



ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, JUNE 14, 2021

9:00 A.M. – 5:00 P.M.

Microsoft Teams: [Click here to join the meeting](#)

1. **Land Acknowledgement**
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 June 2021.....Appendix 5.1
 - 5.2 March 2021 Board Meeting Evaluation.....Appendix 5.2
6. **Approval of Minutes of Previous Meeting**
 - 6.1 Minutes of March 22, 2021 Board Meeting.....Appendix 6.1
7. **Matters Arising from Previous Meetings**
 - 7.1 Briefing Note – Practice Policy: Cross Jurisdictional Services.....Appendix 7.1
8. **For Decision**
 - 8.1 Briefing Note – Practice Policy: Virtual CareAppendix 8.1
 - 8.2 Briefing Note – Practice Policy: Restocking of MAiD Drugs.....Appendix 8.2
 - 8.3 Briefing Note – Governance Committee – Approval of Board Policies.....Appendix 8.3
 - 8.4 Briefing Note – Governance Committee – Proposed By-law Amendments.....Appendix 8.4
9. **For Information**
 - 9.1 Registrar's Report for June 2021 Appendix 9.1
 - 9.2 Briefing Note – 2021 Risk ReportAppendix 9.2
10. **Other Business**
 - 10.1 Presentation – Review of Unscheduled Natural Health Products
 - 10.2 Presentation – Indigenous Cultural Competency Presentation
 - 10.3 2021-2022 Board and Executive Committee Meeting Schedule.....Appendix 10.3
11. **Personnel Matter – *In Camera***
(*Separate meeting invite circulated*)
12. **Adjournment**

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Billy Cheung, Board Chair

TOPIC: Chair's Report for June 2021 Board meeting

ISSUE: The Board Chair submits 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 December 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.

March Board Meeting Evaluations

Attached to my report is a summary of the March Board Meeting Evaluation as well as the results of the orientation and technology survey. The results the surveys will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest.

College and Other Stakeholder Meetings:

March 31 – Governance Committee Catch Up
 March 31 – Board Education Retreat prep meeting
 April 14 – Governance Committee Catch Up
 April 23 – PHC (Observer)
 April 23 – Virtual Coffee Meet & Greet
 April 28 – Governance Committee Catch Up
 May 3 – Governance Committee Meeting
 May 10 – Board Education Retreat
 May 21 – Executive Committee Meeting
 Regular Bi-weekly meetings with CEO & Registrar

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Billy Cheung, Board Chair

TOPIC: March 2021 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 March 2021 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 13 Board Directors responded to the survey and a summary of the input is being provided to the Board for information.

1. Meeting Materials

Answer Choices	Yes	No
Were you able to access all of the materials in sufficient time for you to prepare for the meeting?	11	2
Were relevant materials provided?	13	0
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	12	1

Comments:

- With all of the policies we had to review, I struggled to put them context with ones that had been previously reviewed as I was not a part of their approval. This is not a reflection of the materials not being complete, just my lack of understanding of how this phase fit into the whole picture of policy updates.
- The documents for this board meeting seemed to be more voluminous and substantial compared to other meetings of the board. As such, it was more of a challenge to get through, and give thought to, all of the reading materials in the time leading up to the meeting.
- My answer is yes, the materials were sufficient for deliberation purposes, but, improvements in terms of clarity of language in terms of drafting would be appreciated. Some documents are overly lengthy
- Although I managed to read through the materials, I have to say there is too much information to fully digest and appreciate, given the relatively short time of its release and considering there are 3 other committee meetings happening that I needed to prepare for and attend the week previous to this. The information covered are excellent with a number of these providing annotations for further reading that require more investment of time. I wonder if it is doable to release a significant volume of the materials much earlier to provide more reading time to members?

2. In your opinion, was the Board prepared and did they actively participate in the dialogue?

YES = 11

NO = 2

Comments:

- In general, it appeared as though the Board was prepared. However, not everyone participated in the dialogue. Those who usually participate did so, and those that don't usually participate did not.
- It appeared as though some directors were not familiar with the materials
- My answer is yes, but the question does not allow for anything that is not a simple yes or no. And the true answer is somewhere in the middle, I think. Not all Board Directors participated; some said very little or nothing at all; so those Directors did not actively participate. Those who did participate did appear to be well prepared
- To be honest, the Board, as a whole could have participated more actively as it is notable only a few and the same members seemed to have the appetite to ask questions. I don't think though that a lack of preparation is the main reason for this. Either some of us are just on a level of contentment with policies presented (for example) or that many newer members are quite overwhelmed with the overload of info they have yet to find their groove to actively engage.

3. Was the Board respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints?

YES = 13

NO = 0

Comments:

- Not a lot of diverse viewpoints offered, and those that were offered appeared to have been listened to.
- Perhaps Board members were TOO considerate of each other in the fact that in a couple of instances, explanations were requested not for the information of the member asking the question but for the benefit of any members who might not be familiar with the information. This took some time in an already packed agenda and seemed unnecessary given the fact that the information was not only contained within the materials provided but it would be incumbent on Board members to ask themselves for clarification of information, terms, etc...that might be unfamiliar to them should they have any comprehension issues. Once the member asking the questions confirmed they didn't need the information themselves, the entire exercise seemed a waste of the Board's time.
- This was one of the best meetings and appreciation goes to the wonderful job the chair has done at this meeting.

4. Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?

YES = 12

NO = 1

Comments:

- The chair did a better job at keeping the Board on task and in using time efficiently for the meeting.

- Billy does an excellent job as Chair of the Board.
- I was impressed with how the chair adjusted how the board addressed the policies
- Yes, but the answer appears to be somewhere in the middle. By moving to a consent agenda approach by grouping a large number of policies together, the onus shifted to each individual Board Director to raise a concern about a specific policy. This would place a burden on that Director when the intent or will of the Chair at that point appears to be in moving the agenda along, rather than soliciting views or engaging in debate. This would be a general concern about moving any Board agenda to a consent agenda approach
- Absolutely.
- In my opinion, the chair allowed too much irrelevant comments from the usual people. The chair did not properly explain the use of the “consent” motion, although there was an adequate explanation in the circulated material. It is easy to be critical.

5. Were decisions that the Board made consistent with the College’s mandate to put public interest first?

YES = 13

NO = 0

6. In your opinion, did Board discussions stray unnecessarily into operational matters?

YES = 0

NO = 12

Comments:

- I did not see any operational type discussions during the meeting.
- No, although there were a few questions regarding operational matters, the discussions did not stray into operational matters.
- Much of what was discussed respecting Board policies concerns both board and staffer issues/operational issues. But that was not an unnecessary intrusion into such matters
- Rarely but on the occasion that they did, the Chair brought members back onside.
- I'm in between yes and no to this. I'm tempted to say this meeting has focused so much about outcome measurements that one may ask if are we truly serving the public with this preoccupation. Is the end justifying the means?

7. Did the Board accomplish its goals at the meeting today?

YES = 13

NO = 0

Comments:

- Special mention should be made of the efforts to use time efficiently and that the meeting ended on schedule.
- Despite it being a long day and full agenda, the Chair kept it moving and unbelievably ended on time. Quite an accomplishment!
- It would be helpful if the chair succinctly outlined the goals of the meeting at the outset of the meeting for us “non-professional directors”. The CEO has tendency to lapse into jargon inherent presentations.

8. Were the Board's decisions and discussions today appropriately focused on the Board's role of strategic direction and oversight?

YES = 13

NO = 0

Comments:

- Yes, the decisions and discussion were largely focused on direction and oversight. However, sometimes it seems as though the Board wants to have oversight from a distance that I would describe as too far away.
- Now and in the future: the more that the Board's decisions and discussions deal with the actual core functions of the College: registration, complaints, quality assurance, patient relations and discipline, the better

9. Meeting Process Evaluation

Answer Choices	Agree	Disagree
Today's meeting started on time.	12	0
The agenda was clear and realistic for the allotted meeting time.	12	1
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	13	0
Agenda topics were appropriate (i.e. aligned with the College's legislative and regulatory responsibilities)	13	0
Adequate background information was provided for each agenda item.	13	0
The time spent on each item was appropriate.	11	2
I felt supported and valued as a member of this Board.	12	1
I felt comfortable and encouraged to discuss and share my opinions openly.	12	1
Disagreements were handled openly, honestly, directly and respectfully.	13	0
The Chair kept discussions on track.	12	1

The Chair was prepared for the meeting.	13	0
My peer participants appeared to be prepared for the meeting.	10	2
Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned.	13	0
Overall, we accomplished our objectives for this meeting.	13	0
The technology used for the meeting was effective.	10	3

Comments:

- Had some problems with AC that I was able to troubleshoot and fix myself, but that issues still remains regarding this glitchy platform.
- Some of us who are not on the Governance Committee may not have left the meeting with as clear an understanding of the various governance issues we were voting on, but the decision was made to utilize a consensus approach to voting on the various governance policies. This essentially took away the time, or squelched the desire to spend time, on understanding the new governance policies.
- Grouping the remainder of the policies for approval as consent items tended to discourage any real debate about any remaining concerns; otherwise, a very well conducted meeting
- Please see previous comments related to both of the above.
- Some technical challenges as well as user challenges need to be worked out.
- As a public member, I feel that I am merely tolerated at the College's meetings. I am irritated that they consistently refer to pharmacist directors as "professional" and conveniently ignore the fact that several public directors are members of other professions. See also my comments above.

10. Please share any other comments that you believe would be useful feedback:

- I wasn't in favour of taking the Governance Policies out of the Consent Agenda and it did drag on for the first bit. However, it did allow for some good discussion and once the Chair (after the break) took a different approach, it went much more smoothly. In the end, I'm glad we did it and took that approach.
- Perhaps it is better to include "Unsure" or "Undecided" in the response selections. I have had to choose "No" to a few of the questions for lack of an in-between response.

Respectfully submitted,

Billy Cheung, Board Chair



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
MARCH 22, 2021**

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MONDAY, MARCH 22, 2021 – 9:00 A.M.

HELD VIA VIDEOCONFERENCE

Elected Members

Mr. Douglas Brown, Port Perry
Mr. Billy Cheung, Markham
Ms. Sarah Ingram, North York
Mr. James Morrison, Burlington
Mr. Goran Petrovic, Kitchener
Ms. Tracey Phillips, Westport
Ms. Ruth-Anne Plaxton, Owen Sound
Mr. Mark Scanlon, Peterborough
Mr. Siva Sivapalan, Burlington

Dr. Lisa Dolovich, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
Dr. Andrea Edginton, 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
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
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

Guests:

Mr. Dan Stapleton, Chair of the Finance and Audit Committee
Mr. Dale Tinkham, Principal of Tinkham and Associates

Mr. Cheung welcomed everyone to the meeting and reminded all of their duty of care for meetings and fiduciary duties to the public interest mandate of the College. Directors were informed of the virtual meeting platform features and informed that votes will be registered and recorded using the voting features within the program.

1. Land Acknowledgement

Mr. Cheung opened the meeting with a land acknowledgement statement as a demonstration of recognition and respect for Indigenous peoples.

2. Noting Members Present

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

3. Declaration of Conflict

There were no conflicts declared.

4. Approval of Agenda

At the request of Billy Cheung, Board Chair, an in camera agenda item was added prior to the adjournment of the meeting to discuss a personnel matter.

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

5. Chair's Opening Remarks

5.1 OCP's 150 Year Anniversary

Mr. Cheung acknowledged that 2021 marks the College's 150th anniversary and a commemorative video was played showing the College throughout the years. Additionally, the Board offered its gratitude to all Registrants in recognition of Pharmacy Appreciation Month.

5.2 Board Chair's Report

The Board Chair report was circulated for information and highlighted the recent decision to post the minutes of the Executive Committee meetings on the College's website in order to comply with the expectation in the College Performance Measurement Framework.

Mr. Cheung voiced his support for the letter circulated to the Board on behalf of the Chair of the Discipline Committee and reiterated the need for Directors to make time to serve on Discipline Hearing panels.

Mr. Cheung also informed the Board that there will be guest speakers and discussions on the Board's role in oversight, strategy and risk, specifically in a regulatory environment, at the upcoming Board Education day scheduled for May 10, 2021.

6. Approval of Minutes of Previous Meeting

- 6.1 Minutes of December 7 2020 Board Meeting
- 6.2 Minutes of January 11 2021 Board Meeting

It was moved and seconded that the Minutes of the December 2020 and January 2021 Board meetings be approved. The motion CARRIED.

7. Matters Arising from Previous Meetings

There were no matters arising.

8. For Information

8.1 Strategic Priorities Presentation

Ms. Nancy Lum-Wilson and Mr. Billy Cheung presented to the Board on the development of the current strategic plan and indicated that this information will be offered as part of the orientation program for new Directors moving forward.

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

8.2 Registrar's Report for March 2021

Mr. Cheung invited Ms. Nancy Lum-Wilson to provide a brief overview of the report. Highlights of the report included the 2020 Q4 scorecard and a preview of the 2021 scorecard including the definitions. Ms. Lum-Wilson also informed the Board that the emergency registration regulation had recently been approved by the provincial government.

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

8.3 College Performance Measurement Framework

Ms. Nancy Lum-Wilson drew the Board's attention to the College's completed College Performance Measurement Framework mandated by the Ontario Ministry of Health and informed the Board that the completed document will be posted on the website.

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

8.4 Outcomes Focused Regulation Presentation

Ms. Nancy Lum-Wilson presented to the Board on outcomes focused regulation.

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

Upon returning from lunch the Board was shown a video sent by the Deputy Premier of Ontario and Ontario Minister of Health, Christine Elliot congratulating the College on its 150th anniversary and offering her gratitude to the pharmacy professionals playing a key role in the ongoing COVID-19 immunization program.

9. For Decision

9.1 Approval of Audited Financial Statements

Mr. Dan Stapleton, Chair of the Finance & Audit Committee (FAC) informed the Board that the FAC had reviewed the Auditor's Report and internal controls and met with the auditors via in camera sessions both before and after the audit and is satisfied that the financial reporting risks outlined in the audit planning are being appropriately addressed. Mr. Dale Tinkham of Tinkham and Associates called into the meeting to support the discussion of the audit findings and answer questions from the floor.

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

The motion: That the Board approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2020 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants. The motion was moved and seconded. The motion CARRIED.

9.2 Appointing the Screening Committee

Mr. David Breukelman, Chair of the Governance Committee informed the Board that the proposed slate of the 2021 Screening Committee was circulated in the meeting materials and includes reappointment of prior year appointees to the extent possible with consideration to conflict of interest.

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

The motion: That the Board approve the appointments of the Screening Committee as follows.

- **Vice-Chair of the Board – David Breukelman**
- **One Public Director – Gene Szabo – returning member**
- **One Elected Director – Tracey Phillips**
- **Two Lay Committee Appointees – Megan Sloan and David Collie returning members**

The motion was moved and seconded. The motion CARRIED.

9.3 Briefing Note – Governance Committee – Board Policies

Mr. David Breukelman, Chair of the Governance Committee provided some background on the development of the policies to replace the Governance Manual. Mr. Breukelman presented the policies in a consent agenda format and asked if any Directors would like to remove any of the policies from the consent agenda. All policies were removed from the consent agenda for consideration by the Board and discussed in order.

The motion: That the Board approve amended policy 1.7. The motion was moved and seconded. The motion CARRIED with one dissent.

The motion: That the Board approve policy 3.1. The motion was moved and seconded. The motion CARRIED with one dissent.

The motion: That the Board approve policy 3.2. The motion was moved and seconded. The motion CARRIED with one dissent.

The motion: That the Board approve policy 3.3. The motion was moved and seconded. The motion CARRIED with one dissent.

The Board discussed including a statement respecting unconscious bias within policies 3.2, 3.3, 3.4, 3.5 and 3.6.

Accordingly, the following motion was made: **That the Board amend policy 3.2 and 3.3, already approved, and policies, 3.4, 3.5 and 3.6, yet to be approved, to include the following statement: *Board Directors are reminded to be conscious of their own biases with respect to diversity and inclusion, including gender identity, when assessing others in their respective roles and ensure neutrality in their assessments.* The motion was moved and seconded. The motion CARRIED with one dissent.**

A motion was then made respecting the approval of policies 3.4 to 3.15 as a block.

The motion: That the Board approve the policies 3.4 to 3.15 contained in Section 3, Policies and Processes Supporting Good Governance. The motion was moved and seconded. The motion CARRIED with one dissent.

9.4 Briefing Note – Practice Policy Review Process and Briefing Note

Ms. Susan James presented to the Board on the policy review and approval process for the College.

9.4a Virtual Care Policy

Ms. James presented the virtual care policy drafted to support practice changes due to the pandemic.

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

The motion: That the Board approve posting of the draft Virtual Care policy for a 60-day public consultation. The motion was moved and seconded. The motion CARRIED.

9.4b Cross-Jurisdictional Policy

Ms. James presented the cross-jurisdiction policy drafted to support practice changes regarding out of province and out of country prescriptions.

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

The motion: That the Board approve posting of the draft Cross-Jurisdictional Pharmacy Services policy for a 60-day public consultation. The motion was moved and seconded. The motion CARRIED.

9.4c Long-Term Care Policy

Ms. James explained that the Board was being asked to make a decision on retiring this policy as the standards of practice have evolved and the legislation now covers the practice in long term care settings.

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

The motion: That the Board retire the *Standards for Pharmacists Providing Services to Licensed Long-Term Care Facilities Policy*, effective immediately. The motion was moved and seconded. The motion CARRIED.

10. Other Matters

10.1 In Camera Meeting of Directors

Mr. Cheung explained the Board Directors would be meeting briefly in camera to discuss a personnel matter.

It was moved and seconded that the Board move in camera at 4:01 p.m. The motion was moved and seconded. The motion CARRIED.

Staff and observers did not attend this portion of the meeting.

11. Motion of Adjournment

There being no further business, at 4:07 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.

**Sarah MacDougall
Board & Committee Liaison**

**Billy B. Cheung
Board Chair**

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Susan James, Director of Quality

TOPIC: Draft Cross Jurisdictional Pharmacy Services Policy Consultation Feedback

ISSUE: Delay of approval for Draft Cross Jurisdictional Pharmacy Services Policy

PUBLIC HEALTH INTEREST RATIONALE:

Existing policies and resources are regularly reviewed as part of the College's policy review process to ensure they are up-to-date and provide registrants with a clear set of expectations that guide the practice of pharmacy in Ontario. The provision of pharmacy services across Canadian jurisdictions ensures a consistent standard and continuity of care for the public.

BACKGROUND:

The current 'Prescriptions - Out of Country' policy was originally established in 2003 and stipulates that pharmacists must not facilitate the co-signing or re-writing of prescriptions by physicians for out-of-country patients if no physician/patient relationship exists. Since then, changes have been made to Canada's *Food and Drug Regulations* legislation which further clarify the criteria for being considered an authorized practitioner and these changes are reflected in the revised policy. In order to simplify and consolidate all of the expectations related to practice out of Ontario or across jurisdictions, a draft Cross Jurisdictional policy is proposed (see Appendix A).

On March 23, 2021 the College posted the draft Cross Jurisdictional Pharmacy Services Policy for public consultation. The consultation ended on May 24, 2021.

Open Consultation Feedback:

The College received a total of 34 comments, which were posted to the [consultation page](#). See below for a breakdown of respondents by type:

Online consultation respondent type	# of responses
Pharmacist	22
Pharmacy Technician	3
Organization	8
Other	1
Total	34

All of the individual comments posted on the open consultation page of the website were considered in the analysis and remain publicly accessible online.

The open consultation was shared with registrants through e-Connect, and with the public using the College's Twitter account and a prominent notice on the website home page. Key health professional organizations and associations were also notified of the open consultation and were invited to submit a formal submission response.

ANALYSIS:

Various organizations made formal submissions through the online consultation page or directly to the College. Each of these submissions were considered in the analysis and the draft policy has been amended to reflect the feedback. Organizational submissions, which remain publicly accessible online, were received from:

- [Ontario Pharmacists Association](#)
- [Neighbourhood Pharmacy Association of Canada](#)
- [NAPRA](#)
- [Canadian Society of Hospital Pharmacists, Ontario Branch \(CSHP-OB\)](#)
- [College of Pharmacists of Manitoba](#)
- [Shoppers Drug Mart / Loblaws](#)
- [WholeHealth Pharmacy Partners](#)

Feedback from the Nova Scotia College of Pharmacists was received after the deadline but was also reviewed.

The majority of feedback from respondents and organization requested significant changes be made to the Cross Jurisdictional Pharmacy Services Policy. This feedback suggested potential unintended barriers to cross jurisdictional care that could result if the policy was to be implemented as written. Some organizations also requested verbally and in writing, an accompanying document such as a practice resource be developed to augment the policy and provide examples around expectations.

NEXT STEPS:

The Cross Jurisdictional Pharmacy Services Policy will be revisited and all of the feedback themes will be considered. All pharmacy professionals are currently expected to adhere to the NAPRA Model Standards of Practice and existing policies. The draft Cross Jurisdictional Pharmacy Services Policy will provide further expectations with regards to providing Cross Jurisdictional Pharmacy Services when either the patient or pharmacist are situated outside of the province. Once amendments that adequately reflect consultation feedback have been made, and a practice resource is developed to accompany the policy, the College will submit an amended policy for Board approval.

Appendix A: Cross-Jurisdictional Pharmacy Services Policy

PURPOSE:

This policy articulates the College's expectations for the provision of pharmacy services to patients located in other Canadian jurisdictions, as well as to patients located outside of Canada.

For the provision of virtual care to patients located in another jurisdiction, the College expects registrants to comply with this policy as well as the Virtual Care policy.

DEFINITIONS:

Prescriber: a person who is entitled under the laws of a province to treat patients with a prescription drug, and is practising their profession in that province. (See 'practitioner' in [Food and Drug Regulations, CRC, c870, C.01.001](#))

Informed Consent: a consent to treatment is informed if, before giving it, the person received the information about the nature, expected benefit, potential risks or side effects, other options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require in order to make a decision about the treatment) and the person received responses to their request for additional information ([Health Care Consent Act, 2004, s.11\(2\)](#)).

POLICY:

Registrants providing pharmacy services to patients that are physically located outside of Ontario must meet or exceed all applicable standards, guidance, and legislative requirements that apply when providing care to patients in Ontario.

Providing Pharmacy Services across Canadian Jurisdictions

Registrants providing pharmacy services to patients that are physically located in another Canadian jurisdiction must be aware of, and comply with, the law, regulations, standards and policies, and any other practice requirements applicable in the jurisdiction where the patient is located.

- Registrants are advised that the pharmacy regulatory authority in the jurisdiction where the patient is physically located may require that they be registered in that jurisdiction prior to providing pharmacy services to patients in that jurisdiction.

Obtain Informed Consent

Registrants providing pharmacy services to patients located in another Canadian jurisdiction must obtain explicit informed consent from the patient or their substitute decision maker before delivering cross-jurisdictional pharmacy services.

