



ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, DECEMBER 7, 2020
9:00 A.M. – 5:00 P.M.

VISUAL - <http://ontcollege.adobeconnect.com/boardofdirectors>

- 1. Land Acknowledgement delivered by Troy Hill**
- 2. Noting Members Present**
- 3. Declaration of Conflict**
- 4. Approval of Agenda**
- 5. Chair's Opening Remarks**
 - 5.1 Briefing Note - Chair's Report for December 2020 Appendix 5.1
- 6. Approval of Minutes of Previous Meeting**
 - 6.1 Minutes of September 2020 Board Meeting..... Appendix 6.1
 - 6.2 Minutes of November 2020 Board Meeting Appendix 6.2
- 7. Matters Arising from Previous Meetings**
- 8. Briefing Note - Registrar's Report on Election of Board Directors Appendix 8**
- 9. Briefing Notes - Governance Committee**
 - 9.1 Briefing Note on Election of Executive Committee Appendix 9.1
 - 9.2 Briefing Note on the Committee Slate for Consideration
- 10. For Decision**
 - 10.1 Briefing Note – Governance Committee – Board Policies..... Appendix 10.1
 - i. Richard Steinecke COI presentation
 - 10.2 Briefing Note – Finance & Audit Committee – Appointment of Auditors..... Appendix 10.2
 - 10.3 Briefing Note – Finance and Audit Committee – 2021 Operating Budget..... Appendix 10.3
 - 10.4 Briefing Note – Registrar - Emergency Assignment Certificates Appendix 10.4
 - 10.5 Briefing Note – Community Practice Environment Accountability Principles ..Appendix 10.5
- 11. For Information**
 - 11.1 Briefing Note - Registrar's Report Appendix 11.1
 - Strategic Priorities Progress Update
 - Risk Register – 2020 Retrospective, 2021 Prospective
 - Other Items

- 12. Other Matters**
 - 12.1 Outcomes Focused Regulation Presentation
- 13. Unfinished Business**
- 14. Registrar's Annual Performance Appraisal – *In Camera***
(Separate meeting invite circulated)
- 15. Adjournment**

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Laura Weyland, Board Chair

TOPIC: Chair's Report to December 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 September 2020 Meeting. In addition to regular meetings and phone calls with the CEO & Registrar and the Vice Chair, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period.

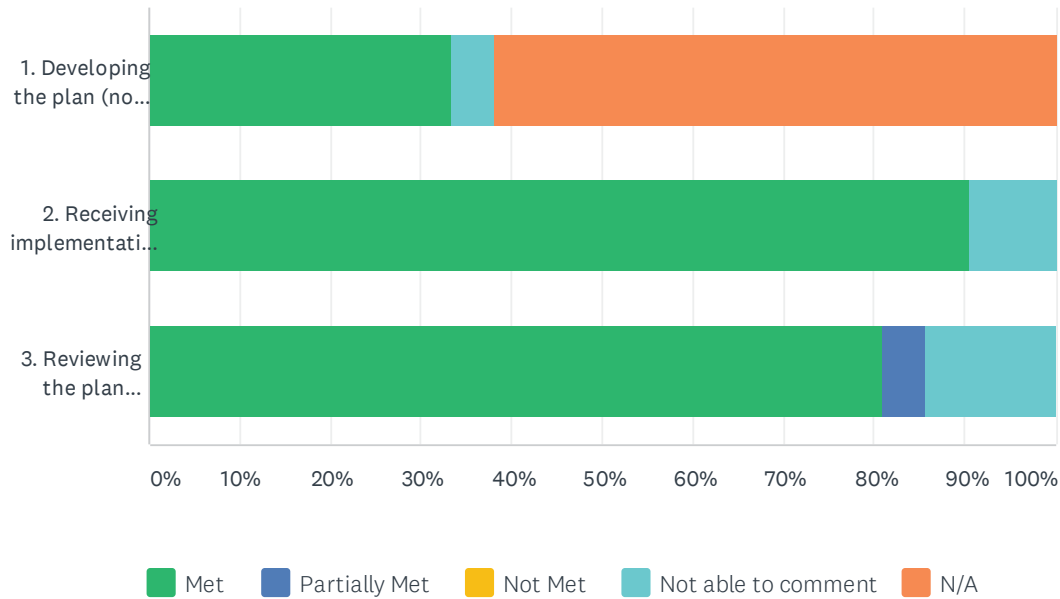
Attached to my report is a summary of attendance at meetings (Attachment 1) and a summary of the 2019-2020 Board Evaluation and Individual Director Assessment results (Attachment 2), as well as a summary of the September Board Meeting Evaluation (Attachment 3), the results of which will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest.

College and Other Stakeholder Meetings:

September 24, 2020 – Discipline Hearing
 September 29, 2020 – Discipline Hearing
 October 5, 2020 – Discipline Hearing
 November 11, 2020 – Finance & Audit Committee
 November 19, 2020 – Executive Committee
 December 2-3, 2020 – Discipline Hearing
 Weekly Pharmacy Leadership Stakeholder Updates
 Bi-weekly meetings with Registrar

Q1 Strategic Planning - The Board's activities and duties include:

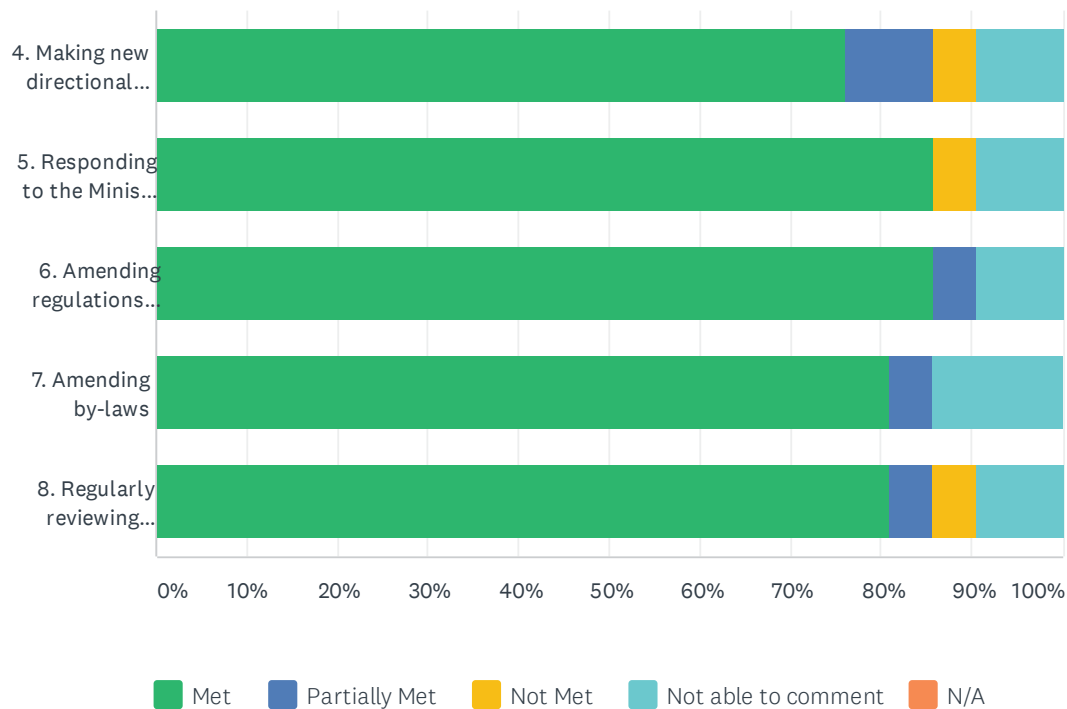
Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
1. Developing the plan (not applicable for 2020)	33.33% 7	0.00% 0	0.00% 0	4.76% 1	61.90% 13	21
2. Receiving implementation reports at each meeting	90.48% 19	0.00% 0	0.00% 0	9.52% 2	0.00% 0	21
3. Reviewing the plan annually	80.95% 17	4.76% 1	0.00% 0	14.29% 3	0.00% 0	21

Q2 Making directional policies and decisions – The Board's activities and duties include:

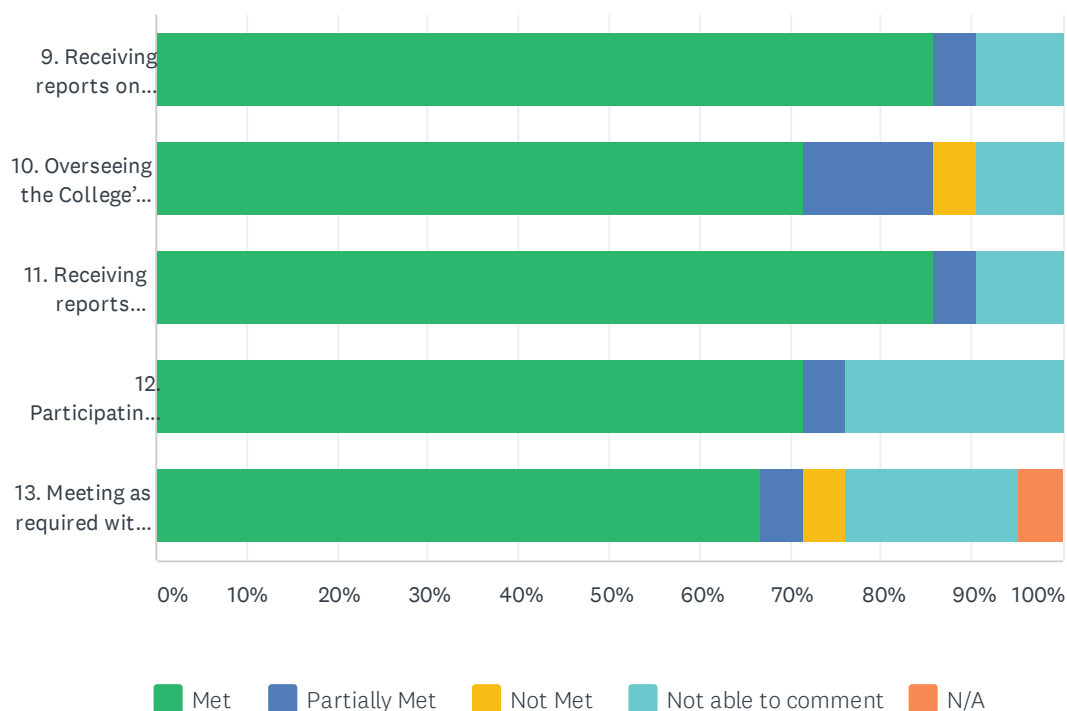
Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
4. Making new directional policies (e.g. masking in pharmacies)	76.19% 16	9.52% 2	4.76% 1	9.52% 2	0.00% 0	21
5. Responding to the Minister and other external inquiries	85.71% 18	0.00% 0	4.76% 1	9.52% 2	0.00% 0	21
6. Amending regulations (e.g. scope of practice)	85.71% 18	4.76% 1	0.00% 0	9.52% 2	0.00% 0	21
7. Amending by-laws	80.95% 17	4.76% 1	0.00% 0	14.29% 3	0.00% 0	21
8. Regularly reviewing directional policies, regulations and by-laws	80.95% 17	4.76% 1	4.76% 1	9.52% 2	0.00% 0	21

Q3 Communications – The Board's activities and duties include:

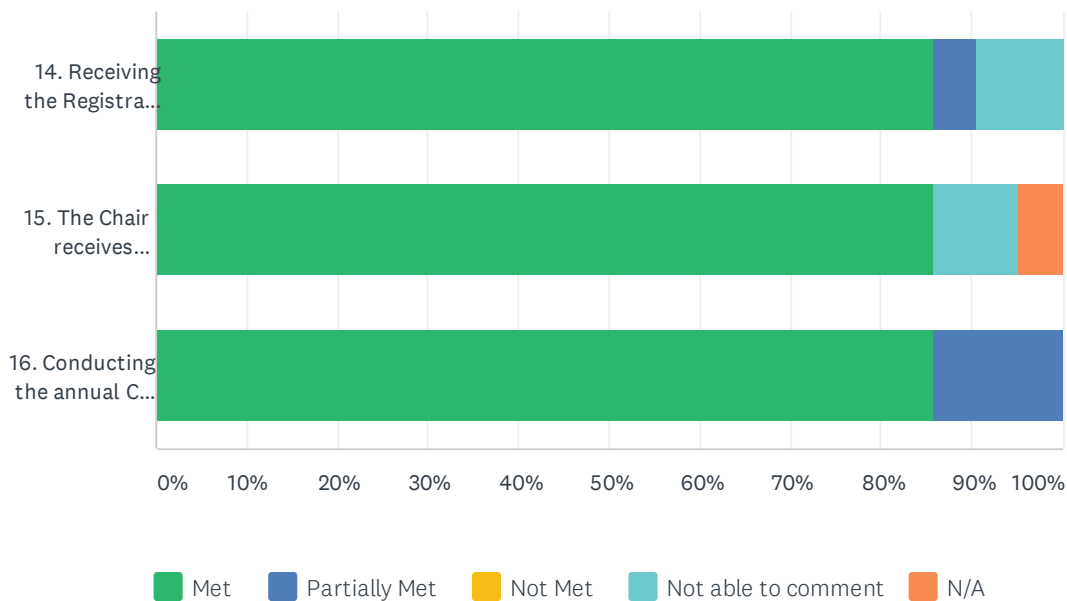
Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
9. Receiving reports on consultations of all regulation amendments, significant by-laws and directional policies	85.71% 18	4.76% 1	0.00% 0	9.52% 2	0.00% 0	21
10. Overseeing the College's communications strategies (through Briefing Notes, Registrar's reports)	71.43% 15	14.29% 3	4.76% 1	9.52% 2	0.00% 0	21
11. Receiving reports regarding the participation in the Health Profession Regulators of Ontario (HPRO), Advisory Group for Regulatory Excellence (AGRE) and similar organizations	85.71% 18	4.76% 1	0.00% 0	9.52% 2	0.00% 0	21
12. Participating in National Association of Pharmacy Regulatory Authorities (NAPRA)	71.43% 15	4.76% 1	0.00% 0	23.81% 5	0.00% 0	21
13. Meeting as required with other stakeholders (e.g., Ministry)	66.67% 14	4.76% 1	4.76% 1	19.05% 4	4.76% 1	21

Q4 Directing Registrar - The Board's activities and duties include:

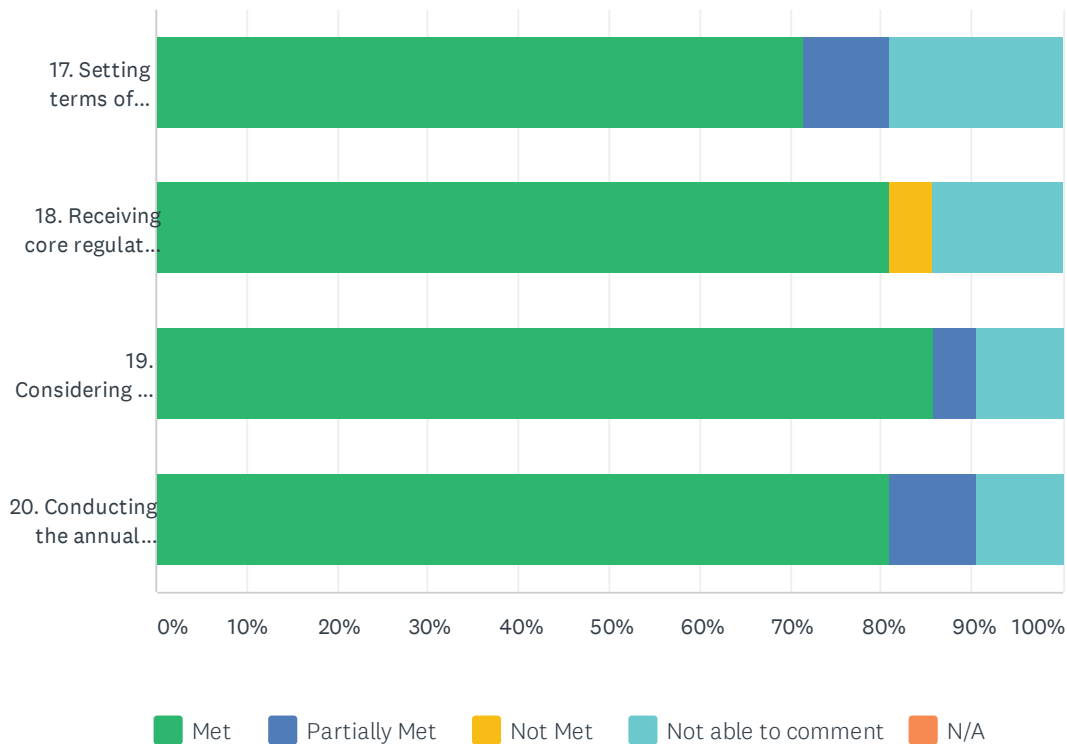
Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
14. Receiving the Registrar's report at each Board meeting	85.71% 18	4.76% 1	0.00% 0	9.52% 2	0.00% 0	21
15. The Chair receives regular updates from the CEO & Registrar (as reported in Chair's Briefing Note to the Board)	85.71% 18	0.00% 0	0.00% 0	9.52% 2	4.76% 1	21
16. Conducting the annual CEO & Registrar performance appraisal	85.71% 18	14.29% 3	0.00% 0	0.00% 0	0.00% 0	21

Q5 Directing Committees - The Board's activities and duties include:

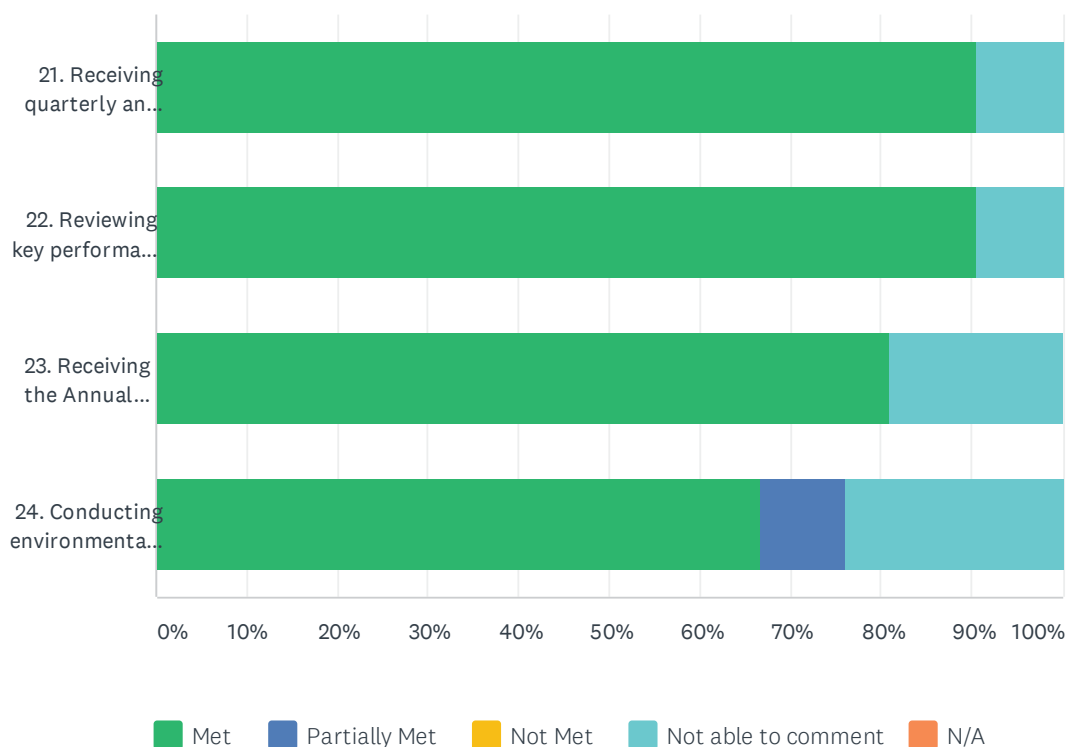
Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
17. Setting terms of reference for each Committee (through the bylaws)	71.43% 15	9.52% 2	0.00% 0	19.05% 4	0.00% 0	21
18. Receiving core regulatory program updates	80.95% 17	0.00% 0	4.76% 1	14.29% 3	0.00% 0	21
19. Considering the annual report from each Committee	85.71% 18	4.76% 1	0.00% 0	9.52% 2	0.00% 0	21
20. Conducting the annual appointment process for Committee composition	80.95% 17	9.52% 2	0.00% 0	9.52% 2	0.00% 0	21

Q6 Monitoring College performance – The Board's activities and duties include:

Answered: 21 Skipped: 0



	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
21. Receiving quarterly and annual financial statements and annual financial audit information	90.48% 19	0.00% 0	0.00% 0	9.52% 2	0.00% 0	21
22. Reviewing key performance indicators at regular Board meetings (e.g. scorecard)	90.48% 19	0.00% 0	0.00% 0	9.52% 2	0.00% 0	21
23. Receiving the Annual Report submission to the Minister	80.95% 17	0.00% 0	0.00% 0	19.05% 4	0.00% 0	21
24. Conducting environmental scanning through the CEO & Registrar	66.67% 14	9.52% 2	0.00% 0	23.81% 5	0.00% 0	21

2019 -2020 Board Evaluation and Individual Director Assessments

#	ADDITIONAL COMMENTS:	DATE
1	<p>This has been a very challenging year for the College, the Council/Board, and the various members of the Council/Board and committees. Of the years I've been on Council/Board, this year has felt like the least engaging, and that can be placed on the challenges presented by COVID. Without the normal opportunities to engage personally and directly with my fellow Council/Board members, it almost feels like I am not a member. While the Council/Board meetings are important for completing the work of the Council/Board, there is much that seems to be lost by not having the opportunities to engage personally and directly with the other Council/Board members at any other meetings. When participating in a videoconference call with 20 other people, you are not able to have a private conversation in a corner of the room with a fellow Council/Board member like you can in person, or after a meeting you can't walk to the subway together and become better informed of a College or professional issue that maybe you didn't fully understand. Thus, a significant amount of the personal effect has been lost on the Council/Board members this year. Turning to the questions that have been asked above, it feels challenging to give any answers other than "yes, the goals were met". However, because of the lack of personal conversations that occurred with the Council/Board members and the rest of the staff, this almost feels like an empty survey. I've been on this Council/Board since September 2019. I've not had one personal conversation with the Deputy Registrar/Director of Conduct (?) since she took over the role in January (?), nor with any of the other directors, nor with the Registrar either. I've spoken personally with the President a number of times, and with a few other Council/Board members on rare occasions, but it certainly does not feel like I am part of anything important given the lack of personal contact with the majority of the Council/Board and the staff.</p>	11/6/2020 12:13 AM
2	<p>With the broad experience and knowledge of the board members, there is opportunity for continued and proactive identification of directional policies and decisions. Opportunity to ensure ALL board members are taking an active role in it's oversight responsibilities.</p>	11/5/2020 9:34 PM
3	<p>no comments</p>	11/5/2020 11:47 AM
4	<p>I find the agenda and timing for the Board meetings are well planned and organized.</p>	11/5/2020 10:54 AM
5	<p>I am critical of the COVID asymptomatic testing which skipped this important regulatory body....Excellent reaction, no proactive involvement</p>	11/4/2020 8:28 PM
6	<p>I was appointed a public member last summer. There have been too few Board or Committee meetings for me to make a meaningful comment.</p>	10/29/2020 2:30 PM
7	<p>I was appointed a public member of the Board in July, 2020. There have not been enough Board meetings held since then for me to make meaningful answers to most of these questions.</p>	10/28/2020 11:52 AM

Q7 List the top three priorities requiring attention in order for the Board to function more effectively:

Answered: 18 Skipped: 3

ANSWER CHOICES	RESPONSES
Priority #1	100.00% 18
Priority #2	83.33% 15
Priority #3	61.11% 11

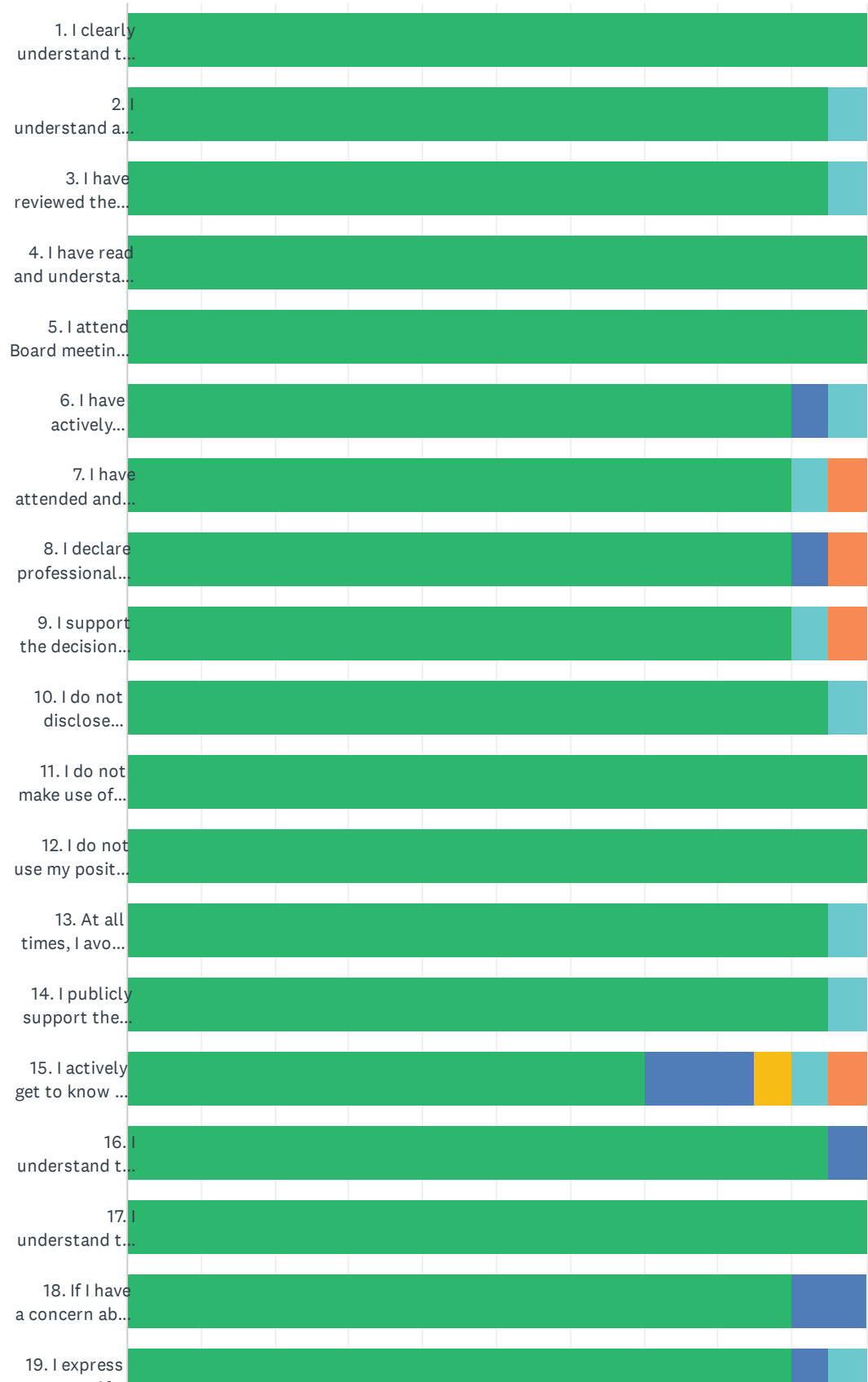
#	PRIORITY #1	DATE
1	Listening to the opinions of all board members	11/6/2020 10:24 PM
2	#1: Relating all issues brought to the Board's attention to the key statutory functions of the College's regulatory role, namely: registration, complaints/reports, discipline, quality assurance and patient relations. OCP officials should clarify how every issue brought to the Board's attention relates directly to one its core functions. Grounding every issue in this way will help the Board understand what it's being asked to consider/approve, and ensure every issue is tied directly to the regulator's mandate.	11/6/2020 11:40 AM
3	A report from each committee (registration, QA etc) on their self-reflection of functioning	11/6/2020 11:03 AM
4	More direct and personal contact	11/6/2020 12:13 AM
5	Effective implementation of new governance structure with the new Board	11/5/2020 9:34 PM
6	ensuring good understanding of the pharmacy landscape and environment	11/5/2020 4:42 PM
7	technology improvement	11/5/2020 1:15 PM
8	strategic planning in the face of covid	11/5/2020 11:47 AM
9	Good relations with all stakeholders eg Govt Cannabis	11/5/2020 10:54 AM
10	transition to new structure	11/5/2020 9:18 AM
11	new governance model - ensure effective	11/5/2020 7:39 AM
12	missing the face-to-face interactions, figure out how to do more relationship building online	11/4/2020 8:28 PM
13	Proper orientation for new Board of Directors	10/29/2020 2:55 PM
14	Edit the massive volume of material sent to each of us. I received over 100 pages for a recent ICRC meeting. It included 5 separate copies - each taking 2 pages - of a once sentence apology for the writer misstating a date in a prior email. A total waste of my time in reading these apologies.	10/29/2020 2:30 PM
15	Board should clearly understand how, as individuals, they can make a difference	10/29/2020 7:28 AM
16	fully implement board governance modernisation	10/28/2020 10:23 AM
17	Continue efforts to manage meeting time effectively.	10/28/2020 9:32 AM
18	Staying on topic during discussions	10/28/2020 9:27 AM

2019 -2020 Board Evaluation and Individual Director Assessments

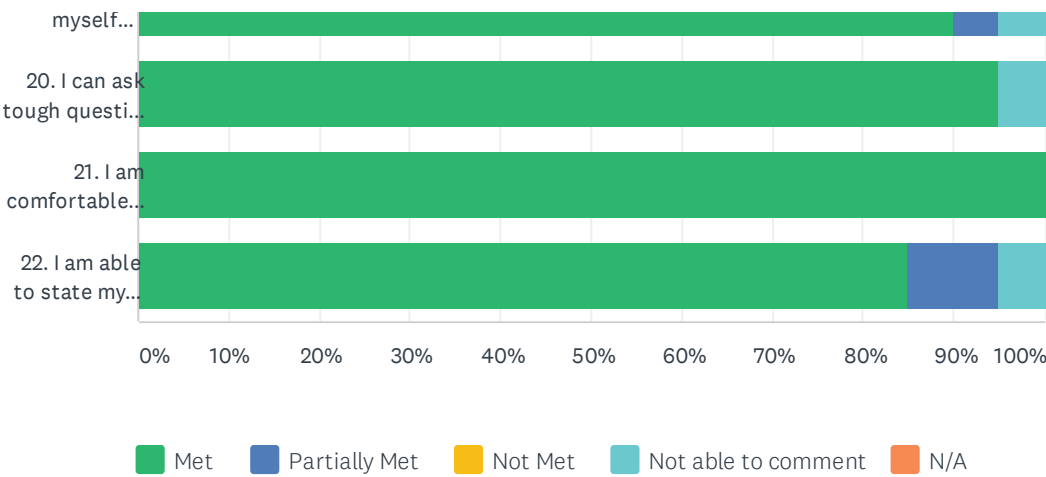
#	PRIORITY #2	DATE
1	Being more collaborative	11/6/2020 10:24 PM
2	#2: Better Board Briefing Materials: B/Ns should use language that is clear, simple, and specific and any recommendations for Board approval should be clear, simple and specific. Former, related recommendations should always be included in B/Ns as background material.	11/6/2020 11:40 AM
3	More transparency into stakeholder discussions. I feel as a board member stuck in the dark.	11/6/2020 11:03 AM
4	Meetings in person	11/6/2020 12:13 AM
5	Governance training and support from all board members	11/5/2020 9:34 PM
6	ensuring an understanding of consultation that has occurred with each Board matter especially as there will be less voices at the Board table going forward	11/5/2020 4:42 PM
7	following rogers rules	11/5/2020 1:15 PM
8	expanded scope of pharmacists	11/5/2020 11:47 AM
9	Continued governance education for council members	11/5/2020 10:54 AM
10	pharmacy student changes	11/5/2020 9:18 AM
11	COVID-19 pandemic - pharmacy's role in protecting the public	11/5/2020 7:39 AM
12	spending time getting educated about upcoming trends	11/4/2020 8:28 PM
13	NA	10/29/2020 2:55 PM
14	Give us training in how to use BoardVantage. It is not a very friendly application.	10/29/2020 2:30 PM
15	Governance education is imperative	10/29/2020 7:28 AM
#	PRIORITY #3	DATE
1	Remaining open to different opinions	11/6/2020 10:24 PM
2	#3: Encouraging debate, encouraging tough questions; not easy to do in a videoconferencing setting. The Board's role is to manage and administer the affairs of the College and all directors should be encouraged to engage in respectful debate, in furtherance of the OCP's mandate to serve and protect the public interest.	11/6/2020 11:40 AM
3	Better opportunities to engage directly	11/6/2020 12:13 AM
4	Ensure effective process is in place for continued effective Board activities as the current pandemic situation evolves.	11/5/2020 9:34 PM
5	alloting the appropriate amount of time	11/5/2020 1:15 PM
6	continued focus on performance indicators	11/5/2020 11:47 AM
7	Informing pharmacists about their duty to protect the public	11/5/2020 10:54 AM
8	metric oversight - timely discipline/ICRC follow up	11/5/2020 7:39 AM
9	paying attention to business trends and stepping in to protect the public and the public purse	11/4/2020 8:28 PM
10	NA	10/29/2020 2:55 PM
11	Provide an index for each mailing and show us how to read items we select.	10/29/2020 2:30 PM

