirements under sections 37 and 38; and
   g) in the case of a drug referred to in paragraph 2 of subsection (1),
      i. has successfully completed such educational requirements as have been specified by Council, and
      ii. has determined that prescribing the drug is the most appropriate treatment for the patient’s condition.
36. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient’s prescription.

2. Renewing a patient’s prescription for the purpose of continuity of care.

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

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

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

1. The member must either possess the patient’s prescription to be adapted or renewed or,
   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription, or
   iii. have access to the medical record that contains information about the prescription.

2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,
   i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
   ii. a six months’ supply.

3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient’s primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient’s prescription, when the member,
   i. renews a patient’s prescription, or
   ii. adapts a patient’s prescription, if, in the member’s opinion,
      A. adapting the prescription is clinically significant in relation to the patient, or
      B. the notification is necessary to support the patient’s care.

4. At the time that the member adapts or renews the patient’s prescription, the member must advise the patient or his or her authorized agent,
   i. that he or she is entitled to the prescription, and
   ii. that he or she may take the prescription to a pharmacy of his or her choosing for dispensing.

5. The member must comply with the additional requirements under sections 37 and 38.

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

1. The name and address of the patient for whom the drug is prescribed.

2. The name, strength (where applicable) and quantity of the prescribed drug.

3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.

4. The name, address, telephone number and College registration number of the member issuing the prescription.

5. The date the prescription was issued by the member.

6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.

7. The number of refills that the member authorized, if applicable.

8. Any other information required by law.

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

1. Reference to, or a copy of, the patient’s prescription that the member renewed or adapted, including the name and contact information of the prescriber.
2. A copy of the prescription that the member gave to the patient or his or her authorized agent under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under clause 35 (4) (d) or paragraph 4 of subsection 36 (4).

3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36.

4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:
   i. The patient’s primary care provider notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4).
   ii. The patient’s prescriber notified under paragraph 3 of subsection 36 (4).

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

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

   (3) A pharmacy technician shall not perform the act provided for in subsection (1) unless,
   (a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act; and
   (b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act.

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

40. REVOKED: O. Reg. 451/10, s. 5.

PART VIII
QUALITY ASSURANCE

GENERAL

41. In this Part,
   “assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code;
   “Committee” means the Quality Assurance Committee.

42. The Committee shall administer the quality assurance program, which shall include the following components:
   1. Maintenance of a portfolio of continuous learning.
   2. Maintenance of a two-part register for pharmacist members.
3. Practice review and remediation.

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

CONTINUOUS LEARNING PORTFOLIO

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

(2) A pharmacist shall submit the portfolio to the College on request.

TWO-PART REGISTER FOR PHARMACISTS

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

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

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

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

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

46. (1) A pharmacist may ask for a transfer from Part A of the register to Part B or from Part B to Part A at any time.

(2) If a member listed in Part A asks for a transfer to Part B, the member shall be transferred to Part B.

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

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

(b) satisfies the educational and practice requirements that may be specified by the Quality Assurance Committee.

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

(5) The member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision.

(6) A member whose request to be listed in Part A is rejected by the panel may appeal to another panel of the Quality Assurance Committee.

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

(8) On an appeal, the member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision.

PRACTICE REVIEW AND REMEDIATION

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

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

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

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

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

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

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

(a) that no further action is required;

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

(c) that the pharmacist is to be listed in Part A where the review took place pursuant to a request to be listed in Part A.
(8) If the Committee proposes to require a pharmacist to undertake remediation under clause (7) (b), it shall not do so unless,
(a) the pharmacist has been given a report of the results of the review;
(b) the pharmacist has been given written notice of the Committee’s intention to require him or her to undertake remediation;
(c) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee; and
(d) the Committee has considered any such submissions.
(9) After the pharmacist undertakes the specified remediation, the Committee may require him or her to undergo another practice review by an assessor, and subsections (6), (7) and (8) apply to that review.

48. (1) If the Committee requires a pharmacist to undertake remediation under section 47 and the pharmacist either fails to do so or fails to successfully complete the remediation, the Committee may direct the Registrar to impose terms, conditions or limitations on the pharmacist’s certificate of registration for a specified period not exceeding six months.
(2) If the Committee proposes to make a direction under subsection (1), it shall not do so unless,
(a) the pharmacist has been given written notice of its intention;
(b) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee or to request an appearance before the Committee in order to make oral submissions; and
(c) the Committee has considered any such submissions.
(3) A pharmacist who requests an appearance under clause (2) (b) shall be given a reasonable opportunity to appear but the Committee may dispose of the matter if he or she has been given a reasonable opportunity to appear and does not.
(4) If the period specified under subsection (1) expires and the pharmacist still has not undertaken or successfully completed the remediation, the Committee may report him or her to the Executive Committee and provide it with such information as it considers appropriate, except information that may not be disclosed under section 83 of the Health Professions Procedural Code.
(5) If the Registrar imposes terms, conditions or limitations on a pharmacist’s certificate of registration for a specified period pursuant to a direction given by the Committee under subsection (1), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if the Committee is satisfied that they are no longer needed.
(6) After directing the imposition of terms, conditions or limitations on a pharmacist’s certificate of registration for a specified period not exceeding six months under subsection (1), the Committee may direct the imposition of terms, conditions or limitation on the pharmacist’s certificate of registration for a second specified period not exceeding six months under subsection (1) but, after having done so, the Committee shall not direct the imposition of terms, conditions or limitations on the pharmacist’s certificate of registration for any further specified period.
(7) If the Committee directs a second imposition of terms, conditions or limitations on the pharmacist’s certificate, subsections (2), (3), (4) and (5) apply with respect to the second imposition.

REMEDIATION OF BEHAVIOUR AND REMARKS OF A SEXUAL NATURE

49. (1) This section applies to matters referred to the Committee by,
(a) a panel of the Complaints Committee under subsection 26 (3) of the Health Professions Procedural Code; and
(b) the Executive Committee under section 79.1 of the Code.
(2) The chair of the Committee shall establish a panel from among the members of the Committee for the purpose of considering a matter referred to in subsection (1).
(3) The chair of the Committee shall appoint a mediator to attempt to resolve the matter.
(4) If the mediator is unable to resolve the matter within 90 days after being appointed, the mediator shall report the failure to the chair without delay and provide the chair with a written report on the mediation.
(5) The chair shall give the member complained against a copy of the mediator’s report and a notice advising him or her of the right to make written submissions to the panel.
(6) The member shall be given at least 14 days after receipt of the mediator’s report and recommendations to make written submissions to the panel or to request an appearance before the panel to make oral submissions, or to do both.
(7) A member who requests an appearance shall be given a reasonable opportunity to make an appearance, but the panel may dispose of the matter without such appearance if the member has been given a reasonable opportunity to appear.
(8) If the mediation concerns a matter referred by the Complaints Committee, the chair shall give the complainant a copy of the mediator’s report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART IX
INSPECTION OF DRUG PREPARATION PREMISES

TEMPORAL APPLICATION

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

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

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

INTERPRETATION

53. (1) In this Part,

“designated member” means,

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

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

“drug” means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of “drug” in subsection 1(1) of the Drug and Pharmacies Regulation Act, but does not include,
(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or

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

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

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

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

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

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

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

“supervise” means to supervise either directly or indirectly.

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

INSPECTION

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

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

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.

2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member’s practice with respect to the drug preparation activities at or in connection with the drug preparation premises.

3. Inquiries or questions to be answered by the member that are relevant to the member’s practice with respect to the drug preparation activities at or in connection with the drug preparation premises.

4. Direct observation of a member in his or her practice with respect to drug preparation activities at or in connection with the drug preparation premises.

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

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

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

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

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

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

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

(2) Where a member has provided notice in writing to the College in accordance with subsection (1) and the drug preparation premises have not passed an inspection or passed an inspection with conditions within the previous five years, the College shall ensure that an inspection of the drug preparation premises is performed within 60 days from the day that the College receives the member’s notice or 150 days from the day this Part comes into force, whichever is later.
(3) A member who engages in or supervises drug preparation activities at or in connection with a drug preparation premises as of the day that is 30 days from the day this Part comes into force shall give notice in writing to the College in accordance with subsection (5) within 90 days from the day this Part comes into force.

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

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

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if he or she is not the member who is required to give notice under this section.

2. The full address of the drug preparation premises.

3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.

4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass or pass with conditions.
A member shall not engage in or supervise drug preparation activities at or in connection with drug preparation premises that pass an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection; or
(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass.

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

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

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.
2. Make a report and find that the drug preparation premises passed with conditions.
3. Make a report and find that the drug preparation premises passed the inspection.

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

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

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

PART X
FUNDING FOR THERAPY AND COUNSELLING

61. In this Part,
“member” includes a former member.

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

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

(a) there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member;
(b) a member has been found guilty under the Criminal Code (Canada) of sexually assaulting the person while the person was a patient of the member;
(c) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by a member; or
(d) there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient, was sexually abused by a member.

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

1. Evidence of reports made with respect to the member under subsection 85.1 (1) or 85.2 (1) of the Health Professions Procedural Code.
2. Evidence that corroborates the person’s allegations of sexual abuse by the member.

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

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

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the person;
(b) the person adheres to the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding; and
(c) the person provides such other information as is required by the Patient Relations Committee.
(6) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member.

TABLES 1, 2 REVOKED: O. Reg. 452/16, s. 2.

SCHEDULE I
INJECTED SUBSTANCES

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

1. 8:00 Anti-infective Agents
   i. 8:18 Antivirals
      A. 8:18.08.04 HIV Entry and Fusion Inhibitors
         1. Enfuvirtide
      B. 8:18.20 Interferons
         1. Interferon Alfa-2b
         2. Peginterferon alfa-2a
         3. Peginterferon alfa-2b

2. 10:00 Antineoplastic Agents
   1. Goserelin
   2. Leuprolide
   3. Methotrexate

3. 12:00 Autonomic Drugs
   i. 12:12 Sympathomimetic (Adrenergic) Agents
      A. 12:12.12 Alpha- and Beta-Adrenergic Agonists
         1. Scopolamine
         2. Hyoscine
         3. Glycopyrrolate
         4. Epinephrine
   4. 20:00 Blood Formation and Coagulation
      i. 20:04 Antianemia Drugs
         A. 20:04.04 Iron Preparations
            1. Iron
      ii. 20:12 Coagulants and Anticoagulants
         A. 20:12.04 Anticoagulants
            1. Dalteparin
            2. Danaparoid
            3. Enoxaparin
            4. Fondaparinux
            5. Heparin
            6. Nadroparin
            7. Tinzaparin
      iii. 20:16 Hematopoietic Agents
            1. Ancestim
            2. Darbepoetin alfa
3. Epoetin alfa
4. Filgrastim
5. Pegfilgrastim
6. Romiplostim

5. 28:00 Central Nervous System Agents
   i. 28:08 Analgesics and Antipyretics
      A. 28:08.08 Opiate Agonists
         1. Codeine
         2. Hydromorphone
         3. Meperidine
         4. Morphine
      B. 28:08.12 Opiate Partial Agonists
         1. Nalbuphine
         2. Pentazocine

   ii. 28:16 Psychotherapeutic Agents
      A. 28:16.08 Antipsychotics
         1. Haloperidol
         2. Methotrimeprazine

   iii. 28:32 Antimigraine Agents
      A. 28:32.28 Selective Serotonin Agonists
         1. Sumatriptan

6. 40:00 Electrolytic, Caloric, and Water Balance
   i. 40:12 Replacement Preparations
      1. Normal saline

7. 48:00 Respiratory Tract Agents
   i. 48:92 Respiratory Tract Agents, Miscellaneous
      1. Omalizumab

8. 56:00 Gastrointestinal Drugs
   i. 56:22 Antiemetics
      A. 56:22.08 Antihistamines
         1. Dimenhydrinate
         2. Prochlorperazine
      ii. 56:32 Prokinetic Agents
         1. Metoclopramide
      iii. 56:92 GI Drugs, Miscellaneous
         1. Certolizumab Pegol
         2. Methylnaltrexone

9. 64:00 Heavy Metal Antagonists
   1. Deferoxamine

10. 68:00 Hormones and Synthetic Substitutes
    i. 68:18 Gonadotropins
       1. Follitropin-alpha
2. Follitropin-beta  
3. Gonadotropin-chorionic  
4. Gonadotropin-chorionic-alfa  
5. Gonadotropin-human  
6. Lutropin-alfa  
7. Menotropins  
8. Urofollitropin  