- Patients or their substitute decision maker must be informed that the Ontario College of Pharmacists may share information with the pharmacy regulator in the patient's jurisdiction for the purposes of regulating the practice of pharmacy.

Out-of-Province Prescriptions

Registrants must only dispense a medication according to a prescription authorized by a practitioner who:

- a) is entitled under the laws of another Canadian jurisdiction to treat patients with a prescription medication; and,
- b) is practising their profession in that same Canadian jurisdiction.

([Food and Drug Regulations, CRC, c870, C.01.001](#))

Registrants can dispense a medication according to a prescription authorized by a prescriber if in their professional judgement the patient requires the medication be dispensed by the pharmacy in Ontario.

- Registrants must consider the patient's ability to access the medication in their home jurisdiction when deciding to dispense a medication according to a valid prescription.
- Registrants can accept a written, verbal or faxed prescription, including refills, if any. There are no restrictions on accepting new narcotic, controlled drug, benzodiazepine and other target substances prescription orders, provided registrants use professional judgement and practice due diligence in verifying the prescription's authenticity.

([Drugs and Pharmacy Regulation Act, 1990](#), s.1; s.158)

Providing Pharmacy Services to Patients in Ontario

To support access to pharmacy services, pharmacy professionals who are not licensed to practice in Ontario may provide care to patients that are physically located in Ontario if the following conditions are met:

- a) they hold a certificate of registration from another Canadian jurisdiction; and,
- b) they comply with the laws, regulations, standards and policies, and any other professional practice requirements as stipulated by the Ontario College of Pharmacists.

Providing Pharmacy Services to Patients Not in Canada

Registrants must not provide pharmacy services to patients that are physically located outside of Canada and who do not have an established therapeutic relationship with the pharmacy professional.

Registrants are permitted to provide care to patients where there is an existing therapeutic relationship and the patient is temporarily located outside of Canada.

Out-of-Country Prescriptions

Registrants must not dispense a medication that has been authorized by a prescriber who does not hold a valid certificate of registration in a Canadian jurisdiction.

- As per [Canada's Food and Drug Regulations](#), an authorized practitioner (i.e. prescriber) must hold a valid certificate of registration to practice their profession in a Canadian jurisdiction and maintain an active practice in the Canadian jurisdiction where they are registered. (CRC, c870, C.01.001)
- In situations where a registrant suspects that a prescriber does not maintain an active practice in the Canadian jurisdiction that issued their certificate of registration, it is the registrant's professional responsibility to inquire with the prescriber before dispensing the medication.

Registrants must not facilitate the co-signing or rewriting of prescriptions authorized by prescribers not licensed in Canada.

- Registrants are reminded that prescribers must have an established therapeutic relationship with the patient for whom the prescription is for (e.g. CPSO's [Prescribing Drugs](#) policy).
- It is the professional responsibility of registrants to follow-up with the prescriber if there is any uncertainty about the validity of the prescription or whether the prescribing practitioner has an established therapeutic relationship with the patient.

Registrants dispensing medications according to a prescription authorized by a prescriber for patients physically located outside of Canada must use their professional judgement to determine whether the patient requires the medication be dispensed by the pharmacy in Ontario.

- Registrants must consider the patient's ability to access the medication in their home jurisdiction when deciding to dispense a medication according to a valid prescription.
([Drugs and Pharmacy Regulation Act](#), 1990, s.1; s.158)

LEGISLATIVE REFERENCES:

Healthcare Consent Act, 2004, s.11(2)

Drug and Pharmacies Regulation Act, 1990, s.1; s.158

Food and Drugs Act, 1985, Food and Drug Regulations, CRC, c870, C.01.001

ADDITIONAL REFERENCES:

Pan-Canadian Cross-Jurisdictional Principles and Framework (once approved)

Fact Sheet - [Prescription Transfers](#) - Out-of-Province transfers of prescriptions

Position Statement - [Authenticity of Prescriptions using Unique Identifiers for Prescribers](#)

IMPLEMENTATION

Published:

Version #: 2.00

College Contact: Practice Department

Revision History

Version #	Date	Action
1	2003; 2013	Out-of-Country prescriptions policy; Out-of-Province Prescriptions fact sheet
2		Out-of-Country prescriptions policy and Out-of-Province Prescriptions fact sheet combined and updated into Cross Jurisdictional Pharmacy Services policy; Out-of-Country prescriptions policy and Out-of-Province Prescriptions fact sheet retired.

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Susan James, Director of Quality

TOPIC: Draft Virtual Care Policy Consultation Feedback

ISSUE: Approval of Draft Virtual Care Policy

PUBLIC HEALTH INTEREST RATIONALE:

The College publishes practice policies that provide guidance to pharmacy professionals and serve as a benchmark against which conduct is evaluated. Providing care to patients virtually requires that pharmacy professionals consider certain factors such as maintaining a patient's right to privacy, the appropriateness of using a virtual approach to care provision, and ensuring the same quality of care is provided as when delivered in-person. The benefit to the patient must outweigh any risks to providing care virtually.

BACKGROUND:

Virtual care in pharmacy practice is an emerging area that is being facilitated by the growth of technological practice supports. As an emerging practice area, the College has drafted a new policy to outline the practice expectations for registrants who wish to provide care virtually to patients interested in using virtual platforms (see Appendix A for Draft Virtual Care Policy).

Key components of the draft Virtual Care policy include: assessing the appropriateness of using a virtual approach to care provision, obtaining consent, documenting consent and the patient interaction, protecting a patient's privacy and maintaining confidentiality during the virtual visit.

On March 23, 2021 the College posted the draft Virtual Care Policy for public consultation. The consultation ended on May 24, 2021.

Open Consultation Feedback:

The College received a total of 31 comments, which were posted to the [consultation page](#). See below for a breakdown of respondents by type:

Online consultation respondent type	# of responses
Pharmacy Technicians	3
Pharmacists	19
Members of the Public	1
Organization	6
Other	2
Total	31

All of the individual comments posted on the open consultation page of the website were considered in the analysis and remain publicly accessible online.

The open consultation was shared with registrants through e-Connect, and with the public using the College's Twitter account and a prominent notice on the website home page. Key health professional organizations and associations were also notified of the open consultation and were invited to submit a formal submission response.

Various organizations made formal submissions through the online consultation page or directly to the College. Organizational submissions, which remain publicly accessible online, were received from:

- [Ontario Pharmacists Association](#)
- [Neighbourhood Pharmacy Association of Canada](#)
- [NAPRA](#)
- [Canadian Society of Hospital Pharmacists, Ontario Branch \(CSHP-OB\)](#)
- [College of Pharmacists of Manitoba](#)
- [Shoppers Drug Mart / Loblaws](#)
- [WholeHealth Pharmacy Partners](#)

The feedback submission received from the Nova Scotia College of Pharmacists was received after the consultation deadline. All organizational submissions, regardless of the date of receipt, were considered in the analysis and the draft policy has been amended to reflect the feedback.

ANALYSIS:

A thematic analysis of qualitative data was completed by the College. A summary of the analysis is presented below.

Overview:

The majority of feedback is supportive of the virtual care policy. Many pharmacist and technician respondents had comments on the concept of virtual care in pharmacy, and the benefits or unintended consequences of enabling virtual care in pharmacy, as opposed to the policy itself.

Key themes

i. Supportive comments and concerns with enabling virtual care in pharmacy (not related to the policy itself)

Three respondents identified concerns around virtual care being detrimental to the profession by diminishing the relationship between pharmacy professionals and their patients and the potential for system abuse. Four respondents commented that virtual care is not in the best interest of the patient and in their opinion, is unnecessary. These individuals expressed concern for the patients most likely needing the service (i.e. those elderly, home bound) who would struggle with the technology needed to facilitate virtual care. They felt that pharmacists are already the most accessible healthcare provider through in-person visits or via telephone, and hence virtual care is not required.

Three comments were in favour of the provision of virtual care. These respondents highlighted the increased convenience, safety and accessibility that virtual care enables. One respondent

commented that virtual care will revolutionize communication with patients and embrace the future of technology.

Given the nature of these comments, the College reviewed the policy to ensure clarity around the policy's purpose which is to articulate the College's expectations regarding the provision of virtual care to patients, not to mandate virtual care. The College concluded that the draft Virtual Care policy outlines requirements for pharmacy professionals to fulfill when providing virtual care, however it stipulates that "the decision to provide virtual care must be made in the best interest of [the] patient," and hence does not mandate virtual care. The decision to provide virtual care must be made in conjunction with the patient.

ii. Need for clarifications in the policy

a. Clarification of the differences in expectation for virtual care vs. usual care provided over the phone and whether this policy addresses telephone interactions

In the draft Virtual Care Policy, virtual care is defined as a professional interaction between a registrant and a patient that occurs remotely using secure enabling technology, such as videoconferencing, that facilitates registrant-patient interaction.

b. Clarification for which types of services will be allowed virtually, and for which patients

The draft Virtual Care Policy does not explicitly outline which services should be conducted virtually, and for which patients. The rationale for this is to enable registrants to use their professional judgement to determine whether virtual care and the manner in which it is delivered is a suitable method of care delivery for each service they provide to their patient. As outlined in the policy, registrants must abide by all their legal and professional obligations before deciding to provide virtual care to their patients. With regards to boundaries to virtual care (i.e. provincially or nationally), the details of this will be included in the Cross Jurisdictional Policy which is currently being developed by the College.

c. Clarification for whether this policy will only be applicable during the pandemic

Although virtual care is quite prevalent currently due to the COVID-19 public health emergency, the College anticipates virtual care to increase in popularity as technology continues to advance. Therefore once approved by the Board, this policy will be in effect permanently, not just for the duration of the COVID-19 pandemic.

Based on the analysis of the feedback, revisions to the draft Virtual Care Policy have been made. Please see Appendix A for the amended draft policy.

RECOMMENDATION:

It is recommended that the Board approve the amended draft Virtual Care Policy to outline the College's expectations for pharmacy professionals with regards to the provision of Virtual Care.

NEXT STEPS:

Pending Board approval, the Virtual Care Policy will be posted on the College's website, and communicated broadly. All pharmacy professionals are currently expected to adhere to the NAPRA Model Standards of Practice. The draft Virtual Care Policy provides further expectations with regards to providing Virtual Care. College practice and operational assessments will be updated to encompass requirements from the Virtual Care Policy once the policy is in effect and further communication to inform application of the policy will be provided to registrants.

Appendix A: Amended Draft Virtual Care Policy

Virtual Care Policy

PURPOSE:

This policy articulates the College's expectations regarding the provision of virtual care to patients, when appropriate.

DEFINITIONS:

Virtual Care: a professional interaction between a registrant and a patient that occurs remotely using secure enabling technology, such as videoconferencing, that facilitates registrant-patient interaction.

Informed Consent: a consent to treatment is informed if, before giving it, the person received the information about the nature, expected benefit, potential risks or side effects, other options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require in order to make a decision about the treatment) and the person received responses to their request for additional information ([Health Care Consent Act, 2004, s.11\(2\)](#)).

Personal health information (PHI): any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers, as well as any identifying information about a patient's substitute decision maker. (For the legislative criteria, see [Personal Health Information Protection Act, 2004, s.4](#))

POLICY:

Registrants providing virtual care to patients must meet or exceed all applicable standards, guidance, and legislative requirements for in-person care. Each patient must receive the same standard of care whether they are receiving that care in-person or through a virtual visit.

Registrants must practice within the limits of their knowledge, and the decision to provide virtual care must be made in the best interest of their patient.

Providing Virtual Care Services

Registrants must determine whether virtual care and the manner in which it is delivered is a suitable method of care delivery for the patient interaction and whether providing care virtually will enable them to meet all legal and professional obligations before deciding to provide virtual care to their patients.

A registrant-patient relationship is established when virtual care services are provided, in the same way that a registrant-patient relationship is established when providing pharmacy services in-person.

Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual visit.

Assess Appropriateness of Virtual Care Delivery

Registrants must assess whether virtual care is appropriate for the patient. When making this assessment, registrants are advised to consider the patient's existing health status, specific-healthcare needs and specific circumstances, and make the decision of providing care virtually in conjunction with the patient. The benefits to the patient must outweigh any risks to the patient when determining whether to provide virtual care, and consideration must be given to allow patient choice.

Obtain Informed Consent

Before providing virtual care to a patient, a pharmacist must obtain informed consent from the patient or substitute decision-maker.

- Patients or their substitute decision-maker must be informed of the ways in which their right to privacy will be protected and how the confidentiality of their personal health information will be maintained.
- Prior to engaging in virtual care registrants must ensure that this informed consent is received expressly from the patient or substitute decision-maker, either orally or in writing.
- Registrants must document that they have received consent to deliver virtual care and the mechanism used to provide virtual care in the patient's record.

Maintain Privacy and Confidentiality

Maintaining privacy is a legal and ethical expectation. Registrants providing virtual care must safeguard their patients' right to privacy by ensuring that any technology used has privacy and security settings in accordance with the [Personal Health Information Protection Act, 2004](#), and that any processes used to safeguard personal health information (PHI) include a [mechanism for notification of theft or loss](#) as required by law. At a minimum, the technology used must have controls to ensure only the intended patient or substitute decision maker has access to the virtual visit. Whenever personal health information is transmitted and/or stored, secure encryption must be used.

Registrants must confirm the patient's identity and location before providing virtual care, regardless of whether the patient is new to the pharmacy professional or if a preexisting registrant-patient relationship exists.

Registrants must provide virtual care in a private environment that ensures patient information is not overheard or seen by others. Registrants must communicate this to patients, as well as advise that the patient is in a private environment.

Ensure Safe and Appropriate Environment

Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies.

Registrants providing virtual care must ensure that the method used is functioning properly and maintains adequate connectivity to support the virtual visit. Due to the instability of some network connections, registrants are advised to have a contingency plan in place to ensure that patients are able to access the pharmacy services they need if an internet connection cannot be maintained.

LEGISLATIVE REFERENCES:

Healthcare Consent Act, 2004, s.11 (2)

Personal Health Information Protection Act, 2004, s.4

ADDITIONAL REFERENCES:

[Fact Sheet – Releasing Personal Health Information](#)

[Virtual Care Guide – Ontario Pharmacists Association](#)

Article - Protecting Patient Privacy (p.34) – [Pharmacy Connection Winter 2018](#)

IMPLEMENTATION

Published:

Version #: 1.00

College Contact: Practice Department

Revision History

Version #	Date	Action
1		New policy developed

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Susan James, Director of Quality

TOPIC: Policy for Restocking of Drugs used for Medical Assistance in Dying (MAiD) during COVID-19

ISSUE: Approval of Draft Policy to address MAiD drug shortages resulting from the impact of the COVID-19 pandemic

PUBLIC INTEREST RATIONALE: As the COVID-19 pandemic continues, the healthcare sector is having to remain agile to address new issues that are arising from the number of patients impacted. Shortages of drugs used in the Medical Assistance in Dying (MAiD) drug protocol have had a significant impact on Canada's drug supply and healthcare system. It is within the College's mandate to serve the interests, health and wellbeing of the public and a policy stipulating clear expectations for restocking of these drugs would support access for the public.

BACKGROUND:

The COVID-19 pandemic has resulted in a shortage of drugs used for MAiD due to an increase in usage of certain drugs that are used in the MAiD protocol for patients on ventilators in the hospital ICUs, and due to an increase in demand for MAiD. As the pressures on drug supply continue, there is increasing concern from healthcare providers of MAiD and palliative care physicians that drug wastage is contributing to the inability to meet demand for drugs used in the MAiD protocol. Although drug shortages aren't uncommon, and may arise from any number of possible causes which are not in the College's control, in this situation the College can provide guidance to practitioners to minimize wastage that may be exacerbating the shortage of drugs used in the MAiD protocol.

The MAiD protocol involves dispensing a primary kit and a back-up kit at the same time for a patient. According to practitioners providing MAiD, the back-up kit is often unused and wasted. In response to MAiD drug shortages, [British Columbia](#), [Nova Scotia](#), and [New Brunswick](#) have implemented measures to allow the back-up kit, previously dispensed for the purpose of providing MAiD, to be returned to inventory if certain stipulations have been met (Appendix 2).

ANALYSIS:

The purpose of the Restocking of Drugs used for Medical Assistance in Dying Policy is to articulate the College's expectations regarding the restocking of injectable drugs that were previously dispensed as a back-up supply for the purpose of providing MAiD.

There are three key considerations around prioritizing patient safety that were evaluated and reflected in the MAiD restocking policy.

- **Storage**

Risk: There are concerns around the correct storage of the drugs after they have left the accredited organization (i.e. hospital pharmacy) and whether they have been stored in accordance with the required temperature protocol.

Mitigation Strategy: These risks may be reduced if stipulations are in place that the drugs must be in the care of a healthcare professional at all times, the drugs have been stored in accordance with required temperature conditions, and the drugs are not expired.

- **Inventory Control and Record Keeping**

Risk: Inventory and record keeping are very important practices in reducing the risk of diversion. Restocking of drugs presents the opportunity for greater error due to the increase in inventory and record management changes. As such, the process of restocking can also increase the risk of diversion.

Mitigation Strategy: Inventory control can be managed and diversion risk can be reduced by ensuring increased inventory checks by the responsible and accountable healthcare providers.

- **Traceability**

Risk: The allowance of drug restocking adds additional complexity to the traceability of drug products as the drug may be handled by various healthcare providers during the different touchpoints of the restocking process. This is a concern specifically in the case of a drug recall where the drug safety and efficacy may be compromised.

Mitigation Strategy: This risk can be reduced by ensuring the responsible and accountable healthcare providers track the lot numbers and expiry dates of the product throughout the process.

In Ontario, The *Drug and Pharmacies Regulation Act, DPRA, O. Reg. 264/16*, s.32 p. 20 only permits the restocking (returning to inventory for the purpose of redispensing) of drugs that were previously dispensed in an accredited hospital pharmacy setting, if specified criteria are met. Hospitals are a closed-loop environment, allowing greater confidence that the drug integrity is maintained as it remains in the possession of healthcare providers who are able to ensure the right storage conditions. The *DPRA, O. Reg. 264/16*, s.32 p.19 does not permit restocking in a community pharmacy setting. Despite the *DPRA* provision for restocking of drugs, Ontario regulation (*O.Reg 130/17 s.2 (1) 28 of the Pharmacy Act*) considers it professional misconduct for a registrant to restock Schedule I drugs. In addition, due to the restrictions in *O.Reg 130/17 s.2 of the Pharmacy Act*, registrants are only permitted to engage in restocking through the authority of their accredited hospital organization where the organization has established this practice as permitted through the *DPRA, O.Reg. 264/16*, s.32.p.20.

The Policy for Restocking of Drugs used for Medical Assistance in Dying during COVID-19 aims to clarify the expectations of the College regarding the criteria that should be met in order to assure the integrity of the drug being returned to stock in an accredited hospital pharmacy environment and clarify expectations for registrants engaging in this process within their respective accredited hospital pharmacy organizations.

Given this is a situation where expeditious advice is needed, the College recommends approving the policy for temporary application during the COVID-19 public health emergency.

RECOMMENDATION:

It is recommended that the Board approve the draft Policy for Restocking of Drugs used for Medical Assistance in Dying during COVID-19 temporarily for the duration of the COVID-19 public health emergency.

NEXT STEPS:

Subject to Board approval, the draft Policy for Restocking of Drugs used for Medical Assistance in Dying during COVID-19 will be implemented accordingly and shared through standard communication channels, with the intent for it to be in effect only for the duration of the COVID-19 public health emergency.

Once the emergency order has been lifted in Ontario, the College will continue to monitor the status of the drug shortages and determine whether development of a permanent restocking policy is warranted.

Appendix 1

Restocking of Drugs used for Medical Assistance in Dying (MAiD) during COVID-19

PURPOSE:

This policy articulates the College's expectations regarding the restocking of injectable drugs that were previously dispensed for the purpose of providing Medical Assistance in Dying (MAiD).

This policy will be in effect upon Board approval and only for the duration of the COVID-19 public health emergency in Ontario.

DEFINITIONS:

Restocking: To return to inventory ("stock") for the purpose of redispensing.

POLICY:

During the COVID-19 public health emergency in Ontario, given the shortage of injectable drugs dispensed for the purposes of MAiD, unused injectable MAiD drugs previously dispensed may be restocked if they are done so in accordance with the regulations outlined in the *Drug and Pharmacies Regulation Act, DPRA, O. Reg. 264/16, s.32*.

The *DPRA, O. Reg. 264/16, s.32* permits an accredited hospital pharmacy to return to stock, resell or redispense a drug that was previously dispensed if the following stipulations are met:

1. The drug is returned to the pharmacy in a sealed dosage unit or container as originally dispensed;
2. The drug is returned with the labelling intact and the label includes a legible drug lot number and expiry date;
3. The integrity of the drug can be verified.

In order to confirm the integrity of the drug being restocked, it is the College's expectation that the accredited hospital pharmacy ensures each of the following:

1. The drug has not left the possession of a licensed health care professional (i.e. the prescribing medical practitioner or nurse practitioner, or a licensed health professional assigned by the prescriber);
2. The drug has been maintained in accordance with the manufacturer's requirements (e.g. has been stored in accordance with required storage conditions);
3. The drug is not expired.

Currently, the *DPRA, O. Reg. 264/16, s.32* only permits the restocking of drugs (given the stipulations above) in an accredited hospital pharmacy environment. The *DPRA, O. Reg. 264/16, s.32* prohibits an accredited community pharmacy returning to stock, reselling or redispensing a Schedule I and Schedule II drug that was previously sold or dispensed. The rationale for this difference is that hospitals are a closed-loop environment, allowing greater confidence that the drug integrity is maintained as it remains in the possession of healthcare providers who are able to ensure the right storage conditions.

The *O. Reg 130/17* of the *Pharmacy Act* considers it “professional misconduct” to return to stock, resell or redispense a Schedule I drug that was previously sold or dispensed. Therefore, registrants must only engage in restocking for MAiD drugs under the authority of the accredited hospital organization where the organization has established this practice as permitted through the *DPRA, O. Reg. 264/16, s.32*.

LEGISLATIVE REFERENCES:

DPRA, O. Reg. 264/16, s.32

Pharmacy Act, Ontario Regulation 130/17

ADDITIONAL REFERENCES:

Medical Assistance in Dying Guidance – Ontario College of Pharmacists

IMPLEMENTATION

Published:

Version #: 1.00

College Contact:

Revision History

Version #	Date	Action
1		New policy developed

Appendix 2: Provincial Responses to MAiD shortages in COVID-19 pandemic

British Columbia

In British Columbia, the [*Health Professions Act Bylaws Schedule F*](#), Part 5 prohibits the return and re-use of previously dispensed medications. A temporary exemption allowing injectable drugs, previously dispensed for MAiD to be restocked was implemented as of May 5, 2020. This exemption is only in effect for the duration of the COVID-19 public health emergency while there is a shortage of any injectable drug dispensed for the purpose of MAiD.