Q8 Individual Director Assessment:

Answered: 20 Skipped: 1



2019 -2020 Board Evaluation and Individual Director Assessments



2019 -2020 Board Evaluation and Individual Director Assessments

	MET	PARTIALLY MET	NOT MET	NOT ABLE TO COMMENT	N/A	TOTAL
1. I clearly understand that the focus of my activities is on the public interest objects of the College	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
2. I understand and support the strategic direction and goals of the College	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20
3. I have reviewed the operational framework developed by staff to implement key goals and the strategic plan for the College	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20
4. I have read and understand my role and responsibilities as set out in the Governance manual, the Code of Conduct and the by-laws	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
5. I attend Board meetings adequately prepared, having read the agenda and supporting documentation	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
6. I have actively participated in Board meetings	90.00% 18	5.00% 1	0.00% 0	5.00% 1	0.00% 0	20
7. I have attended and participated in most of the meetings of committees on which I serve	90.00% 18	0.00% 0	0.00% 0	5.00% 1	5.00% 1	20
8. I declare professional and personal conflicts that would jeopardize my ability to act in the best interest of the College	90.00% 18	5.00% 1	0.00% 0	0.00% 0	5.00% 1	20
9. I support the decisions and policies of the Board when communicating to others regardless of how I have voted on these matters	90.00% 18	0.00% 0	0.00% 0	5.00% 1	5.00% 1	20
10. I do not disclose information from "in camera" discussions that occur at Board or committee meetings	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20
11. I do not make use of information I acquired by virtue of my position on the Board for personal gain	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
12. I do not use my position on the Board to promote my personal, professional or business interests	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
13. At all times, I avoid any conduct that impairs the ability of the Board or its committees to perform their functions or to enjoy the confidence of the public or the government	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20
14. I publicly support the decisions of the Board	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20
15. I actively get to know the other members of the Board, members of committees on which I sit, and College staff with whom I often work	70.00% 14	15.00% 3	5.00% 1	5.00% 1	5.00% 1	20
16. I understand the role and responsibilities of the CEO & Registrar	95.00% 19	5.00% 1	0.00% 0	0.00% 0	0.00% 0	20
17. I understand the role and responsibilities of the College staff and understand that they do not work for individual Directors	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
18. If I have a concern about the CEO & Registrar or a staff member, I know the appropriate course of action to address my concern	90.00% 18	10.00% 2	0.00% 0	0.00% 0	0.00% 0	20
19. I express myself effectively on issues to further discussion at Board and Committee meetings	90.00% 18	5.00% 1	0.00% 0	5.00% 1	0.00% 0	20
20. I can ask tough questions in a diplomatic manner when the need arises	95.00% 19	0.00% 0	0.00% 0	5.00% 1	0.00% 0	20

2019 -2020 Board Evaluation and Individual Director Assessments

21. I am comfortable listening to opinions contrary to my own	100.00% 20	0.00% 0	0.00% 0	0.00% 0	0.00% 0	20
22. I am able to state my disagreement with a policy or decision at a Board meeting	85.00% 17	10.00% 2	0.00% 0	5.00% 1	0.00% 0	20

#	ADDITIONAL COMMENTS:	DATE
1	I consider it an honour and a privilege to serve on the OCP Board. The challenges of electronic Board meetings, which are an absolute necessity in this time of pandemic, are not easy to overcome. With each meeting, however, there appears to be more patience on everyone's part, and a better understanding of how to best to manage issues arising in the video conference environment. This is an ongoing learning process for directors and OCP officials alike. Important to note that respect and courtesy that is shown to all participants underlies our Board meetings.	11/6/2020 11:59 AM
2	Q.9 - I answered "N/A" because I have not had to speak in favour of a Council/Board decision that I have personally not agreed with. Q.15 - I answered "Not Met" because there have not been opportunities in 2020 to meet and greet and get to know the people we are to be working with. In addition, the start of the 2019-2020 Council/Board year took a month before the committees were named, and then the meetings were subsequently later getting going. Without the direct face-to-face encounters that occur in person, it is almost impossible to get to know people on a personal level via group teleconference or videoconference. This will be a major challenge, in my view, for the new board and the College staff this coming Board year.	11/6/2020 12:25 AM
3	With the current limitations of in-person meetings, it will be challenging to ensure opportunities for board members to get to better know each other, committee members, and college staff. Those opportunities before and after meetings and at breaks, no longer exist with virtual meetings. We should consider other ways to ensure this can occur as it's important to support the work being done.	11/5/2020 9:40 PM
4	8. I declare professional and personal conflicts that would jeopardize my ability to act in the best interest of the College - indicated partial met. Although not intention, I did not really understand the breadth of this until I was in a situation that was considered a conflict by others but not by myself. I understand this better now.	11/5/2020 11:50 AM
5	Always working toward developing my own communication skills	11/5/2020 11:00 AM
6	it has been a pleasure sitting as a board member	11/5/2020 9:59 AM
7	I realize we have a number of new Council Public Members who replaced those who have been around for a considerable number of years. It would be nice if they get an orientation not only in terms of the college business, roles and expectations but also, how to navigate their dealings with HBS, filling up service claim form, whom to follow up when questions arise over their claims, etc. It is possible many are sort of squemish raising questions related to this and may just coast along, perhaps, so that their ulterior motive coming on board is not misinterpreted as self-serving (the expectation is they just want to serve the public and make use of their retirement years productively, for most).	10/29/2020 3:26 PM
8	I cannot comment on most of these items because I have only recently been appointed as a public member and have not attended many meetings. I have attended all meetings to which I was invited. The ICRC ignored my appointment in July and did not invite me to an ICRC meeting in September.	10/29/2020 2:36 PM

COUNCIL BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Laura Weyland, Board Chair

TOPIC: September 2020 Board Meeting Evaluation

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

BACKGROUND:

At the conclusion of the September 2020 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 14 Board Directors responded to the survey and a summary of the input is being provided to the Board for information.

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

Answer Options	Always	Frequently	Often	Occasionally	Never	Response Count
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	10	4	0	0	0	14
2. Members were well prepared to participate effectively in discussion and decision making	8	6	0	0	0	14
3. In accordance with the governance philosophy, The Board worked interdependently with staff	10	4	0	0	0	14
4. There was effective use of time	8	6	0	0	0	14
5. There was an appropriate level of discussion of issues	7	6	1	0	0	14
6. The discussion was focused, clear, concise, and on topic	7	6	1	0	0	14
7. The technological tools used to facilitate the meeting supported the Board's discussion and decision making process	6	4	4	0	0	14
7A. Audio tools are effective	6	6	0	0	0	14
7b. Speaking order (raising hand) and voting tools are effective	7	7	0	0	0	14
7c. Video tools are effective	5	6	2	1	0	14
8. The shortened time schedule (three hours vs a whole day) was sufficient to facilitate Board decision making.	4	2	4	3	0	13

2. Did the meeting further the public interest?

YES = 17

NO = 1

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

- It's fine for the issues raised
- Expand the scope of practice for the Pharmacists
- Registrar's Report – because it was comprehensive and well organized given the volume of information presented
- The meeting demonstrated respect for all in attendance, allowing appropriate use of time for presenters and process overall.
- I felt that all issues were dealt with in a fair and equitable manner. However, consideration should be given to extend the allotted time by up to minutes depending on the "nature/impact" of the decision.
- I really like the presentations from the chairs of the different ctte . It make me realized that some council member did not fully understand the different role. it took a while, but it was a good investment of time.
- robust discussion about committee work moving forward with the new board of directors prepared per the agenda items.
- Data

4. Identify the issue(s) for which you have felt the discussion and decision-making process was not effective, and why. Note any areas where the distinction between governance and operations was unclear.

- OCP (at least at the board level) was not a participant in the decision to implement asymptomatic COVID 19 testing in select pharmacies. I do think there is a debate here about what is the scope of practice of a pharmacist, and how does their expertise in medications link up with lab testing? Does the public need more testing? Yes. Should a pharmacist be doing it? I guess we will never know the opinions of the people in this organization.
- All was clear
- None
- N/A
- None
- Not this time
- Sometimes board members forget that as a board, we are supposed to be flying at 30k feet as opposed to down in the weeds.
- Nothing

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

Answer Choices	Responses
Completely Satisfied	8
Mostly Satisfied	6
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	14

6. Please provide your feedback on the Committee Reporting at the September meeting.

- It probably took longer than planned. I enjoyed hearing from the chairs
- It was done in a very timely manner and all questions were answered.
- Very well done
- The Committee reporting at the September 2020 meeting met my expectations of appropriate content, time granted to each presenter, and clarity by those reporting/presenting.
- Appreciate that chairpersons were given the opportunity to describe what their respective committee does which is welcomed by recently appointed public members. Hearing from them than simply reading their reports has more impact.
- The members were engaged and asked relevant questions while adding some valuable comments towards clarification of issues.
- I liked it, it generated excellent discussion
- it was an effective discussion.
- It was alright
- Excellent and thorough.
- Generally very good. The presenters did not merely read the written reports.

7. Suggestions or comments on the agenda, format or brevity of the virtual meetings?

- I have no suggestions at this time. It's unfortunate that technical glitches continue to happen but they are part of the virtual meeting process and was pleased to see that all members were patient and understanding of same.
- Glad to have a compact agenda with only 2 items for decision-making. A bit surprised though that even with such shortened agenda (compared to that during normal times or pre-covid period), the meeting went on almost the entire day. I think that the lack of appetite to ask questions towards the second half of the day reflects the waning mood of the directors to participate which I think is one disadvantage of doing virtual meeting as against in-person.
- You may want to consider a few minutes extra depending on the agenda item, Q's & A's, and to accommodate any technology issues.
- the virtual tool is not convenient. I currently using many other platforms, msteam, Zoom and gotomeeting are better as you can easily see the person speaking.
- Meeting duration was fine
- Some of the nonoperational issues could be dispensed with and put into the meeting materials only as an acknowledgment.
- Meeting was an appropriate length (Q8 in the first part of the survey refers to a 3 hour meeting - that wasn't this one)
- The meeting was longer than you stated in the question above. I would rather see two three hour meetings held on different days than one 5 hour meeting. The Chair vastly improved her control of the meeting at the September meeting compared with the July meeting. I was frustrated because I could not get the video working after the lunch break.

8. Suggestions for improvement and General Comments

- None
- I am impressed at present with the evolution of the format
- None
- I'd much rather be in attendance in person for such meetings, but totally understand the College's position at this time, to hold virtual meetings only. It's not ideal for me and I expect

many members feel the same, but I do appreciate the work and efforts of so many, to make these meetings as smooth and streamlined as possible. I thought the meeting went very well! Thank you.

- Was surprised and quite saddened to note of the unexpected departure of a number of members (non-renewal of appointments for the public group and personal reasons for registrants). Welcome to all the newbies --- expect an exciting future ahead!
- Kudos to the staff and organizers. Professionally executed.
- I would have preferred to split the meeting over two days,
- Sarah MacDougall superstar. Thank you for sending great emails to the point and keeping all organized and running smoothly. Definitely deserve a raise
- none based on this meeting
- Excellent job by the Chair in keeping the discussion on schedule.
- See prior response. Help several members who had trouble with their video to get it working properly.

Respectfully submitted,

Laura Weyland, President

BOARD AND COMMITTEE MEETING ATTENDANCE

BOARD

Meeting Dates: ✓ = attended X = not attended	Sept 16 2019	Sept 17 2019	Nov 21 2019	Dec 9 2019	Mar 23 2020	April 22 2020	June 15 2019	July 20 2020	Sept 22 2020	Nov 19 2020
Chair: Laura Weyland	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stephen Adams ⁵								✓	✓	✓
Kathy Al-Zand ⁹	✓	✓	x	x	✓	✓	✓	x		
Connie Beck	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Breukelman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Billy Cheung	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tammy Cotie ¹			✓	✓	x	x	✓	x	✓	✓
Lisa Dolovich	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Edwards	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
Nadia Facca	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mike Hannalah	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Christine Henderson	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Azeem Khan ¹⁰	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tom Kontio	✓	✓	✓	✓	✓	x	✓	x	x	X
Elnora Magboo	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kyro Maseh	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Morrison	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sylvia Moustacalis ⁸	✓	✓	✓	✓	✓	✓	✓	✓		
Goran Petrovic	✓	✓	x	x	✓	x	✓	✓	✓	✓
Tracey Phillips	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Rick Phillips ¹¹										✓
Karen Riley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rachelle Rocha	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark Scanlon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siva Sivapalan	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Leigh Smith	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joy Sommerfreund ²	✓	✓								
Dan Stapleton ⁷	✓	✓	✓	✓	✓	✓	✓			
Doug Stewart ³	✓	✓								
Gene Szabo	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Régis Vaillancourt	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Devinder Walia ⁴							✓	✓	✓	✓
Rick Webster ⁶									✓	✓

1. T. Cotie appointed October 31, 2019
2. J. Sommerfreund Order in Council expired November 13, 2019
3. D. Stewart resigned from Council November 15, 2019
4. D. Walia appointed June 1, 2020
5. S. Adams appointed July 2, 2020
6. R. Webster appointed July 23, 2020
7. D. Stapleton Order in Council expired June 27, 2020
8. S. Moustacalis Order in Council expired August 12, 2020
9. K. Al-Zand Order in Council expired September 7, 2020

10. A. Kahn Order in Council expired November 28, 2020

11. R. Phillips appointed October 29, 2020

ACCREDITATION

Meeting Dates: ✓ = attended X = not attended	Orientation December 3, 2019
Chair: Régis Vaillancourt	✓
Elnora Magboo	✓
Goran Petrovic	X
Gene Szabo	✓
Sameh Bolos	X
Nadia Filippetto ¹	✓
Chintan Patel ²	✓
Tracy Wiersema	✓
Ali Zohouri	✓

The Accreditation Committee also meets in panels of no less than three and no more than five members approximately once a quarter.

1. N. Filippetto appointed November 15, 2019
2. C. Patel appointed November 15, 2019

DRUG PREPARATION PREMISES

Meeting Dates: ✓ = attended X = not attended	Orientation December 3, 2019	February 18, 2020	TBD
Chair: Régis Vaillancourt	✓	X	
Elnora Magboo	✓	✓	
Goran Petrovic	X	X	
Gene Szabo	✓	✓	
Sameh Bolos	X		
Nadia Filippetto ¹	✓	✓	
Chintan Patel ²	✓	✓	
Tracy Wiersema	✓	✓	
Ali Zohouri ³	✓	X	

1. N. Filippetto appointed November 15, 2019
2. C. Patel appointed November 15, 2019

DISCIPLINE

Meeting Dates: ✓ = attended X = not attended	Orientation Nov. 22, 2019	Mid-Year Meeting May 6, 2020	Nov. 4, 2020
Chair: Christine Henderson	✓	✓	✓
Stephen Adams ¹			✓
Kathy Al-Zand ²	✓	✓	
Connie Beck	✓	✓	✓
David Breukelman	x	✓	✓
Billy Cheung	✓	✓	✓
Tammy Cotie ³	✓	x	✓
Nadia Facca	✓	x	✓
Azeem Khan	✓	✓	✓
Tom Kontio	x	✓	✓
Kyro Maseh	x	✓	
James Morrison	✓	✓	✓
Sylvia Moustacalis ⁴	✓	✓	
Karen Riley	✓	✓	✓
Mark Scanlon	✓	✓	✓
Siva Sivapalan	✓	✓	✓
Leigh Smith	✓	✓	✓
Dan Stapleton ⁵	✓	✓	✓
Devinder Walia ⁶			✓
Rick Webster ⁷			✓
Laura Weyland	✓	✓	
Chris Aljawhiri	✓	✓	✓
Jennifer Antunes	✓	x	
Ramy Banoub	✓	✓	
Susan Blanchard	✓	✓	✓
Dina Dichek	✓	✓	✓
Jasmyn Gill	x	✓	✓
Simmer Grewal	✓	x	
Jillian Grocholsky	✓	✓	
Saliman Joyian	✓	✓	✓
Katherine Lee	✓	x	✓
Chris Leung	✓	✓	✓
Beth Li	✓	✓	
Sony Polouse	x	x	✓
Jeannette Schindler	x	✓	✓
Connie Sellors	✓	✓	✓
David Windross	✓	✓	✓
Cathy Xu	✓	✓	✓

1. S. Adams appointed July 16, 2020
2. K. Al-Zand Order in Council expired September 7, 2020
3. T. Cotie appointed November 18, 2019
4. S. Moustacalis Order in Council expired August 12, 2020
5. D. Stapleton Order in Council expired June 27, 2020
6. D. Walia appointed June 12, 2020
7. R. Webster appointed August 5, 2020

EXECUTIVE

Meeting Dates: √ = attended X = not attended	Nov 21 2019	Mar 5 2020	April 8 2020	June 3 2020	Sept 8 2020	Nov 19 2020
Chair: Laura Weyland	√	√	√	√	√	√
Kathy Al-Zand ²	x	√	√	√		
David Breukelman	√	√	√	√	√	√
Billy Cheung	√	√	√	√	√	√
Christine Henderson ³					√	X
James Morrison	√	√	√	√	√	√
Sylvia Moustacalis ¹	√	√	√	√		
Gene Szabo ⁴						√
Régis Vaillancourt	√	√	√	√	√	√

1. S. Moustacalis Order in Council expired August 12, 2020
2. K. Al-Zand Order in Council expired September 7, 2020
3. C. Henderson appointed September 1, 2020
4. G. Szabo appointed September 18, 2020

FINANCE AND AUDIT

Meeting Dates: √ = attended X = not attended	March 2, 2020	August 20, 2020	November 11, 2020
Chair: Dan Stapleton ¹	√	√	
David Breukelman	x	√	√
Billy Cheung	√	√	√
Tom Kontio	x	x	√
Regis Vaillancourt	√	√	√
Laura Weyland	√	x	√

1. Dan Stapleton's Order in Council expired June 27, 2020

FITNESS TO PRACTISE

Meeting Dates: √ = attended X = not attended	Orientation May 7, 2020
Chair: James Morrison	√
Kathy Al-Zand ¹	√
Azeem Khan	√
Karen Riley	√
Devinder Walia ²	
Dina Dichek	√
Adrian Leung	√
Fatema Salem	√
Jeannette Schindler	√

1. K. Al-Zand Order in Council expired September 7, 2020
2. D. Walia appointed June 12, 2020

GOVERNANCE

Meeting Dates: √ = attended X = not attended	October 21, 2020	November 13, 2020	December 1, 2020
Chair: Billy Cheung	√	√	√
Connie Beck	√	√	√
David Breukelman	√	√	√
James Morrison	√	√	√

INQUIRIES, COMPLAINTS AND REPORTS

Meeting Dates: √ = attended X = not attended	Orientation Oct 17, 2019	Full Business Meeting Sept 11, 2020
Chair: Rachelle Rocha	√	√
Stephen Adams ⁵		
Kathy Al-Zand ⁸	X	
Connie Beck	√	√
David Breukelman	√	√
Tammy Cotie ¹		√
Lisa Dolovich	X	X
Mike Hannalah	X	X
Azeem Khan ⁹	√	√
Tom Kontio	X	X
Elnora Magboo	√	√
James Morrison	√	√
Sylvia Moustacalis ⁷	√	
Goran Petrovic	√	√
Karen Riley	X	√
Siva Sivapalan	√	X
Leigh Smith	√	√
Joy Sommerfreund ²	√	
Dan Stapleton ⁴	√	
Gene Szabo	X	√
Devinder Walia ³		√
Rick Webster ⁶		
Elaine Akers	√	√
Sameh Bolos	√	X
Tanisha Campbell	√	√
Nadia Filippetto	√	√
Sajjad Giby	√	X
Frank Hack	X	√
Bonnie Hauser	√	√
Wassim Houneini	√	√
Mary Joy	√	√
Rachel Koehler	√	√
Elizabeth Kozyra	X	√
Chris Leung	√	√
Jon MacDonald	√	√
Kristin Madsen	√	X
Dean Miller	√	√
Vyom Panditpautra	X	√

Chintan Patel	X	√
Meena Patel	√	X
Aska Patel	X	√
Sony Poulouse	√	X
Saheed Rashid	√	√
Dan Stringer	X	√
Frank Tee	√	√
Amanda Vernooy	√	X
Tracy Wiersema	√	√
Lisa-Kaye Williams	√	√
Ali Zohouri	√	√

The Inquiries, Complaints and Reports Committee meets in panels of no less than three and no more than five members. The Committee currently has six standing panels which meet approximately once every 6 weeks.

1. T. Cotie appointed October 31, 2019
2. J. Sommerfreund Order in Council expired November 13, 2019
3. D. Walia appointed June 1, 2020
4. D. Stapleton Order in Council expired June 27, 2020
5. S. Adams appointed July 2, 2020
6. R. Webster appointed July 23, 2020
7. S. Moustacalis Order in Council expired August 12, 2020
8. K. Al-Zand Order in Council expired September 7, 2020
9. A. Kahn Order in Council expired November 28, 2020

PATIENT RELATIONS

Meeting Dates: √ = attended X = not attended	Jan 20 2020
Chair: Kathy Al-Zand	√
Connie Beck	√
Nadia Facca	√
Azeem Khan	√
Sylvia Moustacalis	√
Laura Weyland	√
Kshitij Mistry	√
Adam Silvertown	√

QUALITY ASSURANCE

Meeting Dates: √ = attended X = not attended	Nov 20 2019	Panel Dec 10 2019	Panel March 25 2020	Panel Oct 28 2020
Chair: Karen Riley	√	√	√	√
Tracy Phillips	√	x	√	√
Leigh Smith	√	√	√	√
Christine Henderson	√	√	√	X

Sylvia Moustacalis ¹	√	X	X	
Elnora Magboo	√	X	X	√
Mardi Teeple	√	√	X	√
Sarosh Tamboli	√	√	√	X
Shelley Dorazio	√	X	X	√
Eric Kam	√	x	x	x

1. S. Moustacalis order in Council expired August 12, 2020

REGISTRATION

Meeting Dates: √ = attended X = not attended	Nov 29, 2019 Committee meeting & Orientation	May 25 2020 Committee meeting
Chair: Sylvia Moustacalis ¹	√	√
Kathy Al-Zand ²	√	X
Mike Hannalah	x	x
Christine Henderson	√	√
Mark Scanlon	√	√
Rick Webster ³		
Dave Edwards	X	X
Angela Roach	√	X
Tammy Cassin	√	x
Jane Hilliard	√	√
Edward Odumodu	√	√

2. S. Moustacalis order in Council expired August 12, 2020
3. K. Al-Zand order in Council expired September 7, 2020
4. R. Webster appointed August 5, 2020

SCREENING

Meeting Dates: √ = attended X = not attended	September 14, 2020	October 28, 2020
Chair: Megan Sloan	√	√
Billy Cheung	√	√
David Collie	√	√
Nadia Facca	x	x
Dan Stapleton ¹		
Gene Szabo ²	√	√

1. D. Stapleton Order in Council expired June 27, 2020
2. Gene Szabo appointed June 30, 2020



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
SEPTEMBER 22, 2020**

DRAFT

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TUESDAY, SEPTEMBER 22, 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 Konito - 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

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

Mr. Stephen Adams, London
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto
Ms. Tammy Cotie, Brockville
Mr. Azeem Khan, Pickering
Ms. Elnora Magboo, Brampton
Mr. Gene Szabo, Kanata
Ms. Devinder Walia, Etobicoke
Mr. Rick Webster, Minesing

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. Sandra Sostaric, Executive Assistant to the CEO/Registrar

Invited Guests

Anita Arzoomanian and Kate Morris

1. President's Opening Remarks

President Weyland welcomed everyone and called the meeting to order at 9:07 am, noting this was the College's fourth virtual Board meeting. Ms. Weyland thanked members for taking the time to attend the meeting given the pressures due to COVID-19. Ms. Weyland opened the meeting with a traditional land acknowledgement statement as a demonstration of recognition and respect for indigenous peoples.

2. Noting Members Present

Member attendance was noted.

3. Declaration of Conflict

There were no conflicts declared.

4. Approval of Agenda

At the request of Billy Cheung, Chair of the Finance and Audit Committee, agenda item 8.1 regarding the appointment of the College's auditor was deferred to the December Board meeting.

A motion to approve the amended agenda was moved and seconded; **the motion CARRIED.**

5. Presidents Opening Remarks

5.1 Patient Story

Ms. Weyland invited Todd Leach, Manager of Communication to present the patient story from Lisa Dunlop, a cancer patient who was on pain medications for her most recent treatment.

5.2 Briefing Note – Board Chair's Report for June 2020

The Board Chair report was circulated for information only. Based on the feedback provided on the Board meeting evaluations from June and July, Ms. Weyland again summarized the rules of procedure based on Robert's Rules and reminded the Board of their role in an oversight capacity and to act in the best interest of the public.

Ms. Weyland welcomed newly appointed public member, Mr. Rick Webster. Mr. Webster was appointed on July 23rd and has been appointed to the ICRC, Discipline and Registration Committees.

Ms. Weyland acknowledged the efforts of Dan Stapleton, Sylvia Moustacalis and Kathy Al-Zand for their years of service to the Board. Their Orders in Council have expired since the last meeting. Ms. Weyland noted that Christine Henderson and Gene Szabo have been appointed

to the executive committee and Devinder Walia has been appointed to the Fitness to Practice Committee. Ms. Nancy Lum-Wilson thanked Board members for their leadership, service, dedication and commitment to the College, as the new structure and election will result in some members not returning.

6. Approval of Minutes of Previous Meeting

6.1 Minutes of June 15, 2020 Board Meeting

6.2 Minutes of July 20, 2020 Board Meeting

It was moved and seconded that the Minutes of the June and July 2020 Board meetings be approved. The motion CARRIED.

7. Matters Arising from Previous Meetings

There were none.

8. For Decision

8.2 Briefing Note – Registrar – Vice Chair – Deferral of Strategic Plan

Ms. Weyland invited Mr. Billy Cheung to present on the Briefing Note.

Mr. Cheung presented the briefing note regarding the proposed deferral of the upcoming strategic planning for the Board's consideration. The Board briefly discussed the impact of the pandemic on College activities.

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

The motion:

That the Board affirm the ongoing relevance of the Priorities set out in the current Strategic Framework and defer Board Planning activity to 2022 or 2023 at the call of the new Board of Directors. There were no abstentions. The motion CARRIED.

9. For Information

9.1 Briefing Note – Statutory and Standing Committee Reports

Ms. Weyland advised the Board that the College circulates annual committee reports for information. This year, with the separation of the Board and Committees in the future, because of governance reform it will be important to consider how the Committees interact with and report to the Board.

As this is the last working meeting of the current Board, Chairs from each Committee presented an update to the Board.

Dan Stapleton, former Chair, Finance and Audit Committee reported that the Committee continues to be satisfied with the services and advice provided by Tinkham LLP Chartered Professional Accountants and will continue to focus on ensuring sufficient funds are available to meet the objectives set out in the strategic plan.

Rachelle Rocha, Chair or Inquiries, Complaints and Reports Committee (ICRC) reported that virtual meetings are ongoing due to the pandemic have been successful. The Boardvantage software introduced for disseminating and reviewing material is working well. Overall meetings have increased in 2020 compared to 2019. Increased communication between the ICRC, Discipline and Accreditation Committees over the Board year could be considered to help identify trends and improve consistency of outcomes.

Christine Henderson, Chair, Discipline Committee reported that two training meeting were held virtually, which provided the Committee the opportunity to receive training from independent legal counsel on best practices. The Board's initiative to request cost recovery reflective of the College's legal and investigative costs are being implemented. Increased communication with the ICRC and Accreditation Committees would be welcome.

Regis Vaillancourt, Chair, Accreditation and the DPP Committee reported that the volume of referrals to the Accreditation Committee has increased in the 2019-20 Board year. It was noted that an increase in committee appointees who work in hospital would be beneficial to the committee. Increased communication with the ICRC and Accreditation Committees would be welcome.

Karen Riley, Chair, Quality Assurance informed the Board that the Committee approved the appointment of quality assurance assessors for 2020 (including both the College Practice Advisors and Quality Assurance Assessors). The Committee continues with the evaluation and re-design of the program for both pharmacists and pharmacy technicians. There may be an opportunity to consider cost recovery when assessors need to do repeat visits.

Sylvia Moustacalis, former Chair, Registration Committee explained that the committee continues with the development of registration policies related to computer based jurisprudence exams, which will be delivered either through online remote proctoring or in testing centers. Options for a bridging program for international pharmacy technician graduates should be considered. The committee may consider recommending that PEBC complete a background check.

James Morrison, Chair, Fitness to Practice Committee reported that the Committee received training from independent legal counsel regarding the Fitness to Practice process. A member of the Ontario Pharmacy Health Program (OPHP) provided insight into addiction and mental health and the services they offer. Increased engagement with the profession should be considered.

Kathy Al-Zand, former Chair, Patient Relations Committee. Recommendations were received from an external consultant for the College to consider improving the experience for sexual abuse victims by improving communication between staff and the patient/complainant about regulatory processes and engaging staff in trauma-informed training opportunities. The PRC also reviews and makes recommendations on the activities of the College to increase cultural competency for both the College and the profession.

Laura Weyland, Chair, Executive Committee reported that the Committee undertook governance reform for the College over the last year. Elements considered included reduction in Board size, composition, separation of the Board and Statutory Committees and competency-based elections and appointments.

Ms. Weyland thanked the Committee Chairs for their reports and commended the efforts of all Committee members over the past year.

9.2 Briefing Note – Registrar – Expanded Scope of Practice for Pharmacists

Ms. Weyland invited Ms. Susan James to present on the Briefing Note.

Ms. James provided an overview of the activities under way on expanded scope of practice. Board members discussed the timing of the expanded scope, the need for communication and impact on access for the public, especially in light of the continued challenges of the pandemic. The College continues to meet with the Ministry regularly on this initiative. Discussion followed the Briefing Note update.

9.3 Briefing Note – Registrar’s Report for September 2020

Ms. Weyland invited Ms. Nancy Lum-Wilson to provide an overview of the report. Highlights of the report included discussion of Strategic Priorities, 2020 Re-forecasted Budget and the 2021 Operating Plan and the Q2 2020 Scorecard as well as the results from the most recent staff engagement “Pandemic Pulse” survey. The Board commended the ongoing work of the College to improve staff engagement.

The College is working with the Ministry on the College Performance Measurement Framework (CPMF) framework. Interviews are being scheduled throughout October and November with all regulatory bodies with reporting to be done by March 31, 2021.

The College is continuing to work closely with the Ministry, particularly regarding the impact of COVID and how best to manage the upcoming flu season.

Following questions, **the briefing note was received for information.**

10. Other Matters

10.1 Presentation – Data Strategy

Anita Arzoomanian, Lead for Professional Development Quality Assurance and Kate Morris, Statistician presented on “*Using Data to Drive Safe Practice*” to the Board. The presentation focussed on risk analysis and the importance of considering impact of College work on the public.

Following questions, **the presentation was received for information.**

10.2 Election Update and Appointing the Scrutineers

Ms. Weyland invited Ms. Nancy Lum-Wilson to provide an update on the election.

Ms. Nancy Lum-Wilson noted that a total of 18 pharmacist and 4 pharmacy technician applications met eligibility criteria for initial screening by the external consultant and were presented to the Screening Committee. The Committee approved a final list of 17 pharmacists and 3 pharmacy technician candidates who will stand for election based on scores against the approved

competency criteria. The election opens on October 5th and will close on November 2nd, 2020. The deadline for applications to be considered for a Professional Committee Appointment (PCA) is September 25th and all of the Board Applicants have been informed that if they are not successful in the election, their application will stand for consideration as a PCA for 2020 at their request.

The Board was informed that Zubin Austin and Wayne Hindmarsh have agreed to act as scrutineers for the election results on November 3rd.

10.3 2021 Board Dates

The Board noted for information the 2021 Board and Executive Committee meeting dates. Calendar invitations will be sent to hold the dates. It is anticipated the meetings will remain virtual until at least the fourth quarter of 2021.

10.4 Registrars PA Launch

Ms. Weyland advised the Board that the launch of the 2020 CEO & Registrar Annual Performance Appraisal Process is underway and that Board members should expect an email with a link to a survey to be completed. The final report will be presented in camera at the December Board meeting. Dr. Valerie Davis will be facilitating the Performance Appraisal process again for 2020.

11. Motion of Adjournment

There being no further business, **at 3:27 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sandra Sostaric
Executive Assistant

Laura Weyland
Board Chair



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF THE BOARD OF DIRECTORS**

NOVEMBER 19, 2020

DRAFT

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THURSDAY, NOVEMBER 19, 2020 – 1:00 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 - Regrets
District M	Mr. Mike Hannalah, Toronto
District M	Mr. Kyro Maseh, Toronto
District M	Ms. Laura Weyland, Toronto
District N	Mr. Tom Kontio, London - 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

Dr. Lisa Dolovich, 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

Mr. Stephen Adams, London
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto - **Regrets**
Ms. Tammy Cotie, Brockville
Mr. Azeem Khan, Pickering
Mr. Rick Phillips, London
Ms. Elnora Magboo, Brampton
Mr. Gene Szabo, Kanata
Ms. Devinder Walia, Etobicoke
Mr. Rick Webster, Minesing

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

President's Opening Remarks

Ms. Weyland welcomed everyone to the special meeting to discuss emergency assignment registration certificates. Members were informed of the virtual meeting platform features and informed that votes will be registered and recorded using the voting features within the program.