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

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

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

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

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

vii. 68:32 Progestins  
1. Medroxyprogesterone  

11. 88:00 Vitamins  
 i. 88:08 Vitamin B Complex  
1. Cyanocobalamin  
2. Folic Acid  
3. Methylcobalamin  
4. Pyridoxine  
5. Thiamine  
 ii. 88:12 Vitamin C  
1. Ascorbic Acid  
 iii. 88:24 Vitamin K Activity  
1. Vitamin K  

12. 92:00 Miscellaneous Therapeutic Agents  
 i. 92:12 Antidotes  
1. Leucovorin  
 ii. 92:20 Biologic Response Modifiers
1. Denosumab  
2. Glatiramer  
3. Interferon-Beta-1A  
4. Interferon-Beta-1B  
5. Natalizumab  

iii. 92:36 Disease-modifying Antirheumatic Drugs  
1. Abatacept  
2. Adalimumab  
3. Anakinra  
4. Etanercept  
5. Gold Sodium Thiomalate  
6. Golimumab  
7. Ustekinumab  

iv. 92:40 Gonadotropin-releasing Hormone Antagonists  
1. Cetrorelix  
2. Ganirelix  

v. 92:92 Other Miscellaneous Therapeutic Agents  
1. Octreotide  

13. Miscellaneous  
1. Sterile Water for Injection (Diluent)  

SCHEDULE 2  
INHALED SUBSTANCES  
(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)  

1. 8:00 Anti-infective Agents  
   i. 8:18 Antivirals  
      A. 8:18.28 Neuraminidase Inhibitors  
         1. Zanamivir  
   ii. 8:12 Antibacterials  
      A. 8:12.07.16 Monobactams  
         1. Tobramycin  
         2. Aztreonam  

2. 12:00 Autonomic Drugs  
   i. 12:08 Anticholinergic Agents  
      A. 12:12.08 Antimuscarinics/Antispasmodics  
         1. Ipratropium  
         2. Tiotropium  
   ii. 12:12 Sympathomimetic (Adrenergic) Agents  
      A. 12:12.08.12 Selective Beta2-Adrenergic Agonists  
         1. Fenoterol  
         2. Formoterol  
         3. Salbutamol
4. Salmeterol
5. Terbutaline

iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents
   1. Dihyroergotamine

iv. 12:92 Autonomic Drugs, Miscellaneous
   1. Nicotine

3. 28:00 Central Nervous System Agents
   i. 28:08 Analgesics and Antipyretics
      A. 28:08.12 Opiate Partial Agonists
         1. Butorphanol
   ii. 28:32 Antimigraine Agents
       A. 28:32.28 Selective Serotonin Agonists
          1. Sumatriptan
          2. Zolmitriptan

4. 40:00 Electrolytic, Caloric, and Water Balance
   i. 40:12 Replacement Preparations
      1. Sodium chloride

5. 48:00 Respiratory Tract Agents
   i. 48:24 Mucolytic Agents
      1. Dornase alfa

6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations
   i. 52:02 Antiallergic Agents
      1. Sodium Cromoglycate
      2. Levocabastine
   ii. 52:08 Anti-inflammatory Agents
       A. 52:08.08 Corticosteroids
          1. Beclomethasone
          2. Budesonide
          3. Ciclesonide
          4. Flunisolide
          5. Fluticasone
          6. Mometasone
          7. Triamcinolone
   iii. 52:32 Vasoconstrictors
      1. Oxymetazoline
      2. Phenylephrine
      3. Xylometazoline

7. 68:00 Hormones and Synthetic Substitutes
   i. 68:18 Gonadotropins
      1. Buserelin
      2. Nafarelin
ii. 68:24 Parathyroid
   1. Calcitonin Salmon

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

8. 92:00 Miscellaneous Therapeutic Agents
   i. 92:12 Antidotes
      1. Acetylcysteine

SCHEDULE 3
VACCINES

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

SCHEDULE 4
LIST OF MINOR AILMENTS AND CORRESPONDING DRUG CATEGORIES
(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>AHFS CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Urinary tract infection (uncomplicated)</td>
<td>Anti-infective Agents: Antibacterials, Sulfonamides (8:12.20)</td>
</tr>
<tr>
<td></td>
<td>Anti-infective Agents: Urinary Anti-infectives (8:36)</td>
</tr>
<tr>
<td>2. Dermatitis (atopic/eczema, allergic and contact)</td>
<td>Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)</td>
</tr>
<tr>
<td>3. Insect bites and urticaria</td>
<td>Erythromycins (8.12.04)</td>
</tr>
<tr>
<td></td>
<td>Other Macrolides (8.12.92)</td>
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<td>Eye, Ear, Nose, and Throat Preparations: Anti-infectives, Antibacterials (52:04.04)</td>
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Briefing Note – Registrar – Approval of Mandatory Education Objectives for Prescribing for Minor Ailments
FOR DECISION X FOR INFORMATION

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Educational requirements for minor ailments

ISSUE: Approval on the educational requirement under the General Regulation 202/94 of the Pharmacy Act, draft amendments to Part VII.3 (Controlled Acts) to authorize pharmacists to prescribe for minor ailments.

PUBLIC INTEREST RATIONALE: The Minister of Health has asked the College to submit regulations that would give pharmacists the authority to prescribe drugs for a select list of minor ailments. The College must define the appropriate educational requirements that optimize the knowledge and skills of pharmacists in support of performance of this act and overall delivery of safe, high quality patient care.

BACKGROUND:

Upon approval by the Board, and as directed by the Minister, the College is submitting draft regulations to authorize pharmacists to prescribe drugs for certain minor ailments by June 30, 2020. As proposed in the draft regulations (section 35 (4) g.) the Board will specify the educational requirements for registrants.

The Board is being asked to approve the educational requirement specifications prior to government approval of the draft regulation in order to allow the College to proceed with development of the education program to expedite implementation upon Royal Assent of the regulation.

With the exception of one province, all other pharmacy regulators with minor ailment programs in Canada include a mandatory education requirement. The type of education varies, with some provinces focusing on the regulations and requirements, such as Manitoba and New Brunswick and others which also include therapeutic content, such as Saskatchewan.

As with any change in practice or emerging practice issues, it is the pharmacy professional’s duty to obtain the knowledge, skills and judgment needed to competently provide any pharmacy service safely and effectively. This expectation is applicable to all services and is grounded in the Standards of Practice and Code of Ethics of the profession.

There are several instances in which the College has required specific education to support the profession in upholding the regulatory requirements. For example, specific education was mandated with the introduction of the Expanded Scope of Practice Orientation Manual in 2013, which focused on the requirements and expectations of new expanded scope regulations and again with the introduction of the Code of Ethics in 2017. In both cases, it was expected that all registrants would review specific educational materials and confirm (at annual renewal) that they understood the material and could apply the knowledge into practice. These education programs did not include therapeutic content.

Although rare in Ontario, pharmacists have been required to complete education that involved clinical aspects. In March 2018, the Board approved a recommendation made by the Cannabis
Task Force to mandate the completion of a course on cannabis, an entity that had not been approved through traditional Health Canada regulatory pathways, so that pharmacists could provide basic therapeutic guidance to patients.

**Summary of feedback received**

Through early consultations, it was identified that education would be important to support safe and consistent implementation of the regulatory changes. The majority of respondents through the registrant survey (71%) indicated that they would benefit from education focused on regulatory requirements and expectations. Through the public consultation, 21 pharmacist respondents felt that they were adequately qualified and competent to prescribe for minor ailments. There was recognition by student respondents that pharmacy universities have incorporated minor ailments in curricula and that they feel prepared and eager to apply their knowledge and skills. Similarly, feedback received through the open consultation from one pharmacy organization and two pharmacy associations recommended that an educational requirement should focus on the understanding and implementation of the draft regulations and not on the therapeutic aspects. Furthermore, it was noted by one pharmacy association that clinical continuing education programs for minor ailments has been available for several years when pharmacist prescribing for minor ailments was initially recommended in Ontario and introduced in other provinces.

Several respondents (31%) from the public commented that they felt confident their pharmacists had sufficient knowledge to prescribe for minor ailments. On the other hand, some members of the public during the early engagement and open consultation suggested it is difficult to ascertain if pharmacists receive education on competencies related to prescribing for minor ailments and that there is an opportunity to increase the public’s awareness should this be the case.

Additionally, there were eight members of the public, and three individuals identified as “other” who believed pharmacists do not have the resources and/or training to properly assess and rule out the presence of a more serious underlying condition. Two other health profession associations indicated it was important to set clear practice expectations and regulations so that pharmacists have the knowledge and expertise to prescribe in a safe and effective manner. One other health profession association also noted the education of pharmacists pertaining to assessing medical conditions is not comparable to physicians and suggested other safeguards, such as limited types of minor ailments and time-limited treatment, would be required.

**ANALYSIS:**

The draft regulations mandate that in order for a pharmacist to prescribe for minor ailments they must first complete education as specified by the Board. In considering how to implement prescribing for minor ailments safely, it is recommended that the required education serve as an orientation to the regulatory requirements and expectations to support pharmacists in applying the expanded scope in practice. There is recognition that pharmacists currently assess and recommend treatment for many minor conditions in practice and refer to other healthcare providers when deemed necessary. Given that clinical education for minor ailment prescribing has been available for an extended period in both university curricula and continuing education programs, the College is confident the majority of pharmacists have the clinical competence to prescribe for minor ailments. As with any patient care activity, pharmacists are expected to ensure they have the knowledge, skills, and judgment before providing the service, and therefore those pharmacists that require further clinical knowledge related to minor ailments are expected to acquire it before engaging in this care activity. Further, the College will work with stakeholders and partners including other health professionals such as physicians, to facilitate development of treatment guidelines and algorithms that pharmacists will be expected to utilize for each minor ailment to support a consistent approach grounded in evidence and best practice across the profession.
In keeping with the College’s public protection mandate, it is recommended that the objective and intent of the specified education that has been included in the draft regulations be stated as follows:

- To ensure pharmacists understand their ethical, legal and professional obligations in regards to prescribing for minor ailments and to safely engage in minor ailment prescribing while meeting the standards of practice and providing quality care.

It is also recommended that the duration of the education not exceed two hours and that it be available at no cost. Further, as the new activity of prescribing for minor ailments involves the application of new regulations and standards, the education is recommended to be a requirement for all Part A pharmacists. Similar to other jurisprudence requirements, it is important for all pharmacists to be informed of the expectations and how to apply them in practice.

While other pieces of legislation, such as the Public Hospitals Act, may impact the ability of some pharmacists to practice to the full extent of this new authority at this time, the regulations apply to the profession as a whole and are not specific to areas of practice.

Additionally, while the regulation specifies the education must be completed prior to engaging in prescribing for minor ailments, it is recommended that all other pharmacists be required to complete the education within one year of its availability. A tracking mechanism will be determined and communicated to registrants.

**RECOMMENDATION:**

It is recommended that the Board approve the following:

- That all Part A pharmacists be required to complete mandatory education with the objective to have registrants understand the ethical, legal and professional obligations of prescribing while meeting the established standards of practice and, that the education be completed within one year of its availability and before engaging in any prescribing for minor ailments, subject to approval of the amendments to General Regulation 202/94 of the Pharmacy Act, Part VII.3 (Controlled Acts) Section 35 (4) g.

**NEXT STEPS:**

If approved, College staff will develop educational content and establish a process for implementation of the requirement, to take effect upon, or soon after government approval of the regulation.
COUNCIL BRIEFING NOTE
MEETING DATE: JUNE 2020

FOR DECISION FOR INFORMATION X

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Registrar’s Report to June 2020 Council

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

BACKGROUND: I respectfully submit a report on the activities that have taken place since the March 2020 Board Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the Chair and Vice Chair, 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 Board’s strategic plan and directional policies.

Strategic Priorities Progress Update

A key part of the Registrar’s duties are to regularly provide an update to the Board on the College’s Operational Plan. I am pleased to present the Q1 2020 scorecard (Attachment 1) for your review which provides a snapshot of the performance of the College against the established objectives for the 2019-2021 strategic plan. Included on the Q1 scorecard is new information that reflects revised targets associated with previously agreed performance measures as a result of the COVID-19 pandemic as well as new measures directly associated with College pandemic-related activity. The scorecard information is further supported by the Definitions document (Attachment 2) and a Summary / Improvement Strategies against the plan (Attachment 3).