New Brunswick

The [*Regulations of the New Brunswick College of Pharmacists*](#) s.17.30(1), s.17.30 (2) restrict drug restocking except for dosage adjustment/reuse by the same client or for destruction of the medication. However, through an interim measure, pharmacies may accept for return a previously dispensed injectable medication for the purposes of MAiD. New Brunswick's interim measure is only in effect when critical medications can be documented as being unavailable, when patient care will be negatively impacted by a lack of access, and when other means have been exhausted.

Nova Scotia

In Nova Scotia, the [*Pharmacy Practice Regulations*](#) s.16 (1) prohibit a registrant from dispensing any previously dispensed product returned to the pharmacy except as provided by and in accordance with the standards of practice. In response to current shortages, the Standards of Practice: Medical Assistance in Dying and the Return of Medication Policy have been amended to allow pharmacies to accept for return a previously dispensed injectable medication for the purposes of MAiD. These amendments are permanent and will be in effect after the COVID-19 pandemic.

Appendix 3: Options Analysis

Consideration 1: Duration of Policy

Option A: Implement the policy temporarily for the duration of the COVID-19 public health emergency in Ontario. Once the COVID-19 public health emergency order is lifted, continue to monitor the environment for future needs.

Pros	Cons
<ul style="list-style-type: none">MAiD drug shortages are attributed to the COVID-19 pandemic, hence once the pandemic is no longer, the shortage issue will likely cease to exist.This option enables us to continue to monitor the environment for future needs and complete a more fulsome policy development process, if a long-term need is established. For instance, If MAiD drug shortages continue or resurface post COVID-19 public health emergency order being lifted.	<ul style="list-style-type: none">Implies that the key themes in the draft MAiD restocking policy are only temporary, when in fact, they are primarily drawn from the DPRA, which is a permanent regulation.

Option B: Implement the policy permanently

Pros	Cons
<ul style="list-style-type: none">Registrants would continue to have clarity of restocking requirements as outlined in the DPRA on a permanent basis.We cannot anticipate future needs which may change post COVID-19 pandemic.	<ul style="list-style-type: none">There are many other stakeholder groups, such as the Ministry of Health and Health Canada, which are typically consulted for permanent policies to consider other options and unintended consequences of permanent implementation.We cannot anticipate future needs which may change post COVID-19 pandemic.

Consideration 2: Posting Policy for 60 Day Public Consultation

Option A: Post the policy for 60 day public consultation

Pros	Cons
<ul style="list-style-type: none">Enabling public consultation will allow the College to receive feedback from the public and registrants which can help further inform the policy, ensure optimal interpretability, feasibility and actionability by registrants	<ul style="list-style-type: none">Causes 60-day delay: Registrants are in need of clarity and direction with regards to restocking at the present time due to the pertinent drug shortages of MAiD medications which

	<p>stemmed from the COVID-19 pandemic.</p> <ul style="list-style-type: none"> • Without clear and timely direction, other less desirable approaches to restocking may result – such as healthcare providers holding onto the drug themselves.
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Option B: Implement policy immediately post Board approval

Pros	Cons
<ul style="list-style-type: none"> • Will enable registrants to have timely access to direction on restocking of MAiD drugs. • Unintended consequences of lack of clarity and direction with regards to restocking will be prevented (e.g. actions of misconduct). 	<ul style="list-style-type: none"> • No opportunity for the public and registrants to provide feedback and highlight concerns with regards to policy.

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

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 conduct themselves as they fulfill the governance roles and how individually and collectively, Directors are able to build and maintain relationships that will enable the effective delivery of the [College's Objects](#) 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 by-laws reflective of the changes.
- The new by-laws were presented in December 2019 and following public consultation were ratified by the Board in March of 2020.
- The new by-laws enabled the constitution of the Governance Committee as a standing committee.
- An initial objective of the Committee was to consider the policy framework that will support the Board and Committees moving forward, replacing 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.
- In December 2020, the Board approved the policies in section 1 and 2.
- In March 2021, the Board approved the policies in section 3.

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.

Policies in Sections 4 - *The Board fulfilling its Governance role respecting Oversight and Risk* and Section 5 - *Board Education, Training and Development* are presented herein for the Board's consideration and approval. A new policy has been added to Section 3 - *Policies and Processes Supporting Good Governance* to enable the appointment of a Board Chair Emeritus if deemed necessary.

RECOMMENDATION:

That the Board approve the following policies:

- 3.16 Board and Executive Chair Emeritus
- 4.1 Strategic Planning - Development and Oversight
- 4.2 Oversight of the College's Regulatory Performance
- 4.3 Board's Role in Policy-Making
- 4.4 Board's Oversight Role in Risk Management
- 4.5 Policies and Procedures for Overseeing Financial Risk
- 4.6 Board's Financial 'Check-List'
- 4.7 Budget Approval
- 4.8 Remuneration and Expense Approval for Elected Directors and Committee Appointees
- 4.9 Procedures for Public Directors Per Diem Claims
- 4.10 Approval of Board Chair Remuneration and Expenses
- 4.11 Indemnification
- 5.1 Training, Education and Development for the Board and Committees
- 5.2 Training for Chairs/Vice-Chair of the Board and Committees
- 5.3 Evaluation of Training

Note: 4.12 Investments Policy - To be brought forward by Finance and Audit Committee

NEXT STEPS: The policies will come into effect at the start of the new Board year in September 2021. Orientation of new Board members following 2021 Board elections will be centred around the new Board policies. The Policies will be reviewed on a regular schedule and any proposed amendments will be brought forward to the Board for consideration and approval.

Purpose:

Ensuring that there is a degree of continuity and institutional memory for the Board and Executive Committee facilitates effective governance. Continuity also facilitates succession planning when unanticipated vacancies arise amongst the senior officers of the Board. In appropriate circumstances the Board should retain the immediate past-Chair of the Board in a consultant role to assist the Board and the Executive Committee to function smoothly.

Application:

This policy applies to the Board Chair, the Vice Chair, the Chair of the Governance Committee and the Board.

Policy:

- Where the Chair, Vice-Chair and Chair of the Governance Committee agree that it would be in the best interests of the Board to formally draw upon the experience of a previous Board Chair in support of their roles, they may recommend to the Board, at its sole discretion, appointment of a Board Chair Emeritus.
- The Board Chair Emeritus would ordinarily be the immediate past Chair of the Board. Where the immediate past chair of the Board is unwilling or unable to accept the position or, the Board may appoint another recent Chair or Vice-Chair of the Board as Board Chair Emeritus.
- The term of the appointment would mirror the term of the appointment of the current Board Chair.
- A person serving as Board Chair Emeritus may attend and participate in discussion at meetings of the Board and the Executive Committee.
- The Board Chair Emeritus cannot move or second motions or vote on motions.
- The Board Chair Emeritus is not a member of the Board or the Executive Committee and shall not be counted towards their quorum.
- The Chair Emeritus would be expected to uphold the same standards and duty of care as that of a Board Director, as set out in Board Policy 2.2, with amendment as necessary recognizing the Chair Emeritus is a non-voting role.

Procedure:

The Chair, with the agreement of the Vice Chair and Chair of the Governance Committee may recommend that the Board appoint a Board Chair Emeritus.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXX

Purpose:

This policy sets out the expectations respecting the roles and responsibilities of the Board and individual Board Directors in relation to the development of the strategic plan.

Application:

This policy applies to:

- **All Board Directors** who approve the overall strategic directions for the College, and provides appropriate oversight to ensure implementation of same; and
- **The CEO & Registrar and Management** who are responsible to develop the Plan and engage the Board in its development for approval by the Board. They are also responsible for implementation of the Board's approved strategic initiatives and accountable to the Board for regular reporting on progress made to give effect to the strategic plan.

Policy:

While the objects and duties of the College are set out in Legislation, the [strategic plan](#) of the College sets out the mission, vision, values and priorities that are all used to guide the College's operations and policy directions for implementation over a defined timeline. The strategic plan is a joint collaboration of the College, Board and Management and is used by the Board to provide oversight and by Management to guide the annual operational planning activities and focus the human and financial resources.

Throughout the years, the College's Board has undertaken strategic planning sessions as a means of ensuring that the Board and Management have a shared vision for the future, and to set the direction for action, with corresponding funding, over the subsequent three to five years. The plan is used to focus activity and ensure that the College is investing its efforts and resources in the areas the Board has identified and that are jointly agreed as having highest priority.

The plan produced will capture the strategic directions agreed to by the Board during its strategic planning process and indicates the Board's commitment to the goals and the broad framework for achieving those goals. It is implemented through annual operational plans by supporting capital and operating budgets, it also serves as a basis for all decisions made by the Board.

At each regular Board meeting a performance scorecard will be presented, outlining the performance against target. Updated operating plans are used to develop the budget each year which is presented to the Board annually.

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

Purpose:

To clarify expectations for regular reviews of the Board's approved processes that support effective regulatory governance, as well as a comprehensive annual self-assessment respecting the College's effectiveness in meeting its legislative obligation to serve and protect the public interest

Application:

This policy applies to:

- **All Board Directors, and the Board Chair and Vice-Chair** who lead the Board towards fulfilling its oversight role;
- **College's Screening Committee, and Governance Committee;** and
- **The Registrar & CEO and Management of the College** who provide resource and staff support to the Board and its committees, and implement Board approved processes.

Policy:

The Board fulfills its role with respect to oversight of, and accountability for, overall regulatory performance through defined processes that evaluate: collective performances of the Board and College committees; individual performances of all Board and committee members; and the performance of the Registrar & CEO.¹

An External Review of Board and Committee Member Selection Processes

- As per CPMF Domain 1, section 1.2, at least once every three years, the Board engages the services of an external third party to conduct an audit of the screening and selection processes relating to:
 - The determination of eligibility of individual(s) seeking an elected seat on the OCP Board;
 - Recommendations for the appointment of individual(s) to the Board, or any of the Board committees.
- The audit will include a review of the decision-making processes applied by **CEO & Registrar and Management**, and the Screening and Governance Committees, in carrying out their respective roles in recruitment, screening and selection of individuals.
- The external report will be presented to the Board for its consideration at its next scheduled meeting.
- In the spirit of transparency, the Board will publicly report that it conducts such audits; and publish the findings of the audit(s), including any identified areas for improvement going forward and the steps the Board intends to take to address these.

The College Performance Measurement Framework (CPMF)

The Ontario government, in collaboration with Ontario's health regulatory Colleges, has established the College Performance Management Framework (CPMF), effective October 2020. The common criteria against which every Health Regulatory College in Ontario's performance is to be measured, through self-assessment, are outcomes-focused. These criteria provide benchmarks against which OCP's performance can be assessed, as a means to judge how current legislation, policy, practice and oversight contribute to the College meeting its obligation to deliver the College's principal objective to serve and protect the public interest.

¹ See Policies 3.2-3.6, pages 33-50

Procedure:

- Every year, the College will self-assess its performance against the common criteria as set out in the College Performance Measurement Framework (CPMF)² and will publicly post its completed CPMF Reporting Tool in a timely manner, as per Ministry directions.
- Following the completion of the CPMF Reporting Tool, the College must then wait for the Ministry to develop a Summary Report, highlighting key findings regarding the best practices in place across all Colleges; areas for improvement, and the various commitments that Colleges have made to improve performance in serving and protecting the public. The Ministry's Summary Report on overall performance of Ontario's Health Colleges will be publicly posted.
- Following the baseline reporting year, subsequent annual CPMF Reports will focus on the College's:
 - Report back on improvements;
 - Report on any changes in comparison to baseline reporting; and
 - Report on any changes resulting from refined standards, measures and evidence.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

² [College Performance Measurement Framework](#)

Purpose:

To articulate the Board's decision-making process and role in OCP policy-making in response to key issues or problems relevant to practice and the regulatory environment.

Application:

This policy applies to:

- **All Board Directors and OCP Committees;** and
- **The CEO & Registrar and Management** who provide corresponding resources and support.

Policy:

The OCP may become aware of significant emerging issues and problems relevant to practice and the regulatory environment from a variety of sources, including proactive scanning of the health care, practice and legislative/regulatory environments by staff, gaps identified by the Board or OCP Committees, or issues raised by other stakeholders.

The Board must ensure that its policy-making:

- Aligns with the College's mission to regulate pharmacy practice to serve the interests, health and well-being of the public;
- Aligns with the College's objects and duties as articulated in statute;
- Aligns with regulatory best practices, including right-touch, risk-based and outcome-focused regulation; and
- Takes into consideration the practice and legal environments, and the views of relevant stakeholders.

Procedure:

1. Decision-Making Framework for Determining the OCP's Policy Action

Once an issue that appears appropriate for Board consideration is identified by the CEO & Registrar, in consultation with the Board Chair as needed, OCP staff undertake the research and analysis necessary to support the Board's determination of which policy action the OCP should undertake, if any, including a discussion of the public interest rationale.

When determining whether the OCP should take policy action in response to an identified issue or problem, the Board may wish to consider the following kinds of questions.

1. What is the issue or problem being brought forward to the Board?

2. Is this issue directly and clearly related to OCP's mandate to serve and protect the public interest and the purpose of the College as articulated above?

If the answer is "YES" – continue on.

If the answer is "NO" – consider referral to another organization.

3. Does the issue warrant action by the College?

If the answer is “YES” – continue on.

If the answer is “NO” – just say NO.

4. Is there an appropriate policy solution? What kind of policy solution or action would be appropriate, in light of regulatory best practices, including right-touch, risk-based and outcome-focused regulation? The term “policy solution” or “action” here is meant in the broadest sense, to refer to all possible actions, including the following examples:

- Regulation
- Standards of Operation and Practice
- Practice Policy
- Organizational Policy (e.g., Equity, Diversity and Inclusion Policy)
- Guideline
- Guidance
- Position Statement
- Fact Sheet
- Framework

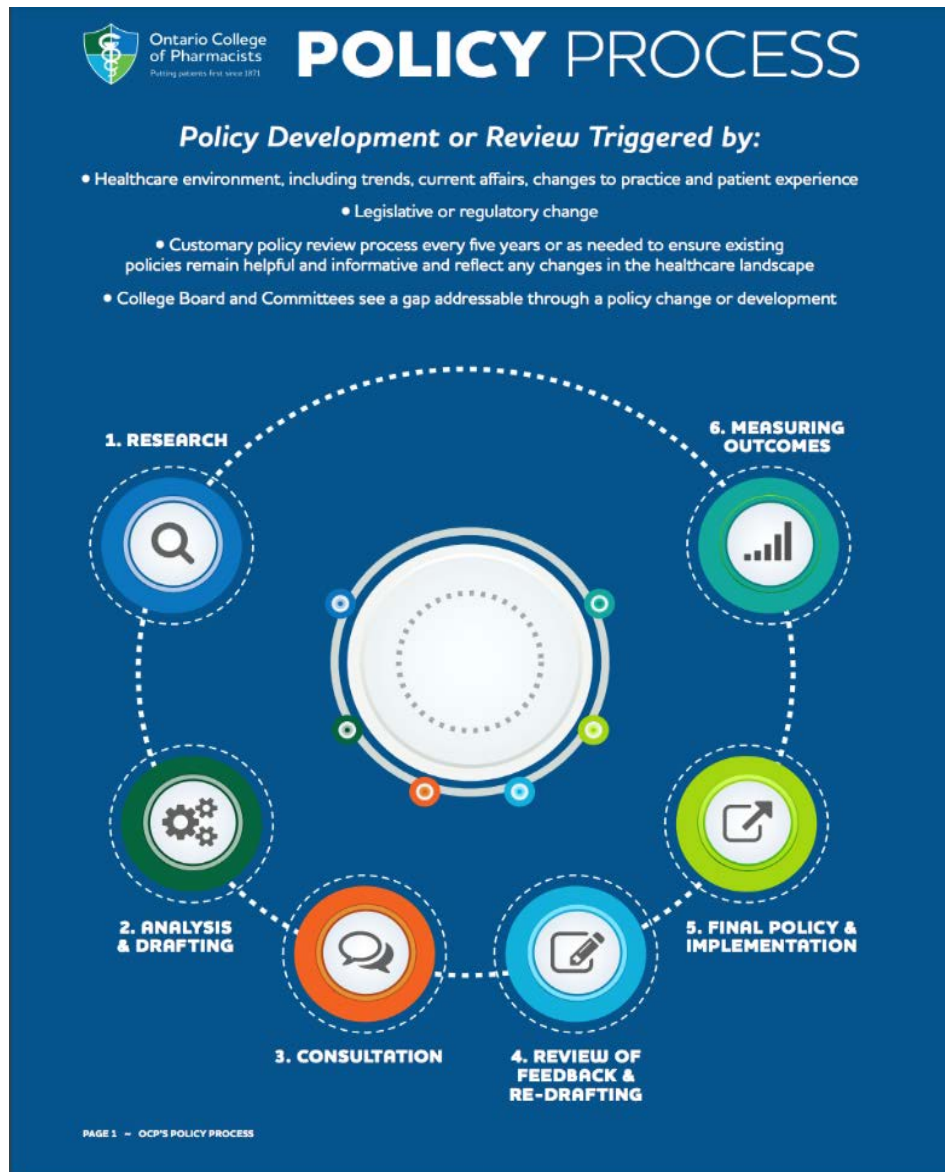
5. What other considerations should be taken into account in determining an appropriate policy solution or action?

- Is the problem about risk to patients or public? If so, what is the nature and magnitude of the risk(s)? Are the risk(s) currently being managed? Are there any factors beyond risk to patients or public that should be considered?
- Does the OCP have the statutory authority to take action?
- What should be the role of the OCP in the proposed action?
- What is the intended outcome(s) of the recommended action? What are the possible unintended consequences? How should outcomes be measured?
- Does the recommended action satisfy the principles underlying right-touch regulation?
 - Proportionate: Regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimized.
 - Consistent: Rules and standards must be joined up and implemented fairly.
 - Targeted: Regulation should be focused on the problem, and minimize side effects.
 - Transparent: Regulators should be open, and keep regulations simple and user-friendly.
 - Accountable: Regulators must be able to justify decisions, and be subject to public scrutiny.
 - Agile: Regulation must look forward and be able to adapt to anticipate change.
- Will the recommended action contribute positively overall to the OCP’s reputation as a credible and effective regulator?
- Does the OCP have the capacity to undertake the recommended action?
- What is the proposed implementation plan for the recommended action?

2. The Policy-Making Process

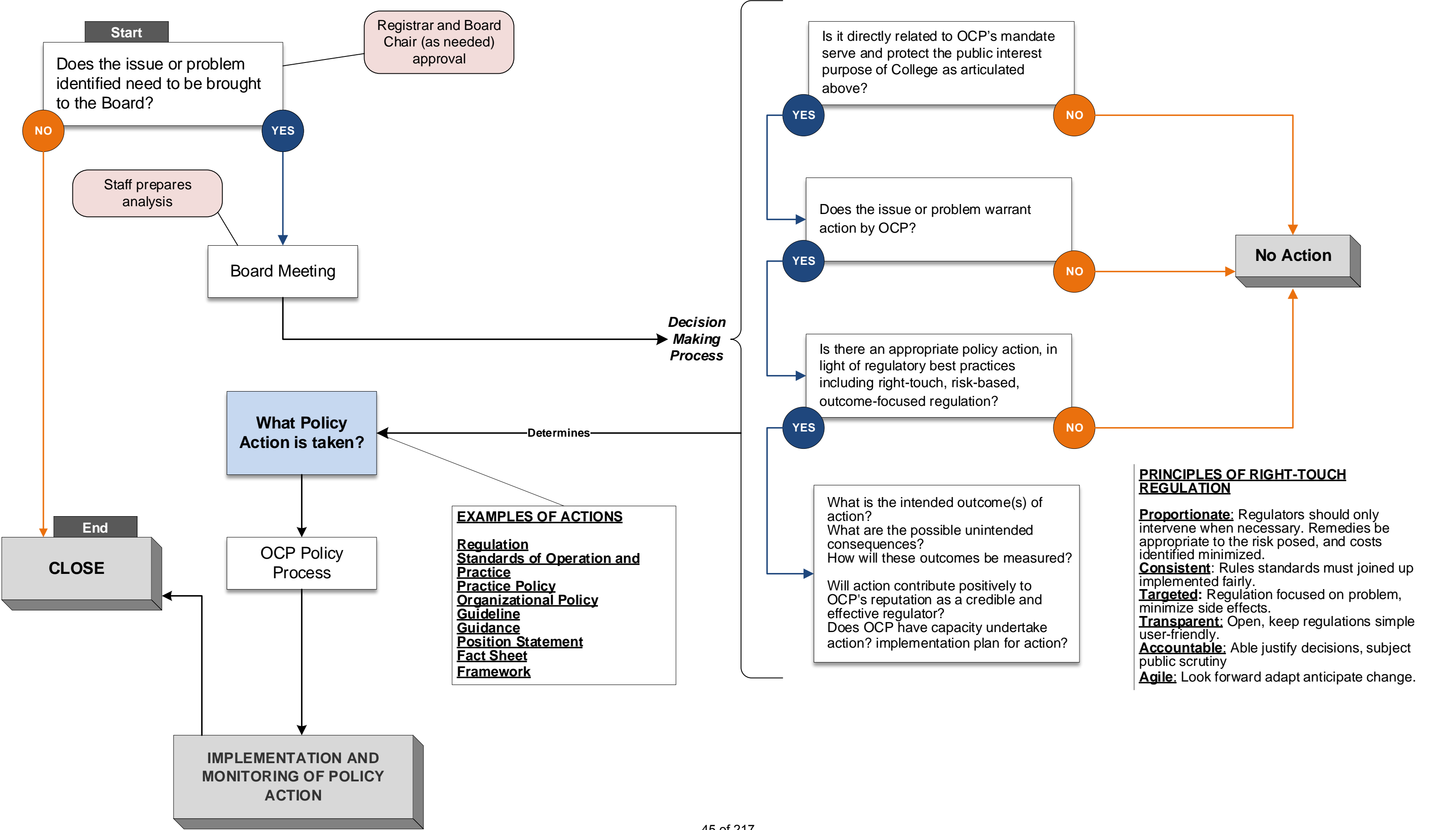
Having made the decision to proceed with a specified policy solution or action in response to an identified issue or problem, the Board will continue to have varying levels of involvement in the policy-making process. For example, depending on the action chosen, the Board may be asked to approve posting of a draft policy for consultation, and may consult directly on the policy. The extent of consultation may vary depending on the selected policy action. As well, the Board may act as the approval body for a policy.

The OCP's Policy Process is reproduced below, and is also posted on the OCP's website at <https://www.ocpinfo.com/library/other/download/policy-process-infographic.pdf>, with further explanatory information:



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

OCP BOARD'S ROLE IN POLICY-MAKING - PROCEDURE 21.04.22



Purpose:

To articulate the responsibility of the Board to understand, support and oversee the College's management of risks to achieving their public protection mandate and strategic plan.

Application:

This policy applies to:

- **All Board Directors** who are jointly and severally responsible for oversight of the College; and
- **The CEO & Registrar and Management** who share the responsibility for identifying, analyzing and managing risk with the Board.