Ms. Weyland informed the Board that Public Director Azeem Khan's Order in Council had not been renewed and thanked him for his contribution to the College. Ms. Weyland also welcomed newly appointed Public Director Rick Philips.

1. Noting Members Present

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

2. Declaration of Conflict

Ms. Karen Riley raised for consideration her appointment as the College's representative on the Pharmacy Examining Board of Canada (PEBC) Board and if that would preclude her from participating in the meeting. It was concluded that the motions before the Board, as described in the briefing note, would not result in a conflict but should the discussion shift from the context presented the issue of her cross appointment could be reexamined.

There were no other 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 – Emergency Assignment Registration

Ms. Weyland invited the CEO and Registrar, Ms. Nancy Lum-Wilson to provide some context on the issue prior to the presentation of the briefing note.

Ms. Lum-Wilson first acknowledged the letters sent to OCP on behalf of pharmacist graduates in Ontario. She reminded the Board that the focus of the College is to uphold the mandate of public service and protection at all times.

Throughout the pandemic, the College has endeavored to gauge the impact of the pandemic on the workforce and respond accordingly. Ms. Lum-Wilson noted that with the sustained and growing pressures on the workforce, compounded with the second wave of the pandemic, the College had started work early in the fall on a regulatory response to proactively address a surge in demand, not only for the current emergency, but for future emergencies as well. She also noted that while there is a provision in the existing regulation allowing the Board to approve an

alternative exam, the regulation requires that it must be for the same purpose as the PEBC Qualifying exam, equally accessible to all applicants and follow equivalent, fair and reliable assessment methodology.

Ms. James reviewed the key points in the briefing note and the provisions within the regulation that would be changed to enable the new class of registration certificates. Ms. James also noted that candidates under the emergency assignment registration class would be subject to supervision (as defined in College guidelines) as well as the allowance for the Registrar to revoke a certificate, in order to satisfy the College's mandate to ensure safe quality care for patients.

The Board discussed the educational requirements for eligibility for an emergency assignment registration certificate and Ms. James confirmed that the Board would be required to specify the jurisdictions to which an emergency assignment registration class could apply. This will be brought forward at the next Board meeting in December. International Pharmacy Graduates (IPGs) will need to either demonstrate they have passed the PEBC Qualifying Exam on their first attempt or have completed the approved bridging program, provided by the University of Toronto.

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

The motion: That the Board approve the proposed changes to *General Regulation 202/94* under the *Pharmacy Act*, 1991 (Appendix 1, 2 and 3) to allow for emergency assignment registration certificates for pharmacists and pharmacy technicians.

The motion was moved and seconded. The motion CARRIED.

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

The motion: That the Board seek approval by the Minister of Health to waive or abridge the requirement for a 60 day public consultation period of the proposed regulation changes.

The motion was moved and seconded. The motion CARRIED.

5.0 Motion of Adjournment

There being no further business, **at 2:45 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sarah MacDougall
Board & Committee Liaison

Laura Weyland
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2020

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

TOPIC: Registrar's Report on Election of Directors

ISSUE: Election Results for 2020

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

BACKGROUND:

- Per the by-laws, elections were opened on October 5, 2020 and closed on November 2, 2020 at 5:00pm.
- There were 17 candidates for the five available Pharmacists seats. And three candidates for the two available Pharmacy Technician seats.
- The Scrutineers' Report and Poll results are attached for Board's Information.

RECOMMENDATION: Receive the Election results for Information

November 3, 2020

To the Chair and Board Directors of the Ontario College of Pharmacists:

We, the undersigned scrutineers, hereby certify that we observed commencing at 9.00 a.m. on Tuesday, November 3, 2020, and verified the votes in the elections for Board for 2020.

The results are as follows (listed in order of the most votes):

Pharmacists

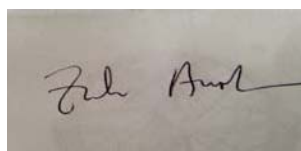
Term	Name
3 year	Sara Ingram
3 year	Douglas Brown
2 year	Tracey Phillips
1 year	Mark Scanlon
1 year	Siva Sivapalan

Pharmacy Technician

Term	Name
3 year	Goran Petrovic
2 year	Ruth-Ann Plaxton



Dr. Wayne Hindmarsh
Scrutineer



Dr. Zubin Austin
Scrutineer



Poll Result

2020 Board Elections

Report date: Monday 02 November 2020 17:05 EST

2020 Board Elections

Poll ID: 162513

As at Poll close: Monday 02 November 2020 17:00 EST

Number of voters: 3399 · Group size: 21386 · Percentage voted: 15.89%

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16064178	Goran Petrovic	1,473	43.34
2	16064179	Ruth-Ann Plaxton	1,270	37.36
3	16064171	Sara Ingram	1,219	35.86
4	16064177	Danielle Garceau	1,170	34.42
5	16064164	Douglas Brown	1,010	29.71
6	16064174	Tracey Phillips	970	28.54
7	16064167	Mark Scanlon	879	25.86
8	16064172	Siva Sivapalan	877	25.80
9	16064163	Deena Hamzawi	835	24.57
10	16064165	Karen Riley	811	23.86
11	16064173	Stephen Macinnis	726	21.36
12	16064160	Andrea Fernandes	725	21.33
13	16064166	Laura Weyland	675	19.86
14	16064162	David Windross	652	19.18

15	16064176	Zahra Sadikali	634	18.65
16	16064168	Mike Hannalah	633	18.62
17	16064169	Nisha Varughese	572	16.83
18	16064161	Daniel Lee	438	12.89
19	16064175	Wilfred Steer	361	10.62
20	16064170	Ranvir Rai	324	9.53

Results generated by [BigPulse Online Voting](#)

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Governance Committee

TOPIC: 2020 – 2021 Executive Committee

ISSUE: Election of the Executive Committee

PUBLIC INTEREST RATIONALE: The recently implemented governance framework incorporates the principle of competency-based appointment/election. All actions taken by the Board, or the Executive Committee on their behalf, are conducted transparently and subsequently reported on publicly. Given the important function of the Executive Committee noted below, having qualified directors serve on the committee, with the background and experience required to support good decisions, is vital.

BACKGROUND:

As per the [Pharmacy Act, 1991](#) section 7.1 Council (known at the College as the Board) shall be composed of:

- at least nine and no more than 17 persons who are members elected in accordance with the by-laws at least two and no more than four of whom must hold a certificate of registration as a pharmacy technician;
- at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council
- the dean(s) of each faculty of pharmacy of the universities in Ontario.

As per Section 12 of the Health Professions Procedural Code the Executive Committee may exercise the powers of the Board:

- **12 (1)** *Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.*
(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.

As the Board is currently comprised of the minimum number of elected and appointed members prescribed in the statute, an unexpected vacancy could result in the Board not being properly constituted. Accordingly, the Executive Committee would enable the College to continue to operate and meet its obligation in such a circumstance.

In accordance with the by-laws, the Executive Committee shall be composed of the Chair and the Vice-Chair, and three additional Directors, one of whom shall be an Elected Director and two of whom shall be Public Directors.

ANALYSIS:

Candidates for Executive positions put forward their names for assessment by the Governance Committee and if deemed qualified their names shall be provided to the Board for election in accordance with the by-law. The draft board policy 1.6, Election of Board Chair and Vice-Chair was used to guide the assessment of qualifications to serve in the position of Chair and Vice Chair. Further, the Committee determined that to be qualified to serve in any capacity on the Executive Committee; a board member would require experience on the College Board.

Pursuant to section 12.1.1 of the College By-law 6A, the following individuals are willing to serve and have been assessed by the Governance Committee to be qualified for the roles.

CANDIDATES FOR ELECTION:

Candidate(s) for Chair:	Billy Cheung
Candidate(s) for Vice Chair:	David Breukelman Mark Scanlon
Elected Director:	James Morrison Mark Scanlon Siva Sivapalan
Public Directors:	David Breukelman Christine Henderson Gene Szabo

November 2020

Dear Governance Committee and OCP Board of Directors,

I am respectfully requesting your valued support in my interest to serve as your Board Chair this year. As a pharmacist since being licensed, I have always ensured my active engagement with the profession and other opportunities beyond the 'day to day'. Along with my work experience, this professional and community involvement, brings to the role of Board Chair a broad background, experience, and developed skillset which includes leadership, strategic thinking, external relations, governance, and more.

The College operates through the leadership and guidance of our Board. We MUST be effective in order for the College to be effective in achieving its mandate. My commitment if selected as your Board Chair is to ensure we as a Board work effectively together, that we are successful in our role to perform the 'steering', and we enable our Registrar and CEO, and the OCP team, to implement the strategic plan. This will be critical in the first year, and moving forward, with our new governance model.

My personal style to dealing with any and all issues and opportunities has always been with a sensible and realistic approach. Since being originally elected to the OCP in 2016, I have been active with ICRC, discipline, registration, accreditation, DPP, finance, governance, and the executive committee. As your Board Chair, I bring to the role a clear understanding of the workings of the Board, and a clear focus on the important work and decisions we are responsible for making.

With your support, I look forward to the challenge, along with serving with each of you, together, to ensuring the interests of the public are protected and maintained.

Thank you for your consideration.

Sincerely,



Billy B. Cheung

Billy B. Cheung - Biography

Billy Cheung is a pharmacist and is currently Executive Director, Pharmacy, Marketing & Professional Affairs for Pharmasave East, where his role is to help independent pharmacy owners and pharmacists succeed in their profession and their business. He is the elected Vice Chair of the Board at the Ontario College of Pharmacists, and a Past Chair of the Ontario Pharmacists Association, and has always been active with various professional committees and advisory groups. Outside of his pharmacy life...you'll find Billy spending time with his family, running marathons, and cycling to faraway places for charitable causes.

Summary

- A graduate of the pharmacy program from the University of Toronto, 1994.
- Over 30 years of pharmacy related experience including retail community pharmacy, pharmaceutical industry, and pharmacy administration.
- Broad areas of experience and expertise including external relations, government relations, training, sales, marketing, program development/implementation, governance, and strategic planning.

Work

- Currently **Executive Director, Pharmacy, Marketing, & Professional Affairs for Pharmasave East**, leading the development, enhancement, and implementation of resources, programs, and support for more than 450 independently owned community pharmacies across the Ontario and the Atlantic provinces.
- **Continued front-line pharmacy practice** as a 'Part A' registered pharmacist with the OCP, providing direct patient care.
- Four years in the generic pharmaceutical industry developing value added programs and working with National pharmacy chains and sales representatives.

Professional Involvement

- **Ontario College of Pharmacists (OCP)** Elected Council Member (2016-present); Executive Committee member (2018-2019); Vice-Chair (2019-2020); Chair of Governance; Interim Chair of Finance; has also chaired Accreditation, and member of ICRC, discipline, registration committees.
- **Ontario Pharmacists' Association (OPA)** Board of Directors (2007-2014); Chair of the Board (2012-2013); has chaired the External Relations, Human Resources, Audit/Finance and Governance & Nominating committees.
- Extensively involved with other associations and committees over the past 25+ years including Canadian Pharmacists Association, Neighbourhood Pharmacy Association (formerly CACDS), and the Ontario Chain Drugstore Association.
- Waterloo School of Pharmacy – annual guest lecturer for the PHARM 350 course – Operations in Pharmacy (2010 – 2017)
- Chapter author of 'Effective Management Styles' in the Pharmacy Management in Canada textbook.

Community Engagement

- Board Director with **Wellspring Cancer Support Foundation** from 2009 to 2015 and Event Chair for the Wellspring Ride for Cancer support (2010-2014). Successfully organized and participated in this long-distance cycling event 7 times contributing to over \$3 million raised to date (Calgary to Texas 2011, Toronto to Texas in 2012, 2013, and Toronto to New Orleans 2014, 2015, Miami 2016, Las Vegas 2018).
- As a **bone marrow donor** to an anonymous recipient in 2004, has been involved in the role of spokesperson at various awareness events for the Canadian Blood Services OneMatch program, along with the OtherHalf Chinese Stem Cell Initiative.
- One of the 'resident pharmacists' for on **Zoomer Radio AM740** (Goldhawk Fights Back & Fight Back with Libby Znaimer), a weekly talk show and call in program discussing pharmacy, pharmacists, and health and wellness issues (2013 to January 2018).
- Regular pharmacist at various community groups presenting topics of interest through the year.

Personal

- Awesome family support from my wife Gail along with Mya (17) and Benjamin (15).
- Obsessed with challenges! Completed 14 full marathons since 2010; personal goal to run as many of the big marathons around the world; successfully completed Mont Tremblant Full Ironman in 2019.
- Advanced photographer; strong interest in all things technology related.

Timelines

- Pharmasave Drugs (East) Ltd. (2020 to present)
- Pharmasave Drugs (Ontario) Ltd. (1999 to 2020)
- Ontario College of Pharmacists Council (2016 to present)
- Ontario Pharmacists Association Board (2007 to 2014)
- Wellspring Cancer Support Foundation Board (2009 to 2015)
- Community pharmacist – Various pharmacies (1994 to present)
- AltiMed Pharmaceutical Company (1995 to 1999)
- Pharmacy Manager – Loblaw / Drugstore Pharmacy (1994 to 1997)
- Janssen Pharmaceutica Studentship Program (1993)
- U of T Faculty of Pharmacy (1990 to 1994)
- Pharmacy Assistant – Various pharmacies (1988 to 1994)

Awards| Recognition

- AltiMed Elite Leadership Award (1998)
- Ontario Pharmacists Association Voice of Pharmacy Award (2016)
- Featured 'Pharmacy Leader' in Pharmacy Business magazine (January 2015)
- Pharmasave Spirit of Pharmasave Award (Sept 2017)

Contact

☎ 416.419.8218

✉ billybcheung@gmail.com

Brief Bio:

W. David Breukelman, MBA, BA

David is a passionate proponent of excellence in governance. Aside from his current role as a Public Member of the Board of the Ontario College of Pharmacists, David has served as a director of numerous public and private companies, in addition to non-profit organizations including the McMaster Innovation Park and the Royal Conservatory of Music. David's passion for governance led him to found an organization dedicated to measuring and improving board governance across a broad spectrum of organizations.

David is a respected serial entrepreneur. He is a passionate leader and a seasoned executive with demonstrated success in entrepreneurial, corporate, and diplomatic environments ranging from startup operations to large multinational organizations. David possesses the rare ability to envision a novel business strategy and bring that strategy to life through expert operational execution with scalable and driven teams. That said, he takes great pride in striving to make the world a better place. Indeed, each company he has helped build shares a simple goal: to reach out and create an impact in the lives of others.

Mr. Breukelman graduated with a Masters of Business Administration degree from the Ivey School and a Bachelor of Arts degree from Victoria College at the University of Toronto. He has earned several financial designations and has served in an advisory capacity to companies such as Intel and Unilever. Mr. Breukelman is also a welcome speaker at Universities and other institutions worldwide; last month, he served as a keynote speaker at the European Institute of Innovation and Technology e-conference. David has made numerous appearances on Television, Radio, and in Internet forums.

Vice Chair Competencies:

Philosophical Foundation - A properly constructed Board can help management and stakeholders enhance overall organizational performance to benefit all. It also helps identify and address risk points on an active and ongoing basis. Board roles should always be viewed as fundamental opportunities to align with the vision and objectives of an organization and work diligently to further those aims.

- The College has started down a path of governance improvement via the adoption of best practices. I am excited to have been a part of this process to date and have much more to offer in this regard. The College's Vice Chair is also, under the current By-Laws, chair of the Governance Committee, and I wish the opportunity to apply my skills and experience to this fundamental and essential role.
- Throughout my career, I have held several C-Level and Founder roles; however, it is in the broader field of governance where I have focused my energies. I believe that my bio and CV demonstrate my skills, and I am seeking the opportunity to apply them fully to the benefit of the College.

- My efforts to-date have included involving myself in as many levels of the organization as I possibly can. I have learned, collaborated, and grown as a successful and positively contributing member of the Executive Committee, the Governance Committee, the Audit and Finance Committee, and both Discipline and ICRC.
- I believe that my participation at all levels, as both a Council Member and now as a Board member, has demonstrated to my colleagues both adaptive leadership skills, which they should feel comfortable with, and certainly an ability to think strategically.
- It is the latter that brings me to run for the position of Vice Chair. In this coming, shortened term, one of my clear focuses would be to disengage the Vice Chair's role from the role of chair of the governance committee and to evolve the College's board succession approach from one of predestination to one of merit on an ongoing basis. I would be happy to address my reasoning on both points for anyone at any time.
- While I have not acted as Chair of any College committees to date, my broader organizational history includes multiple Chair and Committee Chair positions, each with significant visibility and responsibility. I also believe that I have demonstrated a willingness to participate constructively and productively in all meetings.
- In my initial commitment to the College of Pharmacists, I ensured that I would have the availability to meet my obligations. I continue to do so to the best of my ability.
- Any exploration of my governance and executive history will lead one to conclude that I successfully foster, build, and maintain strong relationships between stakeholders, management, and boards.
- In terms of trust in my relationship with the chief executive officer and other board members, that is something I have confidence in but would have to allow them to comment upon.

In seeking election to the role of Vice Chair, I re-emphasize that presently there is a structural link between that role and share of the governance committee. The college has worked diligently to evolve its governance to best practices for some time now. The job is not yet done; I believe that strong leadership on the governance committee is essential to the college continuing on its path to forward-looking evolution in the best interest of all.

Kindest Regards,

David Breukelman

W. DAVID BREUKELMAN

breukelman@mac.com | 905-906-5224

Collaborative Leader ♦ Global Strategist ♦ Technical Visionary ♦ Governance Expert
Builder of Remarkable Organizations

Abstract:

David has a History of High Impact Alchemy in Business.

He is a passionate leader and a seasoned executive with demonstrated success in entrepreneurial, corporate and diplomatic environments ranging from startup operations to large multi-national organizations.

He has that rare ability to envision a novel business strategy *and* bring that strategy to life through expert operational execution by scalable and driven teams.

His ability to generate strong returns from overlooked and under-realized opportunities stems from seeing and realizing the potential in markets, technologies and people.

Ambitions & Objectives:

David is constantly to build a powerful and lasting legacy by sharing, educating and participating in organizational evolution... while having fun and creating value along the way.

He is seeking to partner with like-minded individuals and organizations that have bold ambitions and would from his vision, mentoring, leadership, network and skills.

He seeks to make a sustainable and ethical impact on a national and global level.

Skills, Talents and Connections:

David possesses an expansive network of powerful contacts and friends cultivated over his 30-year career by working & negotiating with entrepreneurs, corporate, government & community leaders at local, national & international levels.

- | | |
|------------------------------------|--|
| ♦ Canadian and US Board Experience | ♦ Canadian, US & International Markets |
| ♦ World Class Team Building | ♦ Public Speaking and Media Interviews |
| ♦ Strategic Planning and Visioning | ♦ Marketing and Revenue Generation |
| ♦ Skilled Negotiation | ♦ Organizational Change and Growth |

| November, 2020

W. DAVID BREUKELMAN

breukelman@mac.com | 905-906-5224

Professional Highlights:

David has been the President of Business Arts Inc. since 1994, during which:

He has founded a governance analytics organization which has been transforming the quality of Board impact internationally. He and his family have founded, managed and/or funded numerous industry transformative businesses.

His leadership philosophy embraces ventures, always with the objective of stabilization, execution, growth and scaling. His role is to provide unique, proactive leadership which creates and/or nurtures emerging corporations with global aspirations.

His management style always focuses on creating a spirit of respect, openness and collaboration while never losing sight of value creation.

He uses judgment and skills to optimize valuations, execute acquisitions, structure deals, and deliver remarkable growth.

The Remarkable Results:

David has led the delivery of well over \$100 million in direct funding through Business Arts' core projects, and the creation of more than \$1.5 Billion in asset value.

Company	Industry	Role	Situation	Point of Involvement	Peak Market Cap
IMAX	Imaging	Principal/ Business Development	Growth	\$10 million	\$1.3 Billion
Magic Online	Communications	Principal	Early Stage	\$1 Million	\$130 Million
Arius3D	Imaging	Founder	Startup	\$0	\$120 Million
Gedex	Imaging	Co-Founder	Startup	\$0	\$100 Million
Clear Blue	Power	Board	Startup	\$0	\$30 Million
MedX	Imaging	Board	Turnaround	\$6 Million	\$30 Million
Total Value Creation				\$17 Million	\$1.71 Billion

| November, 2020

W. DAVID BREUKELMAN

breukelman@mac.com | 905-906-5224

The Breukelman family, through Business Arts, has grown five different core companies, all of which remain active in one form or another today. All five of these companies have been valued at one time in excess of \$100 million and two operate today as multi-billion dollar organizations. David has been a key builder and leader of four of those companies.

Personal and Educational Highlights:

David is a modern renaissance man; enlightened and skilled in the business, academic, and cultural aspects of society with a passion for family and community.

He has established deep relationships within the universes in which he has been active, including (but not limited to) Nation States, Universities, bio, agri, healthcare, new media, finance, imaging, resources, security and defence, entertainment and computing.

He has orchestrated and delivered tens of millions of dollars of non-dilutive, government funding and backing for its core projects, as well as government-backed transactions worldwide in fields as diverse as Entertainment, Development, Real Estate and Technology deployment. This network is evidenced by David's history of concluding significant business transactions in almost every G20 country.

He has served as a director of a number of public and private companies in Canada and abroad. David serves at the pleasure of Ontario's Lieutenant Governor as a Director of the Ontario College of Pharmacists where he serves on the Executive, Finance, Governance, Discipline and ICRC Committees. David is extremely proud to currently serve as Director and Chair of the Finance Committee at the McMaster Innovation Park. Past and present board appointments include Public, Private and Not for Profit organizations in Canada and the United States. He has also held executive risk management roles at The Bank of Nova Scotia and Bank of America.

He graduated in 1984 with a Masters of Business Administration degree from The University of Western Ontario's Richard Ivey School and a Bachelor of Arts degree from Victoria College at the University of Toronto. He has earned numerous financial designations and has served in an advisory capacity to companies such as Intel and Unilever.

He is a welcome speaker at Universities and other institutions worldwide and has made numerous appearances on television, on the radio and in internet forums and most recently was the keynote speaker at the EIT: Raw Materials Conference in Berlin where he delivered a talk on innovation, value creation and the value of great governance.

| November, 2020

Mark Scanlon Statement

To the Members of the Governance Committee, and to the Members of the Board,

I am running for the position of Vice-Chair of the 2020-2021 Board of Directors. I believe this Board year will be a year unlike any other, even differing from the year from which we are currently emerging.

In a year of great change and challenge, it is important to have demonstrated leadership on the Board and the Executive Committee.

Over the past 35 years, I have been heavily involved in many different organizations, and in a number of different roles within the profession.

I have been a committee member of almost every committee at OCP during my time on Council, and I have chaired a variety of those committees, task forces, and working groups. I have chaired the Council, the College's two largest committees, and have been appointed as interim chair for two committees. I have been appointed to chair a significant number of panels for ICRC, Fitness to Practice, and Discipline Hearings and PreHearing Conferences. In my many years on the Discipline Committee it is relatively rare for me to be appointed to a Discipline Panel and to not be the chair.

I would not accept these various chair positions if I did not enjoy them.

I enjoy them because of the opportunity that the chair position provides to influence the process of the meetings. The role of the chair, as I see it, is to keep the process moving, while allowing and encouraging many things to happen. Adequate time needs to be appropriated to the various participants, and that time needs to be managed without necessarily seeming to be overtly controlled. Ideas, thoughts, misunderstandings, and Aha moments need to be encouraged and fleshed out, particularly from those who may not feel comfortable expressing themselves in that milieu. Occasionally, some participants need to be reigned in without feeling as though they are being shut down and disrespected.

I've had the opportunity to own two different pharmacies for a total of almost 27 years. I've also been an instructor and workshop facilitator, and have served as a preceptor and mentor to many students over my years in the profession.

Within that body of work, I have enjoyed being both the person at the helm, and the person in support of that person. I believe that my years of OCP work, particularly in the various chair roles, and my years of work as an instructor and mentor, in which my goal is to give help and support to others, lend credence to my objective to serve as Vice-Chair.

This will be a year in which the Chair of the Board will need both support and mentorship, as will almost all other members of the Executive and the Board. I believe I am a very appropriate candidate for the position of Vice-Chair.

Best regards,

Mark F. Scanlon

Mark F. Scanlon, B.Sc.Pharm., R.Ph.

705-772-3160 (C)
m.f.scanlon@gmail.com

Education

1986: Bachelor of Science in Pharmacy, University of Toronto

Work Experience:

1986 – 1989: The Medical Centre Pharmacy, Peterborough, Ont., Staff Pharmacist

1989 – 2009: The Clinic Pharmacy, Peterborough, Ont., Owner/Manager

1990 – 1993: Faculty of Pharmacy, University of Toronto, Facilitator, Communications Workshops

1990 – Present: Workshop Facilitator, Variety of Pharmacy-Related Topics

2008 - 2009: Instructor, Pharmacy Technician Professional Practice Course, Lambton College (Fleming Satellite Location)

2009 – 2013: Fadhil Pharmacy, Peterborough, Ont., Staff Pharmacist

2013 – Present: Mather&Bell Pharmacy, Peterborough, Ont., Owner/Manager/Pharmacist

Professional Associations:

1986 – Present: Peterborough and District Pharmacists' Association (PDPA)

1986 – Present: Ontario Pharmacists' Association (OPA)

1986 – Present: Canadian Pharmacists' Association (CPhA)

Extracurriculars, Accomplishments, and Awards:

1988: Adjudicator's Award, "Best Use of Comedy", Eastern Ontario Drama League Festival (Owen Melville, "The Melville Boys")

Nominated, Best Actor Award, Eastern Ontario Drama League Festival and Theatre Ontario Festival (Owen Melville, "The Melville Boys")

1993 & 1994: Organizer, First and Second and Annual Ontario Pharmacists' Charity Hockey Tournament

1994: Master of Ceremonies, Ontario Pharmacists' Association Annual Conference

1995: Recipient, J.C. Gould Memorial Award, Ontario Pharmacists' Association

1995 & 1996: Voted "Peterborough's Favourite Pharmacist", Peterborough Examiner's Readers' Choice Survey

2002 & 2003: Organizer, Tenth and Eleventh Annual Ontario Pharmacists' Charity Hockey Tournament, Peterborough

2010 – 2019: Friends of Honduran Children Annual Sponsorship Awareness Brigade

2018: Voted "Peterborough's Favourite Pharmacist", Peterborough This Week Readers' Select Survey

ExtraCurricular Professional Work

1985 – 1986: President, UofT Undergraduate Pharmaceutical Society
1987 – 1994: President, Peterborough and District Pharmacists' Association
1994 – 1997: Member, Membership Committee, Ontario Pharmacists' Association
1995 – 1997: Recording Secretary, Organizing Committee, Health Outcome Pharmacies of Ontario
1995 – 1998: Member, Pharmacy Awareness Week Committee, Canadian Pharmacists' Association
1996 – 1998: Apotex Pharmacy Practice Application Advisory Board
2002 – 2003: District #2 Council Representative, Ontario College of Pharmacists (OCP)
2002 – 2017: Member, Discipline Committee, OCP
2006 – 2010: Member, Working Group on Certification of Pharmacy Technicians, OCP
2007 – 2010: Member, Pharmacy Technicians Working Group, OCP
2010 – Present: Advisory Panel, Fleming College Pharmacy Technician Program
2010 – 2016: District K Council Representative, OCP
2010 – 2011: Member, Professional Practice Committee, OCP
2010 – 2012: Chair, Discipline Committee, OCP
2010 – 2012: Member, Fitness to Practice Committee, OCP
2010 – 2012: Member, Registration Committee, OCP
2011 – 2012: Working Group, Discipline Committee Rules of Procedure, OCP
2011 – 2015: Inquiries, Complaints and Reports Committee, OCP
2012 – 2014: Working Group, Alternative Dispute Resolution, OCP
2012 – 2014: Working Group, Structured Practical Training, OCP
2012 – 2016: Executive Committee, OCP
2012 – 2016: Finance & Audit Committee, OCP
2013 – 2014: Quality Assurance Committee, OCP
2013 – 2014: By-Law Review Committee, OCP
2013 – 2014: Task Force on Governance, OCP
2013 – 2014: Vice-President, OCP
May – Sept 2014: Interim Chair, Inquiries, Complaints and Reports Committee, OCP
2014 – 2014: Chair, Task Force on Professional Responsibility, OCP
2014 – 2016: Chair, Task Force on Code of Ethics, OCP
2014 – 2015: President, OCP
2015 – 2016: Past President, OCP
2015 – 2016: Chair, Fitness to Practice Committee, OCP
2016 – 2017: Member, Fitness to Practice Committee, OCP
2016 – 2017: Member, NAPRA Board of Directors
2019 – Present: District K Council Representative, OCP
2019 – Present: Member, Discipline Committee, OCP
2019 – Present: Member, Registration Committee, OCP
Sept - Nov 2020: Interim Chair, Registration Committee, OCP

Third Generation Pharmacist.

Recreational hockey player, downhill skier.

Semi-retired amateur actor, water skier.

Retired kids' sports coach-helper, shuttle bus driver for Scanlon Activity Mobile.

Married to Janice.

Father to Shannon, Alanna, Hillary, and Emma.

Grandfather to Lila.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Governance Committee

TOPIC: 2020 – 2021 Committee Composition

ISSUE: Approval of the 2020/2021 Statutory and Standing Committees slate (excluding Executive and Screening)

PUBLIC INTEREST RATIONALE: The recently implemented governance framework incorporates the principle of competency-based appoint/election. Given the important functions of the statutory and standing committees of the College, it is imperative that the committees are comprised of competent individuals, with the background, experience and diversity required to support good decisions.

BACKGROUND: In accordance with College by-laws, the Governance Committee presents a slate of candidates for all standing and statutory committees (other than Executive and Screening) for the Board's consideration. The slate is drawn from a list of individuals who have served previously and have been recommended for reappointment and from a list of individuals who have applied and been assessed as qualified by the Screening Committee.

ANALYSIS:

The proposed slate is developed taking into account the following considerations:

- A sufficient number of returning members to ensure continuity
- A sufficient number of new members to inject fresh thinking and perspectives
- Demographic diversity - age, gender, geographic location
- Practice diversity – hospital/community, front line practitioners/managers/owners
- Ensuring that conflicts prescribed in statute or by-law are honored (no member of the Discipline Committee can serve on the Accreditation Committee)

RECOMMENDATION: Be it resolved that the presented slate of candidates be approved to serve on the College Committees for a term that expires at the first regular meeting of the Board following the next regular election.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Governance Committee

TOPIC: Approval of Board Policies

ISSUE: Replacing the College's current Governance Manual with a series of standalone policies.

PUBLIC INTEREST RATIONALE: Governance best practice calls for clearly articulated systems, policies and processes that ensure the overall effectiveness, direction and accountability of a regulatory entity. Equally important is an understanding of expectations for how individuals behave towards one another as they fulfil the governance roles and how individually and collectively, Directors are able to build and maintain the relationships that will enable the effective delivery of a the regulator's objectives while also inspiring the confidence and trust of the public, government and registrants. Clear and transparent policies are an important element of good governance.

BACKGROUND:

- In December 2018 the College's Council, now known as the Board, approved the decision to review the governance structure to consider implementing elements of governance best practice.
- Council was presented with the reform elements and decisions over the course of 12 months to enable the drafting of new Bylaws reflective of the changes.
- The new bylaws were presented in December of 2019 and then following public consultation, were ratified by the Board in March of 2020.
- The new bylaws enabled the constitution of the Governance Committee as a standing committee.
- An initial objective of the Committee is to consider the policy framework that will support the Board and committees to replace the current Governance Manual in effect since 2014.
- The College contracted a regulatory governance expert to draft a series of standalone governance policies and related documents for consideration by the new board.

ANALYSIS:

The current governance manual is comprehensive but lengthy and not easily amended. Creating standalone policies enables the board to refer to, consider and amend individual governance topics/concepts, or add or delete policies as issues come to the fore. The creation and approval of policies requires careful consideration. Accordingly, an overall policy framework has been drafted to guide the policy development.

At this meeting the Board is asked to review and approve the policies under the first two sections:

- Section 1: Board Governance Framework
- Section 2: Roles and Accountabilities

The remaining sections will be brought forward for the Board's consideration over the coming months

RECOMMENDATION:

That the Board approve the policies contained in Section 1 and 2 below:

- Section 1: Board Governance Framework
- Section 2: Roles and Accountabilities

NEXT STEPS:

The remaining policies will be brought forward in the March and June Board meeting with the intention of having all board policies in place in time for the 2021/2022 Board Year orientation.

- Section 3, Policies and Processes Supporting Good Governance,
- Section 4, Oversight and Risk
- Section 5, Board Evaluation, Training and Development



OCP
BOARD GOVERNANCE
POLICIES AND PROCEDURES

(Revised to Nov 19, 2020)

Policies and Procedures Supporting Governance

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Introduction

The Board of Director Policies and Guidelines describe the fundamental principles that guide Board governance, practice and behavior and support the By-Laws of the College.

This is a compilation of independent policies and procedures that support good regulatory board governance and that have been approved or amended by the Board of the Ontario College of Pharmacists, from time to time.

There is an abundance of literature on governance in not-for-profit organizations. Generally, and in regulatory bodies in particular, good governance is best identified through the consistent and reliable delivery of good outcomes over time.