This new information reflects a considerable amount of time and effort by the College’s management team to assess the impact of the pandemic on College operations and associated performance targets. The pandemic has had significant impact on College operational activity including a move to virtual meetings, suspended site and registrant assessments, delayed examinations, cancelled business meetings/conferences/training events and the accelerated Board/Committee remuneration. This in turn will impact on the College’s financial position.

Accordingly, following the close of the second-quarter financials, a revised financial forecast for 2020 will be prepared for consideration by the Finance and Audit Committee (FAC) in August. The revised operational targets and financial forecast along with other factors such as a likely negative Consumer Price Index (CPI) for the year will be incorporated into the operational plan for 2021 to be considered by the Board in September, and then again in the 2021 budget to come forward in December.
Regulatory role and response to the COVID-19 pandemic

While the pandemic response report is largely operational in nature, College staff felt it was important for the Board to gain an understanding of the impact that COVID-19 has had on operational activity.

Pharmacy professionals are on the frontlines of the current pandemic and are a vitally important part of the health system’s response to this unprecedented public health crisis. Upon the declaration of the provincial state of emergency, the College shifted its focus to support the profession’s response to the pandemic in line with its legislated role and its duty as a regulator committed to protecting the interests, health and wellbeing of the public. At the same time, the College considered and acted on its responsibilities as an employer to ensure the safety and wellbeing of our staff, visitors and others who work for, or on behalf of, the College.

Thus, the College’s overall pandemic response has focused on:

- Supporting the profession to provide quality, safe and ethical care to the public through system collaboration
- Supporting safety and morale of the profession through appropriate communication
- Maintaining College operations and being a responsible employer
- Temporarily adjusting regulatory programs while maintaining key statutory obligations

Below are highlights of some activities that were initiated in response to the pandemic and the work that is still underway as this situation continues to evolve.

**Integrated Pandemic Response Structure:**

The College closely monitored the rapidly evolving concerns regarding the novel coronavirus in the early weeks of January and had already recognized the need to have a plan in place to support the College’s readiness for a pandemic. Once the COVID-19 public health emergency was declared in Ontario in March, the College was ready to act and immediately activated its Pandemic Response Plan.

This included the establishment of an organizational emergency response structure involving daily leadership team meetings (Pandemic Planning Leadership Team), frequent meetings with internal teams and with various other organizations, regular participation in daily teleconferences with the Ministry and frequent internal coordination involving staff from various departments and disciplines (Pandemic Advisory Committee), and bi-weekly staff Town Halls. This structure remains important as it has allowed the organization to maintain awareness of key issues related to the health system, employers and the profession, positioning the College well to respond in an appropriate and timely manner.

In addition, the College continues to use a collaborative approach to the development of policies and guidance, convening cross-sector, multi-stakeholder discussions as necessary to address issues related to the pandemic.

**Stakeholder Collaboration:**

**Ministry/Government Activities** College staff have been attending daily calls with the Ministry of Health – Health System Emergency Management Branch and receiving daily situational reports in order to stay informed on the current data and issues relevant to health regulation and pharmacy. The College will continue to use these updates to inform specific practice, policy and communication priorities with registrants and the public, complementing information that is communicated from the Ministry, public health leaders and/or other health system stakeholders.

The College has also corresponded with the government on the need for pharmacy professionals to have access to personal protective equipment as essential healthcare workers and the importance of
recognizing pharmacy staff for their contributions throughout the system, whether they work in hospital, community or long-term care. This correspondence is found in the attachments to my report. (Attachments 4 & 5)

Association Engagement
Recognizing the need to collaborate and coordinate efforts aimed at supporting pharmacy’s response to the pandemic, the College initiated regular meetings with several organizations including professional pharmacy, medicine and nursing associations, as well as issue based meetings as appropriate with other health system partners, such as the Ontario Hospital Association. From these conversations, the College and its partners have been able to disseminate key resources developed by various organizations and jointly contribute to or advise on specific guidance materials for the profession. These discussions have also served as a monitoring mechanism for emerging issues or risks to patient safety which have been further used to help inform the College’s overall approach.

The College is looking to maintain these collaborative relationships as the pandemic emergency evolves over time. A special recognition is extended to the Ontario Pharmacists Association, Canadian Society of Hospital Pharmacists, Canadian Pharmacists Association and Neighbourhood Pharmacies Association of Canada for enabling wide, ungated access to relevant COVID-19 resources each has developed for the profession.

Regulatory Organizations
The College continues to collaborate with other pharmacy regulators and participates in weekly videoconference meetings which have been hosted by the National Association of Pharmacy Regulatory Authorities (NAPRA) to discuss the most recent news surrounding COVID-19 and its impacts on the pharmacy profession. NAPRA also attends regular meetings with pan-Canadian stakeholders on behalf of the Pharmacy Regulatory Authorities and has established a web portal for its members to share updates and practice or policy related resources. These efforts have reduced the burden of work on each regulator by sharing available resources that can be adapted for the unique needs of each provincial jurisdiction and developing consistent national messaging when necessary.

The Health Profession Regulators of Ontario (HPRO) have been meeting regularly during the course of the pandemic to discuss common issues and management strategies. The Health Workforce Regulatory Oversight branch of the Ministry has also utilized these meetings to provide information and to consult with the provincial health regulators about workforce issues affecting all of the health professions. As well, the College has had several discussions with the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO) to address shared issues and, where appropriate, develop joint communication to our registrants to promote coordinated and consistent team based care for patients.

Pharmacy Practice/COVID-19 Guidance:

As noted above, throughout the pandemic the College has utilized a collaborative approach to supporting the profession and identifying the levers available to a regulator within its mandate to assist, as other organizations also ramped up their respective pandemic response efforts. The following principles have applied to this work:

- Government and public health should be and remain the most up to date, reliable and accurate sources of information for health professionals and the public regarding COVID-19
- The College has a defined role specific to its legislated mandate and objects which guides decisions it makes related to practice and policy priorities and communication within its public-protection responsibilities
- Collaboration with health system partners, including active partnership on joint practice-related resources and sharing of each other’s materials, is critical to supporting healthcare professionals
- Regular, nimble and concise information during a time of crisis is important to help audiences gain timely access to tools and resources and minimize information overload from various sources as the pandemic evolves
In line with these principles, the following key practice priorities have been addressed through the College’s COVID-19 response activities:

- **Amending regulations to enable timely access to care**
  The Board approved the proposed regulation amendments needed to enable implementation of the Health Canada Section 56 Exemption under the *Controlled Drugs and Substances Act* (CDSA) permitting pharmacists to transfer, refill, renew and adapt controlled substances prescriptions, which were then promptly approved by the provincial government. The College acted quickly to develop the necessary guidance resources to support the implementation of these temporary amendments within practice. Communication of the changes was coordinated with the CPSO and CNO as their registrants were also impacted by the Section 56 Exemption.

- **Developing, informing and updating practice guidance and policies**
  The College has developed and updated practice policy and guidance resources related to the emerging and unique issues associated with providing patient care during the COVID-19 pandemic. Select policies were updated as were several practice fact sheets such as those related to central fill and the validation of prescriptions for controlled substances, to provide further clarity for registrants. To date, the College has updated or introduced nine fact sheets, four practice tools and policies, eight guidance and general resource materials and two guidelines to support the profession to provide safe, quality care as it responds to the unprecedented demands and pressures due to the pandemic.

- **Addressing barriers to effective continuity of care**
  As challenges in practice were identified, the College worked to remove regulatory barriers where appropriate by adapting practice policies and providing guidance to registrants so that they were able to provide the necessary pharmacy services to support their patients. For example, as primary care specialists and physicians began working from home without access to the usual forms of communication with pharmacies, College staff promptly collaborated with various stakeholders including associations, such as OMA and OPA, and other regulators, such as CPSO, to develop a practical solution by enabling and permitting the use of unconventional communication methods between prescribers and pharmacies to ensure continuity of care for patients while maintaining a commitment to the protection of personal health information.

- **Monitoring and responding to inquiries and emerging priorities**
  College staff established daily meetings and frequent stakeholder discussions to track issues related to COVID-19 in order to support prompt and effective communication to registrants. Staff also tracked and categorized inquiries from the public and registrants in order to identify where there was the greatest need for clarity and to pinpoint issues that might require specific resources or messaging through established communication channels. Some examples included reinforcing the ability of pharmacy professionals to apply their professional judgement when providing care in an emergency situation or when dispensing medications while considering the risk of drug shortages during the pandemic.

- **Maximizing its communication channels**
  From the start of the emergency the College quickly amended its communication tools to focus on timely COVID-19-related information and practice communication. A dedicated and prominent webpage is updated frequently and includes information on the latest updates and resources developed by the College as well as updates and links to resources from other organizations. It has been the single most visited page on the site over the past five months. Social media posts targeting registrants and the public have generated hundreds of thousands of impressions, with posts on Facebook and LinkedIn in particular eclipsing the average monthly impressions for those channels based solely on COVID-19 related content. And a total of 25 e-newsletters have been deployed since late January with a heavy focus on COVID-19 related content, attracting a higher than average open rate from approximately 31,000 subscribers.
College Operations:

Responding to the pandemic as a responsible employer
Since the start of the pandemic, the College has been focused on ensuring that its staff are informed, engaged and effectively utilized to satisfy our critical regulatory obligations to protect the public in a manner that maintains their health and safety. We have used various means to communicate with staff, from establishing a dedicated section on the intranet to regular email notifications, employee surveys and virtual town halls. Every effort has been made to ensure staff have what they need to keep them safe, maintain their ability to mentally cope and to remain productive on key organizational priorities.

Teleworking and access to OCP offices
Given the well-established teleworking infrastructure already in place at the College we have been able to respond quickly to public health directives on restricted travel. Prior to the pandemic, 92.5% of staff were already equipped to work from home. For the few staff who were designated as office workers, equipment has been provided to enable them to work from home effectively and efficiently for an unspecified duration.

New/updated technological tools have been implemented as required and updated/new human resources policies put in place to support a productive workforce. Mental health resources have been identified and made available to help staff cope with their personal stress and those of their families and loved ones. In addition, resources and training have been provided to assist staff in dealing with an increase in difficult callers due to heightened emotions.

Along with the directive for staff to work from home, the decision was taken to restrict the number of employees in the office at any time and to reduce the hours for which the office was open to the public. This rendered the physical office facilities effectively closed to nearly all staff and visitors except to receive deliveries or for maintenance and security purposes. Strict cleaning and hygiene protocols are in place for the few staff and visitors that attend the office. In addition, the College maintains a record of all staff and visitors attending the office on any one day, facilitating contact tracing in the event of a positive COVID-19 test.

Adjusting Operational Plan and redeployment of staff
In considering that the public health measures in place have impacted not just College staff but the pharmacy profession, and that pharmacy services as well as our regulatory role were deemed essential services, the College examined which of its processes could continue and how. While much of the operations could continue without interruption or with minor adjustments, activities that involve face-to-face meetings/interactions required reconsideration (see Regulatory Programs,). Facility and registrant assessments have been particularly impacted as have the multitude of Committee meetings and hearings conducted to support our adjudicatory functions.

Utilizing an internal redeployment system, several staff have been temporarily reassigned to help in other areas where demand remained constant or even increased as a result of the pandemic. For example, there has been a significant surge in the number of public and professional inquires for which the assessment team’s expertise could be readily applied. Other staff have been engaged in helping with work to support Intakes and Investigations teams to clear backlogs of archives and to assist with other work to advance strategic objectives.

As reported previously, a concerted effort has been made to review and adjust performance targets and project milestones to predict the impact to organization goals based on various scenarios. Those revised targets are based on assumptions for resumption of activity levels, either as previously practiced or with altered approaches at various times over the next six months.
As the province gradually implements its reopening framework, the College is also finalizing its own framework to return to the office and resume activities impacted by the restrictions, while also recognizing that “business as usual” will not be possible until such time that a vaccine and safe/effective treatment options are available. These plans will keep the health and safety of staff as well as those who work on behalf of the College top of mind, with a significant focus on in-office measures and a widened adoption of virtual formats to facilitate meetings and activities normally conducted in person.