Policy:

A shared responsibility between the College Board, the Board's Finance and Audit Committee, the CEO & Registrar and Management is the commitment to identifying, addressing and mitigating risks that may prevent the College from achieving its public protection goals. A key governance responsibility of the Board is to understand, support and oversee the College's risk culture and ensure risk is managed appropriately.

As a regulatory body with a duty to serve and protect the public interest, the risk culture of the College is embedded within its mandate. Expectations are established through legislation, ensuring an inherent risk averse culture.

The Board follows its approved risk management process which includes the following:

- Using its strategic priorities as a filter, understand the process for identifying and prioritizing the key risks to achieving the College's mandate¹.
- Assess the metrics and assumptions in measuring probability and impact of the key risks (how often each risk might occur and how significant the harm or impact to the College could be).
- Determining tolerance level for key risks and corresponding response (prevent, minimize, accept).
- Monitor key risks and mitigation activities through regular reporting.
- Understand emerging trends and risks or opportunities for the College.

Procedure:

- The CEO & Registrar and Management are accountable for identifying and prioritizing key risks that may impact on the achievement of the College mandate and strategic priorities for the upcoming year; and identifying processes and metrics to monitor probability and impact. The Board is engaged in the process in that:
 - The Board is responsible for assessing its tolerance level and response to key risks;
 - The Board's Finance and Audit Committee may also become aware of risks during the normal course of their interaction with the College's auditors; and
 - This will be the foundation for the development of a risk management plan and register to be monitored by the Board.

¹ Enterprise risk – may include reputational, operational, cyber, strategic, regulatory compliance and financial risk.

- The CEO & Registrar and Management are responsible for analyzing and reporting on risks and mitigation through:
 - A risk register presented to the Board at least bi-annually such that the Board may monitor progress of mitigation activities; and
 - An operational scorecard presented to the Board quarterly such that the Board may monitor progress toward implementation of the strategic plan.
- The CEO & Registrar and Management are accountable for monitoring and reporting on emerging trends and risks or opportunities for the College on an ongoing basis. Those that require the Board's consideration and/or directional policy will be brought forward for strategic discussion.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Purpose:

To articulate that the Board is responsible for ensuring appropriate resources are available to achieve the College's mandate and strategic directions.

Application:

This policy applies to:

- **The Finance and Audit Committee;**
- **All Board Directors;** and
- **The CEO & Registrar and Management** who manage and are accountable for all aspects of the College's finances under the Board's direction and oversight.

Policy:

The Board oversees the financial management with a view to identify and mitigate risk in key areas related to financial planning, its investment policy, registrant fee structure and an auditing process that includes its annual appointment of external auditors.

The Board ensures that a financial planning process is part of the overall strategic planning process of the College, and takes into account the financial implications of any new policy, action or direction prior to approving it for implementation. The Board is also committed to engaging in transparent consultations with stakeholders who may potentially be impacted by the financial implications of a proposed policy, action or decision that is before the Board.

The Finance and Audit Committee, on behalf of the Board, and CEO & Registrar and Management:

- Makes recommendations and provides advice to the Board regarding:
 - Annual Operating and Capital Budgets
 - Investment goals, strategies and performance
 - Fee(s) determination
 - Auditor's reports and recommendations
 - Significant deviations against budget
 - An annual committee report for the board, and
 - Other financial matters that it deems relevant to put forward to the Board.

The Finance and Audit Committee establishes policies in relation to contract execution and cash reserves, and the Board establishes the policy for investment of surplus funds of the College. The Finance and Audit Committee meets with the auditors prior to and following the annual audit. They receive and review the audited financial statements and audit results and recommend them for approval by the Board. The Chair of the Finance and Audit Committee and the Board Chair sign-off on the audited financial statements following board approval. Should the Chair of the Finance and Audit Committee be a non-Board member, another member of the Finance and Audit Committee who serves on the Board shall be delegated to sign the financial statements in place of the Chair.

The CEO & Registrar and Management are accountable to the Board for providing:

- Effective financial administration
- Timely and accurate information that the Board needs in regard to the College's financial status, or that the Board requests
- Work in collaboration with the Finance and Audit Committee to ensure the successful implementation of the Board's financial policies, and
- Accountability to the Board through defined reporting mechanisms.

College staff establish policies to ensure the consistent treatment of financial transactions in accordance with sound accounting principles. These policies are shared with the Finance and Audit committee.

Procedure:

The Board fulfils its oversight role with respect to Financial Risk through:

- Approving the annual operating and capital budget
- Appointing the financial auditor and receiving the reports annually
- Ensuring adequate and appropriate insurance aligned with identified and assumed risk(s)
- Approving and refreshing the College's investment policy(s).

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 4.6

Board's Financial 'Check-List'

Purpose:

To lay out a financial checklist that the Board will be asked to complete annually.

Application:

This policy applies to:

- **The Finance and Audit Committee;**
- **All Board Directors;** and
- **The CEO & Registrar and Management** who manage and are accountable for all aspects of the College's finances under the Board's direction and oversight

Policy:

This checklist serves as a guide to the Board in assessing financial activities of the College with a view to minimizing financial risk. Each Board member fulfils their financial oversight role by reviewing financial statements and the proposed annual budget and asking appropriate questions to obtain the information and clarity needed to inform the Board's approval.

Checklist:

Indicator	Yes	No	N/A
The Board receives timely annual financial statements, which are clearly stated, and include the Balance Sheet and Statement of Revenue and Expenses			
Financial statements are prepared on a budget vs. actual and/or comparative basis to provide the Board a clearer understanding of finances			
At least annually the Board receives for its approval, a comprehensive operating budget which includes costs to give effect to its strategic plan and approved directions and programs; College operations and other expenses; as well as all sources of anticipated revenues for the coming year. ¹			
The Board ensures that the College has the workforce it needs to be successful now, and in the future ²			
The Board is aware that the College has documented a set of internal controls, including the handling of cash and deposits, approval over spending and disbursements.			
The Board is aware that the College has a written policy related to investments.			
The Board approves written policies and procedures respecting reimbursement of travel and other expenses paid to all Board Directors and committee members and is satisfied these are followed.			
Accountability for the management of the College's financial resources is assured through management's regular reports to the Board			
The Board ensures that proper policies are in place with respect to establishing and maintaining sufficient funds to provide the level of reserves set out in the policy, and receives reports respecting reserve policies from time to time ³			
The Board is aware that the College has suitable insurance coverage which is periodically reviewed to ensure appropriate levels and types of coverage are in place			
The Board is satisfied that OCP's accounting practices conform to accepted standards			

Amendment: The Board may amend this policy.

^{1,3,5} Reference: College Performance Management Framework (CPMF), Ministry of Health, October 2020- Domain 2: Resources, Standard 4- 'The College is a responsible steward of its resources' pages 18 and 19

Approval Date: XXX
Last Review: XXX
Last Revision: XXX
Next Review Date: XXXX

Purpose:

The purpose of this policy is to guide the Board in its annual Budget approval process.

Application:

This policy applies to:

- **The Finance and Audit Committee** who are delegated the responsibility by the Board to oversee financial activities of the College and endorse an annual budget for the Board's approval
- **The CEO & Registrar and Management** who provide key resource and support to the Finance and Audit Committee, and the Board regarding the proposed budget
- **All Board Directors** who are expected to: review budget proposals; ask appropriate questions as needed to gain information and clarity; and approve the annual budget of the College

Policy:

The Board ensures, when approving the annual budget, that the College has the financial and human resources necessary to carry out the strategic directions and regulatory programs, and to meet its legislative mandate to serve and protect the public interest.

Procedure:

- The Board shall consider approving, on the recommendation of the Finance and Audit Committee, an annual budget that represents the financial plan for operations for the coming year.
- The proposed budget shall contain detailed projections for revenues and expenditures.
- The CEO & Registrar is responsible for the development and presentation of a proposed budget for the upcoming fiscal year to the Finance and Audit Committee, for its consideration and presentation to the Board.
- In considering the proposed budget, the Board should take into consideration the following:
 - The anticipated expenditures for the coming year
 - The projected revenues and corresponding variance to expenditures
 - The anticipated costs attributed to implementing the Board's approved strategic plan, policies and programs in the coming year
 - The anticipated financial and human resources required to ensure the College's current and future sustainability.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 4.8 Remuneration and Expense Approval for Elected Directors and Committee Appointees (not applicable for Public Directors – See policy 4.9)

Purpose:

To articulate the approval process for remuneration and expense approval for Elected Directors and Committee Appointees paid by the College.

Application:

This policy applies to:

- **Elected Directors** and;
- **Professional Committee Appointees and Lay Committee Appointees** who are appointed to committees, working groups and task forces by the Board of Directors.
- **College staff** who are accountable for the processing and payment of expense claims in accordance with the approved policy(s).

Policy:

While on College business, Elected Directors and Committee Appointees, other than Public Directors, are paid for time and reimbursed for expenses, in accordance with the College's [Remuneration Policy & Summary of Allowable Expenses](#).

Procedure:

Claimants must:

- Complete the most current version of the claim form and submit electronically to the College staff responsible for the meeting.
- Submit receipts with all claims. Where the receipt is not available, a written explanation must be provided to explain why the receipt is unavailable and a description itemizing and confirming the expenses must be provided.
- Directors and Appointees are to exercise professional judgment when submitting their claims.
 - If the combined preparation and attendance time for a meeting was less than 3 hours, one half per diem claim for attendance should be submitted rather than submitting for both preparation and attendance.
 - Honoraria is only to be claimed for actual time spent on College activities. If individuals spend one hour each on three individual cases/activities, they are asked to claim one half (0.5) per diem total and list the activities in the comments section.
- Submit the claims promptly after the expense is incurred; claims must be submitted within four (4) months after the meeting/hearing to be eligible for reimbursement.
- Submit claims for expenses before leaving the position within the organization.

Approvers must:

- Provide approval only for expenses that were necessarily incurred in the performance of College business; and
- Provide approval only for claims that include all appropriate documentation and comply with the Remuneration policy and guidelines.

The College must:

- Pay all approved expenses promptly, and:
- In the event of disagreements with the interpretation of the policy, notify the claimant and any changes to the claim are recorded.

The Board must:

- Ensure that a random audit of the expense claims and payment procedures is conducted as part of the annual audit to assure accountability.
- Review the Remuneration Policy and Summary of Allowable Expenses as needed.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Policy 4.9

Procedures for Public Directors Per Diem Claims

Purpose:

To articulate the Colleges' responsibility in supporting the process for Public Directors to claim for remuneration from the Health Board Secretariat (HBS).

Application:

This policy applies to:

- **Public Directors** appointed to the Board of the Ontario College of Pharmacists by Ontario's Lieutenant Governor in Council.
- **Management and Staff** who ensure that the HBS receives the required documentation to support processing of claims submitted by Public Directors

Policy and Procedure:

Public Directors appointed to the Board by the Lieutenant Governor of Ontario are entitled to a per diem for time spent and reimbursement for any direct expenses related to their involvement with and on behalf of the OCP's Board and Committees. Public Directors shall follow the Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies¹ (Colleges) established under the *Regulated Health Professions Act*, 1991 as amended from time to time.

The Framework sets out the parameters for payment of per diem honoraria for appointees performing the business of the Board (Council) of the College.

The Public Directors will:

- Submit completed claims for per diems and expenses to the Health Board Secretariat.

College Staff roles:

- Meeting Administrators will complete and provide a register of the activities/meetings of the Public Directors for submission to the HBS to review and confirm the validity of the claims.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

¹ <https://www.ontario.ca/page/agencies-and-appointments-directive#section-7>

Policy 4.10 Approval of Board Chair Remuneration and Expenses

Purpose:

To articulate the approval process for remuneration and expenses for the Board Chair paid by the College.

Application:

This policy applies to:

- **The Board Chair** and;
- **The Board Vice-Chair** and;
- **The Chair of the Finance and Audit Committee** and;
- **College staff** who are accountable for the processing and payment of expense claims in accordance with the approved policy(s).

Policy:

While on College business, Elected Directors and Committee Appointees, other than Public Directors, are paid for time and reimbursed for expenses, in accordance with the College's [Remuneration Policy & Summary of Allowable Expenses](#). The Board Chair, or Vice Chair when acting in the Chair capacity, may claim for Chair duties aside from those associated with college meetings.

Procedure:

The Board Chair and Vice-Chair must abide by both the College's Remuneration Policy & Summary of Allowable Expenses as well as Policy 4.8 on approval of remuneration and expenses.

Additionally, the Chair and Vice-Chair can claim for time & expenses related to:

- Regular meetings with the CEO & Registrar keeping in mind the expectation that individuals use professional judgement on the accumulation of time spent prior to claiming for 0.5 per diem or three hours work.
- Attendance at stakeholder events as a representative of OCP (subject to reporting rules if relating to meetings with advocacy bodies).
- Conference registration and expenses associated with regulatory conferences, limited to North America (international events require the approval of the Board).
- Performance management oversight of CEO & Registrar.
- Training related to the role of Chair position.

Expenses noted above (aside from Board/Committee meetings) are to be approved by both the Chair of the Finance and Audit Committee and one of the Board Chair or Vice Chair, ensuring that they are not approving their own expenses.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Purpose:

This policy provides further clarification respecting indemnification and sets out the procedure to be followed when the College is made aware of a potential claim.

Application:

This policy applies to:

- **All Board Directors and Committee Appointees of the College**

This policy applies to civil legal actions for monetary damages. It does not cover regulatory legal proceedings, such as appeals and judicial review applications that are not seeking monetary damages. Aspects of this policy (e.g., immediate notification of claims) might apply for complaints made to the Human Rights Tribunal.

Policy:

There is broad indemnification protection for representatives of the College for their actions taken on behalf of the College under Section 38 of the *Regulated Health Professions Act*, or [RHPA](#).

The provision provides immunity for College representatives from having to pay monetary damages if they act in good faith. In this context, good faith means a sincere attempt to perform one's mandate even if that attempt is misguided. For example, misunderstanding the law and making an incorrect decision about the admissibility of evidence at a discipline hearing is an illustration of acting in good faith. Even if a Board or Committee member is mistaken or negligent in making a decision, they cannot be successfully sued unless they acted in bad faith.

Examples of bad faith are rare and usually involve a deliberate breach of a fiduciary duty (e.g., confidentiality or conflict of interest) or taking action for an ulterior purpose (e.g., personal benefit rather than the public interest). For example, warning a friend that the College is about to conduct an unannounced visit to the friend's pharmacy to copy records relating to allegations of billing fraud would be bad faith.

The College also carries liability insurance for all Board Directors and Committee Appointees acting in the course of their duties for the College.¹ Insurance coverage is important to cover the legal costs of defending an action as the s. 38 immunity provision does not cover those expenses.

Procedure:

The following procedures apply.

- Any Board member and Committee appointee who is aware of a potential claim must immediately report it to the Board Chair and the CEO & Registrar along with all relevant information and documents.
- The CEO & Registrar shall promptly notify the insurer of the claim or other reportable event.

¹ Most, but not all, legal proceedings are commenced against the College itself and not individual Board members and Committee appointees of the College.

- All Board Directors and Committee Appointees will cooperate in the defence of the claim.
- Any issues (e.g., coverage, legal representation) that arise will be dealt with by the Executive Committee in consultation with the CEO & Registrar and the insurer.
- The Executive Committee will keep the Board reasonably informed of the claim to the extent that is appropriate in all of the circumstances, particularly to the extent that the information is relevant to the Board's mandate (e.g., budgetary implications; possible reputational damage).

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXXX

Purpose:

To set out expectations and parameters related to ongoing training, education and development programs and opportunities for the OCP Board and Committees and the respective roles and responsibilities of the individuals relating to the training collective Board and Committees.

Application:

This policy applies to

- **All Board Directors**
- **All Committees**
- **The Governance Committee**
- **College staff that support the Board and Committees**

Policy:

The College and the Board of Directors are committed to ensuring effective governance and regulatory performance through provision of training, education and development opportunities for the Board and the Committees through initial orientation and ongoing education and training opportunities.

Procedure:**For the Board:**

Best practices for Board development have been established by existing boards that have done self-evaluation to identify their collective strengths and weaknesses and used to inform plans for further training and development¹. Board development is most effective where all Board Directors collectively demonstrate their commitment to learning about and effectively discharging their expected roles and responsibilities; embracing the benefits of ongoing learning and development; and evaluating collective performances of the Board to ensure overall effectiveness in governance.

On the recommendation of the Governance Committee, the Board uses its approved skills inventory to identify and assess the strengths and weaknesses of its current membership, and to inform its planning for ongoing training and development. Ongoing education and training programs for the collective Board will commonly focus on areas considered to be of benefit to all Directors and thus, to the Board collectively, including but not limited to training on Governance; Strategic Planning; Accountability; Evaluation; Regulatory Trends; etc. However, assessment using the skills inventory may identify common gaps in particular skills, for example, financial literacy, leading the Board to decide that all Directors would benefit from training to ensure they can collectively read and understand financial statements at an acceptable level, to discharge their governance role for financial oversight.

In addition to collective training and education initiatives, the Governance Committee may recommend that individual Board Directors participate in specific skills training to round out the Board's collective competence and/or the competence of specific committees to which Board Directors are appointed.

¹<https://www.boardeffect.com/blog/commitment-quality-training-keys-effective-non-profit-boards/>

For Committees - Training and development targeted to specific work of a committee:

All of the College Committees work to fulfil the Board's expectations and/or the College's statutory requirements, in accordance with their approved Terms of Reference. While initial orientation training that is specific to the work of the committee(s) is provided at the start of each Board year, ongoing training and development may also be provided as needed; or as identified through the annual evaluation of the collective committee or by the Chair.

In addition to collective training and education initiatives, the Governance Committee may recommend that individual Board Directors, who are committee appointees, participate in specific skills training to round out the committee's collective competence.

Remuneration:

Elected Board Directors and LCA and PCA Committee Appointees participating in Board and Committee education and training programs will be reimbursed for their time and expenses in accordance with Policy 4.8 and 4.10. Public Board Directors may be reimbursed subject to approval by the Health Board Secretariat as per Policy 4.9.

Participants will be required to provide their individual feedback on training programs, in fulfilment of the Board's commitment to evaluation of training programs as set out in policy 5.3.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXX

Purpose:

The Board is committed to supporting its Board and Committee Chairs in leading the Board and the committees towards their goals, through effective chairing. The purpose of this policy is to set out the approved processes related to induction training and ongoing support for the Chair of the Board, the Vice-Chair of the Board and the Chairs of Committees.

Application:

This policy applies to:

- **All incoming Chairs, including the Vice-Chair of the Board and the Chairs of the Committees**, whether they are returning, or are new to their chairing roles
- **Staff resources personnel that support committees**

Policy:

An initial Chair training session will be held at the start of every Board year, as soon as possible following the Board's process for election, selection or appointment of its Chair, the Vice Chair and Committee Chairs. A second 'Chairs Meeting' will be held for all Chairs, including the Board Chair and Vice-Chair, mid-way through the Board year; both sessions will be facilitated by the Registrar & CEO and the senior staff who provide resource and support to the Board and the committees.

Procedure:

Two distinct sessions, each with its own purpose and objectives, will be held annually, as set out below.

1. All incoming Chairs, including the Board Chair and Vice Chair, whether they are returning or new to their chair role, along with the staff resources assigned to Committees will participate in the induction training session for Chairs at the beginning of each Board year.
2. The induction training will help prepare and support new, incoming Chairs, in developing the skills required to lead through chairing. The induction session also provides experienced Chairs, who are returning to a chairing role, the opportunity to share their insights and experience with the new Chairs, and to refresh and enhance their own skills. Topics included in the induction Chair training will include, but not be limited to:
 - Leadership through effective chairing,
 - Respective roles and responsibilities - Chair/staff,
 - Facilitating discussion and deliberations, and
 - Identifying and managing difficulties that may arise.
3. To facilitate discussion between Committee Chairs and the Board, approximately mid-way through the Board year, the Board Chair will convene a meeting of Committee Chairs to share their experiences and challenges, and ask questions of each other. The Chairs Meeting provides opportunities for coaching and support, and to take away important learnings from the experiences of each other.
4. In alignment with the Board's commitment to evaluation as set out in 5.3 below, Chair training will be evaluated by the participating chairs to ensure value is achieved, and to inform changes to these sessions, if warranted.

Remuneration

Elected Board Directors and LCA and PCA Committee Appointees participating in Board and Committee education and training programs will be reimbursed for their time and expenses in accordance with Policy 4.8.

Public Board Directors may be reimbursed subject to approval by the Health Board Secretariat as per Policy 4.9.

Participants will be required to provide their individual feedback on training programs, in fulfilment of the Board's commitment to evaluation of training programs as set out in Policy 5.3.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXX

Purpose:

The purpose of this policy is to set out the processes to be followed for evaluating the effectiveness of all approved training programs provided to, or attended by the Board, the Committees and individuals who serve on each:

- To ensure the intended learning goals and objectives of training were achieved and remain relevant and address need;
- To ensure the program addresses applicable and relevant knowledge and skills gaps;
- To enable amendment and modification of future training to ensure the program continues to add value.

Application:

This policy applies to:

- **All Board Directors**
- **All Committees and individual Committee Appointees**

Policy:

The Board ensures reasonable resources are available to fund education and training programs that will support and improve the overall performance and effectiveness of the Board, the Committees, and the individuals who serve on each; in return, the Board has a corresponding interest, and responsibility, to determine the value of the training programs it funds.

In alignment with best practices, and to assist in planning for future training and development, the Board requires all education and training programs that have been approved and delivered to be evaluated, to determine:

- Whether the learning objectives of the program were met;
- What participants felt/thought about the program overall;
- Whether participants believe they benefited, or will benefit, from the program and how;
- Whether knowledge and skills learned are expected to be put into practice, and how;
- What participants considered to be the strengths or weaknesses of the program (content, delivery by instructors); and
- Whether the education and training was such that others may benefit from the same program going forward.

Amendment: The Board may amend this policy.

Approval Date: XXX

Last Review: XXX

Last Revision: XXX

Next Review Date: XXX

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Governance Committee

TOPIC: Proposed By-law Amendments

ISSUE: By-law amendments and consequential amendments to Board policies to improve the process and delivery on the intentions of the governance reform initiative.

PUBLIC INTEREST RATIONALE: The College by-laws set out the framework for Board and Committee governance with the intention of moving toward regulatory governance best practice. As the newly approved by-laws were put into practice, issues with inefficiency or inconsistent approach were noted. Amending the by-laws to support improvement in governance practice strengthens the public's trust in the College to fulfill its mandate to serve and protect the public interest.

BACKGROUND: By-law No. 6 was approved by the Board in the spring of 2020 to enable the governance reform intentions agreed to by the Board since the initiative began in December 2018.