Effective Board members demonstrate their commitment to a Duty of Care and Duty of Loyalty. Expectations regarding Duty of Care are set out in the College's Code of Ethics which are found in Schedule A of the by-laws and under Policy 2.2. Duty of Loyalty is set out under Policy 2.1.

As a member of the Board at the Ontario College of Pharmacists, you will rely on approved systems, policies and processes to assist you in your governance role for ensuring the overall effectiveness, direction and accountability of the College. However, how we behave towards one another as we fulfil our governance roles and how well we are individually and collectively able to build and maintain the relationships that will enable the effective delivery of the OCP's objectives while also inspiring the confidence and trust of the public, government and registrants, is equally important.

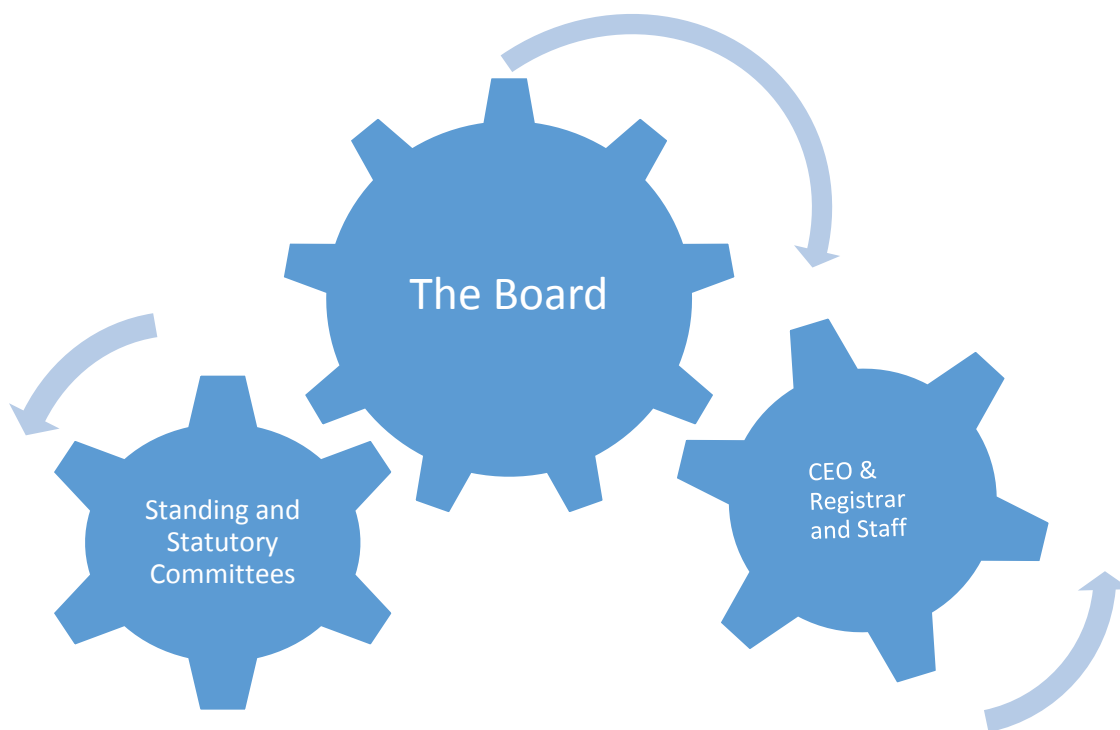
High expectations are placed on members of regulatory Boards today, with Boards expected to demonstrate, and report on, overall regulatory performance and effectiveness through defined and accountable evaluation processes. Across leading jurisdictions and professions outside of Canada, the recruitment and selection/appointment of all regulatory Board members is based on demonstration of approved competencies and skills, and commonly determined through defined and accountable processes.

This compilation of various documents is meant to provide you with information to help guide you towards fulfilment of the important governance role you have assumed as a Board member of the Ontario College of Pharmacists.

Section 1: Board Governance Framework
(Policies 1.1 through 1.8)

Policy 1.1

Ontario College of Pharmacists Governance Model



At the College, the Board is responsible for fulfilling its governance role by setting directions and overseeing performance against agreed upon goals. In this way, the Board “steers”.

The Board fulfils its governance role, ideally through a mutually beneficial relationship with the CEO & Registrar and the staff, relying on their respective expertise and experience for guidance in making good decisions aligned with the College’s public interest mandate. As such, the Board approves overall policy directions, or “steers” and the staff implements these, or “rows”.

The Board cannot and should not do the work by itself, and so relies on its committees- statutory and standing committees whose mandates are set out in statute and by-law; and policy or advisory committees that are established by the Board- to conduct work on its behalf.

The Board fulfills its oversight role with respect to performance of the CEO/Registrar and the Committees, being mindful of the respective roles of all parties. Board members do not involve themselves in the work or performance of the staff; this is the responsibility of the CEO/Registrar.

This diagram illustrates each role as a key ‘cog’ in the regulatory governance wheel moving the College forward in achieving its legislative and regulatory objectives. Each will, from time to time, move at varying speeds but must continue to move forward together to achieve optimal results.

Amendment: The Board may amend this policy.
Approval Date: XXX
Last Review: XXX
Last Revision: XXX
Next Review Date: XXXX

Policy 1.2 OCP Governance Guiding Principles

Purpose

The purpose of this policy is to lay out the guiding principles the College and Board will use to collectively strive for excellence in regulatory performance and to demonstrate good governance through defined and accountable evaluation processes.

Application

This policy applies to:

- **Board Directors:** Individuals who are elected to or appointed-through the Lieutenant Governor in Council-to the Board of Directors at the Ontario College of Pharmacists, and
- **Committee Appointees:** professional (registrants) and lay (non-registrant) members of College committees, working groups and task forces.

Policy

The guiding principles are:

1. Every part of the College is focused on the public interest when fulfilling its mandate.
The College's mandate is to serve and protect the public and hold Ontario's pharmacists and pharmacy technicians as well as pharmacy operators accountable to the established legislation, standards, code of ethics, policies and guidelines relevant to pharmacy practice.
2. Both the Board and the CEO & Registrar respect the statutory mandate of the College's statutory Committees under the [*Regulated Health Professions Act, \(RHPA\)*](#), the Pharmacy Act, the Drug and Pharmacies Regulation Act, and all other Acts in which the College is named. For example, a discipline panel is autonomous of the Board when it independently adjudicates discipline referrals.
3. Directors acknowledge that properly authorized board actions must be supported by all directors. The board speaks with one voice. Those directors who have abstained or voted against a motion must adhere to and support the decision of a majority of the directors.
4. News media contact and responses and public discussion of the College's affairs should only be made through the Board's authorized spokespersons, the CEO& Registrar or the Board Chair. Any director or committee member who is questioned by news reporters or other media representatives should refer such individuals to the CEO & Registrar or his/her delegate.
5. Individuals understand that all information that they become aware of in the course of their duties at the College is confidential information and are prohibited from communicating it in any form and by any means except as set out in subsections 36(1)(a) through 36(1)(j) of the Regulated Health Professions Act, 1991.
6. Directors and appointees are expected and required to avoid activities which may place them in conflict of interest. Conflict of interest is primarily a matter of personal responsibility and integrity. Where there is a potential conflict of interest with the business of the Board or a committee,

individuals are required to inform the Chair and/or the CEO & Registrar at the earliest opportunity and, where a real or perceived conflict exists, to take all reasonable steps to avoid the conflict. The College's Conflict of Interest Policy is included in its entirety in Policy 3.10.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 1.3 Board Director Competency

Purpose:

This Policy provides information respecting the desired competencies and experience sought in Board directors, as approved by the Board from time to time. It also provides guidance respecting: the management of the competencies used in the screening of new Board Directors for the annual election and in the development of training and education of individual Board directors, and the Board as a whole.

Application:

This policy applies to:

- **Board Directors.**
- **All prospective candidates** who are registrants of the College and wish to seek an elected seat on the Board.
- **The Screening, Governance and Executive Committees of the College.**

Policy:

Director Experience and Desired Competencies

General Director Competencies are set out under 5.91 and 5.92 in the College [by-laws](#), as amended from time to time.

The Board will endeavour to include at its table, a mix of Directors who collectively demonstrate levels of knowledge, skills and experience in good governance, as well as serving /working with a diverse patient population across different geographical locations in Ontario.

At least once every five years, the Governance Committee will re-assess the Board Competencies to ensure they remain reflective of governance best practice and are comprehensive of the needs of the College in maintaining the diverse perspectives required.

The overall board competence will be achieved through a combination of acquisition of new directors (seeking candidates with specific skill sets in each annual election) and training and development of existing directors.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 1.4

Board Competencies, Skills and Experience Inventory

Purpose:

The Governance Committee will use a skills and practice environment inventory to determine the gaps for recruitment and to identify opportunities for additional training and development.

Application:

This process applies to:

- **Board Directors.**
- **The Screening and Governance Committees** who will use identified skills-gaps to inform the recruitment and selection/appointment processes and training/development programs.

Process:

Annually the Governance Committee will circulate the Board Member skills matrix tool to each outgoing and returning Board Director.

The inventory of skills¹ gathered will be used to evaluate the current and future gaps in the competencies and practice experience required to round out the Board. Annually this information will be used to create the Board Director Profile for the election and will also be used in the consideration of long range plans for the Board and for training opportunities.

The Governance Committee will also use the results of the inventory to assist in building Board member and Board capacity in governance or other areas, as identified by the Board from time to time.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

¹ *The Skills Inventory is not a public document*

Board of Directors

Skills Inventory

Please indicate your knowledge, skills or experience for each of the following categories:

Advanced = 3

Good = 2

Fair = 1

None = 0

Competencies	
Experience in and understanding of the principles of protecting, and acting in, the public interest	
Experience working with diverse populations, marginalized groups and/or people with disabilities	
Experience serving on boards in an oversight capacity	
Experience in managing risk, including reputational risk	
Experience in senior leadership roles in business	
Experience as a human resource professional including in occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning	
Financial and/or accounting expertise, including experience preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles	
Legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification	
Experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. (strengths, weaknesses, opportunities, and threats) analysis, environmental scans, strategy design, planning, implementation and evaluation	
Able to navigate electronic systems to access Board and Committee materials	

Relevant Experience

The Board seeks Elected Directors who collectively serve, or have experience working with diverse patient populations. Please indicate which patient population(s) you currently serve or have served in the last 5 years.

Patients served by rural community pharmacies	<input type="checkbox"/>
Patients served by urban community pharmacies	<input type="checkbox"/>
Patients treated at teaching hospitals	<input type="checkbox"/>
Patients treated at community hospitals	<input type="checkbox"/>
Patients located in northern/remote areas	<input type="checkbox"/>
Patients who identify as Indigenous	<input type="checkbox"/>
Patients with mental health and addictions needs	<input type="checkbox"/>
Patients in long-term care	<input type="checkbox"/>

Director name: _____

Date completed: _____

Please submit your completed form to Sarah MacDougall at smacdougall@ocpinfo.com by XXX.
Thank You.

Policy 1.5 Screening of Board Applicants

Purpose:

This policy provides the framework for the screening process for the Registrants interested in serving on the College's Board of Directors.

Application:

This policy applies to:

- **The Screening, Governance and Executive Committees of the College and to the Staff of the College**, each of whom have a role in overseeing the process for election/appointment of Board members.

Policy:

Section 94 (1) of the *Regulated Health Professions Act* (RHPA) gives the College the authority to make by-laws respecting the qualification and terms of office of Board/Council members who are elected. Accordingly, Article 5 of the College by-laws sets out the required competencies and terms of office.

Registrants interested in serving on the Board of the College must complete an application confirming their eligibility and practice experience. The application also provides the opportunity for candidates to submit self-assessments based on the desired competencies and provide further information that would speak to their suitability to help the screening committee assess the overall qualifications of the individual. (See Attachment 1 & 2)

Once candidates are screened for basic eligibility, external governance consultants, engaged to eliminate any potential for bias, will conduct an initial assessment and ranking of the applicants for consideration by the screening committee.

The Screening Committee will review the report and applications taking into account the specific competencies and practice experience being sought as published in the Director Profiles created by the Governance Committee each year.

Candidates may be invited to participate in an interview - either in person, by telephone or electronic means if necessary to clarify information in their application. The interview will focus on determining if candidates meet the criteria set out in the director profile.

Following the interviews, the Screening Committee will select the candidate(s) qualified to seek election onto the Board of Directors. All candidates will be notified of the outcome of the screening process. The qualified candidates will be placed on the ballot for voting by the registrants of the College in good standing who either live or work in Ontario.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 1.6 Election of Board Chair and Vice-Chair

Purpose:

To guide the Board in a defined and consistent process for annual elections of its Chair and Vice-Chair.

Application:

This policy applies to:

- **The Board** to collectively ensure that the processes employed for annually electing its Chair and Vice-Chair are defined and accountable.
- **The Governance Committee** to compile a slate of candidates for both positions based on interest and qualifications of Board Directors².

Policy:

The governance committee is mandated to conduct the board Chair and Vice-Chair selection process and to recommend to the board, for its election, nominees for incoming Chair and Vice-Chair. Any Board Director, elected or public, interested in being considered for the Chair or Vice-Chair positions will need to provide information that speaks to their suitability for the Governance Committee and Board consideration. Nominees from the floor will be required to present their qualifications for the Chair and Vice-Chair positions to the Board prior to a vote.

Board Chair and Vice-Chair Competencies:

- Have the necessary skills and experience to clearly understand the operation and workings of the College Board, and its role in governance.
- Understands and embraces the mandate and objects of the College.
- Has demonstrated leadership skills and the ability to think strategically.
- Demonstrates effectiveness and skills in Chairing and following and fulfilling expectations of meeting agendas; ensuring all voices are heard; and ensuring committee actions/decisions align with the College's public interest mandate.
- Acts with tact and diplomacy and is able to encourage broad and constructive debate amongst Directors in achieving decisions or direction on relevant matters.
- Able to commit the time needed to carry out the expected role and responsibilities of the position.
- Ability to build and maintain strong relationships between the College and stakeholders.
- Ability to establish trust in relationships with the chief executive officer and other board members.

The approved process for election of the Board Chair and Vice-Chair is described in full in the [OCP By-Law](#), Article 12.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

² It is recognized best practice in the UK, Australia and New Zealand that the Chair is selected based on demonstrated skills and experience in Chairing

Policy 1.7 Screening, Selection and Appointment of Committee Appointees

Purpose:

This policy sets out the processes to be followed for recruitment, screening, selection and appointment of members of all statutory, and standing committees, with the exception of the Executive Committee and the Screening Committee.

Application:

This policy applies to:

- **The Screening and Governance Committees** who oversee the recruitment, screening and selection of appropriate candidates to serve as Committee members, and prepare the slate(s) for ratification by the Board.
- **The Board** who is responsible for receiving and ratifying the proposed slate for Committee membership, as put forth by the Governance committee.

Policy:

All Statutory Committee and standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with Article 13 of the by-law at the first regular meeting of the Board after each annual election. The term for all committee appointments shall be one year and expire at the first regular meeting of the Board after the next election.

At the first regular meeting of the Board after the election, the Governance Committee will present the Board with a slate for all committees, except for the Executive Committee and the Screening Committee, pursuant to the following process:

Current committee appointees may be considered for reappointment. Additionally, the College will seek applications for individuals interested in serving on committees as appointees. Applications will be initially assessed by the Human Resources staff against the prescribed competencies and shortlisted for the Screening Committee's consideration.

The list of qualified candidates, new and returning, will be provided to the Governance Committee who will compile a proposed committee slate that ensures diversity of the perspectives, experience, ethnicity, age, gender, and geography along with continuity and refresh for every committee.

Details respecting this policy above are set out in the [College's By-laws](#).

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 1.8 Selection of Committee Chairs

Purpose:

It is a policy of the Board that all committee Chairs will be selected annually from amongst the members of the specific committee.

Application:

This policy applies to:

- **All Committees, with the exception of the Executive Committee** (whose Chair is the Board-elected Board Chair) **and the Governance Committee** (whose Chair is the Vice-Chair of the Board) and the **Drug Preparation Premises Committee** (whose Chair is the same as the Accreditation Committee)

Policy:

Following their formation, each Statutory Committee and Standing Committee other than the Governance Committee, the Drug Preparation Premises Committee and the Executive Committee, shall select an individual who has expressed an interest and has the desired competencies in serving as Chair from amongst its members, to be the Chair of the Committee for the coming Board year

A Committee Chair:

- Has the necessary skills and experience of having served on the committee so as to clearly understand the operation and workings of the committee.
- Provides direction and guidance to the Committee in keeping with Board-approved terms of reference and related legislative or regulatory responsibilities.
- Demonstrates effectiveness and skills in Chairing; following approved rules of order, and fulfilling expectations of meeting agendas; ensuring all voices are heard; and ensuring committee actions/decisions align with the College's public interest mandate.
- Works in partnership with appropriate staff resources towards:
 - Orientation and training of all new members
 - Ongoing training and development opportunities for all members
 - Development of the agenda
 - Identifying policy issues to be brought forth for committee's consideration
 - Vetting reports and recommendations for presentation to the Board
- Encourages broad and constructive debate amongst members in achieving decisions or direction on relevant matters.
- Manages circumstances where Committee or Task Force function is less than optimum, including introducing strategies to resolve conflicts which may arise. In such circumstances, consultation with the Board Chair may be of assistance.
- As the principal spokesperson for the Committee or Task Force, communicates effectively to the Board at its meetings.
- Raises matters arising in the broader environment to establish trends related to mandate with a view to inform the Board about those that may require possible action.

- Facilitates regular evaluation of Committee or Task Force members and processes to ensure high levels of performance.
- Demonstrates accountability for his/her own performance through engagement in an annual Chair evaluation.
- With input from staff, identifies emerging leaders who demonstrate the interest and skills of a Chair, and through role modelling and mentorship, facilitates leadership succession-planning for the committee.

Following the approval of the committee slate by the Board all returning members of the Committee will be provided the opportunity to declare their interest in serving as Chair. If there are multiple candidates, the Committee will be asked to vote using a polling website to elect the Chair of the Committee.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Section 2: Roles and Accountabilities
(Policies 2.1 through 2.6)

Policy 2.1 Role of the Board of Directors

Purpose:

To ensure that the Board has a shared understanding of its role and accountabilities in governing the College.

Application:

This policy applies to: **all members of the Board.**

Policy:

The Board is responsible for providing oversight and ensuring accountability for the overall performance of the College, its composition and powers are set out under the [Regulated Health Professions Act](#), [Pharmacy Act](#) and [College By-Law](#) respectively.

The Board individually and collectively upholds their fiduciary duty of undivided loyalty and good faith to the mandate of their corporation (in the OCP case, regulating the pharmacy sector in the public interest) to put the College's interests above all others when taking action and making decisions.

Specific Responsibilities

The Board:

- Is responsible for ensuring that the College achieves its public interest mandate and accomplishes its mission as stated in the College's [strategic plan](#).
- Actively participates in the development and approves the College's Mission, Vision, and Strategic Plan, and commits to reviewing this plan on a regular basis (not more than every five years) to confirm relevance and to receive reports on the progress respecting implementation.
- Makes directional policies to steer the path relating to the philosophy and approach on the actions of the College or on the qualifications or conduct of the registrants of the College.
- Approves the standards of practice for the profession(s), including expectations for ethical practice and behaviour.
- Appoints the CEO & Registrar.
- Monitors the performance of the CEO & Registrar, inclusive of an annual performance review.
 - *The CEO & Registrar works with and for the Board to help achieve its mandate. The Board delegates the authority and responsibility to CEO & Registrar to operationalize the Board's public interest mandate and [strategic plan](#). The CEO & Registrar is appointed by the Board, as its Chief Executive Officer, to manage operations and College staff and accordingly, the Board does not involve itself in operational matters.*
- Reviews and approves the College's financial statements, auditor's report(s), and approves the annual operating and capital budgets to ensure that the necessary resources are in place to effectively fulfil the College's mandate and to give effect to the policy and strategic directions that it approves.
- Ensures that standing committees, task forces and/or working groups are established as required; that their respective terms of reference are approved and that membership of the committees or task forces are selected or appointed in accordance with Board policies.

- Receives regular reports (minimum annually) from statutory and non-statutory committees, task forces, and appointed representatives.
- Performs an ongoing evaluation of the Board's effectiveness- as individual board members and as a board collectively, in carrying out its responsibilities and mandate.
- Establishes codes of conduct and ethical behavior for individual Board and committee members, and ensures enforcement measures are in place to address and manage breaches that may occur.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 2.2 Role of Individual Board Directors and Committee Appointees

Purpose:

To establish and articulate the role and accountabilities of Individual Board directors and Committee Appointees.

Application:

This policy applies to: **all directors of the Board, whether elected or appointed by the Lieutenant Governor in Council and all Committee Appointees.**

Policy:

Role

The role of Directors and Appointees is to make themselves available, prepare appropriately, attend and actively and respectfully participate in all meetings, hearings or other activities, such as panels of the statutory committees.

Specific Responsibilities

A Director / Appointee is expected to:

- Comply with the Code of Conduct, schedule B of the [College By-law](#).
- Demonstrate a Duty of Care which requires that board directors exercise the same care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances. Duty of Care requires board directors to take appropriate steps so that they can make sound, informed decisions. This duty includes:
 - Being Diligent – being prepared for meetings, reviewing materials, arriving on time and participating in discussion.
 - Being Civil – respecting the process and fellow committee members, paying attention (e.g., no mobile devices during the meetings), genuine listening and consideration and adopting an objective approach to decision making.
 - Being Ethical – using College resources appropriately, being aware of the facts (e.g., reading the materials on a particular matter).
 - Being cognizant of and declaring Conflicts of Interest (e.g. financial, adjudicative, and organizational).
- Demonstrate accountability to the public through decision making that is grounded in the public interest.
- Understand and support the respective roles and responsibilities of the Board, Committees and staff.
- Maintain constructive, collaborative and mutually respectful relations with others.
- Conduct themselves both in person and on all social media in a manner that upholds their fiduciary duty to the College, and act as an ambassador of the OCP.
- Acquire knowledge of policies and procedures, including relevant legislation, strategic directions and the Board values.
- Participate in orientation, training and education offered.
- To make decisions as a collective group and hold joint responsibility for decisions and actions taken by the Board or Committee, even in their absence.

Term of Office

The terms of office for professional members of the Board are as set out under the [College By-law](#), sections 5.5 and 5.6. Committee appointees are subject to one year terms, renewed annually at the start of each Board year. Term of office of the Public Directors appointed by the Ontario government, are prescribed in the Order in Council by the Minister of Health.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 2.3

The Role of the Board Chair

Purpose:

To establish and articulate the role and responsibilities of the Board Chair.

Application:

This policy applies to **the Board Chair**.

Policy:

Duties of the Board Chair, and Vice-Chair are set out in the [OCP By-law](#).

Role

The Chair provides leadership to the Board and Executive meetings and collaborates regularly with the CEO & Registrar to identify upcoming issues for the Executive Committee/Board's consideration; to keep abreast of any ongoing issues and to develop long range strategies for the Board.

Specific Responsibilities

The Chair:

- Chairs the Board and Executive Committee meetings.
- Works in partnership with the CEO & Registrar towards:
 - Orientation and training of all new members
 - Ongoing training and development opportunities for all members
 - Development of the meeting agendas
 - Considering seeking of legal advice on a matter, where necessary and appropriate
 - Facilitating Chair succession planning for the Board
- Manages circumstances where the Director or Board function is less than optimum, including introducing strategies to resolve conflicts which may arise.
- Facilitates regular Board evaluation and processes to ensure high levels of performance.
- In partnership with the CEO & Registrar, acts as a spokesperson for the College.
- With the CEO & Registrar, meets with various stakeholders on relevant College matters as required
- Provides a regular report of his/her activities between meetings, inclusive of stakeholder representation to the Executive Committee and to the Board at each meeting.
- Leads the CEO & Registrar's annual performance review.
- Supports a planning process for succession of a new Chair, and provides support to the incoming Chair at the end of his/her term.
- Conducts an exit interview with all departing Board members.

Term of Office

The Board Chair is elected/acclaimed at the first meeting of the Board following the election.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 2.4

The Board Vice-Chair

Purpose:

To establish and articulate the role and responsibilities of the Board Vice-Chair.

Application:

This policy applies to **the Board Vice-Chair**.

Policy: Specific duties of the Vice-Chair are found in [OCP By-law 6](#), Article 10, page 29 as noted in the policy above.

Role

The Vice-Chair is elected by the Board to serve as an officer of the College, sits on the Executive Committee and will serve as Chair of the Governance Committee.

Specific Responsibilities

The Vice-Chair:

- Assumes the responsibilities of the Chair in his/her absence.
- Provides general support to the Chair.
- Collaborates with the Chair and the CEO & Registrar to assist in identifying issues, and establishing priorities to be deliberated by the Board.
 - Collaborates with the Chair and the CEO & Registrar on Chair succession-planning for the Board
- Participates in meetings with the CEO & Registrar and the Chair related to the Registrar's performance review.

Term of Office

The Board Vice-Chair is elected/acclaimed at the first meeting of the Board following the election.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 2.5 Committees of the College

Purpose:

To establish and articulate the role and responsibilities of the College's Committees.

Application:

This policy generally applies to:

- **Statutory Committees of the College: (Executive; Registration; Quality Assurance; Inquiries, Complaints and Reports; Discipline; Fitness to Practice and Patient Relations Committees (required under the *RHPA*); and the Accreditation Committee (required under the *Pharmacy Act*); and**
- **Standing Committees of the College: (Finance and Audit; Screening, Governance and Drug Preparation Premises Committees)**

Policy

The committees of the College, including their respective composition and duties are found in Articles 8 and 9 of the [OCP By-Law](#).

All committees shall report on its activities, at least annually, to the Board.

Role of Committees

The Board relies on committees to do the work necessary to give effect to its approved policy and strategic directions. As is the case with all regulatory Colleges in Ontario, OCP's Board delegates responsibility for such work to those committees which must be established under statute; to other committees which are not required, but are established by the Board.

Special Committees, task forces or working groups

The Board may, from time to time, appoint special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve. These committees, task forces or working groups generally develop policy recommendations for the Board's consideration, on specific and defined issues or directions.

Amendment: The Board may amend this policy.
Approval Date: XXX
Last Review: XXX
Last Revision: XXX
Next Review Date: XXXX

Policy 2.6

The CEO & Registrar

Purpose:

To establish and articulate the role and accountabilities of the CEO & Registrar of the College.

Application:

This policy applies to:

- **the CEO & Registrar**, who is the principal staff member retained by the Board to act as the College's Chief Executive Officer and execute specifically assigned legislative functions; and to
- **the Board** who, collectively, hold the CEO & Registrar accountable for his/her performance and may make revisions to this policy, from time to time.

Policy:

Role and Accountability

As CEO, the role acts as a collaborative leader in the development and implementation of the College's vision, mission, values and strategic goals. The CEO is responsible for directing and managing the day to day operations and legislative programs of the College within set financial targets. The CEO hires and maintains an effective staff team, which includes providing timely and relevant strategy, policy and program information and recommendations to the Board and its Committees.

As Registrar, the role fulfills the statutory mandate of the role and provides the leadership and guidance needed to assist the Board in meeting its governance and legislative obligations.

The CEO & Registrar works collaboratively with the Board and its Chair to lead the College in positive directions that protect the public interest and is effective in developing working relationships and partnerships. The CEO & Registrar is accountable to the Board of the College through the Board Chair.

Specific Responsibilities

The CEO & Registrar is accountable for the following:

- Overseeing the operations of the College including managing College staff and fostering a culture of excellent public service;
- Ensuring that the staff complement has the appropriate skillset and structure to deliver the services, programs and information consistent with the legislative framework;
- Providing information, advice, support and resources to the Board and its Committees in support of the College's regulatory mandate;
- Guiding the development of strategic plans in partnership with the Board
- Developing and implementing operational plans that facilitate accomplishing strategic objectives and reporting performance against objectives to the Board regularly;
- Nurturing relationships with external stakeholders and, together with the Chair, representing the OCP to external stakeholders;
- Serving as spokesperson for the College in collaboration with the Chair.
- Coordinating regulatory initiatives with the government which includes holding regular meetings with the Ministry to deal with ongoing and emerging issues;

- Ensuring that the College upholds its regulatory mandate and complies with the RHPA, the Pharmacy Act, the Drug and Pharmacies Regulation Act and other relevant law;
- Managing the finances of the College to support delivery of its regulatory mandate and sustainability of operations
- Monitoring the financial viability of the College and providing relevant, timely and complete financial information to the Board to facilitate informed decision making;
- Scanning the regulatory environment for opportunities and threats to the mandate and viability of the College and providing relevant information respecting risks to the Board.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX



Dundee Consulting Group Ltd.

**Deanna L. Williams BScPhm, R.Ph, CAE, C. Dir
Professional Profile**

A licensed pharmacist in Ontario, Deanna Williams held several positions within the Ontario government's Ministry of Health and Long Term Care before joining the Ontario College of Pharmacists in 1994. Since her retirement as Registrar of OCP in 2011, Deanna has provided consulting services in all areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd.

In 2012, Ontario's Minister of Health and Long Term Care, appointed Deanna as Supervisor to the College of Denturists of Ontario, a post she held for just under two years, when that College's self-regulatory authority was successfully restored. From 2014 -2018 Deanna served as the inaugural Risk Officer for the Retirement Homes Regulatory Authority (RHRA). In these roles, and through conducting a number of regulatory reviews, Deanna has gained considerable expertise in reviewing and assessing regulatory risk.

In 2017 -2018, Deanna served as Expert Technical Advisor to the Ontario Ministry of Health and Long Term Care, providing advice respecting best practices in comparable jurisdictions respecting the handling of complaints, investigations and discipline of matters related to sexual abuse of patients by health care practitioners. In the course of this review, Deanna also identified best regulatory and regulatory governance practices in Canada, the UK, Ireland, Australia and New Zealand.

In 2010, Deanna was recognized by the international regulatory community in receiving the CLEAR International Award for Regulatory Excellence, and in 2019, was the recipient of CLEAR's Service Award for Lifetime Achievement.

Deanna has been an active member of CLEAR since 1995, serving on its Board of Directors in 1999 (-2005), and as CLEAR's first Canadian President from 2003-2004. Deanna has served as a Member of the Finance and Audit Committee of St Michael's College, University of Toronto and is a past Chair and member of the Board of Directors, Haldimand War Memorial Hospital in Dunnville, Ontario. She lives with her husband in Burlington, Ontario.

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2020

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Appointment of Auditors

ISSUE: The Finance and Audit Committee (FAC) is required to make recommendations to the Board of Directors on the appointment or reappointment of the auditors on an annual basis.

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

BACKGROUND:

Tinkham LLP Chartered Professional Accountants were first appointed as auditors for the College in December 2017 following the desolution of the College's previous audit firm. (Tinkham was a close second in the most recent market review). After serving two years as auditors, the Committee discussed taking the services to market in 2019, however, having reviewed the following recommendations contained in a report of the Chartered Professional Accountants Canada and Canadian Public Accountability Board, the Committee was satisfied that such an exercise was not necessary.

- 1) The mandatory rotation of audit firms or mandatory retendering of the audit would not contribute to the enhancement of audit quality.
- 2) Having the audit committee perform a periodic comprehensive review of the audit firm at least every five years, resulting in a recommendation to retain or replace the audit firm, is the preferred approach to address any institutional familiarity threats potentially created by audit firm

ANALYSIS:

The Finance and Audit Committee continues to be satisfied with the services and advice provided by Tinkham LLP Chartered Professional Accountants and therefore recommends their reappointment as auditors for 2020. A comprehensive review will be undertaken at a future date and the results, findings and conclusions of the review will be provided to the Board.

RECOMMENDATION:

That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2020.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Finance and Audit Committee (FAC)

TOPIC: 2021 Operating and Capital Budget

ISSUE: Approval of the 2021 Operating and Capital Budget

PUBLIC INTEREST RATIONALE: The College has been granted the authority to self-regulate the profession in the public interest. The objectives of the College are prescribed in legislation and each year priorities are set and activity planned to meet those objectives. Fees are collected from the profession to fund those activities. The operating and capital budget are a numerical reflection of the operating plan, setting out how the available funds are allocated to the various programs and services that ensure that the profession adheres to high standards aimed at providing quality care to the patients of Ontario.

BACKGROUND:

- Significant fee increases for applicants, registrants and pharmacies were imposed in 2019 and 2020.
- At the September 2019 meeting, Council passed a resolution to peg fee increases to the annual Consumer Price Index (CPI) to prevent future requirements for large increases in a single year, in order to maintain the necessary resources to deliver on the College mandate to serve and protect the public interest. This was formalized with the passing of the by-law amendments in March 2020 to take effect in 2021.
- While pharmacies remained open and registrants continued to practice through the pandemic, there was significant added pressure on the profession.
- The pandemic had a disproportionate impact on College revenue over expenses in 2020 with the net impact being a projected deficit of approximately \$800,000 versus a budgeted breakeven.
- The College maintains a healthy financial reserve against which the projected 2020 deficit will be drawn.

ANALYSIS:

- This is the first year that the College will be imposing an increase to fees across the board equal to CPI (August 31 actual of 0.8% used for budget calculation).
- The budget assumes we will continue to operate with ongoing restrictions to travel and social gatherings for the first three quarters of 2021.
- Staffing levels will be maintained and augmented throughout 2021 to address increasing workload.
- An allowance of 1.5% for salary increases for cost-of-living adjustment (COLA) and merit is provided.
- College continues to examine its work processes to find efficiencies thereby minimizing the need to increase staff to address growing demand.
- Continued growth in conduct related matters is expected throughout 2021.
- The establishment of an in-house legal team is yielding returns in terms of managing increasing costs to address the growing conduct caseload.
- Risk-based regulation concepts and improved data management underpin the regulatory program strategies.