**Governance and Financial**

While the by-law amendments were approved in March to enable the governance reform initiatives to proceed, due to the pandemic a further by-law amendment approved by the Board in April permitted the College to defer the election of a new Board until such time as it is practical to proceed. In considering the by-law in March and in recognition that Board and Committee members would not receive any compensation for attending to College business through virtual meetings, the new remuneration framework for Board and Committees was approved to become effective in March. Based on preliminary calculations, the additional costs associated with honoraria for meeting attendance, preparation, deliberation and decision writing will be substantially offset by a reduction in travel and catering costs.

Other financial actions and decisions taken directly as a result of the pandemic include: 1) deferral of the pharmacy renewal deadlines from May 10 to June 30, 2020; 2) waiving reinstatement fees for former registrants reentering the profession to support the human resource demands created by the pandemic; 3) application and receipt of the employer temporary wage subsidy of $25,000 (total available); and 4) a reduction in benefit premiums of $27,000 (for April and May) due to limited access to health services. We will continue to monitor financial supports and communicate with the benefits provider to take advantage of any available financial relief.

As noted above under the Strategic Priorities Progress Report, a mid-year financial re-evaluation will be undertaken to assess the projected impact on full-year operations.

**Regulatory Programs:**

**Registrant Competence and Pharmacy Practice**

In the interests of ensuring pharmacy resources could be focused on critical frontline patient care activities and protecting the health and wellbeing of staff and volunteers, the College made the difficult but necessary decision in mid-March to temporarily suspend all on-site assessments, including quality assurance practice assessments of pharmacists and pharmacy technicians, entry-to-practice assessments (PACE for international pharmacy graduates and , SPT for pharmacy technicians), and operational assessments of community pharmacies, hospitals and drug preparation premises. Additionally, the College provided notice that the Jurisprudence exam would be postponed until further notice.

In addition to the postponement of these College activities, the Pharmacy Examining Board of Canada (PEBC) likewise made the difficult decision to cancel their spring sittings of the entry-to-practice examinations for pharmacists and pharmacy technicians, which impacted all new graduates in particular (Attachment 6).

The College recognizes the significant impact of registration delays on individuals who are entering the profession, and has had discussions with the University and College programs for pharmacists and pharmacy technicians respectively to fully understand the impact on new graduates. As such, the College and the PEBC have developed a plan to reintroduce all of these exams by late summer and through the fall, by accelerating the development and use of computer-based testing with remote proctoring. While in early stages of development, the College is also exploring the use of technology to complete competence assessments of individuals virtually.
Pharmacy operations advisors, although primarily redeployed to other activities, have continued to monitor activity in the practice environment and have been available to respond to questions from their respective pharmacy or hospital contacts. Additionally, assessments associated with new openings and acquisitions have continued through the use of a virtual assessment model which had been implemented prior to the pandemic. The College’s experience with this assessment approach has allowed staff to also consider expansion of this model in order to complete operational assessments during the pandemic while considering the demands on the profession.

**Workforce Capacity**

Due to the nature of a pandemic, the College has been acutely aware of the need for a sufficient supply of qualified pharmacy professionals to meet the increased demand for patient care. As an immediate response, the College worked quickly, within our existing regulatory authority, to enable qualified pharmacy professionals who have resigned within the past three years or who do not currently provide patient care (Part B of the register) with a pathway to return to practice, and to encourage applicants in other registration categories to work to the fullest extent of their current scope (e.g. as pharmacy students, interns).

While there is no evidence of a workforce shortage at this time, should a need for additional pharmacy personnel be identified, the College would work with the Ministry to establish emergency registration of pharmacy interns such that they could work independently in a community pharmacy. In order to assess this need, development of a pharmacy survey on workforce capacity needs and current and potential workforce/pandemic-related practice challenges is underway.

**Virtual Discipline Committee Hearings and ICRC Meetings**

Discipline Committee hearings are generally held in-person at the College offices. A total of seven hearings scheduled for March and April were either postponed or adjourned because of the pandemic.

The Discipline Committee’s Rules of Procedure (and the recent *Hearings in Tribunal Proceedings (Temporary Measures) Act*), authorize the Committee to conduct proceedings electronically and/or in writing. To support this conversion, College staff have worked to ensure that the technology and processes are in place to support the needs of the panels and parties during hearings. In addition, the Committee is releasing a practice Direction in May addressing virtual proceedings, including procedures and scheduling criteria. Consideration is also being given to ensuring that hearings remain open to the public to the extent possible.

Pre-hearing conferences (PHCs) are continuing via teleconference, including several originally scheduled as “in-person” meetings: 29 PHCs were held electronically between March 15 and April 30. The first videoconference uncontested hearing was successfully conducted on April 23, and preparation and training for Discipline Committee members is underway in advance of the first virtual contested hearings. Previously cancelled or adjourned hearings are being rescheduled on a priority basis, and newer referrals are also being scheduled as virtual hearings over the upcoming months. Meanwhile, negotiations and document drafting activities continue to proceed via phone and email.

The Inquiries, Complaints and Reports Committee (ICRC) began conducting its meetings by videoconference on March 31, 2020. The conversion from “in-person” format, though resulting in shorter meeting times, has been successful. Oral cautions have been placed on hold, as they are normally held “in-person”; however, alternative formats for conducting oral cautions are being considered.

**Conduct – Investigations**

Due to the pandemic, College Investigators have been unable to conduct site visits or in-person interviews since mid-March. Investigators are using alternative means, where possible, to complete their investigations. However, some investigations may be delayed until such time as the decision is made for investigators to again attend pharmacies.
Conduct – Compliance Monitoring
Members who are required by the Discipline Committee or ICRC to complete remediation programs often attend in-person courses as part of their remediation. While pandemic measures are in place, a number of courses are being offered online and where appropriate, the College is permitting members to complete courses in this manner.

Summary of COVID-19 response to date:
Despite the unprecedented nature of the pandemic, the College and its staff have been fully committed to its legislated mandate and professional role in contributing to a system-wide effort in response to the unique challenges that the healthcare system and pharmacy profession have faced over the past several months. In doing so, it has:

- Used resources responsibly while redirecting its efforts on the COVID-19 response
- Maintained focus on our regulatory responsibilities and commitment to protecting the public while considering the pressures faced by the profession
- Respected our duty as an employer
- Collaborated broadly with stakeholders to update and make available various resources to support pharmacy professionals to provide safe, quality and ethical care
- Acknowledged the invaluable role of pharmacy and the efforts of pharmacy professionals during a time a crisis

As part of a broader organizational effort, College staff are now identifying additional areas for further support in anticipation of a potential second wave of the pandemic this fall and will consider insights gained and lessons learned from the experience of the past several months to inform these preparation efforts. Ongoing collaboration with health system and pharmacy partners will be critical to this work as will the adoption of alternative forms of delivery of several of our regulatory programs.

Strategic Initiatives

Community Practice Environment Initiative and Quality Indicators
The Community Practice Environment Initiative (as shared in an informational briefing note at the March 2020 Council meeting) and the development of Provider Experience & Engagement Quality Indicators relies on the active participation of registrants as members of Advisory/Working Groups and through broad stakeholder engagement activities. In recognition of the pressures community pharmacy professionals are experiencing due to COVID-19 and in response to stakeholder requests, the College has postponed the first meeting of the Community Practice Environment Advisory Group until fall 2020. Since these initiatives are linked, the Provider Experience & Engagement Quality Indicators Working Group will also commence their work in the fall. However, the College also recognizes the need for this work to proceed in tandem with implementation of further expansion of scope in order to support a positive practice environment for community pharmacy professionals.

In the meantime, work will move forward this summer on engaging pharmacy patients and caregivers to learn about their experiences accessing pharmacy services within the community practice environment and to validate the Patient-Reported Experience Measures identified by the Quality Indicator Expert Panel.

Assurance and Improvement in Medication Safety (AIMS)
With implementation of the AIMS program complete across all community pharmacies, the College has been focused on monitoring key performance indicators to identify areas to support meaningful use of the program. The College continues to collect feedback from pharmacy professionals to better understand barriers and facilitators to AIMS program adoption. Integration of the program components
into daily workflow and practice is a key program driver, however, the busy work environment coupled with the current pandemic has presented challenges in continuing active participation.

The Pharmacy Safety Self-Assessment (PSSA) has been piloted and will be implemented once the pandemic has passed and the pharmacy community resumes normal operations. Finally, the College was invited to present at a webinar on the Role of regulators in addressing the WHO Patient Safety Challenge organized by the International Pharmaceutical Federation (FIP). The webinar provided an opportunity for attendees to learn about the AIMS programs and the important role pharmacy professionals play in medication safety.

Other Items

NAPRA Board Meeting Update
On May 20, 2020 NAPRA held a short Board meeting to review the 2019 financial statements and appoint the Audit firm for 2020. The NAPRA Annual Members Meeting (AMM) which Laura and I will attend, is scheduled to be held virtually on June 23rd and there will be a Board of Directors meeting held following the AMM.

Health Professional Regulators of Ontario (HPRO)
At the HPRO Board of Directors meeting held on May 26, 2020 the Board had the opportunity to meet with Clint Shingler, MPA, Director, Health System Emergency Management Branch/Ministry’s Emergency Operations Centre (MEOC), regarding COVID-19 with a focus on the gradual resumption of health services that were considered non-essential. In light of the pandemic, HPRO will continue to facilitate information sharing amongst the Colleges. The priorities identified at the March 3rd meeting relating to the implementation of the Ministry’s College Performance Measurement Framework (CPMF) implementation and Governance will resume as the urgency of the pandemic subsides.

CCAPP Accreditation Visit at U of T
On March 1-4, 2020 I participated as an observer for the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accreditation visit at the Leslie Dan School of Pharmacy, U of T.

Areas covered during the visit included program evaluation, meeting with members responsible for experiential practice (team of faculty and staff) as well as curriculum management and educational outcomes, core curriculum development and delivery, teaching and learning processes. The final report was completed and delivered to UofT in April.

Hallman Director Announcement
Dr. Andrea Edginton has been named the next Hallman Director of the School of Pharmacy, University of Waterloo. Dr. Edginton will be Waterloo Pharmacy's third Hallman Director. She succeeds David Edwards, who has held the position since 2011. Her four-year appointment begins on January 1, 2021. (Attachment 7)

Canadian Pharmacist of the Year Announcement
Dr. Dave Edwards recently shared the news that University of Waterloo faculty member and OCP Professor in Pharmacy Innovation, Kelly Grindrod, PharmD (https://uwaterloo.ca/pharmacy/people-profiles/kelly-grindrod), has been named Canadian Pharmacist of the Year by the Canadian Pharmacists Association. Dr. Grindrod is well known to the College, given her work in the design and development of the Pharmacy 5in5 practice resource which the College supported and continues to promote as a valuable educational resource.
**Quarterly Scorecard - OCP Board of Directors - Q1 2020**