The main elements of the governance reform initiative included:

- **Reduction in Board size** – reduced to 20 from the maximum 35 enabled by statute.
- **Board Composition** – moved to an equal number of public directors and pharmacy professional directors.
- **Separation of Board and Statutory Committees** – to the extent permitted by statute, Board Directors do not serve on Statutory Committees.
- **Competency-based Board** – candidates seeking election to the Board of Directors are screened against predetermined competencies including representation from diverse patient populations.

ANALYSIS: With the by-laws having been in effect for a year, guiding the Board through an annual election and Board renewal cycle, some elements as written proved challenging. Furthermore, as the Board considered and approved a series of standalone Board policies to replace the Governance Manual, some language in the by-laws required amendment to support the intention of the policies. The amendments proposed herein for approval will come into effect immediately, enabling the changes to be in place prior to the commencement of the next Board year in September 2021.

Attachments:

- 1) Blacklined version of By-law version 6B
- 2) Clause by Clause Comparison with Rationale
- 3) Amended Policy 1.8 – Selection of Committee Chairs
- 4) Amended Policy 3.7 – Conduct of Directors and Committee Appointees and Sanctions Process
- 5) Amended Policy 3.12 – Board Meeting Rules of Procedure

RECOMMENDATION:

- 1) That the Board approve the proposed by-law amendments;
- 2) That the Board approve amendments to the following Board policies:
 - Policy 1.8 – Selection of Committee Chairs;
 - Policy 3.7 – Conduct of Directors and Committee Appointees and Sanctions Process; and
 - Policy 3.12 – Board Meeting Rules of Procedure.

ONTARIO COLLEGE OF PHARMACISTS

Effective ~~June 14~~April 22, 202~~1~~0

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

Version 6~~A~~B – Approved by the Board ~~June 14, 2021~~April 22, 2020

Replaces By-law Version 6~~A~~A approved by the Board on ~~April 22, 2020~~March 23, 2020

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BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

ARTICLE 1 INTERPRETATION

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

1.1.1 **“Academic Director”** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;

~~1.1.1~~1.1.2 **“Act”** means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;

~~1.1.2~~1.1.3 **“Board”** means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College; **“By-Law”** or **“By-Laws”** means the By-Laws of the College, as the same may be amended from time to time;

~~1.1.3~~1.1.4 **“Certificate of Accreditation”** means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;

~~1.1.4~~1.1.5 **“Certificate of Authorization”** means a certificate of authorization issued to a health profession corporation by the College;

~~1.1.5~~1.1.6 **“Certificate of Registration”** means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;

~~1.1.6~~1.1.7 **“Chair”** means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and “chair” means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;

~~1.1.7~~1.1.8 **“Change of Control”** has the meaning given to it in subparagraph 18.1.2;

~~1.1.8~~1.1.9 **“Code”** means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

~~1.1.9~~ **“Code of Conduct”** means the Code of Conduct and Procedures for Directors and Committee Members which is set out in Schedule B to this By-Law, as the same may be amended from time to time;

- 1.1.10 “**Code of Ethics**” means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;
- 1.1.11 “**College**” means the Ontario College of Pharmacists;
- 1.1.12 “**Committee**” or “**Committees**” means a committee or committees of the College, whether a statutory committee or a standing or special committee;
- 1.1.13 “**Contact Person**” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;
- 1.1.14 “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.15 “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.16 “**Director**” means a person elected or appointed to be a member of the Board;
- 1.1.17 “**Director Profile**” means the combination of patient populations served as set out in subparagraph 5.9.1, and knowledge, skills and experience as set out in subparagraph 5.9.2, that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;
- 1.1.18 “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;
- 1.1.19 “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*;
- 1.1.20 “**Drug Preparation Premises**” means drug preparation premises as defined in the *Pharmacy Act Regulations*;
- 1.1.21 “**Elected Director**” means a Director elected to the Board in accordance with this By-Law;
- 1.1.22 “**Former Registrant**” has the meaning given to it in subparagraph 16.9.1;
- 1.1.23 “**Health Profession Corporation**” means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;
- 1.1.24 “**Lay Committee Appointee**” means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;

- 1.1.25 “**Narcotic Signer**” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act* (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;
- 1.1.26 “**Owner**” means an “owner” as defined in the *Drug and Pharmacies Regulation Act Regulations*;
- 1.1.27 “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.36;
- 1.1.28 “**Pharmacy Act Regulations**” means the regulations made under the *Pharmacy Act*;
- 1.1.29 “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;
- 1.1.30 “**Professional Committee Appointee**” means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;
- 1.1.31 “**Protecting Patients Act**” means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;
- 1.1.32 “**Public Director**” means a Director appointed to the Board by the Lieutenant Governor-in-Council;
- 1.1.33 “**Register**” means the register required to be kept pursuant to the *Code*;
- 1.1.34 “**Registrant**” means a member of the College;
- 1.1.35 “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;
- 1.1.36 “**RHPA Regulations**” means the regulations made under the Act;
- 1.1.361.1.37 “**Standing Committee**” means a committee described in article 8.3;
- 1.1.371.1.38 “**Statutory Committees**” means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and
- 1.1.381.1.39 “**Vice-Chair**” means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act*

Regulations, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

ARTICLE 2 CLASSES OF REGISTRATION

2.1 Prescribed Classes of Registration.

Effective upon Schedule 1 (Drug and Pharmacy Regulations Act) of the *Protecting Patients Act* being proclaimed into force, all references in this By-Law to “registered pharmacy student” will be deemed to be deleted and replaced with “intern technician”.

ARTICLE 3 PROFESSIONAL LIABILITY INSURANCE

3.1 Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacy technician, registered pharmacy student, intern or pharmacist listed in Part A of the Register, must maintain personal professional liability insurance as follows:

- 3.1.1 **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.
- 3.1.2 **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of pharmacy as regulated by the College.
- 3.1.3 **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.
- 3.1.4 **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three (3) years.

3.1.5 Personal Professional Liability Insurance Coverage. The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.

3.1.6 Legal Defence Payments. Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

3.2 Evidence of Insurance.

A Registrant shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Registrant's professional liability insurance policy.

ARTICLE 4 RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

4.1 Restriction on Directors.

A Director shall not be an employee of the College.

4.2 Restriction on Committee Members.

A member of a Committee shall not be an employee of the College.

ARTICLE 5 ELECTION OF DIRECTORS

5.1 Number of Elected Directors.

5.1.1 Subject to subparagraph 5.1.2, there shall be nine (9) Elected Directors, of whom two (2) shall be pharmacy technicians.

5.1.2 In the event that the number of Public Directors exceeds nine (9), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.

5.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

5.2 Voting Eligibility.

Every Registrant who holds a valid Certificate of Registration as a pharmacist or a pharmacy technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of Directors.

5.3 Renewal of the Board - August 2020.

5.3.1 Subject to subparagraph 5.3.2, the terms of office of all Elected Directors who are members of the Council as of the date that this By-Law comes into effect (the “**Incumbent Elected Directors**”) will end on the date of the first meeting of the Board held after the election in August 2020, and seven (7) Elected Directors shall be elected to the Board in accordance with this By-Law at the election in August 2020 for the terms of office set out in paragraph 5.5.

5.3.2 Notwithstanding subparagraph 5.3.1, the Board shall select two (2) Incumbent Elected Directors who sit on the Executive Committee as of the date that this By-Law comes into effect, who will have their terms of office continue for one (1) year and two (2) years, respectively, following the August 2020 election.

5.4 Election Date.

5.4.1 An election of Elected Directors will be held on the first Wednesday in August of every year beginning in 2020, for the number of positions on the Board that are then available.

5.5 Terms of Office - August 2020.

The terms of office of the seven (7) Elected Directors elected in August 2020 will commence at the first meeting of the Board following the election and end, subject to paragraph 5.11, as follows:

5.5.1 the two (2) pharmacists who receive the highest number of votes out of all pharmacist candidates will be elected for a three (3)-year term;

5.5.2 the pharmacy technician who receives the highest number of votes out of all pharmacy technician candidates will be elected for a three (3)-year term;

5.5.3 the pharmacy technician who receives the second highest number of votes of all pharmacy technician candidates will be elected for a two (2)-year term;

5.5.4 the pharmacist who receives the third highest number of votes out of all pharmacist candidates will be elected for a two (2)-year term;

5.5.5 the two (2) pharmacists who receive the fourth and fifth highest number of votes out of all pharmacist candidates will each be elected for a one-(1)-year term; and

5.5.6 if there is tie among candidates and it is necessary to break the tie to determine who will receive the longer term between the candidates, the Registrar shall break the tie, by lot.

5.6 Terms of Office - After August 2020.

5.6.1 The term of office of an Elected Director who is elected in each annual election beginning with the August 2021 election will be three (3) years, commencing at the first meeting of the Board after the election.

- 5.6.2 No Elected Director who is first elected in the August 2020 election or any subsequent election may serve as a Director for more than six (6) consecutive years.
- 5.6.3 No Director who is a member of Council on the date this By-Law comes into effect may serve for more than nine (9) consecutive years (inclusive of years of service prior to the date this By-Law comes into effect).
- 5.6.4 If an Elected Director reaches the end of his or her maximum service prior to the end of his or her term, the Elected Director will cease to hold office and the procedures set out in paragraph 5.20 will apply.

5.7 Eligibility for Election.

- 5.7.1 A Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible to seek to be a candidate for election to the Board if he or she meets the following requirements:
- (a) the Registrant is not in default of payment of any fees prescribed in the By-Laws;
 - (b) the Registrant is not the subject of any disciplinary or incapacity proceeding;
 - (c) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.
 - (d) the Registrant is not a registered pharmacy student or intern;
 - (e) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
 - (f) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which he or she has been appointed by the Board as a representative of the College, from running for election to be an Elected Director;
 - (g) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;
 - (h) where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since he or she was a Director;

- (i) the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;
- (j) the Registrant commits to devoting sufficient time in his or her schedule to participating in all required Board and Committee activities;
- (k) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and
- (l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

5.8 Notice of Election and Call for Applicants.

5.8.1 No later than ~~April 1~~May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at his or her electronic address that is on file with the College. Such notice shall also be published on the website of the College.

5.9 Director Competencies.

5.9.1 The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

- (a) patients served by rural community pharmacies;
- (b) patients served by urban community pharmacies;
- (c) patients treated at teaching hospitals;
- (d) patients treated at community hospitals;
- (e) patients located in northern/remote areas;
- (f) patients who identify as Indigenous;
- (g) patients with mental health and addictions needs; and
- (h) patients in long-term care.

5.9.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

- (a) experience in and understanding of the principles of protecting, and acting in, the public interest;
- (b) experience working with diverse populations, marginalized groups and people with disabilities;
- (c) experience serving on boards ~~in an oversight capacity and/or committees~~;
- (d) experience in managing a broad range of risk, ~~including reputational risk~~;
- (e) experience in senior leadership roles in business, health care institutions, government and academia;
- (f) experience ~~as a~~ with human resource ~~professional issues~~ including, but not limited to, ~~in~~ occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;
- (g) financial and/or accounting expertise, including ~~experience the following~~: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;
- (h) ability to navigate electronic systems to access Board and Committee materials;
- (i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification; ~~and~~
- (j) experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. (strengths, weaknesses, opportunities, and threats) including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and
- (k) a strong grasp of issues surrounding diversity and inclusion.

5.10 Application Procedure.

5.10.1 A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

- 5.10.2 The application form shall include a signed affirmation by the applicant of his or her commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.
- 5.10.3 The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph 5.7 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph 5.7, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.
- 5.10.4 If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.
- 5.10.5 An applicant may withdraw his or her application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.
- 5.10.6 All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.
- 5.10.7 In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.
- 5.10.8 A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

5.11 Acclamation.

- 5.11.1 If, after the deadline referred to in subparagraph 5.10.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar shall declare those pharmacy technician candidate(s) to be elected by acclamation.
- 5.11.2 If, after the deadline referred to in subparagraph 5.10.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.
- 5.11.3 If, after the deadline referred to in subparagraph 5.10.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by

acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 5.21 in order to fill any remaining vacancies.

5.11.4 If, after the deadline referred to in subparagraph 5.10.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 5.21 in order to fill any remaining vacancies.

5.11.5 In the event of acclamation pursuant to this paragraph 5.11 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph 5.11.3 or 5.11.4 is applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

5.12 Registrar's Electoral Duties.

5.12.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

- (a) appoint returning officers or scrutineers;
- (b) establish a deadline for the receipt of ballots;
- (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
- (d) ensure electronic communication and voting processes are reliable and secure;
- (e) establish procedures for the counting and verification of ballots; and
- (f) provide for the notification of all candidates and Registrants of the results of the election.

5.12.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

5.13 Scrutineers.

5.13.1 The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

5.13.2 The scrutineers will be reimbursed for their expenses as provided in Article 7 in accordance with a policy made by a resolution of the Board.

- 5.13.3 If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

5.14 Ballots.

- 5.14.1 The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.
- 5.14.2 The Registrar shall prepare a list of the voting Registrants.
- 5.14.3 A Registrant who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

5.15 Voting.

- 5.15.1 A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 5.15.2 The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.
- 5.15.3 The scrutineers shall verify the votes at the head office of the College on the day following the election.
- 5.15.4 The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.
- 5.15.5 The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.
- 5.15.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 5.15.7 Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.
- 5.15.8 The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.
- 5.15.9 The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election,

the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.

- 5.15.10* Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph 5.15.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph 5.15.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

5.16 Number of Votes to be Cast.

- 5.16.1* In the election to be held in August 2020, each Registrant may vote for up to five (5) pharmacist candidates and up to two (2) pharmacy technician candidates.
- 5.16.2* In each annual election beginning in August 2021, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

5.17 Tie Votes.

- 5.17.1* If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

5.18 Interruption of Service.

- 5.18.1* If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.
- 5.18.2* Notice of a decision under subparagraph 5.18.1 shall be given to each Registrant by electronic mail.
- 5.18.3* If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph 5.18.1:
- (a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);

- (b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except that any Director who has reached his or her maximum years on the Board will cease to hold office and the procedures set out in paragraph 5.20 will apply; and
- (c) the term of office of an Elected Director who is elected in an election that has been delayed shall commence at the first meeting of the Board after the election is actually held and shall continue until the end of the term of office that would have been held had the Elected Director been elected to that position on the Board in the applicable August election. For the purposes of subparagraphs 5.6.2 and 5.6.3, an Elected Director who is elected in an election that has been delayed shall be deemed to have served a full year as of the first meeting of the Board after the following election.

5.18.4 In the event of a delay pursuant to subparagraph 5.18.1, the terms of office of the Incumbent Elected Directors selected in accordance with subparagraph 5.3.2 shall be deemed to end as of the first meeting of the Board after the election following which their respective terms would have ended had there not been any delay.

5.19 Conduct of Directors.

5.19.1 An Elected Director is automatically disqualified from sitting on the Board if the Elected Director:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

5.19.2 Formal governance action may be taken against a Director, ~~in accordance with subparagraphs 5.19.3,~~ where the Director:

- (a) fails, or does not make himself or herself available, without cause, to attend three (3) consecutive meetings of the Board;
- (b) fails, or does not make himself or herself available, without cause, to attend three (3) consecutive meetings of a Committee of which he or she is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;

- (c) fails, or does not make himself or herself available, without cause, to attend Director education and evaluation activities hosted by the College from time to time;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) is or becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Board as a representative of the College);
- (f) in the case of an Academic Director ~~dean of a faculty of pharmacy~~ who is a Registrant,
 - (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (ii) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;
- (g) initiates litigation against the College, the Board, a Committee or any of the College's officers, employees or agents; or
- (h) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a Director.

5.19.3

In the event of a concern or complaint regarding the conduct of a Director, the Board shall follow the procedures it has established from time to time. shall be followed: A formal governance sanction under subparagraph 5.19.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.

- ~~(a) — the person raising the concern or complaint shall report it to any of the Past Chair, the Chair, the Registrar or the Vice Chair who shall bring the concern or complaint to the Governance Committee. The concern or complaint will also be disclosed to the Director in question;~~
- ~~(b) — if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee to fulfill the Governance Committee's duties under subparagraph 5.19.3 or perform such duties itself;~~
- ~~(c) — if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third~~

~~party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Director of his or her right to retain a lawyer and shall provide an opportunity for the Director to respond to the concern or complaint;~~

- ~~(d) — as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, the apparent significance of the breach;~~
- ~~(e) — if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board;~~
- ~~(f) — before the Board decides whether to take formal governance action, the Director shall be afforded an opportunity to address the Board for a period of no less than one (1) hour. The Director shall not take part in the deliberation or vote;~~
- ~~(g) — the Board shall determine whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction;~~
- ~~(h) — the determination that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and the determination to impose a formal governance sanction pursuant to subparagraph 5.19.4 must be approved by a vote of at least two-thirds of the Directors eligible to vote. The vote will be a recorded vote; and~~
- ~~(i) — where the Board determines that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have not been met and that formal governance action is not warranted, the Board may direct the College to reimburse the Director for all or part of the Director's legal expenses.~~

5.19.4 The formal governance sanction imposed by the Board ~~under subparagraph 5.19.3(g)~~ may include one or more of the following:

- (i) censure of the Director verbally or in writing;
- (ii) disqualification of an Elected Director from the Board;
- (iii) where the Director is a Public Director, sending a copy of the independent third party's report and the Board's determination to the Ministry of Health; or
- (iv) where the Director is an Academic Director, dean of a faculty of pharmacy, sending a copy of the independent third party's report and the Board's determination to the applicable Ontario university.

5.19.5 An Elected Director who is disqualified from sitting on the Board is thereby removed from the Board and ceases to be a Director.

5.20 Filling of Vacancies.

5.20.1 Upon the proclamation of section 30 of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 5.20 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

5.20.2 If the position of an Elected Director becomes vacant not more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board may:

- (a) leave the position vacant, if the number of Elected Directors remaining on the Board is nine (9) or more;
- (b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or
- (c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

5.20.3 If the position of an Elected Director becomes vacant more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board shall:

- (a) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or
- (b) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

5.20.4 The provisions of this By-Law that apply to the conduct of elections apply to the conduct of by-elections, with all necessary modifications.

5.20.5 The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph 5.20.2 or 5.20.3 will commence upon acclamation or election and continue until the term of office of the former Elected Director would have expired.

5.21 Supplementary Election Procedures.

5.21.1 If the Screening Committee fails to identify a sufficient number of applicants who are qualified as candidates for election by the deadline referred to in subparagraph 5.10.5, or if the number of eligible candidates is less than the number of Elected Directors to be elected, there shall be a supplementary election.

5.21.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

5.21.3 The term of office of an Elected Director elected in a supplementary election under paragraph 5.21 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

ARTICLE 6 BOARD MEETINGS

6.1 Meetings of the Board.

6.1.1 The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.

- 6.1.2 The Chair may call a special meeting of the Board at any time, provided that ~~seven (7) days' notice is given in accordance with the Pharmacy Act Regulations, the Code and this By-Law~~ to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.¹
- 6.1.3 The College shall post on its website information regarding upcoming meetings of the Board, including:
- (a) the dates of those meetings;
 - (b) matters to be discussed at those meetings; and
 - (c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.
- 6.1.4 Subject to subparagraphs 6.1.2 and 6.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at his or her specified email address as shown in the records of the College.
- 6.1.5 The Chair or, in his or her absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice-Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 6.1.2 to 6.1.4.
- 6.1.6 Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.
- 6.1.7 The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.
- 6.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.
- 6.1.9 At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.

¹ The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

6.1.10 A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.

6.1.11 The ~~Board may, from time to time, set or adopt~~ Rules of Order ~~set out in Schedule C of this By-Law apply~~ to guide the conduct of Board meetings.

6.2 Meetings Held By Technological Means.

6.2.1 If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such conference telephone or other communications facilities as permits all persons participating in the meeting to hear each other, and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

6.2.2 At the outset of each meeting referred to in subparagraph 6.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place.

ARTICLE 7 REMUNERATION AND EXPENSES

7.1 Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

ARTICLE 8 COMMITTEES OF THE COLLEGE

8.1 Statutory Committees under the Act.

8.1.1 Pursuant to the Act, the College shall have the following Committees:

- (a) Executive Committee;
- (b) Registration Committee;
- (c) Inquiries, Complaints and Reports Committee;

- (d) Discipline Committee;
- (e) Fitness to Practise Committee;
- (f) Quality Assurance Committee; and
- (g) Patient Relations Committee.

8.1.2 Subject to subparagraph 8.1.3, the composition of the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

8.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), shall be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

- (a) establishing the composition of such Committees;
- (b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and
- (c) governing the relationship between such provisions and the By-Law.

8.2 Statutory Committee under the Pharmacy Act.

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

8.3 Standing Committees.

In addition to the Statutory Committees, the College shall establish the following **S**tanding Committees, the composition and duties of which are set out in this By-Law:

- 8.3.1 Finance and Audit Committee;
- 8.3.2 Screening Committee;
- 8.3.3 Governance Committee; and
- 8.3.4 Drug Preparation Premises Committee.

8.4 Appointment of Special Committees.

The Board may, from time to time, appoint such 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.

8.5 Reporting of Committees.

All Committees shall report at least annually to the Board.

ARTICLE 9 COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

9.1 Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 9 as they relate to the Committees referred to in subparagraphs 8.1.1(a) to 8.1.1(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

9.2 Composition of the Executive Committee.

The Executive Committee shall be composed of:

9.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, ~~one (1) of whom shall be an~~ such that at least two (2) Directors are Elected Directors and at least two (2) Directors of whom shall be are Public Directors.

9.3 Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

9.4 Duties of the Executive Committee.

The Executive Committee shall:

- 9.4.1 in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;
- 9.4.2 recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;
- 9.4.3 receive findings and recommendations from the Governance Committee pursuant to subparagraph 5.10.7, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;

- 9.4.4 ensure that the policies of the Board are carried out;
- 9.4.5 report its activities, decisions and recommendations through the Chair at each meeting of the Board; and
- 9.4.6 have the following authorities with respect to staff compensation:
 - (a) annually, establish guidelines for the awarding of salary increases to staff;
 - (b) at least annually, review compensation for the Registrar; and
 - (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

9.5 Composition of the Registration Committee.

The Registration Committee shall be composed of:

- 9.5.1 two (2) Public Directors;
- 9.5.2 five (5) or more Professional Committee Appointees;
- 9.5.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;
- 9.5.4 ~~one (1) Academic Director a dean of a faculty or school of a pharmacy program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs, or his or her designate as approved by the Board;~~ and
- 9.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

9.6 Duties of the Registration Committee.

- 9.6.1 The Registration Committee shall:
 - (a) perform such functions as are assigned to it by statute or regulation; and
 - (b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.
- 9.6.2 The Registration Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

9.7 Composition of the Inquiries, Complaints and Reports Committee.

The Inquiries, Complaints and Reports Committee shall be composed of:

- 9.7.1 all of the Public Directors;
- 9.7.2 ten (10) or more Professional Committee Appointees; and
- 9.7.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

9.8 Duties of the Inquiries, Complaints and Reports Committee.

- 9.8.1 The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.
- 9.8.2 The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning investigations, complaints and reports.