- The 2021 budget delivers a near breakeven position with revenue equaling operating and capital expenditures.
- Reserve values are sufficient to respond to unforeseen expenditures not provided for in the budget.
- The attached Executive Summary and budget schedules outline the focused spending for the coming year.

RECOMMENDATION:

That the Board of Directors approve the attached 2021 Operating and Capital Budget.

**Ontario College of Pharmacists
Projected 2020 Financial Performance
and Proposed 2021 Budget**

Review of Projected 2020

Revenue is projected to come in 4% below budget, while expenses are projected to be 1% below budget overall. **The net impact is a projected deficit of \$830,000 after capital compared with a budgeted surplus of \$22,000.**

Board and Committee expenses will generally be below budget despite the accelerated introduction of honoraria for Board and Committee participation as the increased costs were offset by reduced travel and meeting expenses associated with virtual meetings replacing in-person meetings in response to the pandemic. Registration Committee costs are projected to exceed budget due to the unforeseen need to manage incapacity matters in the entry-to-practice process.

Personnel costs are expected to be 1% above budget. The additional cost is due to a higher than usual vacation accrual for vacation carry-over as travel restrictions caused by the pandemic impacted staff vacation plans. This excess cost was somewhat offset by reduced travel costs for offsite training programs and conference attendance. Active management of the HR budget continues to ensure we fully utilize the funds allocated across the organization to areas where the greatest value can be realized.

Cost for administering the **regulatory programs** will come in within 1% of budget with expense underruns in all areas except Legal Conduct. The College made significant progress working off a backlog of investigations over the past two years, resulting in increased caseload for ICRC and ultimately more discipline referrals. While increased caseload contributed significantly to external legal costs, so too did a couple of complex sexual abuse cases that resulted in multi-day hearings. Offsetting the increased legal costs were reductions in several program areas; some deliberate as we attempted to align our expenses with identified revenue shortfalls due to COVID (e.g. communication initiatives), while other activity was halted due to restrictions on social gatherings and pressure on the profession (e.g. Practice Assessment of Competence at Entry, Examinations and Practice Initiatives).

Costs for **College Operations** are projected to come in 14.4% below budget primarily due to reduction in travel costs for in-person site and practice assessments, investigations and general business travel. Property costs will be under budget as building improvements were put on hold as we focused on the space redesign project and tried to align expenses to the anticipated revenue underrun. Additional consulting costs were incurred to support the Pandemic Pulse survey to gauge employee engagement and an enhanced Job Evaluation scope to ensure compliance with pay and employment equity legislation.

Capital Expenditures will exceed budget by \$100,000 as the project start was delayed in the fall of 2019 resulting in a deferral of those costs into 2020.

Overview of 2021 Operating Budget

The budget is built to deliver on the objectives in the Strategic Framework developed by Council in the spring of 2018 and further evolved in the 2021 Operational Plan reviewed by the Board in September of this year. The Strategic Priorities that remain in effect are:

- 1) Enhancing system and patient outcomes through collaboration and optimization of current scope of practice;
- 2) Strengthen trust and confidence in the College's role and value as a patients-first regulator; and
- 3) Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence.

Expenses

Schedules

The following schedules are appended following this Executive Summary

- ☐ Summary Budget 2021
- ☐ Schedule A - Board and Committee expenses
- ☐ Schedule B – Personnel expenses
- ☐ Schedule C - Regulatory Program expenses
- ☐ Schedule D – Operations expenses
- ☐ Schedule E – Revenue

Schedule A – Council and Committee

Board and Committee expenses in 2021 are expected to be in line with projected expenses in 2020 as the frequency and meeting format for most committees will be similar in 2021. Discipline and ICRC are budgeted to increase due to case volume as well as specific initiatives. Training and education activity deferred in 2020 will resume in 2021. Increased independent legal counsel (ILC) expenses are contemplated to support the Discipline Committee's new decisions process, its review and update of the Rules of Procedure and to create a formal case management protocol. ICRC will be maintaining virtual case meetings throughout 2021, but proceeding with in-person training programs to enable robust decision making. The ICRC will also be carrying out an initiative over 2021 to test the consistency of its decision making. With new governance processes more clearly defined, the Governance and Screening Committee will require less external legal and consultant support in 2021.

Schedule B – Personnel

Salaries are budgeted to increase by approximately \$650,000. This increase is attributed to a 1.5% allowance for salary increases (COLA and merit combined = \$210,000), equity adjustments relating to the job evaluation process undertaken in 2020 (\$115,000), 2.6 new FTEs and the impact of full year salaries for new positions added in 2020 with staggered start dates throughout the year. Salary increases have a corresponding impact on benefit costs relating to statutory payroll costs as well as pension and group benefit premiums. Employee relations and education and training costs are expected to bounce back somewhat in 2021 while conference costs will remain low as travel will continue to be restricted for most of the year.

Work continues on CQI (continuous quality improvement) initiatives to examine how workflows can be streamlined to deliver greater efficiency. To maintain momentum on improved performance outcomes in the current year, temporary/contract personnel added in 2019 will be retained throughout 2021.

Schedule C – Regulatory Programs

Regulatory programs are budgeted to decline overall in 2021 despite increases in a few key areas as the impact of the in-house legal team continues to yield returns. The team continues to develop and accordingly is able to assume a higher proportion of the legal support for investigations, preparing prosecutorial assessments and undertaking in-house prosecutions for discipline cases where appropriate.

Administration of the Pharmacy Jurisprudence examination was outsourced in late 2020 to improve exam security and to enable computer based testing including the capability for remote proctoring. To support the Practice Assessment of Competence at Entry (PACE) program for both pharmacists and pharmacy technicians, the College will be seeking a new vendor to build a portal that enables assessors and applicants to track the various elements of the assessment including submission of patient care reports.

Under Practice Initiatives, new costs are budgeted to advance two elements of the Quality Indicators project in 2021 with work scheduled to focus on the Patient Reported Experience measures as well as the Pharmacy Provider Experience measures.

Program administration costs for the Quality Assurance program will increase significantly as training for Peer Coaches and increased volume of peer coaching is anticipated in 2021 as the volume of registrants identified for QA activity continues to increase with the addition of hospital pharmacists' assessments.

Schedule D – Operations

Operations costs will increase by approximately 14% over 2020 projections while still coming in below 2020 budget. The majority of the increase is attributed to information systems, with license costs for upgrades to the Microsoft suite of products necessitated by discontinuance of support for current versions. Several new products are also planned to improve security as the threat of cyber-attacks continues to grow. It should be noted that we are nearing the end of life on several of our underpinning technologies so significant expenditure is expected over the next several years.

Property costs will rise as a result of reduced tenancy at the St. George property as the pandemic altered expectations for the current tenant's use of the space. Given the current state of the commercial real estate market in downtown Toronto the budget anticipates that the space (1,500 sq. ft. on the third floor walk-up) will remain vacant for much of the year. While not reflected in the budget, we are hopeful that an appeal of the rate classifications for the space occupied by OCP will be successful which could reduce property costs significantly.

Travel costs will also increase in 2021 as the separation of pharmacy and registrant assessments results in increased geographic territories for assessors. In addition, on-site assessments were suspended for much of 2020 as the College developed virtual processes. For 2021, virtual assessments will continue to be used, augmented by on-site assessment as required. It should be noted that assessments continue to be prioritized based on risk to ensure resources are used efficiently.

Capital

Capital expenditures for 2021 are primarily associated with technology as we continue to refresh the hardware that supports the complex computing environment as it evolves to support work processes. Facility related capital includes a provision for upgrading the main floor washrooms to bring 483 Huron Street up to current accessibility standards.

Revenue - Schedule E

The budget includes an increase of 0.8% across all fee categories, equivalent to the Consumer Price Index (CPI) for all items for Ontario at September 30, 2020. Entry-to-practice volumes are expected to rebound as examination delays in 2020 delayed registration for a large cohort of new grads. Long term impacts of international travel restrictions due to the pandemic are difficult to predict, but are unlikely to impact overall numbers for 2021. Pharmacy transactions (sales, relocations, openings, closures) are expected to rebound to pre-pandemic levels and cost recoveries from discipline are budgeted to increase.

Budgeted Profit or Loss

Expenses were aligned with revenue to deliver a near breakeven budget after operating and capital.

Reserves

The College's combined reserve values at year-end projected total is \$7.6 million.

**Ontario College of Pharmacists
Summary - Budget 2021**

	2021 Budget	2020 Projected	2020 Budget	Var. 2021 Budget to 2020 Projected \$	%	Var. 2021 Budget to 2020 Budget \$	%	Var. 2020 Projected to 2020 Budget \$	%
REVENUE - "Schedule E"	23,920,570	22,483,438	23,430,699	1,437,132	6.39%	489,871	2.09%	(947,261)	-4.04%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	750,051	670,051	780,636	80,000	11.94%	(30,585)	-3.92%	(110,585)	-14.17%
Schedule "B" - Personnel	17,119,139	16,130,834	15,983,316	988,306	6.13%	1,135,823	7.11%	147,518	0.92%
Schedule "C" - Regulatory Programs	3,823,371	3,919,412	3,879,800	(96,040)	-2.45%	(56,429)	-1.45%	39,612	1.02%
Schedule "D" - Operations	2,050,032	1,787,126	2,087,665	262,906	14.71%	(37,632)	-1.80%	(300,538)	-14.40%
TOTAL EXPENDITURES	23,742,594	22,507,423	22,731,416	1,235,171	5.49%	1,011,177	4.45%	(223,993)	-0.99%
EXCESS OF REVENUE OVER EXPENDITURES	177,976	(23,985)	699,283	201,961	-842.02%	(521,307)	-74.55%	(723,268)	-103.43%
Capital Expenditures	(218,600)	(782,711)	(676,445)	564,111	-72.07%	457,845	-67.68%	(106,266)	15.71%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	(40,624)	(806,696)	22,838	766,072	-94.96%	(63,462)	-277.88%	(829,534)	-3632.33%

SCHEDULE A
Board & Committee Expenses

	2021 Budget	2020 Projected	2020 Budget	Var. 2021 Budget to 2020 Projected		Var. 2021 Budget to 2020 Budget		Var. 2020 Projected to 2020 Budget	
				\$	%	\$	%	\$	%
Board	60,000	61,000	95,000	(1,000)	-1.64%	(35,000)	-36.84%	(34,000)	-35.79%
Committees:									
Accreditation	11,758	8,842	13,893	2,916	32.97%	(2,135)	-15.37%	(5,051)	-36.35%
DPP	8,245	1,786	7,248	6,459	361.65%	997	13.76%	(5,462)	-75.36%
Discipline	390,128	352,128	345,600	38,000	10.79%	44,528	12.88%	6,528	1.89%
Executive	10,160	12,200	10,000	(2,040)	-16.72%	160	1.60%	2,200	22.00%
Finance & Audit	2,500	2,500	5,300	0	0.00%	(2,800)	-52.83%	(2,800)	-52.83%
Fitness to Practice	15,400	5,882	18,100	9,518	161.82%	(2,700)	-14.92%	(12,218)	-67.50%
ICRC	140,290	88,761	121,620	51,529	58.05%	18,670	15.35%	(32,859)	-27.02%
Patient Relation	37,730	26,950	65,125	10,780	40.00%	(27,395)	-42.07%	(38,175)	-58.62%
Quality Assurance	25,050	20,700	16,525	4,350	21.01%	8,525	51.59%	4,175	25.26%
Registration	25,290	36,302	16,225	(11,012)	-30.33%	9,065	55.87%	20,077	123.74%
Screening	8,000	8,000	6,000	0	0.00%	2,000	0.00%	2,000	0.00%
Governance	15,500	45,000	60,000	(29,500)	0.00%	(44,500)	-74.17%	(15,000)	-25.00%
Total Committees	690,051	609,051	685,636	81,000	13.30%	4,415	0.64%	(76,585)	-11.17%
Total Board and Committee	750,051	670,051	780,636	80,000	11.94%	(30,585)	-3.92%	(110,585)	-14.17%

SCHEDULE B
Personnel

	2021 Budget	2020 Projected	2020 Budget	Var. 2021 Budget to 2020 Projected	Var. 2021 Budget to 2020 Budget	Var. 2020 Projected to 2020 Budget	%
				\$	\$	\$	%
Salaries	14,031,887	13,364,544	13,053,567	667,343	978,320	310,977	2.38%
Benefits	2,672,080	2,456,200	2,461,956	215,880	210,124	(5,756)	-0.23%
Other Personnel (Education, training, professional dues)	415,172	310,090	467,793	105,082	(52,621)	(157,703)	-33.71%
Total Personnel Costs	17,119,139	16,130,834	15,983,316	988,306	1,135,823	147,518	0.92%

SCHEDULE C

Regulatory Programs

	2021		2020		Var. 2021 Budget to 2020 Projected		Var. 2021 Budget to 2020 Budget		Var. 2020 Projected to 2020 Budget	
	Budget	Projected	Budget		\$	%	\$	%	\$	%
Association Fees - NAPRA	134,000	132,769	136,000		1,231	0.93%	(2,000)	-1.47%	(3,231)	-2.38%
Communication Initiatives	125,000	133,075	179,900		(8,075)	-6.07%	(54,900)	-30.52%	(46,825)	-26.03%
Consulting - Regulatory	1,000	3,000	5,000		(2,000)	-66.67%	(4,000)	-80.00%	(2,000)	-40.00%
Donations, Contributions and Grants	2,000	0	3,000		2,000		(1,000)	-33.33%	(3,000)	-100.00%
DPP Inspection	500	600	2,000		(100)	-16.67%	(1,500)	-75.00%	(1,400)	-70.00%
Election	11,500	6,500	12,000		5,000	76.92%	(500)	-4.17%	(5,500)	-45.83%
Examinations, Certificates and Registration	166,308	136,808	174,500		29,500	21.56%	(8,192)	-4.69%	(37,692)	-21.60%
HIP / Investigation / Intake	53,750	44,000	76,200		9,750	22.16%	(22,450)	-29.46%	(32,200)	-42.26%
Legal Conduct	1,169,823	1,543,552	1,222,000		(373,929)	-24.23%	(52,377)	-4.29%	321,552	26.31%
Legal - Regulatory	85,000	68,000	85,000		17,000	25.00%	0	0.00%	(17,000)	-20.00%
Practice Assessment of Competence at Entry	120,150	68,800	90,300		51,350	74.64%	29,850	33.06%	(21,500)	-23.81%
Practice Initiatives	1,688,870	1,613,502	1,668,000		75,368	4.67%	20,870	1.25%	(54,498)	-3.27%
Professional Development / Remediation	3,000	2,809	7,000		191	6.80%	(4,000)	-57.14%	(4,191)	-59.87%
Professional Health Program	104,000	78,000	126,000		26,000	33.33%	(22,000)	-17.46%	(48,000)	-38.10%
Quality Assurance	158,670	87,997	92,900		70,673	80.31%	65,770	70.80%	(4,903)	-5.28%
Total Regulatory Programs	3,823,371	3,919,412	3,879,800		(96,040)	-2.45%	(56,429)	-1.45%	39,612	1.02%

SCHEDULE D
Operations

	2021 Budget	2020 Projected	2020 Budget	Var. 2021 Budget to 2020 Projected	Var. 2021 Budget to 2020 Budget	Var. 2020 Projected to 2020 Budget
				\$	\$	\$
				%	%	%
Association Fees - General	15,000	14,574	20,000	426	(5,000)	(5,426)
Audit	27,000	26,400	26,400	600	600	0
Bank / Credit Card Charges	608,082	563,535	573,322	44,547	34,760	(9,787)
Consulting - Operation	37,000	99,995	70,000	(62,995)	(33,000)	29,995
Courier/Delivery	1,800	2,737	6,175	(937)	(4,375)	(3,438)
Information Systems Leasing & Maintenance	475,178	372,950	357,000	102,228	118,178	15,950
Insurance - E & O	6,650	6,300	6,219	350	431	81
Legal - Operation	7,000	8,000	5,000	(1,000)	2,000	3,000
Niagara Apothecary	42,650	18,100	35,675	24,550	6,975	(17,575)
Office Equipment Leasing & Maintenance	19,769	25,000	28,500	(5,231)	(8,731)	(3,500)
Postage	9,500	18,000	26,500	(8,500)	(17,000)	(8,500)
Property	297,831	246,688	324,787	51,143	(26,956)	(78,099)
Publications-Pharmacy Connection & Annual Report	28,250	36,775	44,575	(8,525)	(16,325)	(7,800)
Subscriptions	22,082	16,848	13,386	5,233	8,695	3,462
Supplies/Stationery	18,075	25,317	21,760	(7,242)	(3,685)	3,557
Telecommunications	224,470	186,098	189,665	38,372	34,805	(3,567)
Travel	209,695	119,807	338,700	89,888	(129,005)	(218,893)
Total Operations	2,050,032	1,787,126	2,087,665	262,906	(37,632)	(300,538)

SCHEDULE E
Revenue

	2021 Budget	2020 Projected	2020 Budget	Var. 2021 Budget to 2020 Projected \$	%	Var. 2021 Budget to 2020 Budget \$	%	Var. 2020 Projected to 2020 Budget \$	%
Pharmacist Fees	13,106,797	12,137,574	12,454,130	969,222	7.99%	652,666	5.24%	(316,556)	-2.54%
Pharmacy Technician Fees	2,646,661	2,514,508	2,548,990	132,154	5.26%	97,672	3.83%	(34,482)	-1.35%
Community Pharmacy Fees	5,871,815	5,637,354	5,881,951	234,461	4.16%	(10,136)	-0.17%	(244,597)	-4.16%
Hospital Pharmacy Fees	1,037,841	1,029,406	1,040,197	8,435	0.82%	(2,357)	-0.23%	(10,791)	-1.04%
DPP Inspection Fees	15,750	18,750	50,000	(3,000)	-16.00%	(34,250)	-68.50%	(31,250)	-62.50%
Health Profession Corporation	172,242	145,375	132,375	26,867	18.48%	39,867	30.12%	13,000	9.82%
Registration Fees and Income	559,464	540,471	743,056	18,993	3.51%	(183,592)	-24.71%	(202,585)	-27.26%
Investment Income & TWSE (COVID 19)	185,000	210,000	260,000	(25,000)	-11.90%	(75,000)	-28.85%	(50,000)	-19.23%
Discipline Costs Order	325,000	250,000	320,000	75,000	30.00%	5,000	1.56%	(70,000)	-21.88%
TOTAL REVENUE	23,920,570	22,483,438	23,430,699	1,437,132	6.39%	489,871	2.09%	(947,261)	-4.04%

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Executive Committee

TOPIC: Emergency Assignment Registration Certificates: Board Resolutions

ISSUE: Board Resolutions are required to further define the changes to *General Regulation 202/94* under the *Pharmacy Act*, to allow for temporary emergency assignment registration certificates for pharmacists and pharmacy technicians.

PUBLIC INTEREST RATIONALE:

As outlined in the *Regulated Health Professions Act, 1991* (2.1 Schedule 2, Health Professions Procedural Code) “it is a duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”. For the emergency assignment classes, it is important to balance workforce need with appropriate registration requirements to practice safely.

BACKGROUND:

At a special meeting on November 19th, 2020, the Board unanimously approved changes to *General Regulation 202/94* to allow for emergency assignment registration certificates for pharmacists and pharmacy technicians. (Attachment 1) Within the proposed regulation changes, there are provisions that grant the Board (Council) with the authority to approve the jurisdiction(s) whereby an applicant would be deemed eligible for an emergency assignment certificate, provided they hold or held within three years of the date of their application, a certificate of registration as a pharmacist or pharmacy technician.

These provisions are found in the following sections of the proposed regulation.

15.1 (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacist (emergency assignment) class.
2. The applicant must,
 - i. satisfy the educational requirements of paragraph 1 of subsection 6(1) (and the deeming provisions of subsection 6(10) shall not apply) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist (emergency assignment); or
 - ii. currently be practising **in a jurisdiction approved by Council**, and provide for each jurisdiction where the applicant holds a 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; or

- iii. have practised as a pharmacist **in a jurisdiction approved by Council** within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment), and provide for each jurisdiction where the applicant held a certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacist in that jurisdiction

18.1 (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacy technician (emergency assignment) class.
2. The applicant must,
 - i. satisfy the educational requirements of paragraph 1 of subsection 16(1) (and the deeming provisions of subsection 16(10) shall not apply) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician (emergency assignment); or
 - ii. currently be practising **in a jurisdiction approved by Council**, and provide for each jurisdiction where the applicant holds a 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; or
 - iii. have practiced as a pharmacy technician **in a jurisdiction approved by Council** within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment), and provide for each jurisdiction where the applicant held a certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacy technician in that jurisdiction.

Resolutions of the Board are required to determine the “jurisdiction approved by Council” for 15.1 (1) 2ii and 2iii and 18.1 (1) 2ii and 2iii.

ANALYSIS

Pharmacists

Provisions within the existing registration regulation already provide for recognition of practice for pharmacists registered or licensed in other provinces in Canada or in the United States of America, based on the degree of similarity in education, regulatory requirements and scope of practice among these jurisdictions and Ontario.

In addition, under the labour mobility provisions in the existing registration regulation (*O. Reg. 202/94* Section 8.), OCP considers practicing pharmacists in good standing, from other Canadian provinces, to have met core non-exemptible registration requirements, with the exception of the jurisprudence exam. In addition, practice within Canada is accepted in the existing registration regulation (*O. Reg. 202/94*, 6 (10)(b)(i) and 24.(6)(b)) for demonstration of current practice.

In the United States, the scope of practice is established by state legislatures and regulated by a board or agency and there is strong similarity in practice between the United States and Canada and hence the United States of America is also accepted in the current regulation (*O. Reg. 202/94*, 6 (10)(b)(i) and 24.(6)(b)) as a jurisdiction where currency of practice is accepted.

Pharmacy Technicians

Pharmacy technicians practicing in other provinces in Canada (except Quebec) have equivalent education and registration requirements and similar scope of practice to those in Ontario.

Similar to pharmacy programs, pharmacy technician education programs in Canada, with the exception of programs in Quebec, are accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP). Accreditation ensures that these programs meet the Canadian standards set by CCAPP and therefore facilitate similarity in practice across Canada.

In the United States, pharmacy technician programs are not systematically accredited in the same way. Although there are accreditation standards created by the Accreditation Council for Pharmacy Education and American Society of Health-System Pharmacists, not all pharmacy technician programs are accredited. In addition, while many states maintain a register of pharmacy technicians who have completed mandatory accredited programs, in most states they do not fully license pharmacy technicians, and requirements to do so are variable.

With respect to practice for pharmacy technicians, similar to the situation for pharmacists, Canadian provinces have adopted or adapted the National Association of Pharmacy Regulatory Authorities (NAPRA) competencies and standards of practice. As such, practice is similar, with minor variations, across the country. In the United States, there can be significant variation in scope of practice for pharmacy technicians in different states.

RECOMMENDATION:

That the Board approve the following resolutions, to come into effect upon filing of regulations that enable pharmacist and pharmacy technician emergency assignment registration certificates.

Board Resolution in Respect of proposed O.Reg 202/94 15.1(1) 2ii

The Board (Council) approves Canada and the United States of America as jurisdictions in which a pharmacist could currently be practicing.

Board Resolution in Respect of proposed O.Reg 202/94 15.1 (1) 2.iii

The Board (Council) approves Canada and the United States of America as jurisdictions in which a pharmacist could have practiced within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment).

Board Resolution in Respect of proposed O.Reg 202/94 18.1(1) 2ii

The Board (Council) approves the provinces of Canada (except Quebec) as the jurisdictions in which a pharmacy technician could currently be practicing.

Board Resolution in Respect of proposed O.Reg 202/94 18.1 (1) 2.iii

The Board (Council) approves the provinces of Canada (except Quebec) as the jurisdictions in which a pharmacy technician could have practiced within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment).

NEXT STEPS:

If approved, the Board resolutions will take effect at such time as the registration regulation is amended to enable registration certificates for pharmacist (emergency assignment) and pharmacy technician (emergency assignment). These resolutions will be posted to the College website, along with other existing resolutions that define other registration requirements.

BOARD BRIEFING NOTE

MEETING DATE: NOVEMBER 2020

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Emergency Assignment Registration Certificates

ISSUE: The Board is asked to approve proposed changes to *General Regulation 202/94* under the *Pharmacy Act*, to allow for temporary registration certificates to respond to pharmacy workforce challenges resulting from the impact of COVID-19

PUBLIC INTEREST RATIONALE:

As outlined in the *Regulated Health Professions Act, 1991* (2.1 Schedule 2, Health Professions Procedural Code) “it is a duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”. As we enter a second wave of the COVID-19 pandemic, and as the demand for pharmacy services increases, along with growing concern about the strain of the pandemic on the pharmacy workforce, as well as other health professions, regulatory intervention to enable surge capacity within the pharmacy workforce is in the public interest.

BACKGROUND:

Throughout the pandemic, the College has maintained its commitment to its public protection mandate and focused its efforts on supporting the profession and collaborating with stakeholders throughout the health system to identify and implement solutions aimed at overcoming unique challenges posed by the pandemic in the delivery of safe, quality pharmacy services.

Earlier in the pandemic, the College recognized the potential need for additional pharmacy personnel to be authorized to provide patient care as the health system ramped up its capacity to manage the challenges associated with the first wave of the pandemic. As an immediate response, the College worked quickly, within our existing regulatory authority, to enable qualified pharmacy professionals with a pathway to return to practice (recently resigned registrants and Part B pharmacists), and encouraged individuals holding other registration certificates (e.g. pharmacy students and interns) to work to the fullest extent of their current scope.

In July, as the first wave of the pandemic subsided, the College surveyed community pharmacies and hospitals to better understand the workplace challenges they experienced during the pandemic to date and their anticipated workforce challenges leading up to the annual flu season and potential second wave of the pandemic, which at that time had not yet been felt. The intent of the survey was to assess the need for the College to act on its regulatory mandate to ensure the continued delivery of safe, quality pharmacy care to Ontario’s communities through additional registration-related measures.

Although pharmacies reported some workforce capacity challenges, the need for immediate regulatory action at that time was deemed to be low, particularly as the entry to practice exams for pharmacist and pharmacy technician candidates had resumed. It was anticipated that delays in registration would be minimal and not require immediate regulatory intervention.

Furthermore, under current regulations, pharmacist graduates who have not yet completed the required examinations in order to be fully licensed as pharmacists in Ontario, have been able to register as pharmacy interns and engage in the full scope of practice under the supervision of a pharmacist, who in a community pharmacy is physically present. Many graduates have been providing services in community pharmacies in this capacity which has contributed to the public's ability to access needed pharmacy services.

However, although the College was initially satisfied that the province had an adequate supply of pharmacy professionals to serve the public, the growing and sustained pressure of the pandemic on the pharmacy sector and profession as a whole reinforced the need for an immediate and long-term solution that would enable a nimble and responsive pharmacy workforce capable of managing a surge in demand in the event of a significant environmental, social or health emergency that may otherwise potentially put the accessibility of pharmacy services at risk.

ANALYSIS:

Growing pressures on pharmacies and the workforce

Pharmacies and pharmacy teams have played an important role in supporting patients and the public during this pandemic. Since the pandemic was first declared, pharmacy professionals have been on the frontline of the pandemic response and have continued to serve their communities as other parts of the healthcare system began to scale back or adjust the level of services they could provide as part of a broader public health response aimed at reducing the spread of the virus in the community.

As we enter a second wave of the pandemic with higher case counts and greater confirmed community transmission of COVID-19 among the general population, pharmacies are being called upon to provide services to their patients and communities. Many pharmacies are now taking on COVID-19 testing of asymptomatic patients as part of the public health response rolled out throughout the province and are once again playing an active role in administering the flu shots in an environment of heightened demand for the flu vaccine.

These pressures are contributing to a growing perceived concern about the strain placed upon the pharmacy workforce capacity at a time when it is important to ensure sustained access to adequate numbers of pharmacy professionals to serve the public during the public health crisis.

Interruptions to full licensure may limit ability to respond to emergencies

New applicants who would have normally entered the workforce as fully licensed pharmacists and pharmacy technicians have faced challenges doing so as a direct result of the pandemic.

In order to be registered as a pharmacist or pharmacy technician in Ontario, pharmacist and pharmacy technician graduates are required to complete a practical assessment of competence (PACE/SPT), a jurisprudence exam and the Pharmacy Examining Board of Canada (PEBC) Qualifying entry to practice exam. Each of these requirements is non-exemptible under *General Regulation 202/94* of the *Pharmacy Act, 1991*.

However, the examinations that would enable pharmacy graduates, for example, to register with the College as fully licensed pharmacists were either cancelled or scaled back in capacity in May and again in November due to public health restrictions. This has subsequently created a backlog of graduates waiting to complete the examination, with the next scheduled exam date scheduled for February 2021.

Despite PEBC's efforts to identify potential alternative solutions to host exams as scheduled, the pandemic and associated evolution of public health measures mean that the February 2021 sitting of the exam cannot be guaranteed at this time and the ability of PEBC to accommodate a large

cohort of students taking the examination including those whose exams had been previously cancelled has not yet been established. Although graduates remain able to practice to their full scope under the supervision of a physically present pharmacist as they wait to complete this non-exemptible registration requirement, they remain unable to practice independently as pharmacists which may limit their ability to be fully utilized in support of the broader health system response to any emergency such as a pandemic.

Exploring emergency registration

Based on current modelling by public health officials it is likely that the second wave will continue well into the New Year. As the pandemic progresses and positivity rates continue to increase, front line workers are at an increased risk of being impacted personally and unable to meet the workplace demand for their services. In addition to community practice environments, hospital practice environments are also experiencing increased demand for pharmacy services during the second wave of the pandemic due to the workload associated with continuity of non-COVID related essential but non-urgent services, which were suspended during the first wave.

Due to the uncertainty and rapidly evolving situation presented by the second wave, and the prolonged and increased demand for pharmacy services during this crisis, there has been a growing urgency to establish mechanisms that would enable a surge capacity of the pharmacy workforce to respond to public health and other emergencies, thereby insulating against a risk of a potential acute shortage of pharmacy professionals.

In anticipation that the necessity for additional workforce capacity might change, the College has been engaged in discussions with the Ministry and had initiated a review of other regulatory frameworks for temporary emergency registration. Based on this review, and given the similarities of the College of Nurses of Ontario registration regulation framework, their model for emergency assignment certificates was most appropriate and readily adaptable for inclusion in future registration regulation changes submitted by the College. Emergency assignment registration certificates are temporary in nature and automatically expire or can be revoked at such time that the emergency is resolved. They can also be renewed as necessary to address prolonged emergency events like a pandemic. Certificate holders can also continue to complete requirements for full registration while holding the emergency assignment certificate if they choose.

Enabling temporary emergency assignment registration requires changes to the General Regulation 202/94 under the Pharmacy Act, 1991, and consequently, requires government approval of the proposed regulatory changes once submitted by the College.

Consideration regarding public consultation on regulatory changes

While public consultation for a period of 60 days is a requirement for regulations submitted by the College (RHPA, Section 95 (1)), the Board may seek approval by the Minister to waive or reduce the period of circulation. (RHPA, Section 95 (1.6)).

RECOMMENDATION:

That the Board approve the proposed changes to *General Regulation 202/94* under the *Pharmacy Act*, 1991 (Appendix 1,2 and 3) to allow for emergency assignment registration certificates for pharmacists and pharmacy technicians and,

That the Board seek approval by the Minister of Health to waive or abridge the requirement for a 60 day public consultation period of the proposed regulation changes.

NEXT STEPS:

If approved, the College will prepare the regulation for submission to the Ministry and seek approval from the Minister to waive or abridge the 60 day consultation period. Should consultation be required, it will be conducted using our standard public consultation process and feedback will be provided to the Board prior to final submission. Should the Minister approve waiving of the public consultation the proposed regulation will be submitted to the Ministry immediately.

The College will also continue to work with the PEBC, universities and colleges, pharmacy associations and government to seek solutions that will allow for entry to practice assessments to proceed, while protecting the health of all involved.

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: O. Reg. 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*.
O. Reg. 451/10, ss. 1, 6 (1).

PART II GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

CLASSES OF CERTIFICATES OF REGISTRATION

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

- 1. Pharmacist.
- 2. Registered pharmacy student.
- 3. Intern.
- 3.1. Pharmacist (emergency assignment).
- 4. Pharmacy technician.
- 4.1 Pharmacy technician (emergency assignment).

(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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

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 the profession in Ontario 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. O. Reg. 451/10, s. 1.

(2) The requirement under paragraph 8 of subsection (1) is non-exemptible. O. Reg. 451/10, s. 1.

(3) An applicant must meet all of the requirements for registration within one year following the filing of his or her application, but this does not prevent the applicant from filing a new application; except that an applicant for a certificate of registration as a pharmacist (emergency assignment) or as a pharmacy technician (emergency assignment) must meet all such requirements at the time of submission of the application. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 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 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. O. Reg. 451/10, s. 1.
- (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. O. Reg. 451/10, s. 1.
- (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). O. Reg. 451/10, s. 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. O. Reg. 451/10, s. 1.
- (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. O. Reg. 451/10, s. 1.
- (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). O. Reg. 451/10, s. 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. O. Reg. 451/10, s. 1.
- (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. O. Reg. 451/10, s. 1.
- (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. O. Reg. 451/10, s. 1.
- (12) Subject to subsections (2), (5), (10) and (11) and sections 7 and 8, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 1.
- (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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 1.