<table>
<thead>
<tr>
<th>No.</th>
<th>SP1</th>
<th>SP2</th>
<th>SP3</th>
<th>2019 Actual</th>
<th>Key Performance Indicators and Milestones</th>
<th>2020 Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
<th>Annual Target</th>
<th>Pandemic Impact</th>
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<td>*2020/2021 Board elected under new governance framework</td>
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<td>n/a</td>
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<td></td>
<td>12/30/20</td>
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<td>103/396 Number of complaints disposed within 150 days / total number disposed</td>
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<td>172 / 536</td>
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<td>38 / 102 Number of Registrar’s Inquiries disposed within 365 days / total number disposed</td>
<td>cumulative measure (YTD)</td>
<td>11 /24</td>
<td>56 / 134</td>
<td>62 / 134</td>
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<td>87% % HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)</td>
<td>cumulative measure (YTD)</td>
<td>83% (5/6)</td>
<td>75%</td>
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<td>84% % of decisions for uncontested hearings issued within 60 days (total # decisions/Total # hearings)</td>
<td>cumulative measure (YTD)</td>
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<td>46% % of Community pharmacies active on AIMS platform</td>
<td>cumulative measure (YTD)</td>
<td>22%</td>
<td>60%</td>
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<td>n/a *AIMS in hospital - implementation plan developed</td>
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<td>12/30/20</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>n/a *College resources in place to enable registrant uptake of expanded scope.</td>
<td>n/a</td>
<td>9/1/20</td>
<td></td>
<td></td>
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<td>n/a *Evaluate the New Practice Assessment Model</td>
<td>n/a</td>
<td>12/30/20</td>
<td>2021</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
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<td>✓</td>
<td>✓</td>
<td>n/a *Review and refine public register to conform to new transparency framework</td>
<td>n/a</td>
<td>9/30/20</td>
<td>11/30/20</td>
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<td>n/a *Implement the Indigenous Cultural Competency Initiative</td>
<td>n/a</td>
<td>12/4/20</td>
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<td>60% % Engagement drivers, organizational culture (subset)</td>
<td>Report in Q3 2020</td>
<td>70%</td>
<td></td>
<td>see #22</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>0.81% % variance of operating annual budget to year end actuals</td>
<td>Annual Report January 2021</td>
<td>within 5%</td>
<td>see #23</td>
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<td>n/a *Implement a Talent Management Strategy to support succession planning</td>
<td>n/a</td>
<td>6/30/20</td>
<td>10/9/20</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>19</td>
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<td></td>
<td>n/a *Discipline Costs Recovery - investigation costs incorporated</td>
<td>n/a</td>
<td>6/30/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>20</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a *Accelerated Board and Committee Remuneration &amp; Expenses Model/Policy/Framework</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>6/1/20</td>
<td></td>
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<tr>
<td>21</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a *Implement computer based testing for Jurisprudence exam</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>6/1/21</td>
<td>11/30/20</td>
<td></td>
<td></td>
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<tr>
<td>22</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a Measure employee engagement during pandemic - supplement to indicator #16</td>
<td>Report in Q3 2020</td>
<td>n/a</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>23</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>n/a % variance of actual to revised financial forecast - supplement to indicator #17</td>
<td>Annual Report January 2021</td>
<td>n/a</td>
<td>monitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a % of Conduct Intakes related to pandemic</td>
<td>7% (52/744)</td>
<td>7% (52/744)</td>
<td>n/a</td>
<td>monitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a % of Practice Inquiries related to pandemic</td>
<td>21% (207/987)</td>
<td>21% (207/987)</td>
<td>n/a</td>
<td>monitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>n/a Total # of notifications or pharmacy operational changes related to pandemic</td>
<td>620</td>
<td>620</td>
<td>n/a</td>
<td>monitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
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<td>✓</td>
<td></td>
<td>n/a Number of Practice guidance documents revised or developed due to pandemic</td>
<td>5</td>
<td>5</td>
<td>n/a</td>
<td>monitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>28</td>
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<td>✓</td>
<td></td>
<td>n/a *Discipline Committee direction, training and capacity in virtual proceedings completed</td>
<td>n/a</td>
<td>n/a</td>
<td>5/6/20</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Legend**

- **n/a** = not applicable
- * Indicates a project milestone
- Completed milestone

**SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice**

**SP2: Strengthen trust and confidence in the College’s role as a patients-first regulator**

**SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence**

**Governance and Strategic Measures**

- 2020/2021 Board elected under new governance framework
- 2020/2021 Committees operating under new governance framework
- Proactive Risk Register Developed for 2021