9.9 Composition of the Discipline Committee.

The Discipline Committee shall be composed of:

- 9.9.1 all of the Elected Directors;
- 9.9.2 all of the Public Directors except those who are on the Accreditation Committee;
- 9.9.3 ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and
- 9.9.4 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

9.10 Duties of the Discipline Committee.

- 9.10.1* The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.
- 9.10.2* The Discipline Committee may be required by the Board from time to time in the Board's discretion to:
- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning discipline.

9.11 Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

- 9.11.1* two (2) Public Directors;
- 9.11.2* two (2) or more Professional Committee Appointees; and
- 9.11.3* at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

9.12 Duties of the Fitness to Practise Committee.

- 9.12.1* The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.
- 9.12.2* The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:
- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning fitness to practise.

9.13 Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

- 9.13.1* two (2) Public Directors;
- 9.13.2* five (5) or more Professional Committee Appointees; and
- 9.13.3* at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

9.14 Duties of the Quality Assurance Committee.

9.14.1 The Quality Assurance Committee shall:

- (a) perform such functions as are assigned to it by statute or regulation; and
- (b) maintain a continuing review of the Quality Assurance Program.

9.14.2 The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
- (b) provide guidance to the Board on matters concerning quality assurance.

9.15 Composition of the Patient Relations Committee.

The Patient Relations Committee shall be composed of:

- 9.15.1** ~~two-one (21)~~ or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and
- 9.15.2** ~~at the discretion of the Governance Committee, one-two~~ (12) or more Lay Committee Appointees.

9.16 Duties of the Patient Relations Committee.

- 9.16.1** The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.
- 9.16.2** The Patient Relations Committee may be required by the Board from time in the Board's discretion to:
 - (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning patient relations.

9.17 Composition of the Accreditation Committee.

The Accreditation Committee shall be composed of:

- 9.17.1** two (2) Public Directors;
- 9.17.2** three (3) or more Professional Committee Appointees; and

- 9.17.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

9.18 Duties of the Accreditation Committee.

- 9.18.1 The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.
- 9.18.2 The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:
- (a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and
 - (b) provide guidance to the Board on matters concerning accreditation.

9.19 Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

- 9.19.1 two (2) or more Elected Directors; and
- 9.19.2 at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and
- 9.19.3 at the discretion of the Governance Committee, one or more Public Directors.

9.20 Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

- 9.20.1 review and recommend to the Board, the annual operating and capital budget for the College;
- 9.20.2 maintain a rolling two (2) year operating budget;
- 9.20.3 review quarterly financial statements and report to the Board significant deviations from budget;
- 9.20.4 meet with the auditor each year,
- (a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and
 - (b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

- 9.20.5 review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;
- 9.20.6 make recommendations to the Board on the appointment or reappointment of the external auditor;
- 9.20.7 make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and
- 9.20.8 recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

9.21 Composition of the Screening Committee.

The Screening Committee shall be composed of:

- 9.21.1 the chair of the Governance Committee;
- 9.21.2 two (2) additional Directors, one (1) or more of whom shall be a Public Director; and
- 9.21.3 two (2) or more Lay Committee Appointees.

9.22 Duties of the Screening Committee.

The Screening Committee shall:

- 9.22.1 administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph 5.10; and
- 9.22.2 review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

9.23 Composition of the Governance Committee.

The Governance Committee shall be composed of:

- 9.23.1 four (4) Directors, including ~~the Vice Chair (who shall be the chair of the Governance Committee)~~ and one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and
- 9.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

9.24 Duties of the Governance Committee.

The Governance Committee shall:

- 9.24.1 assess the collective knowledge, skills and experience of the current Board in order to:
 - i) determine the competencies ~~the Board will be seeking~~required in the upcoming elections~~s~~ and develop the Director Profile; and
 - ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 12.1;
- 9.24.2 recommend a slate of appointees for Committees, including the chairs;
- 9.24.3 ~~oversee~~provide input to the processes for orientation of Directors and members of Committees;
- 9.24.4 ~~oversee~~provide input to the process ~~to~~for evaluating~~ing~~ the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;
- 9.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;
- 9.24.6 in the event of a dispute as set out in subparagraph 5.10.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and
- 9.24.7 review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

9.25 Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

9.26 Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

- 9.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

- 9.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

ARTICLE 10 DUTIES OF OFFICERS

10.1 Duties of the Chair and the Vice-Chair.

- 10.1.1* The Chair shall:
- (a) preside as chair at all meetings of the Board; and
 - (b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.
- 10.1.2* The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.
- 10.1.3* In the event of the absence or inability of both the Chair and the Vice- Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.
- 10.1.4* In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.
- 10.1.5* Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

ARTICLE 11 COMMITTEE APPOINTEES

11.1 Professional Committee Appointments.

- 11.1.1* The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.
- 11.1.2* Subject to subparagraph 8.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:
- (a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
 - (b) the Registrant either practises or resides in Ontario;

- (c) the Registrant is not in default of payment of any fees prescribed in this By-Law;
- (d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;
- (e) the Registrant is not the subject of any disciplinary or incapacity proceeding;
- (f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;
- (h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
- (i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (k) the Registrant does not have a conflict of interest in respect of the Committee to which he or she seeks to be appointed;
- (l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and
- (m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which he or she has been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

11.2 Lay Committee Appointees

- 11.2.1* The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

11.2.2 An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

- (a) the individual resides in Ontario;
- (b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;
- (c) the individual has never been a Registrant;
- (d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;
- (e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;
- (f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;
- (h) the individual does not have a conflict of interest in respect of the Committee to which he or she seeks to be appointed; and
- (i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which he or she has been appointed by the Board as a representative of the College, from running becoming a Lay Committee Appointee.

ARTICLE 12

ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

12.1 Election of the Chair, Vice-Chair and Executive Committee.

12.1.1 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be

qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

12.1.2 The election of the Chair shall be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.
- (b) Despite subparagraph 13.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names further interest from the floor, and those additional Directors who are interested in running for Chair shall be added as candidates for election.
- (c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.
- (d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

12.1.3 The procedure outlined in subparagraph 12.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

12.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 9.2. The election will be conducted in the following manner:

- (a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.
- (b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.
- (c) Should there be only one (1) be a sufficient number of candidates who is also that there would only be a total of two (2) Elected

Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.

(d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category. candidates who are Public Directors match the number of open positions on the Executive Committee for Public Directors in accordance with paragraph 9.2, such candidates shall be declared appointed.

(d)(e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.

(e)(f) Should the number of candidates in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 12.1.2(c). Should there be more than one (1) open position in a category For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

ARTICLE 13 APPOINTMENTS TO COMMITTEES

13.1 Appointments to Statutory and Standing Committees.

13.1.1 All Statutory Committee and Sstanding Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 13.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 13.1.3.

13.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.

13.1.3 For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board

shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

13.2 Appointment of Screening Committee.

- 13.2.1* The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

~~13.3 Committee Chairs~~

- ~~*13.3.1* 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 from among its members a chair of the Committee~~

ARTICLE 14 COMMITTEE PROCEDURES

14.1 Disqualification, Vacancies and Term Limits of Committee Members.

- 14.1.1* A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:
- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.
- 14.1.2* The Board may disqualify a member of a Committee from sitting on the Committee if the member:
- (a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
 - (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
 - (c) repeatedly fails to make himself or herself available to participate in meetings or panels of a Committee or Committees on which the member sits;
 - (d) ceases to either practise or reside in Ontario;

- (e) is in default of payment of any fees prescribed in the By-Laws;
- (f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Board as a representative of the College);
- (g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;
- (h) in the case of a Director who sits on a Committee, ceases to be a Director;
- (i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.1.2; or
- (j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.2.2.

14.1.3 A person who is disqualified under subparagraph 14.1.1 or 14.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 14.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

14.1.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 14.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

14.1.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

14.1.6 Nothing in paragraph 14.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

14.2 Quorum.

Unless specifically provided for otherwise under the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, or the regulations made under

any of those Acts, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

14.3 Voting.

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By- Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

14.4 Committee Vacancies.

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “or more” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 15 BUSINESS OF THE COLLEGE

15.1 Seal.

The seal shall be the seal of the College.

15.2 Execution of Documents.

- 15.2.1* Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.
- 15.2.2* Certificates of Registration shall be signed by the Chair and the Registrar.
- 15.2.3* Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

- 15.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

15.3 Banking and Finance.

- 15.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.
- 15.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

15.4 Financial Year and Audit.

- 15.4.1 The financial year of the College is the calendar year ending December 31.
- 15.4.2 The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

15.5 Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

15.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

15.7 Grants.

- 15.7.1* The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.
- 15.7.2* The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy.

15.8 Funds.

- 15.8.1* The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.
- 15.8.2* Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

15.9 College Membership.

The College may be a member of a national organization of bodies with similar functions.

15.10 Delegation of Powers and Duties.

- 15.10.1* The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.
- 15.10.2* The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:
- (a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 15.10.1; and

- (b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to him or her by the Registrar in accordance with subparagraph 15.10.1.

ARTICLE 16

THE REGISTER

16.1 Registrant's Name.

A Registrant's name in the Register shall be:

- 16.1.1* the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant included in parentheses, or such other name as is acceptable to the Registrar; or
- 16.1.2* a name other than as provided in subparagraph 16.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has validly changed his or her name and that the use of the name is not for an improper purpose.

16.2 Business Address and Telephone Number.

- 16.2.1* A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.
- 16.2.2* Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

16.3 Information Regarding a Result.

When any provision of this Article 16 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Act. Specifically, "result" when used in reference to:

- 16.3.1* a disciplinary proceeding, means the panel's finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

- 16.3.2 an incapacity proceeding, means the panel's finding that the Registrant is incapacitated and the order made by the panel.

16.4 Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article 16 which violates a publication ban, and nothing in this Article 16 requires or authorizes the violation of a publication ban.

16.5 Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article 16 shall require or authorize the disclosure of information, including personal health information (as defined by the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

16.6 Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

- 16.6.1 Each Registrant's name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.
- 16.6.2 Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.
- 16.6.3 The name, business address and business telephone number of every Health Profession Corporation.
- 16.6.4 The names of the shareholders of each Health Profession Corporation who are Registrants.
- 16.6.5 Each Registrant's class of registration and specialist status (specialist status not applicable to the College).
- 16.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.
- 16.6.7 A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.
- 16.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the

Code and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

- 16.6.9 A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.
- 16.6.10 The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding.
- 16.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.
- 16.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.
- 16.6.13 A notation of every revocation or suspension of a Certificate of Registration.
- 16.6.14 A notation of every revocation or suspension of a Certificate of Authorization.
- 16.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.
- 16.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 16.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.
- 16.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 16.10.1.
- 16.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.
- 16.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

16.7 Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

- 16.7.1** If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 16.7.6 have been satisfied:
- (a) a brief summary of the finding;
 - (b) a brief summary of the sentence; and
 - (c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
- 16.7.2** With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
- 16.7.3** If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:
- (a) the fact and content of the charge; and
 - (b) the date and place of the charge.
- 16.7.4** If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:
- (a) the fact of the finding;
 - (b) the date of the finding;
 - (c) the jurisdiction in which the finding was made; and
 - (d) the existence and status of any appeal.
- 16.7.5** If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.
- 16.7.6** The conditions referred to in paragraph 16.7.1 are the following:
- (a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;

- (b) a pardon in respect of the conviction has been obtained; and
- (c) the conviction has been overturned on appeal.

16.7.7 Nothing in this paragraph 16.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

16.7.8 For the purposes of this paragraph 16.7, “identifying information” means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

16.8 Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 16.13 and 16.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

16.8.1 Any changes to each Registrant’s name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

16.8.2 Each Registrant’s gender and registration number.

16.8.3 The date when each Registrant’s Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.

16.8.4 Where a person ceased to be a Registrant as a result of his or her resignation or death, the last calendar year during which the person was a Registrant.

16.8.5 Where a Registrant holds a Certificate of Registration as a pharmacist, intern, pharmacy technician or intern technician (following the date upon which the *Pharmacy Act Regulations* are amended to recognize intern technicians as a class of Certificates of Registration) the name and location of the university or college from which the Registrant received his or her degree in pharmacy or completed his or her pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

16.8.6 The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.

16.8.7 Where a Registrant holds a Certificate of Registration as a:

- (a) pharmacist, a notation as to whether the Registrant is listed in Part A or Part B of the Register; and

- (b) pharmacy technician, following the date upon which the *Pharmacy Act Regulations* are amended to include a two (2)-part register for pharmacy technicians, a notation as to whether the Registrant is listed in Part A or Part B of the Register.
- 16.8.8 Whether the Registrant has completed the necessary injection training requirements approved by the College.
- 16.8.9 Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.
- 16.8.10 Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.
- 16.8.11 Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.
- 16.8.12 Where a Registrant is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that authority.
- 16.8.13 Where applicable, a summary of any restriction on a Registrant's right to practise:
 - (a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or
 - (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.
- 16.8.14 Without affecting the requirement of paragraph 16.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:
 - (a) a brief summary of the charge or finding, as the case may be;
 - (b) the date of the charge or finding, as the case may be;
 - (c) the jurisdiction in which the charge was brought or finding of guilt was made; and

- (d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 16.8.14 will no longer be required.
- 16.8.15 Without affecting the requirement of subparagraph 16.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.
- 16.8.16 Without affecting the requirement of subparagraph 16.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:
 - (a) the existence of the licence or registration;
 - (b) the name of the granting organization; and
 - (c) the jurisdiction in which it was granted;
- 16.8.17 Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.
- 16.8.18 Without affecting the requirement of subparagraph 16.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.
- 16.8.19 Without affecting the requirement of subparagraph 16.6.6, where a Registrant has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.
- 16.8.20 Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.
- 16.8.21 Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

- 16.8.22 Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.
- 16.8.23 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Registrant is under investigation.
- 16.8.24 Where a complaint has been filed or an investigator has been appointed under 75(1)(a) or 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:
- (a) a notation of that fact;
 - (b) a summary of the caution;
 - (c) the date of the panel's decision; and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 16.8.25 Where a complaint has been filed or an investigator has been appointed under 75(1)(a) or 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:
- (a) a notation of that fact;
 - (b) a summary of the continuing education or remediation program;
 - (c) the date of the panel's decision; and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 16.8.26 Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation;

- (c) the notice of hearing;
- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

16.8.27 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

16.8.28 A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the *Code*.

16.8.29 Without affecting the requirement of subparagraph 16.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,

- (a) a notation of that fact; and
- (b) the date of the referral.

16.8.30 Without affecting the requirement of subparagraph 16.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:

- (a) a notation of that fact;
- (b) the date of the finding and the name of the governing body that made the finding;
- (c) a brief summary of the facts on which the finding was based;
- (d) the penalty; and
- (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

- 16.8.31 Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:
- (a) a notation of that fact; and
 - (b) identification of, a link to, or a copy of the specific publication containing that decision.
- 16.8.32 The language(s) in which the Registrant can provide professional services as reported by the Registrant.
- 16.8.33 Any other information not otherwise referred to in subparagraph 16.6.20, which the College and the Registrant have agreed shall be available to the public.

16.9 Former Registrants.

- 16.9.1 The term "Former Registrant" means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.
- 16.9.2 Where the College is aware of such information, the information described in subparagraphs 16.6.12, 16.7.1 to 16.7.4, 16.8.14 to 16.8.16 and 16.8.30 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

16.10 Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 16.13 and 16.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 16.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.
- 16.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 18.
- 16.10.3 Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

16.11 Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 16.13 and 16.14, the following information referable to Health Profession Corporations

shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 16.11.1 The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.
- 16.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.
- 16.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.
- 16.11.4 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 16.6.3.

16.12 Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 16.13 and 16.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

- 16.12.1 The pharmacy's name, address, telephone and fax number.
- 16.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.
- 16.12.3 The date the pharmacy opened.
- 16.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.
- 16.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.
- 16.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.
- 16.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

- 16.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.
- 16.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.
- 16.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.
- 16.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation; and
 - (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.
- 16.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.
- 16.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 16.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.
- 16.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.
- 16.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or

corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

16.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

16.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

16.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;
- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

16.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

- 16.12.21 Where a person has permanently closed the pharmacy, a notation of that fact and the date the pharmacy was closed.
- 16.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

16.13 Deletion of Information.

- 16.13.1 Unless otherwise indicated, where the information described in paragraphs 16.6 to 16.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.
- 16.13.2 Despite paragraphs 16.8 to 16.12, and subject to subparagraphs 16.13.3, 16.13.4 and 16.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.
- 16.13.3 Despite subparagraphs 16.13.2 and 16.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.
- 16.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 16.8.13, 16.8.33, 16.12.17, 16.12.22 and 16.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.
- 16.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 16.8.24 and/or 16.8.25 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

16.14 Disclosure.

All of the information referred to in paragraphs 16.6 to 16.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*,

such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 17

FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

17.1 Filing of Information by Registrants.

17.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;
- (b) where a Registrant is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;
- (c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;
- (d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article 3, information respecting the Registrant's personal professional liability insurance;
- (e) information respecting the Registrant's participation in the Quality Assurance Program;
- (f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;
- (g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the

Drug and Pharmacies Regulation Act or the regulations made under any of those Acts;

- (h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;
- (i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and
- (j) any other information that the College deems may assist it in carrying out its objects.

17.1.2 Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

17.1.3 Where any information that a Registrant has provided to the College in response to a request under subparagraph 17.1.1 has changed, the Registrant shall notify the College of the change within thirty (30) days of its effective date.

17.1.4 In addition to the requirements in subparagraphs 17.1.2 and 17.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

17.2 Filing of Information by Applicants for a Certificate of Accreditation.

17.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 (thirty) days before the date on which the applicant proposes to commence operation of the pharmacy:

- (a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the applicant is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;

- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (g) any other information that the College deems may assist it in carrying out its objects.

17.2.2 Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

17.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

17.2.4 Where any of the information that an applicant has provided to the College under subparagraph 17.2.1, 17.2.2 or 17.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

17.3 Filing of Information by Pharmacies.

17.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;
- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (f) any other information that the College deems may assist it in carrying out its objects.

17.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 17.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

17.3.3 In addition to the requirements in subparagraphs 17.3.1 and 17.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

17.4 Filing of Information for Closing Pharmacies.

17.4.1 Subject to subparagraph 17.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

17.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 17.4.1 need only set out the information in subparagraph 17.4.1(a) and (d).

17.5 Filing of Information by Health Profession Corporations.

17.5.1 The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

17.5.2 Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

- 17.5.3* Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph 17.5.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.
- 17.5.4* Despite subparagraph 17.5.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.
- 17.5.5* In addition to the requirements in subparagraphs 17.5.2, 17.5.3 and 17.5.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 18

CHANGE OF CONTROL

18.1 Change of Control.

- 18.1.1* In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.
- 18.1.2* When used herein, the term “Change of Control” in respect of a Drug Preparation Premises means:
- (a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;
 - (b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;
 - (c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;
 - (d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;
 - (e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and
 - (f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

ARTICLE 19 REGISTRANT FEES

19.1 Application and Issuance Fees

- 19.1.1* Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.
- 19.1.2* Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting his or her completed application to the Registrar.
- 19.1.3* Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

19.2 Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

19.3 Annual Fees.

- 19.3.1* Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.
- 19.3.2* The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.
- 19.3.3* No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.
- 19.3.4* A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.

19.4 Fee to Lift Suspension or for Reinstatement.

- 19.4.1* Where a Registrant's Certificate of Registration has been suspended by the Registrar for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.

19.4.2 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Registrant shall pay for the lifting of the suspension shall be: (a) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

19.4.3 A Registrant shall pay a reinstatement fee for the reinstatement of his or her Certificate of Registration.

19.5 Other Fees.

19.5.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

19.5.2 Where, pursuant to the *Pharmacy Act Regulations*, a Registrant:

- (a) has undertaken remediation by order of the Quality Assurance Committee;
- (b) undergoes a practice review by an assessor after the remediation, and is found by the Quality Assurance Committee to continue to have a deficiency in his or her knowledge, skills or judgment that requires correction; and
- (c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation, the Registrant shall pay a fee for each such further practice review by an assessor, and for any additional practice reviews that the Registrant undertakes thereafter.

19.5.3 An applicant required to undertake the Practice Assessment of Competence at Entry (PACE) a third and/or subsequent time shall pay a fee for such assessment(s).

19.5.4 Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

ARTICLE 20 PHARMACY TRANSACTION FEES

20.1 Application Fee.

20.1.1 Subject to subparagraph 20.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

- 20.1.2 Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

20.2 Issuance Fee.

- 20.2.1 Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.
- 20.2.2 Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.
- 20.2.3 An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

20.3 Fee for Amended Certificates - Remote Dispensing Locations.

- 20.3.1 Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.
- 20.3.2 Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.
- 20.3.3 For greater certainty, subparagraphs 20.3.1 and 20.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

20.4 Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

20.5 Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

ARTICLE 21 CERTIFICATE OF AUTHORIZATION FEES

21.1 Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

21.2 Renewal Fee.

- 21.2.1* Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.
- 21.2.2* The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.
- 21.2.3* No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

ARTICLE 22 APPLICATION OF FEES

22.1 Application of Fees

- 22.1.1* Unless otherwise indicated, the fees and penalties set out in Article 19, Article 20, Article 21 and ~~Schedule D~~Schedule B shall be effective as of the date set out in ~~Schedule D~~Schedule B.
- 22.1.2* The fees and penalties prescribed in Article 19, Article 20 and Article 21 are set out in ~~Schedule D~~Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.
- 22.1.3* On January 1 of each year commencing in 2021, each fee prescribed in Article 19, Article 20, and Article 21, and listed in ~~Schedule D~~Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

ARTICLE 23 CODES OF ETHICS ~~AND CONDUCT~~

23.1 Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

~~23.2 Code of Conduct.~~

~~There shall be a Code of Conduct for Directors and Committee members, which is Schedule B to this By-Law.~~

ARTICLE 24 MAKING, AMENDING AND REVOKING BY-LAWS

24.1 Requirements.

- 24.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.
- 24.1.2 Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.
- 24.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.
- 24.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

24.2 ~~Repeal of Former~~ Transition to Amended By-Laws.

24.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles:

- (a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments;
- (b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective;
- (c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and

(d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a new Committee being appointed in accordance with the amendments.

~~Subject to subparagraph 5.3.1 and subparagraph 5.3.2, the repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All Directors and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law~~

24.3 Effective Date.

This By-Law shall come into force and effect on the date that it is approved by the Board. Upon this By-Law coming into force and effect, By-Law No. 5 shall hereby be repealed.

24.4 Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____,
_____.

Chair
(Corporate Seal)

Vice-Chair

SCHEDULE A

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP’s Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all pharmacy practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

- The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society's best interests.

Standards

- 1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.
- 1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.
- 1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
- 1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
- 1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
- 1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
- 1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.
- 1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
- 1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.
- 1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
- 1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
- 1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
- 1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.