(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, or of a pharmacist (emergency assignment), 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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

- (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. O. Reg. 451/10, s. 1.

(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. O. Reg. 451/10, s. 1.

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. O. Reg. 451/10, s. 2.
- (2) Subject to section 11, the requirement in subsection (1) is non-exemptible. O. Reg. 451/10, s. 2.

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. O. Reg. 451/10, s. 2.

- (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. O. Reg. 451/10, s. 2.

(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. O. Reg. 451/10, s. 2.

(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. O. Reg. 451/10, s. 2.

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 as a pharmacist (emergency assignment),

- 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. O. Reg. 451/10, s. 2.
- (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. O. Reg. 451/10, s. 2.
- (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. O. Reg. 451/10, s. 2.

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. O. Reg. 451/10, s. 3.
- (2) Subject to subsections (3) and (4) and section 14, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

(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. O. Reg. 451/10, s. 3.

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 as a pharmacist (emergency assignment), or
 - ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment)
 2. The member shall not supervise that part of the pharmacy where drugs are kept.
 3. The member shall not delegate a controlled act. O. Reg. 451/10, s. 3.
- (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.
O. Reg. 451/10, s. 3.

PART V.1
REGISTRATION – PHARMACISTS (EMERGENCY ASSIGNMENT)

15.1 (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacist (emergency assignment) class.
 2. The applicant must,
 - i. satisfy the educational requirements of paragraph 1 of subsection 6(1) (and the deeming provisions of subsection 6(10) shall not apply) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist (emergency assignment); or
 - ii. currently be practising in a jurisdiction approved by Council, and provide for each jurisdiction where the applicant holds a 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; or
 - iii. have practised as a pharmacist in a jurisdiction approved by Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment), and provide for each jurisdiction where the applicant held a certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacist in that jurisdiction.
- (2) Without in any way limiting the generality of paragraph 2.ii. 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’s certificate as a pharmacist.

TERMS, CONDITIONS AND LIMITATIONS

15.2 (1) Every certificate of registration as a pharmacist (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacist (emergency assignment).
 2. The member shall only engage in the practice of the profession while under the supervision of a member holding a certificate of registration as a pharmacist listed in Part A.
 3. The member shall not be the designated manager of a pharmacy.
- (2) A certificate of registration as a pharmacist (emergency assignment) expires sixty days from the date on which the certificate was issued, unless extended under subsection (3).
- (3) The Registrar may extend a certificate of registration as a pharmacist (emergency assignment) for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Registrar, it is advisable to do so.
- (4) The Registrar may revoke a certificate of registration as a pharmacist (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so.
- (5) Where a member listed in Part B of the register also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in section 9 of this Regulation shall not apply to the member during the time that the member holds the emergency assignment certificate.
- (6) Where a member who holds a certificate of registration as an intern also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in subsection 15(1) of this Regulation shall not apply to the member during the time that the member holds the emergency assignment certificate.

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. O. Reg. 451/10, s. 4.
- (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). O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.

- (7) Subject to subsection (8), paragraph 4 of subsection (1) is not considered to have been met unless the applicant,
- successfully completed the examination within three attempts; or
 - 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. O. Reg. 451/10, s. 4.
- (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). O. Reg. 451/10, s. 4.
- (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,
- the College's Pharmacy Technician Certification Examination;
 - the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or
 - another examination approved by the Council. O. Reg. 451/10, s. 4.
- (10) Subject to subsection (2) and section 17, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.

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. O. Reg. 451/10, s. 4.

- (2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,
- 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
 - 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. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.
- (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. O. Reg. 451/10, s. 4.

TERMS, CONDITIONS AND LIMITATIONS

18. Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:
- The member shall only engage in the practice of pharmacy,
 - 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 as a pharmacist (emergency assignment), or
 - in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
 - 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.
 - The member shall not delegate a controlled act.
 - 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. O. Reg. 451/10, ss. 4, 6 (2).

PART VI.1
REGISTRATION – PHARMACY TECHNICIANS (EMERGENCY ASSIGNMENT)

18.1 (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacy technician (emergency assignment) class.
2. The applicant must,
 - i. satisfy the educational requirements of paragraph 1 of subsection 16(1) (and the deeming provisions of subsection 16(10) shall not apply) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician (emergency assignment); or
 - ii. currently be practising in a jurisdiction approved by Council, and provide for each jurisdiction where the applicant holds a 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; or
 - iii. have practiced as a pharmacy technician in a jurisdiction approved by Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment), and provide for each jurisdiction where the applicant held a certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacy technician in that jurisdiction.

(2) Without in any way limiting the generality of paragraph 2.ii. 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 the certificate as a pharmacy technician.

TERMS, CONDITIONS AND LIMITATIONS

18.2 (1) Every certificate of registration as a pharmacy technician (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacy technician (emergency assignment).
2. 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 as a pharmacist (emergency assignment), or
 - ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
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.

(2) A certificate of registration as a pharmacy technician (emergency assignment) expires sixty days from the date on which the certificate was issued, unless extended under subsection (3).

(3) The Registrar may extend a certificate of registration as a pharmacy technician (emergency assignment) for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Registrar, it is advisable to do so.

(4) The Registrar may revoke a certificate of registration as a pharmacy technician (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.
- (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. O. Reg. 451/10, s. 5.
- (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. O. Reg. 451/10, s. 5.
- (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. O. Reg. 451/10, s. 5.
- (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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

(3) The notice must be in English and French. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

(5) The Registrar shall provide the information contained in the notice to every person who requests it by telephone. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

(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. O. Reg. 451/10, s. 5.

(4) The Registrar shall provide the information in French to a person who requests that the information be provided in French, wherever reasonably possible. O. Reg. 451/10, s. 5.

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. O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (1, 2).

(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).

O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (3, 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.
4. Blood formation and coagulation drugs.
5. Cardiovascular drugs.
6. Central nervous system drugs.
7. Diagnostic agents.
8. Electrolytic, caloric and water balance drugs.
9. Cough preparations.
10. Eye, ear, nose and throat preparations.
11. Gastrointestinal drugs.
12. Gold compounds.
13. Heavy metal antagonists.
14. Hormones and substitutes.
15. Oxytocics.
16. Skin and mucous membrane preparations.
17. Spasmolytics.
18. Unclassified therapeutic agents.
19. Vitamins. O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (5).

(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. O. Reg. 59/11, s. 1 (6).

(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. O. Reg. 59/11, s. 1 (6).

(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). O. Reg. 59/11, s. 1 (6).

(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. O. Reg. 59/11, s. 2.

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. O. Reg. 451/10, s. 5.

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, and a member who holds a certificate of registration as a pharmacist (emergency assignment);

“pharmacy technician” means a member who holds a certificate of registration as a pharmacy technician, and a member who holds a certificate of registration as a pharmacy technician (emergency assignment);

“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. O. Reg. 302/12, s. 1.

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. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

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. O. Reg. 302/12, s. 1.

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. O. Reg. 452/16, s. 1 (1).

(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. O. Reg. 302/12, s. 1; O. Reg. 452/16, s. 1 (2).

(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. O. Reg. 302/12, s. 1.

(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). O. Reg. 302/12, s. 1; O. Reg. 452/16, s. 1 (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. O. Reg. 452/16, s. 1 (4).

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. O. Reg. 302/12, s. 1.

(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.

(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.

(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. O. Reg. 302/12, s. 1.

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. O. Reg. 302/12, s. 1.

(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*. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

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. O. Reg. 302/12, s. 1.

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). O. Reg. 302/12, s. 1.

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. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

(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. O. Reg. 302/12, s. 1.

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. O. Reg. 98/98, s. 2.

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. O. Reg. 98/98, s. 2.

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. O. Reg. 98/98, s. 2.

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). O. Reg. 451/10, s. 7.

(2) Every pharmacist shall be listed in either Part A or Part B. O. Reg. 451/10, s. 7.

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. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

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. O. Reg. 451/10, s. 7.

(2) If a member listed in Part A asks for a transfer to Part B, the member shall be transferred to Part B. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

(5) The member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

(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. O. Reg. 451/10, s. 7.

(8) On an appeal, the member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision. O. Reg. 451/10, s. 7.

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. O. Reg. 98/98, s. 2.

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. O. Reg. 98/98, s. 2.

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). O. Reg. 98/98, s. 2.
- 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. O. Reg. 98/98, s. 2.

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. O. Reg. 98/98, s. 2.

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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

INSPECTION

54. (1) All drug preparation premises are subject to inspection by the College in accordance with this Part. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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). O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

(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. O. Reg. 154/13, s. 1.

PART X FUNDING FOR THERAPY AND COUNSELLING

61. In this Part,

“member” includes a former member. O. Reg. 225/13, s. 1.

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. O. Reg. 225/13, s. 1.

- (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. O. Reg. 225/13, s. 1.

(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. O. Reg. 225/13, s. 1.

(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. O. Reg. 225/13, s. 1.

(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. O. Reg. 225/13, s. 1.

(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. O. Reg. 225/13, s. 1.

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. Nadroparin
7. Tinazaparin
- iii. 20:16 Hematopoietic Agents
 1. Ancestim
 2. Darbepoetin alfa
 3. Epoetin alfa
 4. Filgrastim
 5. Pegfilgrastim
 6. Romiplostim
5. 28:00 Central Nervous System Agents
 - i. 28:08 Analgesics and Antipyretics
 - A. 28:08.08 Opiate Agonists
 1. Codeine
 2. Hydromorphone
 3. Meperidine
 4. Morphine
 - B. 28:08.12 Opiate Partial Agonists
 1. Nalbuphine
 2. Pentazocine
 - ii. 28:16 Psychotherapeutic Agents
 - A. 28:16.08 Antipsychotics
 1. Haloperidol
 2. Methotrimeprazine
 - iii. 28:32 Antimigraine Agents
 - A. 28:32.28 Selective Serotonin Agonists
 1. Sumatriptan
6. 40:00 Electrolytic, Caloric, and Water Balance
 - i. 40:12 Replacement Preparations
 1. Normal saline
7. 48:00 Respiratory Tract Agents
 - i. 48:92 Respiratory Tract Agents, Miscellaneous
 1. Omalizumab
8. 56:00 Gastrointestinal Drugs
 - i. 56:22 Antiemetics
 - A. 56:22.08 Antihistamines
 1. Dimenhydrinate
 2. Prochlorperazine

- ii. 56:32 Prokinetic Agents
 - 1. Metoclopropamide
 - iii. 56:92 GI Drugs, Miscellaneous
 - 1. Certolizumab Pegol
 - 2. Methylnaltrexone
- 9. 64:00 Heavy Metal Antagonists
 - 1. Deferoxamine
- 10. 68:00 Hormones and Synthetic Substitutes
 - i. 68:18 Gonadotropins
 - 1. Follitropin-alpha
 - 2. Follitropin-beta
 - 3. Gonadotropin-chorionic
 - 4. Gonadotropin-chorionic-alfa
 - 5. Gonadotropin-human
 - 6. Lutropin-alfa
 - 7. Menotropins
 - 8. Urofollitropin
 - ii. 68:20 Antidiabetic Agents
 - 1. Exenatide
 - 2. Insulins
 - 3. Liraglutide
 - iii. 68:22 Antihypoglycemic Agents
 - A. 68:22:12 Glycogenolytic Agents
 - 1. Glucagon
 - iv. 68:24 Parathyroid
 - 1. Calcitonin Salmon
 - 2. Teriparatide
 - v. 68:28 Pituitary
 - 1. Desmopressin
 - 2. Vasopressin
 - vi. 68:30 Somatotropin Agonists and Antagonists
 - A. 68:30.04 Somatotropin Agonists
 - 1. Somatropin
 - B. 68:30.08 Somatotropin Antagonists
 - 1. Pegvisomant
 - vii. 68:32 Progestins
 - 1. Medroxyprogesterone
- 11. 88:00 Vitamins
 - i. 88:08 Vitamin B Complex
 - 1. Cyanocobalamin
 - 2. Folic Acid
 - 3. Methylcobalamin

- 4. Pyridoxine
 - 5. Thiamine
 - ii. 88:12 Vitamin C
 - 1. Ascorbic Acid
 - iii. 88:24 Vitamin K Activity
 - 1. Vitamin K
- 12. 92:00 Miscellaneous Therapeutic Agents
 - i. 92:12 Antidotes
 - 1. Leucovorin
 - ii. 92:20 Biologic Response Modifiers
 - 1. Denosumab
 - 2. Glatiramer
 - 3. Interferon-Beta-1A
 - 4. Interferon-Beta-1B
 - 5. Natalizumab
 - iii. 92:36 Disease-modifying Antirheumatic Drugs
 - 1. Abatacept
 - 2. Adalimumab
 - 3. Anakinra
 - 4. Etanercept
 - 5. Gold Sodium Thiomaleate
 - 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)

O. Reg. 452/16, s. 3.

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. Dihydroergotamine
 - 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

O. Reg. 452/16, s. 3.

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

O. Reg. 452/16, s. 3.

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BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

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

TOPIC: Community Practice Environment Initiative

ISSUE: Endorsement of the principles of shared accountability for the Ontario community pharmacy operations environment

PUBLIC INTEREST RATIONALE: Pharmacy professionals, pharmacy owners and operators, pharmacy associations and the regulator have a shared accountability for the delivery of safe care to pharmacy patients. The College has a duty and the regulatory authority, established through legislation and associated objects, to reinforce and uphold these shared accountability expectations and obligations outlined in the laws and regulations relevant to pharmacy as well as the Standards of Practice, Standards of Operation and Code of Ethics.

BACKGROUND:

The [*Community Practice Environment Initiative*](#) is aimed at understanding confirmed and potential barriers to professional autonomy and patient safety in community pharmacy through thoughtful, respectful and meaningful collaboration and engagement with pharmacy stakeholders.

The Board was provided an overview of the initiative in a Briefing Note in the March [Board meeting materials](#).

The first phase of this initiative focused on developing a set of guiding principles of shared accountability with an advisory group comprised of corporate and independent community pharmacy owners/operators, association representatives, designated managers, staff pharmacists and pharmacy technicians, and patients. The Community Practice Environment Advisory Group (CPEAG) [Terms of Reference](#), which includes a list of members, can be found on the College's website.

Between July and December of this year, the CPEAG met seven times to review information compiled through an [environmental scan](#), discuss insights gathered through several stakeholder engagement activities, identify the areas of focus for the principles, and develop the principles to be presented to the Board. A [summary of each meeting](#) is available on the College's Website.

It is expected that all Advisory Group members commit to and adopt the principles. These principles will guide the development of specific solutions and strategies for the sector to further strengthen the quality and safety of pharmacy care in community practice, and help position the profession for ongoing success as pharmacy plays an increasingly important role in the health and wellbeing of Ontarians.

Engaging Patients and Registrants

The stakeholder engagement strategy for this phase of the initiative involved focus groups with patients and registrants as well as a survey of registrants. The College contracted a 3rd-party research firm to conduct a series of four focus groups with patients in July, and four focus groups with registrants who practice in community pharmacy in August. The four focus groups held with

registrants each centred on four specific roles within community pharmacy: (1) Staff Pharmacists, (2) Staff Pharmacy Technicians, (3) Designated Managers, and (4) Pharmacy Owners.

Reports from the [patient](#) and [registrant](#) focus groups can be found on the College's website.

Focus groups provided helpful insight into the experiences of participants, and the feedback received, combined with feedback from College engagement activities in the preceding three years and direction from the CPEAG, was summarized and distilled into areas for further exploration through [a survey](#) directed at registrants practising in community pharmacy. Between September 18 and October 1, registrants were asked to indicate their level of agreement with observations previously made through focus groups and consultations. They were also asked to review twenty-six previously identified practice environment-related concerns and indicate the level of impact each has on their ability to provide safe, quality care to patients at all times.

The College received responses from 1830 registrants, 90% of whom were Part A Pharmacists, and who indicated agreement that there are challenges in the practice environment that limit their ability to meet the Standards of Practice. The top five practice environment-related concerns that respondents indicated had the most impact on their ability to provide safe, quality patient care related to public expectations of pharmacy professionals and feeling an obligation to put patient and workload obligations ahead of their personal biological needs.

A full report summarizing the findings of the Community Practice Environment Registrant Survey will be posted to the College's website once finalized.

ANALYSIS:

Developing the Principles

The Advisory Group reflected on the information gathered throughout the stakeholder engagement process, the information presented in the environmental scan, and the discussions that occurred at previous meetings. Consistent themes were seen throughout the process, and there was consensus that the principles should relate to:

- Improving the public's understanding of what pharmacy professionals do, and public expectations of pharmacy services
- Supporting the pharmacy team's access to ongoing training and mental health supports
- A commitment to continuous quality improvement
- Technology, resources and tools to support practice
- Learning from others in pharmacy and interdisciplinary collaboration
- Targets that are reasonable and patient-centred
- Leadership and training for pharmacy managers

Guiding Principles of Shared Accountability in Community Pharmacy

The principles provide the regulator, community pharmacy owners and operators, pharmacy and professional associations, and pharmacy professionals with a foundation to guide decision-making that supports a pharmacy operations environment that delivers safe, high quality patient care.

The Advisory Group agreed that as the regulator, the College has a duty to reinforce and uphold these principles of shared accountability and pharmacy professionals and proprietors are expected to implement these principles within their own community pharmacy. How these principles will be implemented will differ based on the context of each pharmacy but the essence of these principles should remain consistent across all community pharmacies.

RECOMMENDATION:

That the Board endorse the proposed *Guiding Principles of Shared Accountability in Community Pharmacy*, attached as **Appendix A**.

NEXT STEPS:

To help facilitate the implementation of the principles, the College is developing a communication and engagement plan to promote the principles to registrants and community pharmacy stakeholders. The College will also develop strategies to support the consistent adoption of the principles across community pharmacies in the province. The CPEAG will sunset with the members moving to a new committee to be established to monitor and ensure implementation of the principles by all parties.



Community Practice Environment Advisory Group

Guiding Principles for Shared Accountability in Community Pharmacy

Ontario College of Pharmacists

December 2020

ACKNOWLEDGEMENTS

The Ontario College of Pharmacists (the College) would like to thank the members of the Community Practice Environment Advisory Group for their commitment to an improved community pharmacy practice environment. Each member was involved throughout the process of developing principles of shared accountability, and this work would not have been possible without the contribution of each member. The College is grateful for their participation and commitment to these principles.

Community Practice Environment Advisory Group Members

In alphabetical order:

Justin Bates	CEO Ontario Pharmacists Association
Jean Beckett	Pharmacy Patient (Northern Ontario)
Ashesh Desai	EVP Pharmacy (Shoppers Drug Mart)
Sherif Guorgui	Co-CEO OnPharm-United (Independent Pharmacies)
Patricia (Lynn) Halliday	Pharmacist (Independent & Loblaw Pharmacies)
Sandra Hanna	CEO Neighbourhood Pharmacy Association of Canada
Sejal Kothari	Pharmacist (Independent & Rexall/PharmaPlus Pharmacies)
Domenic Pilla	CEO McKesson Canada (Rexall Pharmacies)
Zenobia Roussel	Pharmacy Technician (Shoppers Drug Mart & Loblaw Pharmacies)
Leila Ryan	Pharmacy Patient (Southern Ontario)
Michael Short	Designated Manager (Sobeys Pharmacy)

Ontario College of Pharmacists - Secretariat Support

Nancy Lum-Wilson	CEO and Registrar (<i>Chair</i>)
Vivian Ng	Manager Strategic Policy, Planning and Analytics
Todd Leach	Manager Communications
Delia Sinclair Frigault	Policy Advisor

Preamble

Every member of the pharmacy team provides a vital service to patients and the public. The ownership models across community pharmacy settings vary, but it is important that the culture and structure within all community pharmacies enable the provision of safe, high-quality care to patients. This is the pharmacy team's first priority, and prevails over all other interests.

The legislation (*DPRA*, 1990, O. Reg. 264/16, s 19), [Standards of Practice](#) for the profession, and [Standards of Operations](#) for pharmacies provide the regulatory framework for the delivery of pharmacy services, and the environment within which pharmacy owners/operators/leadership enable pharmacy professionals and those managing operations to meet these standards.

The College has received consistent feedback from pharmacy professionals expressing concern about factors within the practice environment that have an impact on patient safety and the quality of patient care being delivered in community pharmacies across Ontario. In response, the College launched the [Community Practice Environment Initiative](#) in March 2020 to explore these concerns and began the process of engaging with pharmacy professionals, patients, and pharmacy owners when the COVID-19 pandemic occurred. This activity was briefly paused in response to pressures felt across the health system, before moving ahead in July.

The initial impact of COVID-19 on community pharmacy operations and pharmacy professionals was significant, and there continues to be uncertainty and increased demand on the health care system. Concerns expressed prior to the COVID-19 pandemic about managing patient volumes and having sufficient staff for the workload have been exacerbated by public health measures. Given the shifting landscape and the impact on pharmacy practice, the College believes it is a priority to address the community practice environment issues that were raised by registrants prior to and during the COVID-19 pandemic.

Introduction

The practice environment must enable and support the provision of safe, quality patient-centred care at all times and any barriers to achieving that goal must be addressed collaboratively. Safe patient care is everyone's responsibility, and ensuring safety and quality in pharmacy at all times is a shared accountability amongst the regulator, pharmacy owners and operators, pharmacy and professional associations, pharmacy leaders and pharmacy professionals.

The [Community Practice Environment Advisory Group](#) (the Advisory Group) was established as part of this initiative to bring together the relevant parties that influence safe, quality practice and support patient safety by addressing the practice environment for front-line staff practising in community pharmacy.

College staff and Advisory Group members developed the principles of shared accountability presented below. The regulator, pharmacy owners and operators, pharmacy and professional associations, and pharmacy professionals each have a role in using these principles to assess the practice environment and respond appropriately given their areas of influence.

The College's work with the Advisory Group is the first phase of the broader Community Practice Environment Initiative to increase the accountability of all stakeholders to support a community practice environment that ensures safe, high-quality patient care.

Principles

These principles of shared accountability form a foundation for pharmacy leaders and teams to develop specific solutions and strategies in order to further strengthen the quality and safety of pharmacy care in the province, and position it for ongoing success as pharmacy plays an increasingly important role in the health of our community and performance of our health system.

The following set of principles of shared accountability were developed to enable a community practice environment that supports professionalism and safe, high-quality patient care:

Principle 1: The regulator, proprietors, and pharmacy professionals each have a responsibility to facilitate and promote the delivery of safe, patient-centred healthcare in community pharmacy.

Principle 2: The regulator, proprietors, and pharmacy professionals have a shared responsibility to educate the public on the role of pharmacy within their health care team, what pharmacy professionals do, and how this is essential for the health and safety of patients.

Principle 3: The regulator, proprietors, and pharmacy professionals have a shared responsibility to integrate continuous quality improvement within the practice environment, including the use of evidence-based methods, tools and resources along with sharing best practices, to enable the delivery of safe, high-quality patient-centred care.

Principle 4: The regulator, proprietors, and pharmacy professionals have a shared responsibility for a practice culture that supports the physical and mental wellbeing of pharmacy team members.

Principle 5: The regulator, proprietors and pharmacy leaders have a shared responsibility to ensure the provision of safe, high-quality care by an appropriate complement of qualified and skilled staff who have the resources and physical environment necessary for managing patient care in accordance with the standards of the profession.

Principle 6: While performance metrics are a normal business practice in many industries and are used across the health sector, the regulator, proprietors and pharmacy professionals have a shared responsibility to align performance goals and measures in community pharmacy with the best interests of the individual patient as determined in collaboration with the pharmacy professional.

Principle 7: The regulator, proprietors, pharmacy leaders, and pharmacy and professional associations are committed to ensuring strong pharmacy leadership, and have a shared responsibility to promote leadership development, including skill development for the critical role designated managers have in creating effective pharmacy team dynamics and a positive practice culture.

Next Steps

Pharmacy professionals and proprietors are expected to implement these principles within their own community pharmacy. How these principles will be implemented will differ based on the context of each pharmacy but the essence of these principles should remain consistent across all community pharmacies.

The College has a duty and the regulatory authority, established through legislation and associated objects, to reinforce and uphold these principles of shared accountability, in addition to the expectations and obligations outlined in the laws and regulations relevant to pharmacy as well as the Standards of Practice, Standards of Operation and Code of Ethics.

Appendix

Definitions

Practice environment: The environment within which a pharmacy professional practices, including the physical working space, the practice culture, the operating procedures (including workflow), and the resources available (including staff, technology, and tools).

Continuous Quality Improvement (CQI): A deliberate, defined and ongoing process of evaluating how an organization works and how to improve its processes. This process commonly includes defining the problem, benchmarking, and setting a goal, followed by iterative quality improvement projects. Through the iterative process, improvements are made, the effect of the improvement(s) is measured, and then the process is repeated until the desired outcome is achieved.

Resources

Advisory Group

- [Terms of Reference](#)
- [Meeting Summaries](#)

Stakeholder Engagement

- [Patient Focus Group Report](#)
- [Registrant Focus Group Report](#)
- Registrant Survey Report

Regulatory Framework

- [Legislation & Regulations](#)
- [Code of Ethics](#)
- [Standards of Practice](#)
- [Standards of Operations](#)
- [Practice Policies & Guidelines](#)

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2020

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

TOPIC: Registrar's Report December 2020

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 September 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 College's strategic plan and directional policies.

Strategic Priorities Progress Update

A key part of the Registrar's performance is to regularly provide an update to the Board on the College's Operational Plan. I am pleased to present the Q3 2020 scorecard (See [Attachment 1](#)) for your review which provides a snapshot of the performance of the College against the established objectives for the year. Included on the Q3 scorecard is information that reflects revised targets associated with previously agreed performance measures as a result of the COVID-19 pandemic as well as 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 with explanations of variances against the plan ([Attachment 3](#)).

In addition to providing the Q3 Board of Directors performance scorecard, we are pleased to present a draft 2021 performance scorecard that sets out the key performance measures and milestones ([Attachment 4](#)). Targets for the measures will be provided to the Board at the March 2021 meeting. Note that the Performance categories used over the past few years - Governance, Regulatory, Reputation and Operations, have been replaced with the domains set out in the recently released College Performance Measurement Framework (CPMF).

Also included in this report is the Retrospective Risk Report for 2020 outlining activity associated with mitigating key risks identified by staff throughout the year in accordance with the Risk Plan. In addition to the 2020 Retrospective Risk Report, attached herein is the Prospective 2021 Risk Register which outlines key risks which will require attention throughout the coming year (see Attachment [5,6,7,8](#)). A more comprehensive presentation of the Board's risk oversight role is planned for the March Board meeting to coincide with the presentation of the next series of Board Policies which will replace the Governance Manual.

Regulatory role and response to the COVID-19 pandemic

Conduct Division

In Q3, the Conduct Division continued to respond to the pandemic by facilitating virtual Discipline Committee proceedings and ICRC meetings. The Discipline Committee began hearing matters that had been postponed following the initial pandemic declaration, and considered its first fully contested virtual hearing in September. Intakes had received a significant increase in COVID-related calls in Q1/Q2, but that call volume decreased to normal in Q3. Investigators resumed site visits in August, but have otherwise continued to complete investigations using alternative means where possible. The internal staff who had been redeployed during the pandemic to assist with other OCP work, including investigations, fully returned to their regular duties in Q3.

Quality Division

COVID-19 Testing in Pharmacies

To support pharmacists and community pharmacies that are opting to deliver COVID-19 testing, the College developed [COVID-19 Testing of Asymptomatic Persons in Community Pharmacies](#) to serve as a supplement to Ministry of Health and Public Health requirements. This guidance document outlines the College's expectations for pharmacists and community pharmacies performing COVID-19 tests, and includes resources to help ensure the continued safety of all individuals entering the pharmacy premises.

The guidance was posted on the OCP website and shared with registrants through [e-Connect](#) and social media posts in late September. It is our understanding that just under 200 pharmacies are offering COVID-19 testing at this time, collectively enhancing the availability of testing by about 3100 tests per week. As of November 17, 2020, the Ministry Emergency Operations Centre reported the positivity rate of tests conducted in pharmacies at 0.5%.

PEBC Exam update

As communicated to the Board in early November, the College has been working with the Pharmacy Examining Board of Canada (PEBC) and other pharmacy stakeholders to address the impact of further postponements of the PEBC Objective Structured Practical Exam (OSCE), a mandatory component of the Qualifying Exam and requirement for registration as a pharmacist. The PEBC was required to cancel its OSCE for pharmacy graduates in Toronto and to reduce the capacity of the Ottawa exam, due to public health COVID-19 restrictions in each city. Despite the best efforts of PEBC and several other stakeholders including the College, schools and associations, an alternative solution to host the in-person performance-based exam could not be found. Although the administration or scheduling of the exam is not within our scope, and while we have no regulatory influence over decisions made by public health authorities designed to protect lives, as a regulator we do have a role to communicate with all involved—including government and public health officials—about the importance of having these exams proceed given the pandemic and the health crisis we currently face. We continue to share our position that alternative solutions must be explored that would enable this to happen in a way that protects the health and wellbeing of all involved. A message from John Pugsley, the Registrar-Treasurer of the PEBC is attached to this report. ([Attachment 9](#))

Jurisprudence Exam – Transition to Computer-based Testing

The Jurisprudence Exam has successfully transitioned from a paper-based format to a computer-based test (CBT) which is available either through testing centres or through a remote proctored online exam. The first CBT and online remote delivery of the exam were offered on October 8, 2020 to 183 candidates without incident. 207 candidates participated in the November 11, 2020 exam. In conjunction with these changes, eligibility requirements have been updated to align with the upcoming changes to the College's *Registration and Quality Assurance Regulations*. With the exception of a transition plan for current year 3 and 4 students, only candidates who have completed their education requirements are eligible to take the entry-to-practice Jurisprudence exam.

Remote Practice Assessments

The remote assessment delivery model for operational and practice assessments, in both community and hospital settings, continues to rollout with an increase in uptake over the fall as pharmacies and organizations react to the environment and the second wave of the COVID-19 pandemic. As of October 31, 2020 there have been 503 remote assessments, over one third of all assessments, delivered virtually. Evaluation of the benefits and risks associated with this type of assessment is also in progress and will inform decisions about the ongoing utilization of remote assessments during the pandemic and into the future.

College Operations

The new protocols respecting active COVID screening prior to entry into the building were instituted in July 2020 along with instructions for secure storage of the forms required to be maintained in the event of an inspection. In-office attendance by staff is on an as-needed basis and remains low. In recognition of the continued toll the pandemic is taking on staff mental health, additional programs were put in place to augment the services offered earlier in the year. Reusable facemasks with OCP logo were provided to staff conducting assessments in the field as a cost saving measure.

Governance and Finance

The Board election, delayed due to COVID, was successfully held on November 2nd. Scrutineer oversight of the election count was conducted virtually. Despite the distraction of the pandemic, approximately 15% of eligible voters cast their ballot in this year's election; similar to previous years.

In preparation for development of the 2021 budget, budget assumptions with respect to impacts of the pandemic on routine operations were created and distributed. Those assumptions include the expectations that College meetings will be held virtually for the first 3 quarters of the year and business travel will be contained to the province. In person meetings are budgeted to resume in Q4. Despite expectations that travel will be more acceptable commencing in Q4, the budget anticipates that the use of virtual meetings will continue where appropriate to minimize both time and cost associated with travel.

Ministry/Government Activities

On September 28th senior staff and I met with the Ministry to continue the regular communication with government representatives, primarily within the Ontario Public Drug Program and Health Workforce and Regulatory Programs branches to provide them with relevant practice environment updates and timely responses for information to support their ongoing management of issues, including the pandemic, such as drug shortages and continuity of health care services. I also maintained regular communication on an ad hoc issue basis with Ministry representatives, to inform them of specific issue developments.

College Performance Measurement Framework Update

In September, the Ontario Ministry of Health formally announced the launch of a College Performance Measurement Framework (CPMF) for all Ontario health professional regulators. The CPMF is designed to strengthen accountability and oversight of Ontario's health regulatory colleges by ensuring they are meeting their fiduciary duties and serving the public interest, and at the same time helping colleges improve their performance as necessary and/or appropriate.

The CPMF reinforces the College's approach to fulfilling its mandate of serving and protecting the public through the collection, analysis and transparent reporting of data—with the goal of using that data to continually improve our performance as an accountable health regulator. We were one of a small group of colleges actively engaged in the process to contribute to the development of the framework and we are fully supportive of the approach being taken by the Ministry.

On November 24, the College met with the Ministry to discuss our system partnerships, one of the domains for the CPMF reporting. The Ministry commended the College on our system partnerships, recognizing that the College exhibits a best practice and leadership of the regulatory sector in this area. Work is underway in the production of the first report which is due to the Ministry by March 31, 2021 and will be posted on our public website, reporting on our 2020 fiscal year activities against the standards in the CPMF reporting tool. The College will continue to publish an annual report, with the CPMF as a supplement.