**Regulatory Measures**

- 26% % of Complaints disposed of within 150 days
- 103/396 Number of complaints disposed within 150 days / total number disposed
- 37% % of Registrar’s Inquiries disposed of within 365 days
- 38 / 102 Number of Registrar’s Inquiries disposed within 365 days / total number disposed
- 87% % HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)
- 84% % of decisions for uncontested hearings issued within 60 days (total # decisions/Total # hearings)
- 46% % of Community pharmacies active on AIMS platform
- *AIMS in hospital - implementation plan developed
- *College resources in place to enable registrant uptake of expanded scope.
- *Evaluate the New Practice Assessment Model
- *Review and refine public register to conform to new transparency framework
- *Implement the Indigenous Cultural Competency Initiative
- 60% % Engagement drivers, organizational culture (subset)
- 0.81% % variance of operating annual budget to year end actuals
- *Implement a Talent Management Strategy to support succession planning
- *Discipline Costs Recovery - investigation costs incorporated
- *Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework
- *Implement computer based testing for Jurisprudence exam
- Measure employee engagement during pandemic - supplement to indicator #16
- % variance of actual to revised financial forecast - supplement to indicator #17
- % of Conduct Intakes related to pandemic
- % of Practice Inquiries related to pandemic
- Total # of notifications or pharmacy operational changes related to pandemic
- Number of Practice guidance documents revised or developed due to pandemic
- *Discipline Committee direction, training and capacity in virtual proceedings completed
- 25% % variance of actual to revised financial forecast - supplement to indicator #17
- % of Conduct Intakes related to pandemic
- % of Practice Inquiries related to pandemic
- Total # of notifications or pharmacy operational changes related to pandemic
- Number of Practice guidance documents revised or developed due to pandemic
- *Discipline Committee direction, training and capacity in virtual proceedings completed
<table>
<thead>
<tr>
<th>Scorecard Measure</th>
<th>Indicator or Milestone Definition</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#1</strong> 2020/2021 Board elected under new governance framework</td>
<td>Part of the Governance Reform project, elections of members under the new governance framework is complete.</td>
<td><a href="#">On Track</a>, <a href="#">Potential Risk</a>, <a href="#">Risk/Roadblock</a></td>
</tr>
<tr>
<td><strong>#2</strong> 2020/2021 Committees operating under new governance framework</td>
<td>Part of the Governance Reform project, all committees are oriented and operating under the new governance framework.</td>
<td><a href="#">On Track</a>, <a href="#">Potential Risk</a>, <a href="#">Risk/Roadblock</a></td>
</tr>
<tr>
<td><strong>#3</strong> Proactive Risk Register Developed for 2021</td>
<td>As part of governance reform, the current process of staff presenting a retrospective risk report to the Board annually will be replaced with a proactive Risk Register with prioritized risks, along with impacts, mitigation strategies and success measures presented for Board consideration at the start of each year.</td>
<td><a href="#">On Track</a>, <a href="#">Potential Risk</a>, <a href="#">Risk/Roadblock</a></td>
</tr>
<tr>
<td><strong>#4</strong> % Complaints disposed within 150 days</td>
<td>The % of complaints compliant with the statutory requirement to dispose of complaints (including s. 75.1c Investigator appointments + complaints where Investigator is not required) within 150 days. The 150 days begins the date the complaint is “filed” and ends on the date the complaint is disposed of (decision mailed).</td>
<td>% performance is: <a href="#">29% or more</a>, <a href="#">24% – 28%</a>, <a href="#">23% or less</a></td>
</tr>
<tr>
<td><strong>#5</strong> Number of complaints disposed within 150 days/total number disposed</td>
<td>This indicator illustrates the volume of complaints represented in indicator #4 above, including those that exceed 150 days.</td>
<td></td>
</tr>
<tr>
<td><strong>#6</strong> % Registrar’s Inquiries disposed within 365 days</td>
<td>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).</td>
<td>% performance is: <a href="#">39% or more</a>, <a href="#">32% – 38%</a>, <a href="#">31% or less</a></td>
</tr>
<tr>
<td><strong>#7</strong> Number of Registrar’s Inquiries disposed within 365 days/total number disposed</td>
<td>This indicator illustrates the volumes of Registrar’s Inquiries represented in indicator #6 above, including those that exceed 365 days.</td>
<td></td>
</tr>
<tr>
<td><strong>#8</strong> % HPARB complaint decisions confirmed (# decisions confirmed/# HPARB decisions)</td>
<td>The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.</td>
<td>% performance is: <a href="#">67% or more</a>, <a href="#">56% – 66%</a>, <a href="#">55% or less</a></td>
</tr>
<tr>
<td><strong>#9</strong> % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)</td>
<td>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.</td>
<td>% performance is: <a href="#">65% or more</a>, <a href="#">54% – 64%</a>, <a href="#">53% or less</a></td>
</tr>
<tr>
<td>Scorecard Measure</td>
<td>Indicator or Milestone Definition</td>
<td>Performance</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **#10** | % of Community pharmacies active on AIMS platform | This indicator measures the % of community pharmacies who are actively recording incidents and near misses on the AIMS (Assurance & Improvement in Medication Safety) platform out of the pharmacies who have agreed to participate. | % performance is:  
- 54% or more  
- 45% - 53%  
- 44% or less |
| **#11** | AIMS in hospital – Implementation plan developed | Part of the AIMS in hospitals project, this milestone marks the completion of the implementation plan. | On Track  
Potential Risk  
Risk/Roadblock |
| **#12** | College resources in place to enable registrant uptake of expanded scope | Part of the Expanded Scope of Practice project, this milestone marks the readiness of resources needed to support the registrants’ implementation of expanded scope. | On Track  
Potential Risk  
Risk/Roadblock |
| **#13** | Evaluate the New Practice Assessment Model | This milestone evaluates the new practice assessment model to recommended improvements identified in the 2019 evaluation report. | On Track  
Potential Risk  
Risk/Roadblock |
| **#14** | Review and refine public register to conform to new transparency framework | This milestone confirms completion of a comprehensive review and recommendation for proposed information, display and functionality amendments to the Public Register in keeping with the Transparency Framework and AGRE transparency principles. | On Track  
Potential Risk  
Risk/Roadblock |
| **#15** | Implement the Indigenous Cultural Competency Initiative | This milestone marks the completion of the first phase of the Indigenous Cultural Competency initiative including the development of recommendations to define the organization’s Commitment to Act and ongoing implementation of education experiences for Board, staff and registrants. | On Track  
Potential Risk  
Risk/Roadblock |
| **#16** | % Engagement drivers, organizational culture (subset) | A pulse employee engagement survey will conducted by an external 3rd party in June. The indicator that will be focused on is Organizational Culture. Results from this survey will be available in July 2020. The target is set at the industry benchmark. | % performance is:  
- 63% or more  
- 52% - 62%  
- 51% or less |
| **#17** | % 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 |
| **#18** | Implement a Talent Management Strategy to support succession planning | The focus will be to ensure that we have the right talent in the right place at the right time. This will therefore focus on performance improvement, succession planning, and individual development. | On Track  
Potential Risk  
Risk/Roadblock |
| **#19** | Discipline Costs Recovery – Investigation costs incorporated | Part of the Discipline Cost Recovery Model project, this milestone reflects the incorporation of investigation costs into bills of cost for recovery collection orders. | On Track  
Potential Risk  
Risk/Roadblock |
<table>
<thead>
<tr>
<th>#20</th>
<th>Accelerated Board and Committee Remuneration &amp; Expenses Model/Policy/Framework</th>
<th>Part of the governance reform project, this millstone reflects the accelerated full implementation of the remuneration framework from Sept 2020 to March 2020.</th>
<th>On Track</th>
<th>Potential Risk</th>
<th>Risk/Roadblock</th>
</tr>
</thead>
<tbody>
<tr>
<td>#21</td>
<td>Implement computer based testing for Jurisprudence exam</td>
<td>This milestone marks the implementation of PC based remote testing to adhere to social distancing guidelines</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#22</td>
<td>Measure employee engagement during pandemic – supplement to indicator #16</td>
<td>This will measure how we are continuing to engage employees through the pandemic. We are aiming for a 70% score.</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#23</td>
<td>% variance of actual to revised financial forecast – supplement to indicator #17</td>
<td>This is a measure of the variance of actual operating expenses against a revised financial forecast.</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#24</td>
<td>% of Conduct Intakes related to pandemic</td>
<td>This indicator measures the impact of the pandemic on the volume of intakes received.</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#25</td>
<td>% of Practice Inquiries related to pandemic</td>
<td>This indicator measures the impact of the pandemic on the volume of inquiries received by Pharmacy Practice.</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#26</td>
<td>Total # of notifications of pharmacy operational changes related to pandemic</td>
<td>This indicator shows the total number of notifications to the College of pandemic related changes to pharmacy operations (changes are closures &amp; changes in business hours).</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#27</td>
<td>Number of Practice guidance documents revised or developed due to pandemic</td>
<td>This indicator shows the number of practice guidance documents that were developed or required revisions to support practice during to the pandemic (includes Policies, Guidelines, and Fact Sheets, Practice Tools, Position Statements, Resources and Guidance documents).</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>#28</td>
<td>Discipline Committee direction, training and capacity in virtual proceedings completed</td>
<td>This milestone marks the readiness for DC proceedings moving to a virtual platform.</td>
<td>On Track</td>
<td>Potential Risk</td>
<td>Risk/Roadblock</td>
</tr>
<tr>
<td>Scorecard Measure</td>
<td>Q1 2020 BOD Summary / Improvement Strategies</td>
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<tr>
<td>#1 *2020/2021 Board elected under new governance framework</td>
<td>At a special meeting held on April 22, the Board (Council) of the College approved an amendment to By-Law No.6 enabling the Registrar to delay the election if it would be impractical to hold. The Registrar has determined and the Executive Committee has consented to delay the 2020 Board election and all other timelines related to the election to take place no later than 120 days after Ontario’s state of emergency is lifted.</td>
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<tr>
<td>#2 *2020/2021 Committees operating under new governance framework</td>
<td>With the election delayed until the state of emergency is lifted so too are all other timelines related to the election. As a result, the committee composition will remain the same until the first Board meeting after the election.</td>
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<tr>
<td>#3 *Proactive Risk Register Developed for 2021</td>
<td>This project is proceeding as planned.</td>
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<tr>
<td>#4 % Complaints disposed within 150 days</td>
<td>A focus for this year is eliminating backlogs of older investigations and ICRC decisions. In Q1, 23% of complaints met timelines (vs. 32% target) due to large volume of backlog complaints issued, some case management delays, and some delays between ICRC listing and meeting dates. The team will continue to enhance case file management over remainder of 2020, and will be piloting an informal complaints resolution program in Q3.</td>
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<tr>
<td>#5 Number of complaints disposed within 150 days / total number disposed</td>
<td>In Q1, 24/106 complaints decisions were issued within 150 days. The focus on backlog clearance will increase the denominator underlying the percentage target, and therefore decrease the percentage itself.</td>
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<tr>
<td>#6 % Registrar’s Inquiries disposed within 365 days</td>
<td>In 2020, Investigators are on target to eliminate a large backlog of Registrar Inquiries (RIs). In Q1, the target 42% was exceeded by 4%, in part due to the assistance of a number of staff redeployed (due to the pandemic) to assist with investigative reports. The team will continue to enhance case file management over remainder of 2020, and will be piloting an RI non-investigative resolution program in Q3.</td>
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<tr>
<td>#7 Number of Registrar’s Inquiries disposed within 365 days / total number disposed</td>
<td>In Q1, 11/24 RI decisions were issued within 365 days. The focus on backlog clearance will increase the denominator underlying the percentage target, and therefore decrease the percentage itself until such time as the backlog is completely eliminated. Once the backlog is eliminated, the numerator will be impacted.</td>
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<tr>
<td>#8 % Health Professions Appeal and Review Board (HPARB) complaint decisions confirmed (# decisions confirmed / # HPARB decisions)</td>
<td>The first quarter is meeting target.</td>
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<td>#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)</td>
<td>The first quarter is meeting target. 126/145</td>
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<tr>
<td>#10</td>
<td>% of community pharmacies active on AIMS platform</td>
<td>Recording rates have declined compared to last year. Given the current pandemic and added pressure on the profession, the College expects a decrease in reporting, which has been noted in other jurisdictions as well. We will continue to monitor recording rates over 2020 and support medication safety by sharing key trends and recommendations through the AIMS Response Team.</td>
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<tr>
<td>#11</td>
<td>*AIMS in hospital - Implementation plan developed</td>
<td>We have been working with hospital stakeholders on an interoperability solution to avoid double entry with existing hospital requirements. Completion may be delayed due to the inaccessibility of stakeholders during the pandemic. Work to find an alternative solution, without the need for stakeholder engagement, continues and if successful will result in development of an implementation plan by December 2020. Otherwise, the completion date will be shifted to 2021.</td>
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<tr>
<td>#12</td>
<td>*College resources in place to enable registrant uptake of expanded scope.</td>
<td>This project is proceeding as planned.</td>
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<tr>
<td>#13</td>
<td>*Evaluate the New Practice Assessment Model</td>
<td>Due to the pandemic and interruption of on-site assessments, the inter-rater reliability project that forms the core of this evaluation has been suspended until on-site assessments resume sufficiently. The target date has been moved to 2021.</td>
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<td>#14</td>
<td>*Review and refine public register to conform to new transparency framework</td>
<td>Minimal change to timeline to accommodate pandemic communication priorities. Completion of review and preparation of recommendations will be complete in Q4. Potential changes will be considered for the balance of 2020 based on complexity; remaining changes to be reflected in the 2021 plan.</td>
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<tr>
<td>#15</td>
<td>*Implement the Indigenous Cultural Competency Initiative</td>
<td>No impacts on timelines. Scope refocused on enhanced jurisdictional scan and development of stakeholder outreach plan and posting of relevant web resources. Board/Committee/staff education deferred due to adopted pandemic measures.</td>
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<tr>
<td>#16</td>
<td>% Engagement drivers, organizational culture (subset)</td>
<td>Due to the pandemic we are planning a unique survey (see #23) with questions to measure staff engagement during this difficult time. Included in that survey will be reframed culture questions which will provide a relative comparison to the 2019 engagement scores.</td>
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<tr>
<td>#17</td>
<td>% variance of operating annual budget to year end actuals</td>
<td>Results will be available for Q4 reporting, along with variance against a revised financial forecast to be developed after Q2 financial results are analyzed.</td>
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<tr>
<td>#18</td>
<td>*Implement a Talent Management Strategy to support succession planning</td>
<td>Effort related to the talent management strategy will be deferred as the Pandemic response required significant Human Resource support.</td>
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<tr>
<td>#19</td>
<td>Discipline Costs Recovery - Investigation costs incorporated</td>
<td>This project is proceeding as planned.</td>
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<tr>
<td>#20</td>
<td>*Accelerated Board and Committee Remuneration &amp; Expenses Model/Policy/Framework</td>
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<td>In recognition that board members and committee appointees should be recognized for the time they commit to support College activity while doing the work virtually instead of at College offices, the implementation date for the new remuneration framework was moved forward to March 23 (date of by-law approval) from September 21, 2020. The necessary forms and guidelines are being prepared and communicated to board and committee members with a target for full implementation set at June 1, 2020.</td>
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<thead>
<tr>
<th>#21</th>
<th>*Implement computer based testing for Jurisprudence exam</th>
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<tr>
<td>Due to the pandemic, we are planning to move to computer-based testing (CBT) (with the option of remote or on-site proctoring) earlier than was previously planned. Two CBT exams will be offered in the fall, providing capacity to meet the normal demand of applicants for the May, August and November sittings. The use of remote proctoring allows us to deliver the exam regardless of whether social distancing measures are continued through the fall.</td>
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<tr>
<th>#22</th>
<th>Measure employee engagement during pandemic – supplement to indicator #16</th>
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<tbody>
<tr>
<td>As noted above under measure #16 a survey focused on measuring employee engagement throughout the pandemic will be conducted in June with results reported in Q3. While there may not be direct industry comparators to measure relativity given our existing telework environment, we have set the target score at 70%.</td>
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<tr>
<th>#23</th>
<th>% variance of actual to revised financial forecast – supplement to indicator #17</th>
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<tbody>
<tr>
<td>As noted above under measure #17, due to the anticipated impact of the pandemic as well as the accelerated board and committee remuneration framework, a revised financial forecast will be prepared following Q2 results to inform the Board on the projected financial impact on 2020 financials as well as budgeting for 2021, anticipating that Consumer Price Index (CPI) will be at zero or below. This indicator will be available for Q4 reporting.</td>
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<tr>
<th>#24</th>
<th>% of Conduct Intakes related to pandemic</th>
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<tr>
<td>This indicator measures the impact of the pandemic on the volume of intakes received. The first quarter has seen a significant increase in the total number of intakes received (517 total 2019Q1 vs 744 total 2020Q1, 44% increase), primarily in the month of March. While 13% (49/365) of the intakes received in March were directly related to the pandemic, there was a 68% total increase of intakes over March of 2019 (217 in 2019/365 in 2020), and it is expected many of these are indirectly related to the pandemic.</td>
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<th>#25</th>
<th>% of Practice Inquiries related to pandemic</th>
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<tr>
<td>This indicator measures the impact of the pandemic on volume of inquiries received by Pharmacy Practice (777 total 2019Q1 vs 987 total 2020Q1, 27% increase). The month of March alone had 45% (209/458) of inquiries received related to the pandemic. There was a 67% total increase of inquiries over March of 2019 (275 in 2019/458 in 2020).</td>
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<tr>
<th>#26</th>
<th>Total # of notifications of pharmacy operational changes related to pandemic</th>
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<tr>
<td>This indicator shows the total number of notifications to the College of pandemic related changes to pharmacy operations (changes are closures &amp; changes in business hours). As these are all pandemic related notifications, there are no comparators, however, we estimated 30 pharmacy change notification in Q1 2019 compared to 650 in Q1 2020. This represents a 2,066% increase from Q1 2019 over Q1 2020.</td>
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128/145
<table>
<thead>
<tr>
<th>#27</th>
<th>Number of Practice guidance documents revised or developed due to pandemic</th>
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<tbody>
<tr>
<td></td>
<td>This indicator shows the number of practice guidance documents that were specifically developed or revised to support practice during the pandemic, and that would otherwise not have been required (includes Policies, Guidelines, Fact Sheets, Practice Tools, Position Statements, Resources and Guidance documents). This activity accelerated in Q2 with 23 documents revised or developed by May 25th. As a comparison, there was a total of 4 guidance documents revised or developed in 2019.</td>
</tr>
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<tr>
<th>#28</th>
<th>Discipline Committee direction, training and capacity in virtual proceedings completed</th>
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<tbody>
<tr>
<td></td>
<td>Due to the pandemic, in-person Discipline Committee proceedings (pre-hearing conferences, motions, and contested and uncontested hearings) are being moved to a virtual platform.</td>
</tr>
</tbody>
</table>
Dear Minister Elliott,

I would like to begin by thanking you and Premier Ford for your excellent leadership and commitment to keeping Ontarians informed and safe throughout this unprecedented time of crisis, and thanking the staff at the Ministry of Health, Ontario Health and Public Health Ontario for their hard work during the COVID-19 pandemic. This has mobilized thousands of healthcare professionals and the public to work together with you to respond to the pandemic.

The Ontario College of Pharmacists has and continues to uphold its duty to serve and protect the public interest, as articulated in its mission to regulate pharmacy practice to serve the interests, health and wellbeing of the public. It is through this lens as a systems-focused regulator that I feel it is critical to communicate to you the impact of the role of pharmacy professionals on either mitigating the risk to the public of contracting COVID-19, or actually contributing to that risk.

While Premier Ford has recognized that pharmacy services are “essential,” pharmacy professionals are the only healthcare professionals that are not being recognized for the risk that they are exposed to or the risk that they pose to their patients with the lack of access to personal protective equipment (PPE). Unlike grocery stores, members of the public attend a pharmacy for medication and advice because they are unwell. Many are elderly and/or patients who are being treated for chronic conditions – the group at highest risk. While pharmacy professionals do not generally touch the medications, they do converse in the workplace like all others. Lack of access to PPE means that micro-droplets could be introduced and pose a risk to every patient who was dispensed a medication while a COVID-19 pharmacy professional was asymptomatic. A busy pharmacy could dispense upwards of 100 – 200 prescriptions during a single shift.

We have already been informed of pharmacy professionals who have tested positive for COVID-19 in Ontario and this has contributed to pharmacies temporarily closing. Pharmacies are taking measures to reduce the risk of contracting the virus and further spreading it, but as numbers increase in Ontario, so too does the risk of pharmacists unknowingly contributing to the spread. In addition, as pharmacies close, access to medications and care in the community will potentially decrease, further contributing to additional strain on our healthcare system.

It is also important to acknowledge that PPE for pharmacy professionals is required to provide protection and prevent contamination in compounding of sterile or hazardous medications, introducing additional challenges as a result of a lack of access to these essential items.

There are many priorities for the government at this time of crisis and we fully support the need to focus efforts first on those in acute care settings that are interacting with very sick individuals on a
daily basis. However, as you and your team continue to work on improving access to PPE for healthcare professionals in Ontario, it is imperative that you consider the legitimate risk to pharmacy professionals and the need to mitigate this risk through access to PPE in order to manage the broader risk of community spread of COVID-19 to the public.