- 1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.
- 1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

2. Principle of Non Maleficence

The ethical principle of “Non Maleficence” refers to the healthcare professional’s obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

- 2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient’s needs.
- 2.3 Registrants disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.
- 2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Registrants ensure that when they are involved in the patient’s transition from one healthcare provider or healthcare facility to another the relevant patient information

is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.

- 2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:
 - (i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;
 - (ii) Touching of a sexual nature, of the patient by the registrant; or
 - (iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.
- 2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:
 - (i) Bullying or intimidating;
 - (ii) Offensive jokes or innuendos;
 - (iii) Displaying or circulating offensive images or materials; or
 - (iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Registrants must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
 - (i) that the registrant does not directly convey their conscientious objection to the patient;
 - (ii) that the registrant participates in a system designed to respect the patient's right to receive products and services requested;

- (iii) that there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:
 - (i) In his/her judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
 - (ii) Considers the condition of the patient;
 - (iii) Considers the availability of alternative services; and
 - (iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.
- 2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.
- 2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

- 3.1 Registrants recognize and respect the vulnerability of patients.
- 3.2 Registrants respect and value the autonomy and dignity of patients.
- 3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.
- 3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Registrants respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual

orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.

- 3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.
- B. Registrants refrain from participating in unethical business practices.
- C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

- 4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.
- 4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.

- 4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.
- 4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

- 4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.
- 4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.
- 4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.
- 4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

- 4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.

- 4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.
- 4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

~~THE “CODE OF CONDUCT” FOR DIRECTORS AND COMMITTEE MEMBERS~~

~~Directors and members of Committees shall,~~

- ~~(a) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* and their regulations, and the by laws and policies of the College;~~
- ~~(b) be prepared to participate in Board meetings and Committee work including reading background materials and briefing documents;~~
- ~~(c) diligently take part in Committee work and actively serve on Committees as appointed by the Board;~~
- ~~(d) regularly attend meetings on time and participate constructively in discussions;~~
- ~~(e) offer opinions and express views on matters before the College, Board and Committee, when appropriate;~~
- ~~(f) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Directors and Committee members;~~
- ~~(g) uphold the decisions made by a majority of the Board and Committees, regardless of the level of prior individual disagreement;~~
- ~~(h) place the interests of the College, Board and Committee above other interests;~~
- ~~(i) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and remove oneself from discussing or voting on any issue where there is a conflict of interest;~~
- ~~(j) refrain from including or referencing Director or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one’s titles or positions held at the College in one’s curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);~~
- ~~(k) preserve confidentiality of all information before the Board or Committee unless disclosure has been authorized by the Board or is otherwise exempted under the RHPA (e.g., it is already in the public domain);~~
- ~~(l) refrain from attempting to influence a statutory decision unless one is a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;~~
- ~~(m) respect the boundaries of staff whose role is not to report to or work for individual Directors or Committee members including not contacting staff members directly, except on matters~~

~~where the staff member has been assigned to provide administrative support to that Committee or the Board or where otherwise appropriate; and~~

- (n) ~~be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.~~

Schedule B

RULES OF ORDER OF THE BOARD

1. ~~Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Directors may ask questions of clarification, then the person introducing the matter shall make a motion and another Director must second the motion before it can be debated.~~
2. ~~When any Director wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.~~
3. ~~Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.~~
4. ~~Observers at a the Board meeting are not allowed to speak to a matter that is under debate.~~
5. ~~A Director may not speak again on the debate of a matter until every other Director who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Director shall not speak to a matter more than twice without the permission of the presiding officer.~~
6. ~~No Director may speak longer than five (5) minutes upon any motion except with the permission of the Board.~~
7. ~~When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Board meeting or to refer the motion to a Committee.~~
8. ~~A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.~~
9. ~~When it appears to the presiding officer that the debate on a matter has concluded, when the Board has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.~~
10. ~~When a matter is being voted on, no Director shall enter or leave the Board room, and no further debate is permitted.~~
11. ~~No Director is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Director so interested shall be disallowed.~~
12. ~~Any motion decided by the Board shall not be re-introduced during the same meeting except by a two-thirds vote of the Director then present and eligible to vote.~~

- ~~13. Whenever the presiding officer is of the opinion that a motion offered to the Board is contrary to these rules or the by-laws, he or she shall rule the motion out of order and give his or her reasons for doing so.~~
- ~~14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Board without debate.~~
- ~~15. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Board requires strict adherence.~~
- ~~16. Directors are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.~~
- ~~17. Directors and others present in the room shall turn off cell phones or put them on vibrate during Board meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops and tablets may only be used during Board meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.~~
- ~~18. Directors shall be silent while others are speaking except to bring a permissible motion.~~
- ~~19. In all cases not provided for in these rules or by other rules of the Board, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.~~
- ~~20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the by-laws, including audio or video conferencing.~~

~~Schedule C~~**SCHEDULE B**

SCHEDULE OF FEES

[\[See attached\]](#)

DRAFT By-Law No. 6B – June 2021
Clause by Clause Comparison of Amended Sections

The following table does not include clauses amended solely for changes to defined terms or housekeeping matters.

Existing Clause	Proposed New Clause	Rationale
ARTICLE 1 - INTERPRETATION		
None.	<u>1.1.1 “Academic Director” means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;</u>	The term “Academic Director” was not defined in the By-Laws.
1.1.9 “Code of Conduct” means the Code of Conduct and Procedures for Directors and Committee Members which is set out in Schedule B to this By-Law, as the same may be amended from time to time;	Deleted	This definition is removed as the Code of Conduct is captured in the amended Board policy 3.7
None.	<u>1.1.36 “Standing Committee” means a committee described in article 8.3;</u>	The term “Standing Committee” was not defined in the By-Laws.
None.	<u>1.3 Committee Member / Committee Appointee</u> <u>Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.</u>	This definition is added to clarify the terms used for Committee participants.
ARTICLE 5 – ELECTION OF DIRECTORS		
5.8.1 No later than April 1 in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and	<u>5.8.1 No later than April 1 May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and</u>	The new timeline provides time for the Skills Inventory to be completed at the mid way point of the Board year.

Existing Clause	Proposed New Clause	Rationale
application form for election and shall be addressed to each Registrant at his or her electronic address that is on file with the College. Such notice shall also be published on the website of the College.	<u>application form for election and shall be addressed to each Registrant at his or her electronic address that is on file with the College. Such notice shall also be published on the website of the College.</u>	
<p>5.9.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:</p> <p>(a) experience in and understanding of the principles of protecting, and acting in, the public interest;</p> <p>(b) experience working with diverse populations, marginalized groups and people with disabilities;</p> <p>(c) experience serving on boards in an oversight capacity;</p> <p>(d) experience in managing risk, including reputational risk;</p> <p>(e) experience in senior leadership roles in business;</p> <p>(f) experience as a human resource professional including in occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;</p> <p>(g) financial and/or accounting expertise, including experience preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;</p> <p>(h) ability to navigate electronic systems to access Board and Committee materials;</p> <p>(i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification; and</p> <p>(j) experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. (strengths,</p>	<p><u>5.9.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:</u></p> <p><u>(a) experience in and understanding of the principles of protecting, and acting in, the public interest;</u></p> <p><u>(b) experience working with diverse populations, marginalized groups and people with disabilities;</u></p> <p><u>(c) experience serving on boards in an oversight capacity and/or committees;</u></p> <p><u>(d) experience in managing a broad range of risk; including reputational risk;</u></p> <p><u>(e) experience in senior leadership roles in business, health care institutions, government and academia;</u></p> <p><u>(f) experience as awith human resource professionalissues including, but not limited to, in occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;</u></p> <p><u>(g) financial and/or accounting expertise, including experiencethe following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;</u></p> <p><u>(h) ability to navigate electronic systems to access Board and Committee materials;</u></p> <p><u>(i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification; and</u></p>	Amended to refine the definitions of the desired knowledge, skills and experience.

Existing Clause	Proposed New Clause	Rationale
weaknesses, opportunities, and threats) analysis, environmental scans, strategy design, planning, implementation and evaluation.	<p><u>(j) experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. (strengths, weaknesses, opportunities, and threats) including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and;</u></p> <p><u>(k) a strong grasp of issues surrounding diversity and inclusion.</u></p>	
<p>5.19.3 In the event of a concern or complaint regarding the conduct of a Director, the following procedure shall be followed:</p> <p>(a) the person raising the concern or complaint shall report it to any of the Past-Chair, the Chair, the Registrar or the Vice-Chair who shall bring the concern or complaint to the Governance Committee. The concern or complaint will also be disclosed to the Director in question;</p> <p>(b) if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee to fulfill the Governance Committee's duties under subparagraph 5.19.3 or perform such duties itself;</p> <p>(c) if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Director of his or her right to retain a lawyer and shall provide an opportunity for the Director to respond to the concern or complaint;</p> <p>(d) as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party's findings of</p>	<p><u>5.19.3 In the event of a concern or complaint regarding the conduct of a Director, the Board shall following the procedures it has established from time to time. shall be followed: A formal governance sanction under subparagraph 5.19.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.</u></p> <p><u>(a) — the person raising the concern or complaint shall report it to any of the Past-Chair, the Chair, the Registrar or the Vice-Chair who shall bring the concern or complaint to the Governance Committee. The concern or complaint will also be disclosed to the Director in question;</u></p> <p><u>(b) — if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee to fulfill the Governance Committee's duties under subparagraph 5.19.3 or perform such duties itself;</u></p> <p><u>(c) — if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Director of his or her right to retain a lawyer and shall provide an opportunity for the Director to respond to the concern or complaint;</u></p>	<p>For consistency, the procedure for managing a concern or complaint regarding the conduct of a Director has been moved to Board policy 3.7 where the procedure for managing a concern or complaint of an LCA and PCA is located .</p>

Existing Clause	Proposed New Clause	Rationale
<p>fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, the apparent significance of the breach;</p> <p>(e) if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board;</p> <p>(f) before the Board decides whether to take formal governance action, the Director shall be afforded an opportunity to address the Board for a period of no less than one (1) hour. The Director shall not take part in the deliberation or vote;</p> <p>(g) the Board shall determine whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction;</p> <p>(h) the determination that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and the determination to impose a formal governance sanction pursuant to subparagraph 5.19.4 must be approved by a vote of at least two-thirds of the Directors eligible to vote. The vote will be a recorded vote; and</p> <p>(i) where the Board determines that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have not been met and that formal governance action is not warranted, the Board may direct the College to reimburse the Director for all or part of the Director’s legal expenses.</p>	<p>(d) — as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party’s findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, the apparent significance of the breach;</p> <p>(e) — if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board;</p> <p>(f) — before the Board decides whether to take formal governance action, the Director shall be afforded an opportunity to address the Board for a period of no less than one (1) hour. The Director shall not take part in the deliberation or vote;</p> <p>(g) — the Board shall determine whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction;</p> <p>(h) — the determination that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and the determination to impose a formal governance sanction pursuant to subparagraph 5.19.4 must be approved by a vote of at least two-thirds of the Directors eligible to vote. The vote will be a recorded vote; and</p> <p>(i) — where the Board determines that grounds for taking formal governance action against the Director set out in</p>	

Existing Clause	Proposed New Clause	Rationale
	subparagraph 5.19.2 have not been met and that formal governance action is not warranted, the Board may direct the College to reimburse the Director for all or part of the Director's legal expenses.	
ARTICLE 6 – BOARD MEETINGS		
6.1.2 The Chair may call a special meeting of the Board at any time, provided that notice is given in accordance with the Pharmacy Act Regulations, the Code and this By-Law to each Director, the Registrants and the public, specifying the purpose of the meeting.	<u>6.1.2 The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given in accordance with the Pharmacy Act Regulations, the Code and this By-Law to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.¹</u>	Amended to reflect contemporary practice in meeting notification as opposed to outdated language in the legislation.
6.1.11 The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Board meetings.	<u>6.1.11 The Board may, from time to time, set or adopt Rules of Order set out in Schedule C of this By-Law apply to guide the conduct of Board meetings.</u>	The rules of order have been moved to Board policy 3.12.
ARTICLE 9 – COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES		
9.2 Composition of the Executive Committee. The Executive Committee shall be composed of: 9.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, one (1) of whom shall be an Elected Director and two (2) of whom shall be Public Directors.	<u>9.2 Composition of the Executive Committee.</u> <u>The Executive Committee shall be composed of:</u> <u>9.2.1 the Chair and the Vice-Chair, and three (3) additional Directors, one (1) of whom shall be such that at least two (2) are an Elected Directors and at least two (2) members of whom shall be Public Directors.</u>	Amended to clarify that the fifth seat on Exec can be served by either an Elected Director or a Public Director.

¹ ~~The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.~~

Existing Clause	Proposed New Clause	Rationale
<p>9.15 Composition of the Patient Relations Committee.</p> <p>The Patient Relations Committee shall be composed of:</p> <p>9.15.1 two (2) or more Professional Committee Appointees; and</p> <p>9.15.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.</p>	<p><u>9.15 Composition of the Patient Relations Committee.</u></p> <p><u>The Patient Relations Committee shall be composed of:</u></p> <p><u>9.15.1 twoone (21) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are vacancies; and</u></p> <p><u>9.15.2 at the discretion of the Governance Committee, one two (12) or more Lay Committee Appointees.</u></p>	<p>Amended to clarify that there be more lay/public members than pharmacy professionals on the Patient Relations Committee</p>
<p>9.23 Composition of the Governance Committee.</p> <p>The Governance Committee shall be composed of:</p> <p>9.23.1 four (4) Directors, including the Vice-Chair (who shall be the chair of the Governance Committee) and one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and</p> <p>9.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.</p>	<p><u>9.23 Composition of the Governance Committee.</u></p> <p><u>The Governance Committee shall be composed of:</u></p> <p><u>9.23.1 four (4) Directors, including the Vice-Chair (who shall be the chair of the Governance Committee) and one (1) or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director; and</u></p> <p><u>9.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.</u></p>	<p>Amended to decouple the Vice Chair of the Board from the Governance Committee.</p>
<p>9.24 Duties of the Governance Committee.</p> <p>The Governance Committee shall:</p> <p>9.24.1 assess the collective knowledge, skills and experience of the current Board in order to:</p> <p> i) determine the competencies the Board will be seeking in the upcoming election and develop the Director Profile; and</p>	<p><u>9.24 Duties of the Governance Committee.</u></p> <p><u>The Governance Committee shall:</u></p> <p><u>9.24.1 assess the collective knowledge, skills and experience of the current Board in order to:</u></p> <p> iii) <u>determine the competencies the Board will be seekingrequired -in the upcoming elections and develop the Director Profile; and</u></p>	<p>Amended to clarify the role and responsibilities of the Governance Committee.</p>

Existing Clause	Proposed New Clause	Rationale
<p>ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 12.1;</p> <p>9.24.2 recommend a slate of appointees for Committees;</p> <p>9.24.3 oversee the processes for orientation of Directors and members of Committees;</p> <p>9.24.4 oversee the process to evaluate the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;</p> <p>9.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;</p> <p>9.24.6 in the event of a dispute as set out in subparagraph 5.10.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and</p> <p>9.24.7 review By-Laws and Board policies for conformance with current legislative requirements and good governance best practices.</p>	<p><u>iv)consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 12.1;</u></p> <p><u>9.24.2 recommend a slate of appointees for Committees, including the chairs;</u></p> <p><u>9.24.3 overseeprovide input to the processes for orientation of Directors and members of Committees;</u></p> <p><u>9.24.4 overseeprovide input to -the process to-for evaluatinge the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;</u></p> <p><u>9.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;</u></p> <p><u>9.24.6 in the event of a dispute as set out in subparagraph 5.10.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and</u></p> <p><u>9.24.7 review and recommend By-Laws amendments and Board policies for conformance with current legislative requirements and good governance best practices.</u></p>	
ARTICLE 12 – ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE		
<p>12.1.2 The election of the Chair shall be conducted in the following manner:</p> <p>(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair.</p>	<p><u>12.1.2 The election of the Chair shall be conducted in the following manner:</u></p> <p><u>(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair.</u></p>	<p>Amended to reflect the expectation that individuals seeking the Chair position must have served on the Board</p>

Existing Clause	Proposed New Clause	Rationale
<p>(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for Chair shall be added as candidates for election.</p> <p>(c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.</p> <p>(d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.</p>	<p><u>One qualification is that the Chair shall have served on the Board during the previous year.</u></p> <p><u>(b) Despite subparagraph 13.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names further interest from the floor, and those additional Directors who are interested in running for Chair shall be added as candidates for election.</u></p> <p><u>(c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.</u></p> <p><u>(d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.</u></p>	<p>Removed the ability for nominations from the floor given that the candidates for the Baord Chair must first be screened for competency,</p>
<p>12.1.3 The procedure outlined in subparagraph 12.1.2 will then be repeated for the office of Vice- Chair.</p>	<p><u>12.1.3 The procedure outlined in subparagraph 12.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.</u></p>	<p>Amended to reflect the expectation that individuals seeking the Vice-Chair position must have served on the Board.</p>
<p>12.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 9.2. The election will be conducted in the following manner:</p>	<p><u>12.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 9.2. The election will be conducted in the following manner:</u></p>	<p>The selection process for remainder of the Executive Committee as set out in paragraph 12.1.4 no longer worked as it- assumes a fixed number of Elected and Appointed Directors to Exec. Rewording to first fill the four positions so that there are two Elected and two Public Directors and then the Board elects the fifth position who can be Public, Elected or Academic Directors.</p>

Existing Clause	Proposed New Clause	Rationale
<p>(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.</p> <p>(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.</p> <p>(c) Should there be only one (1) candidate who is an Elected Director, such candidate shall be declared appointed.</p> <p>(d) Should the number of candidates who are Public Directors match the number of open positions on the Executive Committee for Public Directors in accordance with paragraph 9.2, such candidates shall be declared appointed.</p> <p>(e) Should the number of candidates in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 12.1.2(c). Should there be more than one (1) open position in a category, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.</p>	<p><u>(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.</u></p> <p><u>(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.</u></p> <p><u>(c) Should there be only one (1) be a sufficient number of candidates who is also there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.</u></p> <p><u>(d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category. candidates who are Public Directors match the number of open positions on the Executive Committee for Public Directors in accordance with paragraph 9.2, such candidates shall be declared appointed.</u></p> <p><u>(e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.</u></p> <p><u>(e) Should the number of candidates in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 12.1.2(c). Should there be more than one (1) open position in a category.For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open</u></p>	

Existing Clause	Proposed New Clause	Rationale
	<u>positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.</u>	
ARTICLE 13 - APPOINTMENTS TO COMMITTEES		
13.1 Appointments to Statutory and Standing Committees. 13.1.1 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 this paragraph 13.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election.	<u>13.1 Appointments to Statutory and Standing Committees.</u> <u>13.1.1 All Statutory Committee and sStanding Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 13.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 13.1.3.</u>	The Committee Chair and Committee Appointees will serve until a new slate is approved.
13.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates for all Committees, other than the Executive Committee and the Screening Committee.	<u>13.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.</u>	Amended to reflect that the Governance Committee will be recommending the Committee Chairs to the Board
ARTICLE 14 - COMMITTEE PROCEDURES		
14.1.2 The Board may disqualify a member of a Committee from sitting on the Committee if the member: a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member; b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;	<u>14.1.2 The Board may disqualify a member of a Committee from sitting on the Committee if the member:</u> <u>a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;</u> <u>b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;</u>	To provide consistency in language, to the extent possible, on reasons for sanction of Board Directors and Committee Appointees.

Existing Clause	Proposed New Clause	Rationale
<p>c) repeatedly fails to make himself or herself available to participate in meetings or panels of a Committee or Committees on which the member sits;</p> <p>d) ceases to either practise or reside in Ontario;</p> <p>e) is in default of payment of any fees prescribed in the By-Laws;</p> <p>f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Board as a representative of the College);</p> <p>g) breaches the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;</p> <p>h) in the case of a Director who sits on a Committee, ceases to be a Director;</p> <p>i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.1.2; or</p> <p>j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.2.2.</p>	<p><u>c) repeatedly fails to make himself or herself available to participate in meetings or panels of a Committee or Committees on which the member sits;</u></p> <p><u>d) ceases to either practise or reside in Ontario;</u></p> <p><u>e) is in default of payment of any fees prescribed in the By-Laws;</u></p> <p><u>f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Board as a representative of the College);</u></p> <p><u>g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;</u></p> <p><u>h) in the case of a Director who sits on a Committee, ceases to be a Director;</u></p> <p><u>i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.1.2; or</u></p> <p><u>j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 11.2.2.</u></p>	
ARTICLE 23 – CODES OF ETHICS AND CONDUCT		
22.2 Code of Conduct.	22.2 Code of Conduct.	Deleted as the Code of Conduct is now in Board Policy

Existing Clause	Proposed New Clause	Rationale
There shall be a Code of Conduct for Directors and Committee members, which is Schedule B to this By-Law.	There shall be a Code of Conduct for Directors and Committee members, which is Schedule B to this By-Law.	
ARTICLE 24 – MAKING, AMENDING AND REVOKING BY-LAWS		
24.2 Repeal of Former By-Laws. Subject to subparagraph 5.3.1 and subparagraph 5.3.2, the repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All Directors and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law.	24.2 Repeal of FormerTransition to Amended By-Laws. 24.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles: a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments; b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective; c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a new Committee being appointed in accordance with the amendments. Subject to subparagraph 5.3.1 and subparagraph 5.3.2, the repeal of any By Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By Law prior to such repeal. All Directors and other persons acting under any By Law	Amended to facilitate a smoother transition when the by-laws are amended.

Existing Clause	Proposed New Clause	Rationale
	so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By Law.	
SCHEDULE B THE “CODE OF CONDUCT” FOR DIRECTORS AND COMMITTEE MEMBERS		
	Deleted.	
SCHEDULE C SCHEDULE OF REGISTRANT FEES		
	Deleted	

Policy 1.8

Selection of Committee Chairs

Purpose:

To outline the criteria and process for the selection of Chairs for College Committees.

Application:

This policy applies to:

- **All Committees, Task Forces or Working Groups, with the exception of the Executive Committee** (whose Chair is the Board-elected Board Chair) and the Drug Preparation Premises Committee (whose Chair is the Chair of the Accreditation Committee);
- **The Governance Committee** – who will select the Committee Chairs.
- **The Board** – who will consider and approve the Committee slate including Committee Chairs.

Policy:

When developing the annual committee slate for Board consideration in accordance with policy 1.7, the Governance Committee shall select an individual, from among those that have served on the Committee previously, to serve as Chair.

Procedure:

A call for interest to serve as Committee Chair will be sent to all appointees who have indicated their desire to continue to serve on the Committee. The individuals will be required to submit an application outlining their experience to demonstrate their ability to fulfill the Chair expectations outlined below.

A Committee or Task Force/Working Group Chair:

- Has the necessary skills and experience 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 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
 - Preparing reports and recommendations for presentation to Board
 - Developing objectives and long-range plans for consideration
 - Identifying budget and business plan implications for the Registrar
 - Considering seeking of legal advice on a matter, where necessary and appropriate
- 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.
- Acts as the principal spokesperson for the Committee or Task Force in reporting 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.