Federal/Provincial Initiatives

I attended the Association of Family Health Teams of Ontario (AFHTO) annual conference virtually on October 8th and 9th. The Association of Family Health Teams of Ontario (AFHTO) is a not-for-profit association representing Ontario's primary care teams, which includes family health teams, nurse practitioner-led clinics, and others who provide interprofessional comprehensive primary care. The focus of the conference was to exploring the rebuilding of primary care in a new world. I have also been asked to participate as a member of the AFHTO Quality Steering Committee. The committee objective is to drive team-based primary care and improve the overall quality of care delivered to patients. Our strategic objectives and our work on health system outcomes focused quality indicators for pharmacy is well aligned with the mandate of the committee.

Covid Vaccine Uptake Partnership

In early November, I was asked to join a pan-Canadian coalition to establish a coordinated cross-sector response to address Covid immunization. I am co-leading the Ontario response with Dr. Noah Ivers, Canada Research Chair in Implementation of Evidence Based Practice. The objective is to mobilize the entire primary care community, including pharmacy, to voice a single, consistent message regarding education, remove barriers to enable as many access points as possible, and maximize public uptake of the vaccines. I have also engaged the pan-Canadian Pharmacy Regulatory Authorities as well as OPA, NPAC and CSHP-OB in the work. There will be a regulatory aspect of the work as both physicians and pharmacists alike recognize the need to enable pharmacists to inoculate patients through changes to the regulations. We anticipate that the proposal for the regulation change will be brought forward to the Board in Q1/Q2 2021.

Ontario Fairness Commissioner

On October 8th, the College held its annual meeting with the Ontario Fairness Commissioner's office (OFC). This meeting is designed to discuss the latest Fair Registration Practices Report, accomplishments, and proposed initiatives and is an opportunity for the OFC to provide updates on its work and priorities. This was also our first meeting with the new Commissioner, Irwin Glasberg, who acknowledged the College as a leader with respect to registration of international graduates and as a responsive regulator with the OFC. He also shared that the OFC efforts to establish a risk based oversight model with regulators continues. The OFC also supported the College in discussions regarding Emergency Assignment of Registration Certificates.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

The HPRO Board of Directors meeting was held on October 7th. The College Performance Measurement Framework (CPMF) governance as well as urgent issues around COVID-19 were discussed. Clint

Shingler joined the meeting from the MOH to answer any questions on the amended pandemic related Directives from the government. The College is also participating in weekly HPRO meetings to provide information and strategies related to shared pandemic issues.

Pharmacy Stakeholders

Engagement with schools related to diversity of student population

Since the commitment made at the June Board meeting, the College has engaged a number of academic partners, including the University of Toronto and University of Waterloo, as well as representatives from Ontario's Pharmacy Technician college programs, to begin to explore ways to better understand how the student population in these academic programs reflect Ontario's patient population, with a focus on Indigenous and Black communities. The aim of these conversations is to delve into the Board's commitment and intention and explore what our academic partners believe is the best path forward to collect and report on this information if available and how best to do that.

We are also actively exploring other potential sources of data to help us further understand the picture of the profession and students relative to the patient population in Ontario. This includes researching the availability of public data that may be gleaned from the Ministry of Colleges and Universities, Ontario Fairness Commissioner and Statistics Canada, and other agencies, that would help contribute to our understanding, an important first step before identifying what challenges and barriers may be apparent and the solutions that can be developed in line with our mandate and in collaboration with our academic and other health system partners. Further updates on this work will be shared with the Board early in 2021.

National Association of Pharmacy Regulatory Authorities (NAPRA)

NAPRA's Finance and Risk Committee meeting was held on September 25th. The meeting focused on policy development including Investment Policy, Reserves Policy and Procurement and Expenditures Policy. A joint meeting with NAPRA and Health Canada was held on October 6th to discuss data collection under the Section 56 exemption and restocking of unused palliative care medications for re-distribution. The provincial regulators also reviewed management of COVID 19, with a view to understand lessons learned to date. The PEBC exam status and implications of the exam cancellations were also discussed.

The NAPRA Board meeting was held on November 4th and 5th. The 2019-2023 Strategic Plan was discussed with a focus on exploring options for the establishment of an impartial assessment framework, tools and methodology to support the continuous improvement process of the pharmacy regulatory authorities, in line with best practices in self-governance and regulation.

Miscellaneous Items

Digital Health Update

Clinical Viewers

In February, the College was informed that Ontario Health-Digital Services will no longer resource the ONE ID project and registration will remain manual, as it is currently. College staff are currently working with Ontario Health-Digital Services to create a communication plan to inform pharmacists about the benefits of obtaining access, through registration, to the clinical viewers. Ontario Health has indicated that the on-boarding process for community pharmacies has been streamlined and that sufficient resources exist to facilitate the on-boarding for all pharmacies in Ontario that wish to have access.

PrescribeIT

College staff participate in bimonthly meetings with PrescribeIT enabling us to stay informed of their work and to ensure that the pharmacy standards of practice are considered throughout the development/deployment of the service. As of October 22, 2020, there are a total of 1,355 pharmacies and 2,080 prescribers in Ontario utilizing the service.

Practice Assessments for Pharmacists in Hospitals and other Healthcare Facilities

Practice assessments are the College's primary quality assurance activity for pharmacists and pharmacy technicians. A pilot of practice assessments for pharmacists in hospitals and other healthcare facilities was initiated in October 2020. Results of the pilot will inform the practice assessment process in these settings. The College also met with Hospital Directors to discuss issues related to the assessment for pharmacists in these roles with limited direct patient care activities. Additional pilot assessments will be conducted through Q1, 2021 with Hospital Directors to understand if any modifications are necessary to the existing model.

Assurance and Improvement in Medication Safety (AIMS) program

The College is continuing to focus on improving engagement and meaningful use of the AIMS platform, while recognizing that the pandemic has impacted participation rates. Key Performance Indicators (KPIs) are being monitored to identify opportunities to support registrants. The College has also collected feedback on the usability of the platform and will be incorporating changes to the platform that will also enhance data collection. A data strategy has been developed to outline how the AIMS data can best be analyzed to inform quality improvement initiatives and improve medication safety across the province. Aggregate data is available on the College website that provides insight into the type of medication incidents and near misses being recorded in community pharmacies.

Expanded Scope






















The Ministry of Health has indicated that expanded scope regulations that will authorize pharmacists to administer the flu vaccine to children as young as two years old and renew prescriptions in quantities of up to a 12 months' supply may be approved before the end of the calendar year. College staff have revised and drafted practice guidelines and resources that will aid in the implementation of these amendments and will notify registrants once the regulation has been approved by government.































The expanded scope regulations to authorize the administration of select substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration and the prescribing of drugs for 12 minor ailments is still in the approval process. The regulatory package regarding minor ailments, which was submitted on June 30, 2020 requires posting on the [Regulatory Registry](#). College staff are continuing to prepare for implementation once the minor ailment regulation is approved and are collaborating with stakeholders such as pharmacy associations, physicians, pharmacists, public health and academia, to develop resources and tools to support registrants and the public with navigating the regulatory changes. Additionally, the [Minor Ailments Advisory Group \(MAAG\)](#) recently completed their mandate and concluded their meetings. MAAG has provided valuable feedback, along with the College's broad stakeholder engagement activities, that has helped to inform the regulatory changes and key factors to consider for implementation and evaluation of the minor ailments program.

Ontario College of Pharmacists representative on the Pharmacy Examining Board of Canada

Ms. Karen Riley has been reappointed as the Ontario College of Pharmacists' representative on the Pharmacy Examining Board of Canada (PEBC) for a second three-year term, ending in March 2024. ([Attachment 10](#))

Quarterly Scorecard - OCP Board of Directors - Q3 2020									
Strategic Plan Alignment			Key Performance Indicators and Milestones			2020			
No.	SP1	SP2	SP3	2019 Actual		Q1	Q2	Q3	Q4
Governance and Strategic Measures									
1	✓	✓	✓	n/a	*2020/2021 Board elected under new governance framework				
2	✓	✓	✓	n/a	*2020/2021 Committees operating under new governance framework				
3	✓	✓	✓	n/a	*Proactive Risk Register Developed for 2021				
Regulatory Measures									
4	✓	✓	✓	26%	% of Complaints disposed of within 150 days				
5	✓	✓	✓	103/396	Number of complaints disposed within 150 days / total number disposed				
6	✓	✓	✓	37%	% of Registrar's Inquiries disposed of within 365 days				
7	✓	✓	✓	38 / 102	Number of Registrar's Inquiries disposed within 365 days / total number disposed				
8	✓	✓	✓	87%	% HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)				
9	✓	✓	✓	84%	% of decisions for uncontested hearings issued within 60 days (total # decisions/total # hearings)				
10	✓	✓	✓	46%	% of Community pharmacies active on AIMS platform				
11	✓	✓	✓	n/a	*AIMS in hospital - Implementation plan developed				
12	✓	✓	✓	n/a	*College resources in place to enable registrant uptake of expanded scope.				
13	✓	✓	✓	n/a	*Evaluate the New Practice Assessment Model				
Stakeholder, Transparency and Reputational Measures									
14	✓	✓	✓	n/a	*Review and refine public register to conform to new transparency framework				
15	✓	✓	✓	n/a	*Implement the Indigenous Cultural Competency Initiative				
Financial and Operational Performance Measures									
16	✓	✓	✓	60%	% Engagement drivers, organizational culture (subset)				
17	✓	✓	✓	0.81%	% variance of operating annual budget to year end actuals				
18	✓	✓	✓	n/a	*Implement a Talent Management Strategy to support succession planning				
19	✓	✓	✓	n/a	*Discipline Costs Recovery - Investigation costs incorporated				
Pandemic Measures									
20	✓	✓	✓	n/a	*Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework				
21	✓	✓	✓	n/a	*Implement computer based testing for Jurisprudence exam				
22	✓	✓	✓	n/a	Measure employee engagement during pandemic - supplement to indicator #16				
23	✓	✓	✓	n/a	% variance of actual to revised financial forecast - supplement to indicator #17				
24	✓	✓	✓	n/a	% of Conduct Intakes related to pandemic				
25	✓	✓	✓	n/a	% of Practice Inquiries related to pandemic				
26	✓	✓	✓	n/a	Total # of notifications or pharmacy operational changes related to pandemic				
27	✓	✓	✓	n/a	Number of Practice guidance documents revised or developed due to pandemic				
28	✓	✓	✓	n/a	*Discipline Committee direction, training and capacity in virtual proceedings completed				
SP Ref. (Strategic Alignment)									
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									
Legend						Indicator Performance to Target			
n/a = not applicable						On Target within 10%			
* Indicates a project milestone						Approaching Target >10% - 25%			
Completed milestone						Beyond Target >25%			
13-Nov-20						*Milestone Performance to Target			
						On Track (proceeding per plan)			
						Potential Risk			
						Risk/Roadblock			

Scorecard Measure	Indicator or Milestone Definition	Performance
#1 2020/2021 Board elected under new governance framework	Part of the Governance Reform project, elections of members under the new governance framework is complete.	 On Track  Potential Risk  Risk/Roadblock
#2 2020/2021 Committees operating under new governance framework	Part of the Governance Reform project, all committees are oriented and operating under the new governance framework.	 On Track  Potential Risk  Risk/Roadblock
#3 Proactive Risk Register Developed for 2021	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.	 On Track  Potential Risk  Risk/Roadblock
#4 % Complaints disposed within 150 days	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).	% performance is:  29% or more  24% – 28%  23% or less
#5 Number of complaints disposed within 150 days/total number disposed	This indicator illustrates the volume of complaints represented in indicator #4 above, including those that exceed 150 days.	
#6 % Registrar's Inquiries disposed within 365 days	The % of the Registrar's Inquiries (75.1a) disposed of within 365 days. The 365 days begins the date the Inquiry is "filed" and ends on the date the Inquiry is disposed of (decision mailed).	% performance is:  39% or more  32% – 38%  31% or less
#7 Number of Registrar's Inquiries disposed within 365 days/total number disposed	This indicator illustrates the volumes of Registrar's Inquires represented in indicator #6 above, including those that exceed 365 days.	
#8 % HPARB complaint decisions confirmed (# decisions confirmed/# HPARB decisions)	The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.	% performance is:  67% or more  56% – 66%  55% or less
#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	The % of "Decisions" for uncontested hearings that are issued within 60 days. The period of measurement for this indicator begins from the last day of the hearing to the date the hearing "Decision" was released to the parties. The total number of uncontested decisions issued for the quarter is shown in brackets.	% performance is:  65% or more  54% – 64%  53% or less

Scorecard Measure	Indicator or Milestone Definition	Performance
#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 be conducted by an external 3 rd 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

#20 Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework	Part of the governance reform project, this millstone reflects the accelerated full implementation of the remuneration framework from Sept 2020 to March 2020.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#21 Implement computer based testing for Jurisprudence exam	This milestone marks the implementation of PC based remote testing to adhere to social distancing guidelines	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#22 Measure employee engagement during pandemic – supplement to indicator #16	This will measure how we are continuing to engage employees through the pandemic. We are aiming for a 70% score.	
#23 % variance of actual to revised financial forecast – supplement to indicator #17	This is a measure of the variance of actual operating expenses against a revised financial forecast.	
#24 % of Conduct Intakes related to pandemic	This indicator measures the impact of the pandemic on the volume of intakes received.	
#25 % of Practice Inquiries related to pandemic	This indicator measures the impact of the pandemic on the volume of inquiries received by Pharmacy Practice.	
#26 Total # of notifications of pharmacy operational changes related to pandemic	This indicator shows the total number of notifications to the College of pandemic related changes to pharmacy operations (changes are closures & changes in business hours).	
#27 Number of Practice guidance documents revised or developed due to pandemic	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).	
#28 Discipline Committee direction, training and capacity in virtual proceedings completed	This milestone marks the readiness for DC proceedings moving to a virtual platform.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>

Scorecard Measure	Q3 2020 BOD Summary / Improvement Strategies
#1 *2020/2021 Board elected under new governance framework	The 2020 Board elections were completed on November 3 rd .
#2 *2020/2021 Committees operating under new governance framework	The revised committee composition resulting from governance reform is delayed due to the pandemic; new committees are now scheduled to be formed at the December Board meeting. This milestone is deferred to February 2021.
#3 *Proactive Risk Register Developed for 2021	2021 Risk Register to be presented at December Board meeting.
#4 % Complaints disposed within 150 days	YTD, 24% of complaints met 150 days. A high number of complaint decisions were issued in Q3, but due to backlog, many were older. Focus on ongoing case file management improvements and complaints resolutions in 2021.
#5 Number of complaints disposed within 150 days / total number disposed	YTD, 87/367 complaints decisions were issued within 150 days. The denominator continues to increase due to focus on backlog clearance. Number of disposed complaints [denominator] to Q3 close approximates that for the entire year of 2019 (367 YTD 2020; 396 in 2019).
#6 % Registrar's Inquiries disposed within 365 days	YTD, 31% of Registrar's inquiries investigations met 365 days. Investigators on target to eliminate a large backlog of Registrar's inquiries in 2020. Focus on clearing older backlogged cases, leading to fewer cases meeting 365 days. Focus on ongoing case file management improvements and new resolutions pilot for 2021.
#7 Number of Registrar's Inquiries disposed within 365 days / total number disposed	YTD, 39/125 Registrar's inquiries decisions were issued within 365 days. The denominator continues to increase due to focus on backlog clearance, Number of disposed Registrar's inquiries [denominator] at Q3 close is greater than the volume disposed in the entire year of 2019 (125 YTD; 102 in 2019).
#8 % Health Professions Appeal and Review Board (HPARB) complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)	Meeting target.

#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	Meeting target.
#10 % of community pharmacies active on AIMS platform	Recording rates remain low compared to last year. Given the pandemic and added pressure on the profession, the College expects this to persist until the environment stabilizes. We continue to monitor recording rates and support medication safety through our assessment process, practice support and communications.
#11 *AIMS in hospital - Implementation plan developed	An alternative solution for interoperability is not proceeding. Development of an implementation plan within the current environment of pandemic limitations has resulted in a shift in timing to 2021.
#12 *College resources in place to enable registrant uptake of expanded scope.	This project is proceeding as planned.
#13 *Evaluate the New Practice Assessment Model	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. The target date has been moved to 2022.
#14 *Review and refine public register to conform to new transparency framework	Timeline deferred by two months due to the pandemic.
#15 *Implement the Indigenous Cultural Competency Initiative	No impacts on timelines due to the pandemic, however scope refocused.
#16 % Engagement drivers, organizational culture (subset)	Organization Culture, as measured by Engagement Pulse Survey, exceeds target by 1% (71% actual against a target of 70%).
#17 % variance of operating annual budget to year-end actuals	Results will be available for Q4 reporting. Currently projecting expenses within 1% of budget by year-end.
#18 *Implement a Talent Management Strategy to support succession planning	This project is proceeding as planned but delayed due to the pandemic. Completion is anticipated early in 2021.

#19 Discipline Costs Recovery - Investigation costs incorporated	This project was completed June 22 nd .
#20 *Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework	This milestone was completed May 15 th .
#21 *Implement computer based testing for Jurisprudence exam	This project was completed October 8 th .
#22 Measure employee engagement during pandemic – supplement to indicator #16	Employee engagement during the pandemic, as measured by Engagement Pulse Survey, exceeds target by 15% (85% actual against a target of 70%).
#23 % variance of actual to revised financial forecast – supplement to indicator #17	This indicator will be available for Q4 reporting.
#24 % of Conduct Intakes related to pandemic	Q3 % of inquiries have dropped significantly from Q2. We anticipate Q4 may have an increase depending on the second wave of the pandemic.
#25 % of Practice Inquiries related to pandemic	Q3 % of inquiries have dropped significantly from Q2 with only 7% of inquiries related to the pandemic. We anticipate Q4 will see similar levels to Q3
#26 Total # of notifications of pharmacy operational changes related to pandemic	Q3 count has dropped significantly from the first two quarters.
#27 Number of Practice guidance documents revised or developed due to pandemic	Three (3) guidance documents were revised/developed in Q3 in comparison to 20 in Q2.
#28 Discipline Committee direction, training and capacity in virtual proceedings completed	This project has been completed.

DRAFT Quarterly Scorecard - OCP Board of Directors - 2021					2021 Target
Strategic Plan Alignment			2020 Actual	Key Performance Indicators and Milestones	
No.	SP1	SP2	SP3	Domain 1 Governance	
1		✓	✓	*Implement new board orientation program centered on approved Board Policies	
Domain 2 Resources					
2		✓		% variance of operating annual budget to year-end actuals	
3		✓		% Engagement drivers, Work Life Balance (subset)	
Domain 3 System Partner					
4		✓		*Implement diversity & Indigenous cultural competency awareness strategies amongst Board, staff & registrants	
5	✓			*Community Practice Environmental Initiative implementation plan developed	
Domain 4 Information Management					
6		✓		*Implementation of updated privacy & information management protocols with training	
Domain 5 Regulatory Policies					
7	✓			*Development of Practice Support Tools for Minor Ailments	
8		✓	✓	*New regulation re: COVID vaccine for BOD approval	
Domain 6 Suitability To Practice					
9		✓		% of Complaints disposed of within 150 days (within 150/total disposed)	
10		✓		% of Registrar's Inquiries disposed of within 365 days (within 365/total disposed)	
11		✓		% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	
12		✓		% of Decisions for uncontested hearings issued within 60 days (within 60/total hearings)	
13		✓		90th percentile working days to dispose Complaints	
14		✓		90th percentile working days to dispose Registrar's Inquiries	
15		✓		90th percentile working days to dispose contested hearings	
16	✓	✓		90th percentile working days to dispose uncontested hearings	
17	✓			% of Community pharmacies active on AIMS platform	
18	✓			% of Pharmacist practice assessments completed	
19	✓			% of Pharmacy Technician practice assessments completed (pending Regulation)	
Domain 7 Measurement, Reporting & Improvement					
20	✓	✓	✓	*Develop an integrated risk management program	
SP Ref. (Strategic Alignment)					
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					
Legend			Indicator Performance to Target		*Milestone Performance to Target
n/a = not applicable			On Target within 10%		On Track (proceeding per plan)
* Indicates a project milestone			Approaching Target >10% - 25%		Potential Risk
Completed milestone			Beyond Target >25%		Risk/Roadblock

TO:	Board of Directors
DATE:	November 18, 2020
FROM:	Nancy Lum-Wilson, Registrar and CEO
RE:	2020 Risk Management Report and 2021 Risk Register

Background: 2015 Risk Management Plan

In accordance with the expectations outlined in the Council (now the Board) Governance Manual, the attached Risk Management Plan (Appendix C) was created by staff and reported to the then-Council in 2015. As indicated in the manual, the Registrar is to report annually on the status of the Risk Management Plan and any required updates. Accordingly, a Risk Management Report is included in the Registrar's Report each year. The Plan continues to appropriately represent the philosophy, intentions and high level activity undertaken to manage risks to the College and its operations.

While this Risk Management Plan is appended, the Plan's philosophy, goals and approach are repeated here for reference:

Risk Management Philosophy

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

Risk Management Goals

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

Approach to Risk Management

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

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

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

New Initiative: Prospective Risk Register for 2021

A major initiative in 2020 was to create a new prospective Risk Register, to identify the College's key enterprise risks for 2021, along with risk mitigation strategies and monitoring activities. In creating the prospective *2021 Risk Register*, we have adopted the Healthcare Insurance Reciprocal of Canada's (HIROC) nomenclature and register style.

In 2021, the Board will be further engaged in discussions of risk management, including topics such as risk tolerance, risk thresholds, etc. It is also anticipated that risk reviews and discussions will take place on a regular basis, at the quarterly Board meetings, as part of the College's risk management program.

To that end, it is important to remember that the Risk Register is a living document, to be regularly reviewed by staff and the Board, and updated as needed.

2020 Retrospective Risk Management Report

In anticipation of the adoption of a Risk Register, staff had transitioned the 2019 retrospective Risk Management Report from a narrative to a generic enterprise risk register format.

As we are now transitioning to a new style of risk register for 2021, we have used a similar format for the retrospective *2020 Risk Management Report*. The two documents have slightly different appearances, as more information will be included in the prospective 2021 Risk Register.

Note that both documents contain internal hyperlinks to explanatory notes.

Attachments:

Appendix A – 2021 Prospective Risk Register

Appendix B – 2020 Retrospective Risk Management Report

Appendix C – 2015 Risk Management Plan

APPENDIX A: 2021 Prospective Risk Register

ONTARIO COLLEGE OF PHARMACISTS - ENTERPRISE RISK REGISTER: 2021 (November 23, 2020)								
	<u>RISK RATING</u>	<u>RISK NAME</u>	<u>RISK DESCRIPTION + IMPACT</u>	<u>RISK SECTOR</u>	<u>LEAD TEAMS</u>	<u>RISK MITIGATION/ CONTROL STRATEGIES</u>	<u>MONITORING ACTIVITIES + INDICATORS</u>	<u>GAPS + CONSTRAINTS</u>
1	High	Cyberattacks on OCP information, data and financial assets	Attacks can take on many forms; e.g. ransomware, malware, fraud, data insecurity and breaches. <u>Potential impacts</u> <ul style="list-style-type: none">Financial lossConfidentiality breachesBusiness disruptionsLiabilityReputational damage	Operations Support/ Corporate Organization Wide/ Strategic	Information Technology Processes Accounting and Operations	Ongoing staff training and on-boarding re: online data security and fraud detection. Numerous internal controls, e.g., IT systems and process improvements, staff training, testing and mock attempts, and monthly maintenance for security and operational patches. Develop a Cyberattack Response Plan, aimed at timely and effective mitigation of effects of any successful cyber-security attacks. Adequate insurance to address cyberattacks.	Monitoring of system and staff performance. Known attempts and OCP responses are tracked and monitored. Testing to gauge staff uptake on phishing attempts. No successful cyber-attacks against OCP. Robust response to any successful cyber-attacks, including minimal disruptions and information breaches.	New and more sophisticated attack strategies are being devised daily. OCP's ability to identify high risks. Costs to implement and maintain mitigation strategies.
2	Medium	IT systems review and update	IT infrastructure requires a comprehensive review and a sequenced upgrade or replacement of various hardware and software systems. <u>Potential impacts</u> <ul style="list-style-type: none">Delaying work impedes work processes and efficiencies, data quality	Organization-Wide/ Strategic Operations Support/ Corporate	Executive Team Information Technology Processes	Ensure process documentation is current. Seek solutions most closely matched with organizational needs while being cost-effective. Ensure all IT project work is appropriately planned, resourced and coordinated.	High staff satisfaction with solutions and adoption and compliance rates. Staff are able to continue program work throughout, with minimal disruption. Solutions are as cost effective as possible, while meeting needs. Projects are on-time and on-budget.	Significant cost impact, dependent on schedule of upgrades and replacements. Staff resources throughout the organization to support projects.

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021 (November 16, 2020)						
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GAPS + CONSTRAINTS						

		and management, information security <ul style="list-style-type: none"> Replacements/upgrades likely to require significant investment of financial and staff resources Problems with adoption and compliance with new systems 			Minimize program work disruptions during development and deployment. Ensure effective data migration. Ensure change is effectively managed. Consider establishment of an IT reserve to address costs.	Data is properly migrated.	Training and resulting impact on productivity in the short term.
3	Medium	Pandemic consequences and responses One or more of the pandemic's continued consequences and/or OCP's responses create risks to the College. <u>Potential impacts</u> <ul style="list-style-type: none"> Historical inaccurate professional perceptions re: role of OCP, as well as public misperceptions exacerbated during pandemic Disruptions to revenue streams 	Strategic/ Organization-Wide Operations Support/ Corporate Statutory Obligations/ Committees, Programs, Services	Executive Team Communications Human Resources Quality and Conduct Programs	Make necessary adaptations throughout year to ensure OCP operations continue on an uninterrupted basis. Continue to execute OCP Pandemic Response Plan and Emergency Response Plan. Monitor and continue to evaluate, create and improve new virtual processes, including Exams, Assessments, Investigations, Hearings, etc. Closely monitor COVID related matters with practice and other stakeholders and communicate	Operations and programs continue with minimal disruption or successful legal challenge (e.g., virtual hearings). Communication and engagement strategies are effective in conveying to stakeholders the OCP's appropriate role and other COVID-related information during the pandemic. Any loss of revenue can be covered by reserves and other mitigation strategies. Minimal health risks materialize relating to college work for OCP staff, Board, Committees, agents and contractors.	Ongoing uncertainty re pandemic infectious rate, illness, treatment, vaccine, etc. Ongoing uncertainty re: revenue streams.

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021 (November 16, 2020)						
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		<ul style="list-style-type: none"> Challenges of ongoing remote work for Board and committees Disruptions to operations and programs, and/or unanticipated problems with adaptations (virtual processes and new technologies) to support operations and programs 			relevant information in a timely manner.	
4	Resourcing of core regulatory functions and mandate	Failure to adequately resource core regulatory operations resulting in increased public risk, e.g., timely management of Complaints and Reports; fairness, transparency, and efficiency of regulatory and Quality Assurance (QA) processes; consistency and reasonableness of regulatory decision-making by staff and Committees. <u>Potential impacts</u> <ul style="list-style-type: none"> Reputational damage and loss of confidence in the College 	Statutory Obligations/ Committees, Programs, Services Conduct Quality	Investigations Conduct Operations Legal Conduct Hearings Assessments Community and Hospital Practice Registrant Competence	Continue business processes improvements in Conduct area (e.g., enhanced case file management; increased number of resolutions). Continue development of a broad suite of activity and workload reporting and dashboards in Conduct area. Evaluate consistency of decision making by Inquiries, Complaints and Reports Committee (ICRC). Update Discipline Committee pre-hearing conference and decisions processes to enhance efficiencies.	Continued improvements in timeliness and efficiency of key Conduct processes. Additional range of activity and workload reports and dashboards are available to staff and managements. Evaluation of ICRC decision making is underway. Discipline Committee pre-hearings and decisions processes are updated. Enhancements to real-time audits and development of retrospective audit of assessments are underway.
						Additional staff training required.

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021 (November 16, 2020)						
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GAPS + CONSTRAINTS						

		<ul style="list-style-type: none"> Legal challenges to decisions and liability Public harm 			Enhance real-time audits and develop system of retrospective audits of assessments.	
5	Medium	<p>Demonstration of public value</p> <p>Failure to proactively and effectively demonstrate to the public and to Government the public value of OCP's performance against its regulatory mandate.</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none"> Reputational damage Reduced public and Government confidence in the OCP 	<p>Organization-Wide Risks/ Strategic</p> <p>Operations Support/ Corporate</p> <p>Statutory Obligations/ Committees, Programs, Services</p>	<p>Information and Data Management</p> <p>Communications</p> <p>All Directors and Managers</p>	<p>Comprehensive communications and audience-specific messaging developed to support proactive reporting on OCP performance.</p> <p>Additional steps taken to achieve data and information management maturity, including recruitment and onboarding of key staff and ongoing training in data and information management best practices.</p> <p>Specification documentation (data dictionary) developed for all College Performance Measurement Framework (CPMF), Board of Directors (BOD) and management team key performance indicators (KPIs).</p> <p>Plan systems improvements to enhance data and information management.</p>	<p>OCP is successful in communicating its value to the public and Government.</p> <p>OCP complies with and exceeds all required reporting obligations.</p> <p>Ongoing improvements in data and information management are instituted to facilitate effective sharing of timely, accurate and relevant information with the public, the profession, Government and other stakeholders.</p> <p>Board consistently demonstrates its adherence to its mandate to serve and protect the public interest in its focus and decision-making.</p>
					Existing gaps in knowledge and expertise (e.g., data literacy).	<p>Data and information management systems capacity.</p> <p>Governance and mandate training for Board members.</p>

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021

(November 16, 2020)

	<u>RISK RATING</u>	<u>RISK NAME</u>	<u>RISK DESCRIPTION + IMPACT</u>	<u>RISK SECTOR</u>	<u>LEAD TEAMS</u>	<u>RISK MITIGATION/ CONTROL STRATEGIES</u>	<u>MONITORING ACTIVITIES + INDICATORS</u>	<u>GAPS + CONSTRAINTS</u>
6	Medium	Business continuity	<p>Inconsistent, insufficient documentation and management of internal operational policies and procedures.</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none"> o Ineffective succession o Inconsistent and inefficient processes o Inconsistent data capture o Insufficient retention and transfer of institutional knowledge 	<p>Operations Support/ Corporate</p> <p>Statutory Obligations/ Committees, Programs, Services</p>	<p>Business Processes</p> <p>All Directors and Managers</p>	<p>Development and implementation of a Policy and Procedure Governance Framework, including structure, processes and timelines for review and management standards.</p> <p>Establish a phased approach to policy and procedure development over the span of 2021-22.</p> <p>Coach and support key personnel to develop and document policies, workflows, procedures and user guides.</p>	<p>Timely execution of project milestones and deliverables during the Policy and Procedure project.</p> <p>Large number (e.g., 40%) of policies and procedures developed and approved with goal of all documentation completed by end of 2022.</p> <p>Strong engagement of key leaders the Policy and Procedure Governance Framework.</p> <p>High rate of compliance with documented procedures.</p>	<p>Support with technical documentation.</p> <p>Staff capacity (e.g. key leaders' time to participate in documentation).</p> <p>Support of management practices to sustain new standards and manage change behaviours.</p>
7	Low	OCP's new governance model	<p>Failure to properly execute OCP's new governance model.</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none"> o Public and Government loss of confidence in Board, Committees and/or College o Reduced perception of Board or Committee legitimacy by profession 	<p>Strategic/ Organization-Wide Governance</p>	<p>Registrar's Office</p> <p>Corporate Services</p>	<p>Continue to monitor interpretation and application of By-law 6 within new governance structure.</p> <p>Develop and implement strategies for ensuring robust communications between the Board and Committees.</p>	<p>Monitor effectiveness of training and orientation.</p> <p>Regular, effective communications between the Board and Committee Chairs take place.</p> <p>Issues with registrant perceptions are effectively managed.</p>	<p>Time for scheduling training and orientation.</p> <p>Virtual training and orientation due to pandemic.</p>

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021 (November 16, 2020)							
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			<ul style="list-style-type: none"> Reduced engagement with profession 			Deploy effective communications strategies for addressing registrants' concerns. Develop, implement and monitor new governance policies and procedures.	New governance policies and procedures are completed and rolled out.

ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021 (November 16, 2020)						
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NOTES

Enterprise Risk Management (ERM) is a continuous, proactive, systematic approach to identifying, assessing, understanding, acting on, and communicating risk from an organization-wide, aggregate perspective.

ENTERPRISE RISK REGISTER:

- This tool is intended to list and describe the most significant enterprise risks facing the College over the upcoming reporting period.
- Enterprise risks are risks that may prevent the College from meeting its objectives, and those which:
 - May interfere with operations (e.g., pandemic, natural disaster);
 - May lead to legal jeopardy (e.g., Human Rights complaints, negligence lawsuits);
 - May cause loss (e.g., monetary loss, damages, reputational loss); or
 - May raise existential threats (e.g., being placed under Ministry supervision).
- Most enterprise risks relate to executive and corporate areas of responsibility, such as strategy, governance, finance, information management, HR, etc. However, performance relating to core regulatory functions are also relevant.
- Diligent organizations regularly assess the most pressing risks they are facing, develop and implement strategies to prevent or mitigate harms from risks, monitor the effectiveness of these, report back, and regularly revise their risk assessments and mitigation strategies depending on changes in the environment, effectiveness of strategies, etc.

RISK RATING:

- Assess Initial Risk (at time risk is first added to Register) and update periodically to reflect Current Risk assessment.
- Estimate likelihood and impact of any given risk, relying on expertise and where possible, data.