As the regulator, we are bringing this forward for consideration from the perspective of safety and a desire to assist in identifying and mitigating public risk as a partner with government and other healthcare stakeholders. Understanding the many requests for PPE and the need to prioritize supply throughout the province, we would be very willing to work with you or your team to identify a path forward that meets the needs of those already identified as high priority and that considers the unique and evolving needs of pharmacy professionals. If we can be of any assistance in that regard, please feel free to reach out to our office at any time.

Sincerely,

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

cc: The Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health for Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health
Mr. Mike Nader, Chief Transformation Officer, Ontario Health
May 15, 2020

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Queen’s Park  
Toronto, ON  M7A 1A1

The Honourable Christine Elliott  
Deputy Premier and Minister of Health  
393 University Avenue, 21st Floor  
Toronto, ON  M5G 2M2

Sent by email: premier@ontario.ca  
christine.elliott@ontario.ca

Dear Premier Ford and Minister Elliott,

Thank you once again for your government’s efforts aimed at ensuring the province’s health system is prepared and equipped to respond to the COVID-19 pandemic. With this unprecedented public health emergency comes unprecedented challenges and we are fortunate in Ontario to have your exceptional leadership during this time of crisis.

As the registering and regulating body for the profession of pharmacy in the province, we have maintained our focus on our public-protection mandate and have worked very closely with our health system partners and stakeholders to inform and provide the necessary guidance, resources and access to information that pharmacy professionals need to support them to provide safe, quality care to Ontarians during this most difficult time.

However, I am writing to share ongoing concerns expressed by a growing number of pharmacy professionals. A strong health system is measured not just by the whole, but by the sum of the individual parts that make up a high-performing health system capable of responding to emerging health priorities. Pharmacy professionals are on the frontlines of the pandemic, whether by providing care or support to those directly impacted by the pandemic or by delivering accessible pharmacy and health services to patients throughout the province.

Over the past two months, pharmacy professionals from both hospital and community settings have increasingly reached out to the College, directly and through other means such as social media, to express despair and concern over what they believe has been a lack of public recognition of their role to support the public during the pandemic. Despite the challenges of accessing other parts of our healthcare system including primary care and hospitals, pharmacy professionals have, as an essential service provider, remained accessible to patients throughout the province at significant risk to their own health and the wellbeing of their families. Like other frontline health care professionals, they believe, as do we, that their contributions and sacrifices should be acknowledged for the role they are playing in our society during this most difficult time.

As a regulator, the role of the College is to serve and protect the public interest. Without pharmacy professionals on the frontline, the public interest cannot be served and in fact, a number of pharmacies have already been temporarily closed, hours have been reduced and pharmacy professionals have tested positive for COVID-19. Given pharmacy’s status as an essential service during the pandemic, we strongly believe it is in the public interest for pharmacy professionals to know and feel recognized for their contributions to the health and wellbeing of Ontario’s communities at a time when other professionals are being recognized for their own valuable contributions.
As the government continues to lead the response to, and eventual recovery from the pandemic, we would encourage a broader public acknowledgement of other healthcare professionals, including pharmacists and pharmacy technicians, for the role they are playing and will continue to play in our health system now and well after the pandemic has ended. Doing so will not only be a welcomed message by Ontario’s more than 22,000 pharmacy professionals, it will provide them with the moral support to continue their work in the delivery of safe, quality healthcare services for all Ontarians.

As always, we would be very pleased to assist you and your government in any way that we can on this or any other healthcare matter.

Sincerely,

Nancy Lum-Wilson, R.Ph., B.Sc.Phm., MBA
CEO and Registrar
Pharmacist Qualifying Examination Update

PEBC has received feedback from candidates about the challenges its decisions to postpone / cancel the May sitting of the Pharmacist Qualifying Examination due to COVID-19 are having on candidates’ ability to complete the registration process to become pharmacists. As the pandemic has been far-reaching, every organization has been impacted to some degree, including the universities, test centres, provincial pharmacy regulatory authorities (PRAs) and PEBC. Through this document, PEBC will provide insight into a few key factors that contributed to PEBC’s decision, including the:

- implications on licensure and the ability of candidates to provide care to the public;
- challenges to secure sites and recruit exam personnel for the OSCE; and
- the need to ensure standardization and security of exam processes

Also included here is a response to a candidate petition for PEBC to relinquish the OSCE as a requirement for certification, as well as detailed responses to further candidate questions since PEBC’s initial announcement.

Overview

It is important to highlight that PEBC is the national certification body for the profession of pharmacy in Canada and administers the Qualifying Examination to assess candidates’ competence at entry-to-practice on behalf of the pharmacy regulatory authorities (PRA). However, only the PRAs have the authority to grant a license to practice.

The decision to postpone the May 2020 Pharmacist Qualifying Examination Part I (MCQ) to August and cancel the Part II (OSCE) until November was not made lightly and considered PEBC’s ability to effectively administer the exams as well as the impact to Canada’s human health resources. As part of its responsible decision-making process, PEBC collected information from, and engaged in discussions with, the National Association of Pharmacy Regulatory Authorities (NAPRA) and PEBC Board Directors, who represent individual PRAs and educational associations, to better understand the implications of PEBC’s decision on their respective organizations. Also, the Public Health Agency of Canada wanted assurances that PEBC would not be administering its exams at this time. The administration of the exam is not deemed to be an essential service and PEBC must follow the federal and provincial public health guidelines.

Many candidates have expressed dissatisfaction with this decision, particularly their belief that delayed registration as a pharmacist impacts their ability to practice pharmacy, secure adequate employment and participate in public health measures as pharmacy professionals during the pandemic. PEBC recognizes that there is a need for pharmacy professionals to deliver quality care during the pandemic. However, in consultation with the PRAs, all of them have, or are developing, a pathway for pharmacy graduates to attain a provisional, conditional or temporary license for practice, which include intern registration, that will allow candidates to engage, under supervision, in the full scope of practice of the profession. It is important that candidates consult with their PRA to better understand this process. As
these pathways are available for candidates, there is ample opportunity for candidates to support the healthcare system and Canada’s patients. Candidates’ concerns about the delays in securing employment as pharmacists are legitimate, however, are beyond the mandate of PEBC, which is focused on the protection of the public. Candidates also concerned about the impact of delayed licensure on their ability to accept a position within the hospital residency programs are encouraged to speak directly with their hospital residency coordinators. PEBC is not aware of any residency positions that have been revoked due to candidates’ inability to obtain licensure.

Cancellation of the Pharmacist Qualifying Examination Part II (OSCE)

The quick evolution of the COVID-19 pandemic in Canada required PEBC to decide whether both Parts of the Pharmacist Qualifying Examination could be administered in May. It was determined early on that the May administration was not feasible and PEBC considered the ability to reschedule each Part. PEBC was able to reschedule the MCQ, however, could not do the same for the OSCE before November and had to make the difficult decision to cancel the May OSCE altogether.

Administering an OSCE is an incredibly complex undertaking and there are many factors that impact PEBC’s ability to hold the exam under the current circumstances. Given the significant uncertainty around when the pandemic may start to dissipate and when the restrictions around social distancing will begin to ease, PEBC is mindful of the impact of scheduling another administration too soon which may also need to be cancelled if the pandemic continues. A few of the key considerations as to why PEBC was unable to reschedule the May OSCE before November are described below.

Examination Personnel & Sites

The OSCE relies upon the coordination of large groups of exam personnel and the availability of appropriate sites. Exam personnel include those who prepare and administer the exams, the Standardized Patient (SP) programs, as well as the assessors who come from the profession. Given the proximity in which candidates and exam personnel are placed, social distancing could not be maintained safely as current public health guidelines restrict gatherings of such a size. It would also be extremely difficult to sanitize the stations between candidates, further putting candidates and exam personnel at risk.

PEBC is aware that many exam personnel do not feel comfortable participating if the situation with the pandemic has not improved. In addition, PEBC recruits hundreds of pharmacy practitioners as assessors from across the country for each single-day exam administration. As assessors for the OSCE are all practising pharmacists and, due to their presence on the front lines of this pandemic, PEBC cannot guarantee that there would be enough assessors to participate, if an earlier date was available.

In order to deliver the exam, PEBC rents space from outside facilities, often in hospitals or large educational institutions. These institutions are currently not permitting any ‘non-essential’ activities, such as examinations, and these sites are unable to provide confirmation as to when they might be able to allow our exam to take place. Furthermore, these sites and SP programs are used by different examining bodies, including for medicine and physiotherapy, that already have previously scheduled administrations in the fall, limiting PEBC’s ability to administer an earlier exam. Candidates have asked about utilizing other sites such as the faculties of pharmacy to run the exam. Unfortunately, universities,
currently, are also not permitting outside exams to run and, even if they did, the issue around personnel described above cannot be addressed.

**Standardization & Security**

It is important for PEBC to ensure that each candidate that participates in the OSCE has the same experience regardless of when or where they take the exam. This requires extensive training of all exam personnel, including SPs and assessors. Each primary SP is trained on a single station to ensure that the presentation of the case is consistent across a group of candidates. To ensure that the assessment of candidates is reliable, candidates are assessed in the stations by multiple assessors. Some candidates have asked about utilizing a single assessor and SP for each candidate, to assist with meeting social distancing guidelines, however, utilizing fewer assessors would make the assessments, and therefore the final results, less valid and unreliable, and having a single SP reliably portray a wide array of roles in a single day is not reasonable.

Given how memorable the stations can be, the OSCE is administered so that all candidates take the exam on the same day across the country. This minimizes the risk of candidates breaching exam regulations, as defined in PEBC’s Rules of Conduct, and sharing content with colleagues. The need for security and the complexity of performance exams limits PEBC’s ability to administer the exam using different modalities. More information is provided in the FAQ section about the challenges to moving to an online OSCE.

Considering these factors, it is not feasible for PEBC to administer the OSCE before the November exam.
**Response to Candidate Petition**

A petition has been circulated, asking PEBC to relinquish the OSCE requirement for certification purposes, to allow candidates to register as pharmacists. There are a few points that need to be addressed as part of this petition.

Within the context of regulated health professions, performance-based assessment of skills and applied knowledge is often seen as a critical requirement for ensuring public protection and the licensure of safe and effective practitioners. Much of a pharmacist’s practice involves questioning, listening, observing and problem solving. The OSCE is used as a tool to effectively assess communication and interpersonal skills, complex professional judgement and ethical decision making required in practice. By virtue of its performance-based nature, the OSCE is essential to compliment PEBC’s multiple-choice examinations and, when used together, provide a more robust method for assessing competence.

The Pharmacist Qualifying Examination is based on an examination blueprint that reflects NAPRA’s Professional Competencies for Canadian Pharmacists at Entry-to-Practice. The two Parts of the exam are complementary and together are used to determine competence. They are not designed to meet the exam blueprint individually and do not have sufficient overlap in competency areas to do so. If a candidate were to take one Part but not the other, PEBC could not confidently make a determination of a candidate’s competence at entry-to-practice. PEBC’s research for the OSCE has demonstrated a modest degree of correlation between candidate scores on the OSCE and scores on the MCQ (average correlation of 0.44). These finding indicate that the OSCE and the MCQ, individually, are not measuring all the same competencies, suggesting that the MCQ complements, but does not replace the OSCE.

The petition references the Royal College of Physicians and Surgeons’ decision to grant certification without the applied (oral) examination and uses this example to support its position. There are some key distinctions to highlight between the Royal College and PEBC. The candidates the Royal College assesses are not at entry-to-practice, they are physicians who would have already successfully received the Licentiate of the Medical Council of Canada (MCC) and who are now seeking certification within their chosen specialty. The MCC is the certification body that administers the qualifying examination for physician candidates seeking entry into the profession. The MCC has also postponed their spring OSCE until later in the fall.

The Royal College has relied upon research it has completed which shows that few candidates are unsuccessful on the applied exam if they have already been successful on their written exam. PEBC’s candidates have pointed out that the performance trends for the OSCE from 2016 to 2018, posted on PEBC’s website, show that the Reference Group (Canadian graduates taking the exam for the first time in their year of graduation) has a pass rate of ~ 94%. There are two aspects that are important to address, one is that the more recent results for this group have not been as strong and the pass rates across pharmacy programs show considerable variability. There are a few schools whose most recent graduates’ pass rates are below 90% and have reached as low as 82%. The performance trends for the international pharmacy graduates show much lower pass rates on the OSCE.
While PEBC understands the candidates’ motivation in creating and supporting the petition, PEBC hopes that candidates have a clearer understanding of the decision to cancel the OSCE until the fall.

Through the process of enhancing communication with its candidates, PEBC has collected and provided responses below to many questions. In some cases, it is too early for PEBC to provide definitive responses and asks that candidates be patient as PEBC proactively navigates this situation. Candidates are encouraged to read the responses in detail. PEBC is happy to provide further clarification via email and through updates to its website.
Pharmacist Qualifying Examination Part I (MCQ) Frequently Asked Questions

1. PEBC’s Pharmacist EVALUATING Examination is scheduled for late June. Why doesn’t PEBC move the Part I (MCQ) to the June date and then the EVALUATING exam to August?
The number of candidates taking the MCQ far exceeds those taking the Evaluating Examination and Prometric would not be able to accommodate all candidates for the June date.

2. Why is it safe to administer the Part I (MCQ), but not the Part II (OSCE)?
The number of exam personnel and candidates at Prometric’s test centres for the MCQ is significantly smaller than for the OSCE. Prometric has developed guidelines for how to administer exams with social distancing restrictions in place. These include controlled security and registration processes, spacing of candidates between computer terminals and enhanced cleaning between exams. The same precautions are not feasible in a performance-based exam.

3. If social distancing restrictions continues into August, would PEBC consider administering the exam as an online, remote-proctored exam?
PEBC is exploring remote proctoring for its computer-based exams. Before deciding, PEBC needs to understand:
- the impact to the standardization and security of exam content; and
- candidate accessibility to the technology required to take the exam remotely

Prometric cannot currently meet PEBC’s needs with respect to both capacity and the functionality required for a remote-proctored exam. PEBC is working with Prometric to determine if, and how, these aspects can be addressed, if social distancing continues into August.

4. If I applied for the May 2020 sitting before the deadline, will I be automatically moved to the August 2020 sitting?
Yes. PEBC will automatically move candidates to the August 2020 sitting. After PEBC completes the processing of the applications, candidates will receive a confirmation email.

5. Can I change my preferred location?
Yes. PEBC will send candidates an invitation to schedule their exam appointment at least 6 weeks before the exam. At that point, candidates can choose from any of the available locations, dates and times. The locations offered are listed on PEBC’s website here.

6. Can I move from the August sitting to November?
Yes. Candidates must notify PEBC by May 8th if they wish to move to the November sitting. Email pebcinfo@pebc.ca to make the request. After candidates have been moved to that date, they cannot move back to the August 2020 exam.
7. **Will there be any changes to the format of the Part I (MCQ)?**
   The exam will continue to be a computer-based, multiple choice exam, in the same design as the recent previous exams. The possibility of introducing an online, remote-proctored exam could change certain aspects of the candidate experience.

8. **Will there be any changes to the content of the Part I (MCQ)? Will I be tested on anything specifically related to COVID-19 in August or November?**
   No. Both Parts of the Qualifying Examination are based on the examination blueprint, which all candidates should review in advance of the exam. As a general rule, any changes to the blueprint would be announced well in advance of the exam. There are no plans to change the blueprint at this time.

   Content for the exam is developed regularly by practising members of the profession who are familiar with the expectations of practitioners at entry-to-practice. After creating the content, it is reviewed by a full panel of these pharmacists, under the supervision of a measurement expert. Once the content has been approved, it goes through a process of testing to ensure that it meets the measurement standards before it is accepted for scoring purposes. Based on the life cycle of content development, the content for the August and November exams is based on material that has already been developed and tested for use.

9. **What happens if someone becomes ill or must self-isolate before the exam?**
   All candidates experiencing an illness on exam day, regardless of the illness, are advised not to attend the exam and may request a refund according to PEBC’s Refund Policies. Also, prior to the exam, candidates will receive an email from Prometric outlining the common risk criteria for COVID-19. Candidates will not be permitted to take the exam if they meet any of the criteria. By attending the exam centre, candidates are attesting that they do not fit the risk criteria. Prometric reserves the right to refuse admission of candidates who pose a health and/or safety risk to the other candidates and exam personnel.

10. **When will the results be released?**
    PEBC will be able to expedite the release of the results, is aiming for late August. The exact date is yet to be determined.

11. **If I am unsuccessful on the August MCQ, will I be able to re-apply for November?**
    PEBC is exploring this possibility and will have a more definitive answer in the coming weeks.
Pharmacist Qualifying Examination Part II (OSCE) Frequently Asked Questions

12. Can PEBC offer the OSCE as an online, remote-proctored exam?
No. The on-site OSCE requires a tremendous amount of coordination and preparation to facilitate a successful exam. Converting to an online OSCE would take considerable planning and research that it could not be administered in a short period of time. More importantly, PEBC goes to great lengths to ensure that its exams are fair and meet the standards set by measurement experts. To do so requires testing and analysis before administration to ensure that the results are as valid and reliable as the on-site exam. Furthermore, there are significant challenges to maintaining the security of the exam content with an online OSCE that cannot currently be addressed. PEBC is continuously exploring how it can enhance the delivery of its assessments, however, this is always done in a purposeful, measured and diligent manner.

Currently no organization is using remote proctored OSCEs for high-stakes licensure examinations and major national testing organizations in Canada are not considering this method of testing.

13. Does PEBC have enough capacity for everyone in the November OSCE?
Typically, the November administration is the smaller of PEBC’s two OSCE administrations. Given the need to accommodate the May candidates in November, PEBC is in the process of expanding the number of locations and is working with the locations to increase capacity. Locations that do not typically offer a November administration will be asked to participate. At this time, it is too early to confirm the exact number of candidates that can be accommodated, and which locations will be available.

14. How will PEBC prioritize the candidates for the November OSCE if not all candidates cannot be accommodated?
PEBC will prioritize the candidates registered for the May 2020 OSCE before opening applications to new candidates. If there is insufficient capacity for all the May OSCE candidates, PEBC will prioritize first-time test takers based on the date their completed applications were received by PEBC. The applications from Canadian and international pharmacy graduates will be handled with the same level of priority.

PEBC is completing the processing of all May applications. When completed, PEBC will email candidates a letter confirming their application is approved to take an OSCE exam. However, the letter does not confirm that candidates are registered for the November 2020 exam. PEBC will contact candidates again by email to provide more information on the date and location of their OSCE.

If there is insufficient capacity for the November OSCE, candidates will have the option to request a refund or be moved to the next sitting. For those choosing to move to the next sitting, any increase in fee will be waived.
15. When will applications open for the November OSCE?
If PEBC can accommodate all May OSCE candidates, it will open applications for the November exam. At that point, first-time test takers will be prioritized based on the date their application is received by PEBC. From there, if there is additional capacity, all other repeat test takers will be invited to apply.

16. What happens if PEBC is unable to accommodate candidates who would normally apply for the November OSCE?
PEBC is exploring different possibilities and will share more information once a plan has been confirmed.

17. Do I have to re-apply for November? If so, are there any additional fees?
As PEBC confirms the available capacity, eligible candidates will be moved to the next sitting, along with their application fees. Candidates will not need to re-apply or pay any further application fees.

18. When I applied for the OSCE, I picked my top 3 locations. What if I want to change my preferred location?
After confirming the available OSCE examination centres, PEBC will post them on the website and clarify the process for updating location preferences at that time. The availability of locations for the November sitting might be different than what was originally available for May. Locations that typically do not offer a November administration will be asked to participate, but PEBC cannot guarantee their participation at this time.

19. Will there be any changes to the format of the Part II (OSCE)?
The number of stations is planned to be the same. However, it is possible that there may be changes to other aspects related to the administration, such as the registration, orientation and sequestering processes. This will all be determined and announced closer to the exam date.

20. Will there be any changes to the content of the Part II (OSCE)? Will I be tested on anything specifically related to COVID-19 in November?
No. Both Parts of the Qualifying Examination are based on the examination blueprint, which all candidates should review in advance of the exam. Any changes to the blueprint would be announced well in advance of the exam. There are no plans to change the blueprint currently.

Content for the exam is developed regularly by practising members of the profession who are familiar with the expectations of practitioners at entry-to-practice. After creating the content, it is reviewed by a full panel of pharmacists, under the supervision of a measurement expert. Once the content has been approved, it is systematically reviewed and tested to ensure it meets measurement standards before it is accepted for scoring purposes. Based on the life cycle of content development, the content for the November exam is based on material that has already been developed and tested for use.
21. What happens if someone becomes ill or must self-isolate before the exam?
All candidates experiencing an illness on exam day, regardless of the illness, are advised not to attend the exam and may request a refund according to PEBC’s Refund Policies. Also, on exam day, candidates will be asked a series of screening questions for COVID-19 upon admission to the exam. PEBC reserves the right to refuse admission of candidates who pose a health and/or safety risk to the other candidates and exam personnel.

22. When will the results of the November OSCE be released?
PEBC undertakes a considerable amount of analysis to ensure that the results are valid and reliable. This involves the use of psychometricians (measurement experts) and practitioner experts. PEBC will release the results within 6 weeks of completing the exam (~ mid-December).

23. What happens if the November OSCE needs to be cancelled?
PEBC is working on contingency plans to address this possible scenario. It is too early to describe these plans at this stage. As part of this process, PEBC is engaging with its stakeholders that includes the pharmacy regulatory authorities and faculties of pharmacy.
New Hallman Director named for School of Pharmacy

Andrea Edginton (BSc and PhD, University of Guelph) has been named the next Hallman Director of the School of Pharmacy. Professor Edginton is a globally recognized leader in physiologically-based pharmacokinetic (PBPK) modeling and simulation, specializing in dose-exposure extrapolation to special populations. She was a founding member of the School of Pharmacy and currently serves as the School’s Associate Director, Graduate Studies and Research (2018) and member of the Executive leadership team (2015).

Following her education, Edginton did a post-doctoral fellowship at Bayer Technology Services (BTS) in Germany, followed by a position as PBPK scientist within BTS’s Systems Biology Group. She joined the Waterloo School of Pharmacy in 2008, a time of curricular development, infrastructure expansion and hiring. Two years into her position, she was appointed Graduate Officer (2010-2012) where she led the fledgling MSc (2010) program and developed the PhD (2014) program. In 2013/14, she chaired the Self-Study for accreditation of the BPharm/PharmD program which resulted in six years of accreditation. As Programmatic Assessment Officer and chair of the School’s Assessment Committee (2015-2017), Edginton introduced a 2nd year MidPoint Assessment Exam that earned her and the committee the AFPC/Pharmacy Examining Board of Canada (PEBC) Award for Excellence in Research or Innovation in Assessment of Competence. Support of teaching and learning in the PharmD and graduate-level programs has been, and will continue to be, a focus in the Hallman Director role.

Edginton has a strong, collaborative research program and has worked hard to cultivate a barrier-free research culture within the School. Innovation and knowledge translation are central to her vision for the School and her own entrepreneurial endeavors bring a seasoned awareness of their importance. At the University level, Edginton chaired the Clinical Research Ethics Committee (2013-2019), aiming to facilitate human participant research by bringing in policies for coordinated ethics review with partner institutions, evaluation of devices used in human research and contributing to the accreditation process for Waterloo becoming a board of record for Clinical Trials Ontario.

Throughout her career at the University of Waterloo, Edginton has been active with the Association of Faculties of Pharmacy and the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and looks forward to bringing her unique perspective to working with professional and regulatory organizations including the Ontario College of Pharmacists, Ontario Pharmacists Association, Canadian Pharmacists Association and Canadian Society of Hospital Pharmacists.
Edginton is excited by the prospect of leading the School’s outstanding Pharmacy team, saying:

Over the last 12 years, I have witnessed exceptional faculty and staff who have been dedicated to providing students and trainees with an education that sets them apart. We have built the most innovative pharmacy school in Canada while maintaining a collaborative, supportive environment. I am thrilled to lead this outstanding team as we build on this culture of excellence.

Professor Edginton will be Waterloo Pharmacy's third Hallman Director. She succeeds David Edwards, who has held the position since 2011. Her four-year appointment begins on January 1, 2021.