LIKELIHOOD	MEDIUM-A	MEDIUM-B	HIGH-A	TOP-A	TOP-B
	LOW-A	MEDIUM-C	HIGH-B	HIGH-C	TOP-C
HIGH	LOW-B	MEDIUM-D	MEDIUM-E	HIGH-D	HIGH-E
MEDIUM	LOW-C	LOW-E	MEDIUM-F	MEDIUM-G	MEDIUM-H
LOW	LOW-D	LOW-F	LOW-G	LOW-H	MEDIUM-I
VERY LOW	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
					IMPACT

<u>ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021</u>								
(November 16, 2020)								
	<u>RISK RATING</u>	<u>RISK NAME</u>	<u>RISK DESCRIPTION + IMPACT</u>	<u>RISK SECTOR</u>	<u>LEAD TEAMS</u>	<u>RISK MITIGATION/ CONTROL STRATEGIES</u>	<u>MONITORING ACTIVITIES + INDICATORS</u>	<u>GAPS + CONSTRAINTS</u>

RISK NAME:

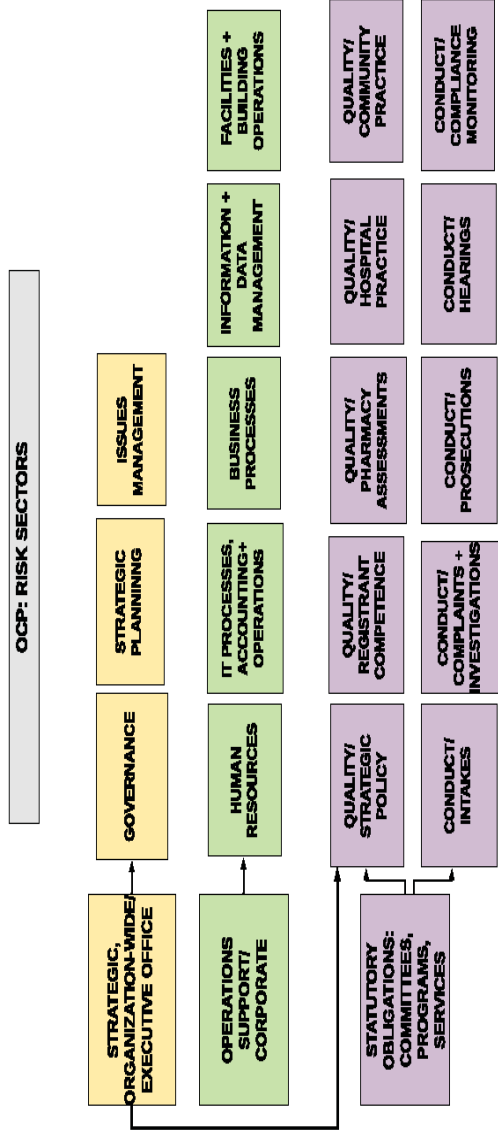
- Assign brief internal name for risk; may be an umbrella term; e.g., “information security” .

RISK DESCRIPTION + IMPACT:

- Provide some detail to flesh out nature of risk and impact of risk; e.g., “Confidential information breach resulting in exposure of information to unauthorized person(s)” .

RISK SECTOR:

- Select appropriate sector in which specified risk falls:



<u>ONTARIO COLLEGE OF PHARMACISTS ENTERPRISE RISK REGISTER: 2021</u> (November 16, 2020)						
<u>RISK RATING</u>	<u>RISK NAME</u>	<u>RISK DESCRIPTION + IMPACT</u>	<u>RISK SECTOR</u>	<u>LEAD TEAMS</u>	<u>RISK MITIGATION/ CONTROL STRATEGIES</u>	<u>MONITORING ACTIVITIES + INDICATORS</u> <u>GAPS + CONSTRAINTS</u>

LEAD TEAMS:

- Select the team that will have ultimate accountability and responsibility for implementing and monitoring the risk mitigation/control strategies.
- Select as Lead the staff member who will have day-to-day responsibility for implementing and monitoring the risk mitigation/control strategies.

RISK MITIGATION/CONTROL STRATEGIES:

- Describe the actions the responsible area will take to prevent risk occurrence and mitigate effects if risk does occur; e.g. "Require all staff to complete online data security training" .

MONITORING ACTIVITIES + INDICATORS:

- Describe how you will monitor and measure the effectiveness of your risk mitigation/control strategies; e.g., "Mock phishing attacks are unsuccessful" .

GAPS + CONSTRAINTS:

- Describe the areas in which there are capacity issues, such as resources, knowledge and expertise, technology constraints, etc.

ACTIONS, TASKS + REMINDERS:

- Senior Lead and Lead can enter notes, comments, actions required, next steps, etc. Update regularly.

ATTACHMENTS + LINKS:

- Add any relevant files.

APPENDIX B: 2020 Retrospective Risk Management Report

Ontario College of Pharmacists – 2020 Risk Management Report November 11, 2020						
	<u>RISK RATING</u>	<u>RISK NAME</u>	<u>RISK DESCRIPTION AND IMPACT</u>	<u>RISK SECTOR</u>	<u>LEAD TEAMS</u>	<u>2020 RISK MITIGATION/CONTROL STRATEGIES</u>
1	High	Pandemic consequences and response	<p>Consequences of and OCP responses to COVID pandemic.</p> <p>Outdated Emergency Response Plan (ERP) and lack of a specific Pandemic Response Plan (PRP).</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none"> o Historical inaccurate professional perceptions re: role of OCP, as well as public misperceptions exacerbated during pandemic o Disruptions to revenue streams o Need for new practice guidance documents o Challenges of remote work for Board and committees o Disruptions to operations and programs, and/or unanticipated problems with adaptations (virtual processes and new technologies) to support operations and programs. 	<p>Strategic/ Organization-Wide</p> <p>Operations Support/ Corporate</p> <p>Statutory Obligations/ Committees, Programs, Services</p>	<p>Executive Team</p> <p>Communications</p> <p>Human Resources</p> <p>Quality and Conduct Programs</p>	<p>ERP fully updated, including review and prioritization of the critical functions of the organization, to support all crisis/emergency management.</p> <p>PRP launched to support longer-term response, including Pandemic Planning Leadership Team (PPLT) to monitor situation and environment, make key decisions and communicate with stakeholders; and Pandemic Advisory Committee (PAC) to act as a liaison between staff and PPLT and provide input to PPLT.</p> <p>Transition to remote work for Board and Committee members; internal and external meetings (e.g., Committee meetings) and Discipline Committee conducted virtually since March 2020. Expedited remuneration for electronic meetings attendance.</p> <p>Facility opened following renovations with detailed protocols for hygiene and safety in place.</p> <p>Investigators worked virtually during the shutdown until site visits resumed in August 2020.</p>
						<p>OCP continued operations with minimal disruptions and delays through balance of 2020.</p> <p>Health risk to OCP staff, contractors, Board and Committee members minimized by remote work and enhanced safety protocols following re-opening of facility.</p> <p>Increase in Inquiries, Intakes calls and Complaints relating to COVID managed in a timely and effective manner (e.g., resolving where possible).</p> <p>OCP communicated effectively with stakeholders, e.g., staff (positive pulse survey results); managing expectations of the public (e.g., re: 30-day refills), and profession (re: proper role of OCP vs. government).</p> <p>Transition to computer-based testing (CBT) successful.</p>

Ontario College of Pharmacists – 2020 Risk Management Report

November 11, 2020

	RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
						Assessors redeployed internally or externally until virtual assessment platform was in place in August 2020. Twenty COVID-related practice guidance documents published. Communication strategy implemented including collaboration and coordination of information sharing with key stakeholders and refocusing communication channels to ensure timely communication on COVID related matters Jurisprudence exam transitioned to a computer-based test (CBT) delivered via testing centers or remote proctoring. Practice Assessment of Competence at Entry (PACE) and Structured Practical Training (SPT) restarted in June with requirement to follow public health and pharmacy sites' COVID precautions.	
2	High	Cyberattacks on OCP information, data and financial assets	Attacks can take on many forms; e.g. ransomware, malware, fraud, data insecurity and breaches. <u>Potential impacts</u> <ul style="list-style-type: none"> o Financial loss o Confidentiality breaches o Business disruptions o Liability 	Operations Support/ Corporate	Information Technology Processes Accounting and Operations	Large number of internal IT controls (ongoing and new), such as security patches and anti-malware programs; staff security training and phishing tests; off-site backup in colocation data center; email security increased, i.e., scanning of links and attachments, malware blocking; incidents tracked and monitored.	No successfully completed cyber-attacks on OCP assets. Phish score (% that passed) at beginning of 2020 was 72%; as of October 2020 is 98%.

Ontario College of Pharmacists – 2020 Risk Management Report November 11, 2020							
	RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
			<ul style="list-style-type: none">Reputational damage			<p>User account audit underway and will continue into 2021.</p> <p>Review of College of Nurses of Ontario (CNO) cyber-attack; lessons learned (see 2021 Risk Register).</p> <p>Additional internal Accounting controls and training, e.g., heightened awareness of suspicious transactions and activity; enhanced vendor information review and verification; random desk audits of transactions; review and improvement of processes, with creation of standard operating procedures and user guidelines for core functions.</p>	
3	Medium	OCP's new governance model	<p>Potential issues with rollout of updated governance model and By-law 6.</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none">Implications if there is significant turnover on the BoardIssues with interpretation and application of By-law 6Registrants disenfranchised due to perceptions of Board composition, practice or geographic (e.g., loss of geographic and practice representation in Board elections)	<p>Strategic/ Organization-Wide</p> <p>Governance</p> <p>Governance</p>	<p>Registrar's Office</p> <p>Corporate Services</p>	<p>Elections delayed due to pandemic to November 2, 2020.</p> <p>Robust and transparent, independent screening process implemented.</p> <p>Honoraria for Board and Committee members accelerated to recognize remote meeting participation.</p> <p>Coordination and problem-solving around By-law 6 interpretation and implementation (e.g., committee composition throughout the transition).</p>	<p>By-law amendment enacted to delay election.</p> <p>Effective communication around new election procedures.</p> <p>New remuneration process implemented within 8 weeks of by-law enactment.</p> <p>Minimal problems with By-law 6 interpretation and implementation.</p>

Ontario College of Pharmacists – 2020 Risk Management Report November 11, 2020

	RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
							<p>OCP's advances towards regulatory best practices increases public and Ministry confidence in OCP and enhances OCP's reputation as a leader in governance reform.</p>
4	Medium	HR talent management systems and processes	<p>Performance management and talent management systems did not effectively support succession planning and business continuity.</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> o Succession planning o Performance improvement o Competence and capacity-building o Employee engagement and alignment across organization o Failure to execute strategic priorities and operational plans o Loss of critical organization intelligence 	Operations Support/ Corporate	Human Resources Executive Team	<p>OCP launched a new performance management system and process in late 2019/early 2020, including specific tools to input, track and score competencies and performance goals, to calibrate assessments across teams, and to facilitate succession planning. Feedback sought by HR on effectiveness of new tools and processes.</p> <p>2019 pulse survey of employee engagement followed up with focus groups and additional feedback for Managers and Executive Team.</p> <p>Core and leadership competencies introduced in 2019 under revision based on feedback received.</p>	<p>Successful implementation of new performance management tools and processes, with minor issues and some feedback.</p> <p>Generally improved employee engagement and alignment across the organization, as noted in 2020 pulse survey and other feedback, with some exceptions (e.g., how performance is managed at OCP) identifying room for improvement.</p>
5	Medium	Information and data management maturity	<p>Early data management maturity with inconsistent data literacy, and data comprehensiveness, availability and quality.</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> o Data use not optimized across organization 	Operations Support/ Corporate	Directors and Managers Information and Data Management Business Processes	<p>Performance data analysis in Conduct and Quality divisions for operational planning and process design underway.</p> <p>Piloted development of dashboards including data quality and performance dashboards for Complaint Intakes and</p>	<p>Used performance data to effect more timely review of complaint information and to compare costs on internal vs. external disclosure in Legal Conduct.</p>

Ontario College of Pharmacists – 2020 Risk Management Report November 11, 2020						
RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
		<ul style="list-style-type: none"> Suboptimal regulatory workload management, risk assessment, decision making and reporting Reduced effectiveness Less efficient and effective performance reporting, e.g. College Performance Measurement Framework (CPMF) Reputational damage 		Information Technology Processes	<p>Investigations, and productivity dashboards in Conduct for workload management.</p> <p>Developed data dictionaries for annual reporting and submission (OCP annual report, and Federal and Provincial Health Human Resource data feeds, e.g. Canadian Institute for Health Information (CIHI) and Health Professions Database (HPDB)).</p> <p>Predictive data analysis of registrant assessment data (PDR) conducted.</p> <p>Introduced simplified templates and process workflow for improvement activities and project execution.</p> <p>Enhanced training of BP resources to better support staff on change management, improvement, and project management practices going forward.</p>	<p>Professional Development and Remediation Framework (PDR) process change resulted based on insight from the analysis.</p> <p>No predictive data elements available in the complaint data to develop a predictive risk model.</p> <p>Ability to see data quality issues without pulling the data manually and apply an immediate fix.</p> <p>More consistent data reporting and a reference point for future report building.</p>
6	Medium	<p>Information and records management practices</p> <p>Still-maturing information and records management (IRM) practices.</p> <p>Potential impacts</p> <ul style="list-style-type: none"> Inadequate file management systems across OCP Non-compliance with statutory obligations Privacy breaches and possible liability 	Operations Support/ Corporate	Information and Data Management Directors and Managers	<p>Following a 2019 assessment of the College's IRM Program, transformation roadmap development was underway in 2020, but delayed due to pandemic and loss of key staff.</p> <p>The new Privacy Manual was finalized but implementation delayed due to the pandemic. Meanwhile, the OCP can continue to rely on its existing Privacy Code.</p>	<p>Privacy Manual drafted and initial reviews completed.</p> <p>Core competencies for information management defined – to be embedded in revised job descriptions following completion of Job Evaluation Process.</p>

Ontario College of Pharmacists – 2020 Risk Management Report November 11, 2020						
RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
		<ul style="list-style-type: none"> Disrupted operations Reputational damage 			The process for investigating, resolving and reporting on privacy breaches has been formalized and is now in use.	Training program developed to roll out new Privacy Manual (to replace existing Privacy Code).
7	Assurance and Improvement in Medication Safety (AIMS) Program Implementation and engagement	Insufficient use of AIMS tool by the profession. <u>Potential impacts</u> <ul style="list-style-type: none"> Poor reporting leads to insufficient data to effect safety improvements in pharmacies Risk to patients Reputational damage 	Statutory Obligations/ Committees, Programs, Services Quality	Strategic Policy, Planning and Analytics Community Practice Information and Data Management	Numerous activities intended to enhance engagement and reporting undertaken prior to formal project completion in late 2020, including notification letters of potential referrals to Accreditation Committee for failure to meet standards, starting with onboarding. Development of an AIMS data strategy.	AIMS project formally completed and embedded into Practice program. AIMS data included in public reporting tool on website.
8	Performance of assessments	Standardization of assessment process, criteria and tools required. <u>Potential impacts</u> <ul style="list-style-type: none"> Validity of individual judgments Reputational damage Loss of confidence in the College 	Statutory Obligations/ Committees, Programs, Services Quality	Assessments Community Practice Hospital Practice Registrant Competence	Operational Assessment teams have initiated work in standard-setting, with the aim of a more rigorous, standardized weighting system and a focus on critical elements and updated templates, using a modified Delphi approach (restarted following delay due to COVID). Leads observe Assessors for consistency of assessments. See 2021 Risk Register for additional future mitigation strategies.	Work is underway in standard-setting. Able to transition methodology to allow for online participation from subject matter experts. See 2021 Risk Register.
9	Timeliness and effectiveness	Existing or possible backlogs and delays in several Conduct processes, including Complaints, Investigations, and Inquiries,	Statutory Obligations/ Committees,	Investigations	Continuation of work with Business Processes to improve processes, with implementation of informal complaints and	Investigations backlog on track for elimination by December 2020.

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RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES	MEASURES OF SUCCESS/ OUTCOMES
	of Conduct processes	<p>Complaints and Reports Committee (ICRC) decisions.</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> Statutory non-compliance with 150-day complaints timelines Regulatory risk of harm to patients Fairness and transparency to registrants and complainants Legal challenges on basis of delays and liability for regulatory negligence Reputational risk and loss of confidence in the OCP. 	<p>Programs, Services</p> <p>Conduct</p>	<p>Conduct Operations</p> <p>Legal Conduct</p> <p>Hearings</p>	<p>reports resolution program and training of Investigators and Complaints Officers in enhanced case file management techniques.</p> <p>More robust use of workload management reports and dashboard development.</p> <p>Significant increase in number/frequency of ICRC meetings to deal with increased number of investigations and shorter agendas due to virtual meetings.</p> <p>Ongoing process improvements in ICRC, Accreditation and Drug Preparation Premises (DPP) support.</p> <p>Implementation of virtual Discipline/Fitness to Practice (FTP) Committee hearings through April-May 2020, with new Practice Direction in place.</p>	<p>Ongoing improvement in Intakes timelines except for temporary delays due to surge in COVID-related calls.</p> <p>Rising number of complaints resolutions (60+ by year end).</p>
10	OCP policies and guidelines relating to practice	<p>Several OCP policies and guidelines for professionals are not current.</p> <p>Potential impacts</p> <ul style="list-style-type: none"> Risk of harm to patients Inadvertent non-compliance of members with policies Reputational damage 	<p>Statutory Obligations/ Committees, Programs, Services</p> <p>Quality</p>	<p>Strategic Policy, Planning and Analytics</p> <p>Community Practice</p> <p>Hospital Practice</p>	<p>New process to review, prioritize and update OCP policies and guidelines in place to ensure policies and guidelines convey current practice expectations to registrants.</p> <p>Most critical policies and guidelines have been identified and are undergoing review on a prioritized basis.</p> <p>Twenty practice guidance documents relevant to COVID published in Q1/Q2.</p>	<p>Seven key practice policies and guidelines prioritized and in progress.</p> <p>Practice guidance documents relevant to COVID published in timely manner during pandemic.</p>

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	RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES
11	Low	Workspace redesign and renovation	<p>Balancing the need for expansion of available workspace with the expectations of staff.</p> <p><u>Potential impacts</u></p> <ul style="list-style-type: none"> o Space design does not provide required increase in density o Staff demands impact approved budget o Pandemic impacted vendor selection and permit approvals o Increased density possibly provides excess capacity given remote work 	Operations Support/ Corporate	<p>Facilities and Office Services</p> <p>Human Resources</p>	<p>Staff Advisory Panel engaged to ensure input and feedback between project team and frontline staff before finalizing layout, design options, features and finishes.</p> <p>Private space with acoustical privacy and general concerns with sound transmission and impact to concentration were satisfactorily addressed.</p> <p>Project was successfully executed despite complications from the pandemic.</p> <p>186 St. George kept closed following renovation to minimize operating costs, utilities and cleaning.</p> <p>Staff usage of facility is tracked and reviewed on a weekly basis.</p>
						<p>Renovation was completed on-time and on-budget (including deferred spend from 2019).</p> <p>Virtual re-opening celebrations incorporated into staff town hall.</p> <p>50% of staff have attended the office since July 6.</p> <p>Employee satisfaction with end product is high.</p>

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RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/ CONTROL STRATEGIES
					MEASURES OF SUCCESS/ OUTCOMES

RISK RATING:

- Assess Initial Risk (at time risk is first added to Register) and update periodically to reflect Current Risk assessment.
- Estimate likelihood and impact of any given risk, relying on expertise and where possible, data.

LIKELIHOOD						
VERY HIGH	MEDIUM-A	MEDIUM-B	HIGH-A	TOP-A	TOP-B	
HIGH	LOW-A	MEDIUM-C	HIGH-B	HIGH-C	TOP-C	
MEDIUM	LOW-B	MEDIUM-D	MEDIUM-E	HIGH-D	HIGH-E	
LOW	LOW-C	LOW-E	MEDIUM-F	MEDIUM-G	MEDIUM-H	
VERY LOW	LOW-D	LOW-F	LOW-G	LOW-H	MEDIUM-I	
	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH	
	IMPACT					

RISK NAME:

- Assign brief internal name for risk; may be an umbrella term; e.g., “Information security” .

RISK DESCRIPTION + IMPACT:

- Provide some detail to flesh out nature of risk and impact of risk; e.g., “Confidential information breach resulting in exposure of information to unauthorized person(s)” .

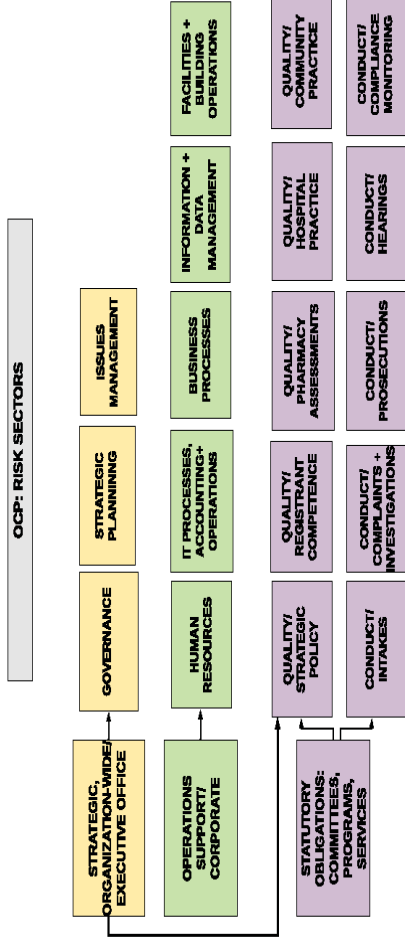
Ontario College of Pharmacists – 2020 Risk Management Report

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RISK RATING	RISK NAME	RISK DESCRIPTION AND IMPACT	RISK SECTOR	LEAD TEAMS	2020 RISK MITIGATION/CONTROL STRATEGIES	MEASURES OF SUCCESS/OUTCOMES
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RISK SECTOR:

- Select appropriate sector in which specified risk falls:



LEAD TEAMS:

- Select the team that will have ultimate accountability and responsibility for implementing and monitoring the risk mitigation/control strategies.
- Select as Lead the staff member who will have day-to-day responsibility for implementing and monitoring the risk mitigation/control strategies.

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RISK MITIGATION/CONTROL STRATEGIES:

- Describe the actions the responsible area will take to prevent risk occurrence and mitigate effects if risk does occur; e.g. "Require all staff to complete online data security training" .

MEASURES OF SUCCESS/OUTCOMES:

- The means by which staff are able to assess whether the risk mitigation strategies used were successful.



Risk Management Plan (2015)

Change Creates Opportunity
Opportunity Creates Risk
Optimized Risk Creates Value

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

Version date: February 12, 2018

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Section 1 - Risk Management Program

Risk Management Philosophy

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

Risk Management Goals

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

Approach to Risk Management

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

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

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

Section 2 - Responsibility for Risk Management

Council

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

Contributes to a shared understanding of the enterprise level and strategic risks. Receives periodic reports on the organization's risk financing and insurance strategies. Receives and periodically reviews the organization's *Risk Management Plan*.

Registrar/Chief Executive Officer (CEO)

Keeps the Council apprised of staff-led risk assessment and risk management activity. Presents a periodic summary of the critical risks facing the organization for Council discussion and feedback.

Monitors and reports on the compliance obligations of the organization. Delegates responsibility for specific risk areas and tasks to appropriate staff.

Director, Corporate Services

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

Keeps the Registrar/CEO apprised of changes in critical risks and risk management strategies. Engages staff throughout the organization in risk assessment and risk management activities. Evaluates the insurance program.

Committee Chairs/ Program Managers

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

Section 3 - Governance Structure

Incorporation

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

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

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

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

Indemnification

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

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

Council Operations

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

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

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

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

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

Staff Operations

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

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

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

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

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

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

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

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

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

Section 4 - Strategic, Organization Wide Risk

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

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

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

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

Section 5 - Statutory Programs and Services

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

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

Section 6 - Operations Support

Financial Management

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

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

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

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

Financial Responsibilities and Objectives

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

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

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

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

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

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

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

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

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

Technology and Information Management

Technology Policy

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

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

Policy on Systems Inventory and Documentation

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

Physical Security for Technology Assets

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

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

Disaster Recovery Plan

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

Internet Security

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

Website Functionality

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

Web Content

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

Website Disclaimer

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Facility/Site Safety and Security Facility Needs

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

Building Security

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

Preventative Maintenance and Inspections

The College undertakes preventive maintenance for all its building and related facilities. Maintenance protocols are in place for fire safety, mechanical and electrical equipment, cleaning, grounds maintenance, elevator maintenance, waste disposal, food handling, etc. In accordance with legislation, the College maintains a joint Workplace Health and Safety Committee comprised of staff and management. Workplace inspections are conducted monthly. Issues brought forward

by the Committee are addressed promptly, or where investment is required, are implemented in a timely manner.

Policy Concerning Invitees

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

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

Section 7 - Emergency Response Planning and Crisis Management

Emergency Response Policy

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

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

Business Continuity Planning Policy

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

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

Vital Records, Data and Documents Backup Policy

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

Crisis Communications Policy

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

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

Section 8 - Insurance Program

Insurance/Risk Financing Strategy

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

Insurance Program for Ontario College of Pharmacists

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

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

Relationship with Insurance

Advisors Selection Process

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



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

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November 11, 2020

Message from the Registrar-Treasurer

On Sunday, November 8, 2020, PEBC held its first OSCE since the start of the pandemic.

The pandemic has created unparalleled challenges within the health care system. It has had an impact on the delivery of our examinations, causing problems no organization had contemplated in their contingency planning.

When we were required to postpone the May Pharmacist Qualifying Examination, PEBC developed new contingencies to move forward with the safe administration of its exams to address COVID-related challenges. We pivoted to remote proctoring for our MCQ exams, allowing candidates to take the exam safely from their own homes. PEBC overcame initial challenges, enabling us to implement remote proctoring and has confirmed the validity and reliability of exams delivered through this method. PEBC has found no difference in candidate performance between delivery modalities; as a result, PEBC is pleased to advise that the Board of Directors of PEBC has approved the use of remote proctoring into early 2022.

Some candidates have expressed their desire for a similar transition of the OSCE into a virtual platform. The complexities and logistics of such an undertaking are far beyond that of an MCQ exam. Up until now, no high stakes certification exam has been offered through a virtual OSCE. In Canada, there are now commitments to explore this in 2021 by a number of organizations, including the Medical Council of Canada and the Canadian Alliance of Physiotherapy Regulators who had to cancel their fall OSCEs for their candidates. PEBC is committed to exploring remote OSCEs; however, due to important security and technology considerations a virtual OSCE was not an option for the November exam.

Unique to the OSCE is that it requires the gathering of people, made more challenging by COVID-19 restrictions that, for example in Ontario, changed shortly before our scheduled exam administration. While working to ensure that the OSCE could be held safely, we collaborated with our exam centre partners to significantly increase capacity (as the November administration is typically much smaller). PEBC consulted with our exam centre partners, the Public Health Agency of Canada and reviewed national and provincial public health guidelines to develop protocols that would support the health and safety of all participants in the OSCE. PEBC successfully and safely administered the performance exam for the Pharmacy Technicians (OSPE) in September and continued to further strengthen the protocols in light of the increasing COVID cases across the country.

There has been great attention placed recently on the reductions in capacity and cancellations at a number of sites, and we sincerely regret the high distress experienced by many candidates. It is important to recognize that, in spite of new contingencies that required PEBC to contend with one obstacle after another, PEBC was able to administer the OSCE exam to approximately 1,000 candidates

on November 8th, which is significantly higher than the typical capacity in November. This is a major accomplishment and while this is no consolation to those who were unable to test, it is a credit to the dedication of everyone who came together to make this happen. PEBC would like to specifically acknowledge and thank the exam centre teams, including the Chief Administrators, Site Administrators, Chief Examiners, Standardized Patient Trainers, Standardized Patients, Assessors and all other site personnel, who worked tirelessly over these challenging months and continued to persevere through new requirements and short-notice venue and protocol changes to make the OSCE a reality, even right up to the morning of the exam amidst new announcements for health and safety requirements by provincial public health authorities. We are also appreciative of the efforts of PEBC's partners at the Standardized Patient Programs, the facilities where the OSCE was held, the Deans of the schools of pharmacy, the provincial regulatory authorities and pharmacy advocacy organizations, who supported PEBC over the last few months in this important activity.

We are all indebted to the team at PEBC for their efforts to make it possible for a significant number of OSCE exams to proceed safely.

PEBC recognizes the apprehension and frustration experienced by candidates who were most impacted by the pandemic, and the need to defer a key activity in their professional careers. The pathway to becoming a pharmacist is a long and difficult road, one that is capped off with the completion of PEBC's certification and licensure. While some have challenged the necessity of the exams, the public benefits by the assurances of the quality in the safe and effective practice that the PEBC certification represents.

PEBC knows that for those who were unable to take the OSCE this year, the road has been made even longer. Candidates vocalized their concerns around the perceived lack of transparency of issues that surrounded the OSCE. The level of uncertainty about PEBC's ability to hold the OSCE did not stop until the last candidates left the exam on Sunday. PEBC provided regular updates on its website and communicated directly with candidates in the weeks leading up to the exam to highlight the ongoing possibility of cancellations. We attempted to achieve a delicate balance between providing enough information to candidates and not adding on additional stress arising from uncertainty. It is truly unfortunate that some candidates in Ontario received notice about the cancellation of their exam only two days before the exam, but there were reasons for this. In the week prior to the exam, when the provincial government announced its new framework and discussions with Toronto Public Health raised concerns, PEBC focussed its efforts on working with its pharmacy partners to try to resolve the issues through outreach to government officials and agencies to seek clarity as to the requirements of the applicable regulation or an exemption so that we could proceed with the exam. PEBC firmly believes that it was right to delay the final decision until as late as possible to allow all efforts to be exhausted to prevent the undesirable outcome of a cancellation and in the best interest of candidates who wished to proceed. It was this approach that allowed PEBC to administer the OSCE exam to approximately 1,000 candidates, instead of prematurely cancelling additional examinations. Regrettably, based on Toronto Public Health's interpretation, and in the absence of clarification or intervention from the provincial government, PEBC could not proceed with the OSCE in Toronto and was required to reduce its capacity in Ottawa.

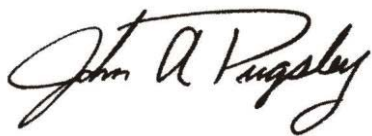
Candidates have asked about PEBC's contingency plan arising from the cancellation of the November exam. We have previously indicated the possibility of a February administration. The pandemic has contributed to a backlog of several hundred candidates who still need to take the OSCE, and we are

committed to offering it at the end of February, factoring in the pandemic situation and the public health guidelines of all the jurisdictions in which we offer the OSCE. As PEBC relies on the Standardized Patient Programs (SPP) to provide some of the key personnel required to administer the exam, PEBC works with the SPP's timing as they also administer the exams for other examining bodies. This planning was initiated by PEBC during the summer to secure the earliest date possible (February). More information about the upcoming administration will be provided to candidates in the coming weeks and candidates are encouraged to visit PEBC's website regularly.

These are unprecedented times, and we must move forward. The facts detailed above provide a better understanding of the contributing factors and the extraordinary measures taken by the PEBC team to implement new health and safety protocols and make significant venue changes during a rapidly changing situation – to meet the goal of administering as many exams as possible, with safety as our primary consideration.

Pharmacists and pharmacy technicians continue to play a critical role in contributing to the health and wellness of the Canadian public. PEBC will continue to work tirelessly to administer the examinations that ensure the assessment of competence of pharmacy professionals.

Sincerely,

A handwritten signature in black ink, reading "John A. Pugsley". The signature is fluid and cursive, with the first name "John" being the most prominent.

John A. Pugsley, B.Sc. Phm, ACPR, Pharm.D.
Registrar – Treasurer



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

717 Church Street, Toronto, Ontario, Canada M4W 2M4 • Telephone (416) 979-2431, Fax 599-9244 • www.pebc.ca

August 12, 2020

Nancy Lum-Wilson
Registrar
Ontario College of Pharmacists
483 Huron Street
Toronto, Ontario
M5R 2R4

Dear Nancy:

Karen Riley's first term as a representative for the Ontario College of Pharmacists expires at the close of our March 2021 Annual Board Meeting.

Karen serves on the Committee on Examinations and the Committee on Specialties. We value Karen's experience and contributions and would therefore appreciate her reappointment for a second three-year term, ending at the close of the Annual Board Meeting (March 2024).

Sincerely,

John Pugsley, B.Sc. Phm., ACPR, Pharm. D.
Registrar-Treasurer

cc: K. Riley



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

November 12, 2020

Dr. John Pugsley Registrar-Treasurer
Pharmacy Examining Board of Canada
717 Church Street
Toronto ON M4W 2M4

Sent by email: jpugsley@pebc.ca

Dear Dr. Pugsley:

By way of this letter, I would like to inform you that Ms. Karen Riley has been reappointed as the Ontario College of Pharmacists' representative on the Pharmacy Examining Board of Canada (PEBC) for a second three year term, ending in March 2024.

Thank you for your feedback and appreciation of Karen's contributions at PEBC. We look forward to being represented by Karen at the PEBC table.

Yours sincerely,

Nancy Lum-Wilson, R.Ph., B.Sc.Pharm., MBA
C.E.O. and Registrar

Cc: Karen Riley