Amendment: The Board may amend this policy.
Approval Date: December 7, 2020
Last Review: December 7, 2020
Last Revision: June 14, 2021
Next Review Date: XXXX

Policy 3.7 Conduct of Directors and Committee Appointees and Sanctions Process

Purpose:

The purpose of this Policy is:

- To ensure a shared understanding of the expectations of Board Directors and Committee Appointees; and
- To articulate the process for remediation or, where necessary, sanctions for a breach of the [Code of Conduct](#) or the [other criteria](#) set out in the By-Laws warranting possible disqualification, censure or similar action ("Disqualifying Criteria").

The Code of Conduct is set out in the Appendix. The Code of Conduct attempts to provide examples of conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a Director or a member of a Committee as stated in the By-Laws.

Commented [R1]: The By-Laws provide for disqualification based on criteria other than the Code of Conduct. An alternative approach is to include in the Code of Conduct a duty to avoid any act or omissions that would meet any of the criteria for disqualification or other formal governance action set out in the By-Laws.

Application:

This policy applies to:

- **All Board Directors and Committee Appointees** – who are expected to read, understand the provisions set out within the Board's approved [Code of Conduct](#) and other Disqualifying Criteria and sign undertakings¹ of acknowledgement and agreement to adhere to these provisions
- **The Governance Committee and/or Executive Committee** – who will consider the concerns and/or possible breaches of the [Code of Conduct](#) or other Disqualifying Criteria and initiate investigations
- **The Board Chair and CEO & Registrar** – who will together oversee the investigation and sanction process
- **The Board** – who will receive a report regarding the outcome of investigations and if necessary, vote on the outcomes of the investigations and proposed sanctions

In all cases where an individual is the subject of the concern or complaint the individual will not participate in the discovery/investigation and shall recuse themselves from all discussions on the matter apart from participating in the investigation or the resolution (where the individual shall be provided an opportunity to respond to the concern or complaint).

Policy:

The College's [Code of Conduct and other Disqualifying Criteria](#) sets out the expectation that Board Directors, and Committee Appointees will put the interests of the College and the Public above their own or other interests. All Board Directors and Committee Appointees are expected to exhibit conduct that is ethical, businesslike, and lawful, in a manner that is consistent with the nature of the responsibilities of the Board and the confidence bestowed on it by the public and the registrants. The Board, each individual member of the Board, individual Committee Appointees and any or all of these groups as a whole, are accountable for their individual and overall conduct.

The processes to be followed may slightly differ, depending on whether the conduct of concern relates to a Board Director or a Committee Appointee, as set out below.

¹ See policy 3.10

Concerns with Board Directors

When a matter or a concern arises regarding the conduct of a Board Director, or an alleged breach by a Board Director of the [Code of Conduct or other Disqualifying Criteria](#), the following process will be followed to assure fairness and to protect the reputation and liability of the College and its Board.

- All concerns related to the conduct of a Board Director should be brought to the attention of either the Board Chair, the CEO & Registrar or the Board Vice-Chair who shall bring the concern or complaint to the Governance Committee or, if the Governance Committee is unable to address the concern or complaint, the Executive Committee may appoint another Committee to fulfill the Governance Committee's duties or perform such duties itself. The individual who is the subject of the concern or complaint will be notified by the Chair of the Governance Committee or other Committee.
- All concerns must be documented, specifically the questionable conduct, in sufficient detail to enable it to be understood. The documentation should identify the element(s) of the Code or other Disqualifying Criteria that is/are of concern and include, where relevant, supporting evidence. The documentation will include a synopsis of the resolution.
- After review of all material, if it is determined that further action is required, the Governance Chair or alternative chair, in conjunction with the Board Chair or delegate will meet with the individual and either:
 - I. recommend that the individual participate in coaching and/or further training or development, or
 - II. inform the Director that the concern is significant to warrant next steps; and outline the process to be followed for investigating a concern or complaint of a serious nature including the following steps, where appropriate:
 - (a) if the Governance Committee or other Committee, after any inquiry it deems appropriate, concludes that the concern or complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Director of his or her right to retain a lawyer and shall provide an opportunity for the Director to respond to the concern or complaint;
 - (b) as soon as feasible, the independent third party shall report the results of the investigation in writing to the Governance Committee or other Committee and to the Director. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 of the By-Laws have been met and, if so, the apparent significance of the breach;
 - (c) if the Governance Committee or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Board meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Governance Committee or other Committee ineligible to participate and vote on the matter at the Board;

- (d) before the Board decides whether to take formal governance action, the Director shall be afforded an opportunity to address the Board for a period of no less than one (1) hour. The Director shall not take part in the deliberation or vote;
- (e) the Board shall determine in accordance with subparagraph 5.19.3 of the By-Laws whether grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction; and
- (f) where the Board determines that grounds for taking formal governance action against the Director set out in subparagraph 5.19.2 have not been met and that formal governance action is not warranted, the Board may direct the College to reimburse the Director for all or part of the Director's legal expenses.

All decisions taken are to be recorded and kept in the individual's file.

Procedural and other Safeguards

When considering whether to impose a sanction, and which sanction to impose, the Board shall be mindful of the general principle of proportionality in determining whether the sanction should, where possible, be more remedial or punitive in nature.

Concerns with Committee Appointees

When a matter or a concern arises regarding the conduct of a non-Board of Director Committee Appointees or an alleged breach by a Committee Appointee of the [Code of Conduct or other Disqualifying Criteria](#), the following process will be followed to assure fairness and to protect the reputation and liability of the College and its Board and Committees.

- All concerns related to the conduct of a Committee Appointee should be brought to the attention of either the Committee Chair(s), the Board Chair, the Board Vice-Chair or the CEO & Registrar who shall bring the concern to the Chair of the Governance Committee. The subject of the concern or complaint is notified by the Chair of the Governance Committee. If the Committee Appointee serves on other Committees, the Governance Chair will determine if the conduct impacts other appointments and confer with the Chair accordingly.
- All concerns must be documented, specifically the questionable conduct, in sufficient detail to enable it to be understood. The documentation should identify the element(s) of the Code or other Disqualifying Criteria that is/are of concern and include, where relevant, supporting evidence. The documentation will include a synopsis of the resolution.
- After review of all material, if it is determined that further action is required, the Governance Chair, in conjunction with the Committee Chair will meet with the individual and either:
 - i. provide opportunities for coaching and/or further training or development if recommended; or
 - ii. inform the Appointee that a significant concern exists and the next steps.
- Where probable grounds for a serious breach of the Code of Conduct or other Disqualifying Criteria exist, the Board Chair and Governance Committee Chair will ask the appointee to resign.
- Should the appointee decline to resign, the Governance Committee Chair will ask the CEO & Registrar and Board Chair to bring the concern forward to the Board to determine if the appointee should be disqualified from sitting on the committee.

- Before the Board decides whether to disqualify the appointee, the individual shall be afforded an opportunity to address the Board.
- The Board's decision in accordance with paragraph 13.6 of the By-Laws will be considered final.

All decisions taken are to be recorded and kept in the individual's file.

Departure from Procedures under this Policy

In exceptional circumstances the Board and others described in this Policy may vary the procedures set out so long as the procedure remains fair.

Amendment: The Board may amend this policy.
Approval Date: March 21, 2021
Last Review: March 21, 2021
Last Revision: March 21, 2021
Next Review Date: XXXX

Appendix

THE “CODE OF CONDUCT” FOR DIRECTORS AND COMMITTEE MEMBERS

Directors and members of Committees shall,

- (a) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* and their regulations, and the by-laws and policies of the College;
- (b) be prepared to participate in Board meetings and Committee work including reading background materials and briefing documents;
- (c) diligently take part in Committee work and actively serve on Committees as appointed by the Board;
- (d) regularly attend meetings on time and participate constructively in discussions;
- (e) offer opinions and express views on matters before the College, Board and Committee, when appropriate;
- (f) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Directors and Committee members;
- (g) uphold the decisions made by a majority of the Board and Committees, regardless of the level of prior individual disagreement;
- (h) place the interests of the College, Board and Committee above other interests;
- (i) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and remove oneself from discussing or voting on any issue where there is a conflict of interest;
- (j) refrain from including or referencing Director or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one’s titles or positions held at the College in one’s curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
- (k) preserve confidentiality of all information before the Board or Committee unless disclosure has been authorized by the Board or is otherwise exempted under the RHPA (e.g., it is already in the public domain);
- (l) refrain from attempting to influence a statutory decision unless one is a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;
- (m) respect the boundaries of staff whose role is not to report to or work for individual Directors or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Board or where otherwise appropriate; and
- (n) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

Policy 3.12

Board Meeting Rules of Order

Purpose:

Best practices require boards to spend the bulk of their meeting time planning and providing appropriate strategic oversight in alignment with their governance role.

Effective board meetings require Board Directors to know the duties and responsibilities for their position and to fulfill them to the best of their ability. Board directors are also responsible for ensuring that others are following their responsibilities and for taking responsible action when someone is not performing as they should.

Commented [R1]: Is this necessary? Rules of Order are not like a Code of Conduct. They are a guideline on how to conduct meetings smoothly. I would replace this with:
Effective board meetings follow a process that enables all Board members to participate effectively and equitably, foster clear decisions on well-defined topics, and promote effectual use of meeting time.

Application:

This policy applies to:

- The Board Chair and all Board Directors
- Any observers or invited guests in attendance at Board meetings

Policy:

- The Board will adhere to the established rules of order where appropriate.
- The CEO & Registrar attends all Board meetings as the Board's primary resource person. Other staff will also attend, per the CEO & Registrar's discretion.
- All Board Directors will participate in meetings. Every Board Director has rights equal to every other Board Director and is encouraged to voice an opinion.
- The Board must uphold the will of the majority but shall hear the voice of the minority.
- The Board will consider only one topic or motion at a time.
- At all meetings, Board Directors and guests are expected to limit the use of cellular telephones, pagers and access to personal email to regularly scheduled breaks. Barring major emergencies, it is inappropriate for the Board meeting to be disrupted by personal matters.
- The minutes of a Board meeting are public, once they have been approved by the Board at its next meeting. The minutes of any 'in camera' session of the Board will be recorded in a confidential manner and are not public.

Commented [R2]: Strict compliance is not necessary all of the time. In fact Rule 15 specifically contemplates that.

Commented [R3]: This duplicates (perhaps expands upon) Rule 17 of the Rules of Order.

Commented [R4]: Minutes are not really a Rules of Order matter.

Procedure:

When developing the Board meeting agenda (see Policy 3.13) the Board Chair and CEO & Registrar will determine the items to be placed on the agenda. Items that require discussion or decision will come forward with a briefing note. Items that do not require discussion can come forward as part of the consent agenda.

Commented [R5]: Strictly speaking preparing the meeting agenda is not a Rules of Order issue. However, it makes sense for you to do so here as your purpose is to explain how the consent agenda is handled.

Commented [R6]: I just want to confirm that this is your process. No one else is routinely involved.

Use of the Consent Agenda:

The Board uses a 'consent agenda' to increase efficiency and help the Board make more productive use of their meeting time. The consent agenda is part of the meeting agenda and as such, all supporting materials are also included in the Board meeting package.

The Board collectively agrees on the items that may be routinely addressed through the consent agenda, which could include:

- Minutes of previous meeting

- CEO & Registrar Reports
- Program or Committee Reports
- Staff, Volunteer, or Committee Appointments
- Correspondence requiring no action, but provided for information only
- Perfunctory items - formal approval of items that had much past discussion

The Board Chair leads the following process for approval of the Consent Agenda:

1. At the beginning of the meeting, when seeking approval of the agenda, the Board Chair asks whether any of the Consent Agenda items should be moved to the regular discussion items.
2. When the Consent Agenda is before the Board, and before asking for a motion to approve the consent agenda in its entirety, the Board Chair asks if there are any identified corrections that need to be made on any of the items and whether there are any questions for clarification respecting any of the items included - either of which may give rise to a request by a Board Director to move an item out of the consent agenda.
3. If a Director asks that an item be moved, it must be moved. Any reason is sufficient to move an item. A Director may wish to move an item to discuss it more fully, to further query the item, or to vote against it.
4. Once the item has been moved, the Chair may decide to take up the matter immediately or move it to a matter for discussion.

The Rules of Order at Board Meetings:

Are attached as Appendix 1.

Commented [R7]: I believe that is your intent.

Amendment: The Board may amend this policy.
 Approval Date: March 22, 2021
 Last Review: March 22, 2021
 Last Revision: March 22, 2021
 Next Review Date: XXXX

BOARD BRIEFING NOTE
MEETING DATE: JUNE 2021

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Registrar's Report for June 2021

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

BACKGROUND: I respectfully submit a report on the activities that have taken place since the March 2021 Board Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the 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

I am pleased to present the Performance Scorecard ([Attachment 1](#)) for the quarter ending March 31st, 2021. The Scorecard, supported by the Definitions document ([Attachment 2](#)) and Summary/Improvement Strategies ([Attachment 3](#)) outlines the accomplishments against goals and milestones in the first quarter along with strategies to address obstacles that may impede attainment of our goals.

The Scorecard review serves as an important element in the Board's oversight responsibilities. As communicated at the March Board meeting, effective 2021, the Performance categories align with the domains set out in the Ministry of Health's College Performance Measurement Framework (CPMF).

The key performance measures are selected based on the operational plan for the year, which in turn is built to support the Strategic Plan which was developed following a robust process as presented to the Board at the March meeting.

Covid-19 Pandemic Update

The College continues to support the profession through the implementation of the province's vaccination plan, ensuring necessary information is disseminated as well as reminding the profession of access to mental health supports (Ontario Pharmacy Health Program – OPHP) through the College.

Covid-19 Information Exchange Sessions with Pharmacy Stakeholders

A final Covid-19 Information Exchange Sessions with Pharmacy Stakeholders meeting was hosted by the College on May 3, 2021. These meetings served as a valuable forum and were organized to allow

more than 60 pharmacy stakeholders and Public Health Unit pharmacy leads to share information about distribution issues with members of the Premier's Distribution Task Force and Ministry representatives working on the vaccination effort. The ADM, Pandemic Response and Recovery, sent remarks through the Registrar, thanking the College for their leadership in bringing together the profession, and the entire pharmacy sector for their commitment to the pandemic response. The Registrar thanked the pharmacy sector for the work that has been done to date and also for their innovation and their ability to pivot in this uncharted time. The Registrar made special mention of the many pharmacists that have come out of retirement to assist with providing vaccines and also a note of thanks to the pharmacy technicians that have volunteered in this effort.

Pharmacy Examining Board of Canada (PEBC) Update

The Pharmacy Examining Board of Canada held its Annual Board Meeting on March 27, 2021. The 2020 PEBC Statistics were highlighted at the meeting noting that significantly fewer candidates wrote the Qualifying Examinations for both Part I (MCQ) and Part II (OSCE for pharmacists and OSPE for pharmacy technicians) in 2020 when compared to 2019. Further details are available in the 2021 Annual Board Meeting Summary which is attached to this report ([Attachment 4](#)).

In April 2021, the Pharmacy Technician Part I (MCQ) and Part II (OSCE) tests were conducted with over 500 candidates tested with no transmissions of Covid-19 reported as a result of the exam. Also, in May 2021 the Pharmacist Qualifying Exam will be held. The PEBC expects that it will take additional time to finalize the results due to remote working and therefore results originally planned to be released mid-July will now be released on July 26, 2021.

Emergency Registration Certificates

Applications for emergency assignment (EA) registration certificates for pharmacists and pharmacy technicians have continued and as of May 31st, a total of 260 certificates have been issued. Many of these applicants have been pharmacy graduates from the University of Toronto and Waterloo who were unable to access the PEBC Qualifying Exam in 2020 and therefore unable to complete the requirements for full registration. With the recent release of the PEBC February qualifying exam results, 69 of these registrants have now received the full pharmacist certificate of registration, resulting in a current total of 191 active EA certificates (149 EA pharmacist registrants and 42 EA pharmacy technicians).

With the continued demand on the pharmacy workforce to support the vaccine rollout across the province and provide access to other pharmacy services impacted by the pandemic, the need for EA registration certificates remains. Therefore, as permitted in the regulations, the Registrar has determined that it is appropriate to renew the EA certificates for those registrants who continue to meet the eligibility criteria for an additional 60 day period, through to July 21, 2021. Applications for new EA certificates will also be accepted until that time. An assessment of the need for a further extension and/or acceptance of new applications will be completed closer to that date.

Ministry/Government Activities

College Performance Measurement Framework (CPMF)

Following the submission of the College's inaugural CPMF Reporting Tool to the Ministry and posting of the publication on our website, we were invited to continue our involvement with a working group tasked with informing the evolution of this novel framework and identifying a number of commendable practices to be included in the summary document to be posted at the end of June.

Advancing Oversight and Planning in Ontario's Health System Act, 2021 (AOPOHA)

The AOPOHA Bill was introduced on April 27, 2021 and has now passed second reading. If passed, Schedule 2 of the Bill introduces the new Health and Supportive Care Providers Oversight Authority, a standalone regulatory body that will provide oversight of personal support workers, and in future, may be asked to oversee other professions. The framework recognizes that not all health professions need to be regulated through a self-regulation model and the principles of right-touch regulation should apply – proportionate, consistent, targeted, transparent, accountable and agile in oversight. The Bill included modernized wording relating to governance. Of note, the Ministry has advised that they will be considering changes to the *Regulated Health Professions Act, 1991* as it relates to governance in the near term.

The Bill also requires those who administer the Covid-19 vaccines to provide the Ministry with vaccine-related data including personal health information and specific sociodemographic data, removing the need for express consent for data collection,

Other sections of the Bill will add Physician Assistants as a class of membership under the *Medicines Act, 1991*, with oversight through the College of Physicians and Surgeons; and Behaviour Analysts will be added to the profession of Psychology as a class of membership under the new *Psychology and Applied Behaviour Analyst Act, 2021* (replacing the *Psychology Act, 1991*).

Federal/Provincial Initiatives

Ontario Fairness Commissioner

The Office of the Fairness Commissioner (OFC) launched its new Risk-Informed Compliance Framework on April 1, 2021, for an initial 12-month transition period. The new scheme will fully come into effect on April 1, 2022. During the transition period, the OFC's assessment of a regulator's risk profile will be based predominantly on its historical performance. Individual regulators will then be placed in provisional risk categories. The Memo to Regulators is attached to this report ([Attachment 5](#)).

Supporting Recovery and Competitiveness Act, 2021

On April 15th the government introduced Bill 276, *Supporting Recovery and Competitiveness Act, 2021*, which is an omnibus bill including a Schedule that will result in the dissolution of the Health Professions Regulatory Advisory Council (HPRAC) under the *Regulated Health Professions Act, (RHPA)1991*.

HPRAC is an independent third party that was established under the RHPA to provide advice to the Minister on the regulation of health professions, and has been inactive for some time. Rather than maintain a permanent body for this purpose, the government has proposed to appoint short-term bodies on an as needed basis. This change in the government's approach to third party advice is not likely to have any impact on the work of the College. As of June 1st, the Bill has passed second reading and been referred to the Standing Committee on General Government.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

The HPRO Board of Directors meeting was held on March 18, 2021. Discussions focused on finalizing the College Performance Measurement Framework (CPMF) report due by member colleges on March 31, 2021; increasing vaccine confidence and vaccine uptake in Ontario; update from the Anti-BIPOC Racism Working Group and Cybersecurity.

Anne Coghlan, ED and CEO of the College of Nurses of Ontario has announced her retirement and will step down at the end of 2021.

HPRO Anti-BIPOC Racism Working Group

The working group has met several times over the past few months and has moved forward with formalizing its relationship with Dr. Javeed Sukhera, a psychiatrist who specializes in diversity and inclusion related strategies and who has frequently engaged with individual colleges exploring equity, diversity, inclusion, and belonging (EDI-B) in a regulatory context. The goal of HPRO's strategy is to address the need for improving EDI-B within HPRO and member organizations, prioritized by the HPRO leaders and college registrars in the context of the Covid-19 pandemic and increased attention to anti-Black and other forms of racism and discrimination in our society and broader focus in the health professional regulatory sector in Ontario. To inform the work that Dr. Sukhera will lead with the working group, he will lead a series of focus groups starting with college registrars and key staff, followed by engagement activities for college council/board members and then a survey intended for regulated health professionals and members of the public. The working group also recently engaged Ontario's Fairness Commissioner for a discussion on shared priorities regarding EDI-B including the collection of race- and identity-based data amongst regulated health professionals for the purposes of helping to identify and further define EDI-B priorities for regulators. Discussion on how best to approach data collection consistently amongst all regulators and in alignment with best practices is ongoing.

Pharmacy Stakeholders

National Association of Pharmacy Regulatory Authorities (NAPRA)

There were several meetings hosted by NAPRA since our last Board meeting.

The NAPRA Board of Directors meeting held on March 31, 2021 reviewed the 2020 financial statements and recommendations for appointment of the Audit firm for 2021. The Board also received an update on the Culture of Professionalism Project which recognized that restoring pharmacy's culture of professionalism is an undertaking that is complex and multifaceted.

At the Cross-Jurisdictional meeting on April 6, participants were presented with the draft principles that guide provincial pharmacy regulatory authorities for resolution to guide the development of a framework to govern cross-jurisdictional practices within Canada.

On April 12, the Chair and Executive Director of NAPRA met with CCAPP to discuss the International Accreditation of Pharmacy Programs issues/challenges as it relates to registration to practice in Canada.

NAPRA and the PRAs met with Health Canada on April 19 to discuss a draft regulatory framework for commercial compounding. This meeting was hosted by Health Canada as part of their stakeholder consultation process which will continue through to publication of the framework in Canada Gazette, Part 1, expected in fall 2022.

On May 5th, the NAPRA Annual Meeting of Members took place. James Morrison attended on behalf of OCP. The appointments to the Board were approved as were the audited financial statements ([Attachment 6](#)).

On May 4th and May 5th, the NAPRA Committee of the Whole and Board meetings also took place. At the Committee of the Whole, OCP presented the draft principles of the Pharmacy Practice Management Systems (PPMS) for discussion, which had been developed through a collaborative effort with the OPA and system stakeholders. Development of the PPMS principles continue to evolve at NAPRA. At the Board meeting, the Medication Incident Reporting Standard was approved. In addition, OCP presented

its review of the natural health products that are slated to become de-scheduled by January 2022. The NAPRA Board voted to continue with the plan for de-scheduling all of the remaining NHPs from the National Drug Schedules, with the exception of ephedrine and pseudoephedrine. Of note, NAPRA also voted to return the Canada Emergency Wage Subsidy (CEWS) and the Canada Emergency Rent Subsidy (CERS) to the Government of Canada, recognizing that NAPRA's reserves are healthy, and the subsidy should be reserved to assist those businesses most in need.

After two years as Board Chair, Nancy Lum-Wilson will be stepping down, moving to the past-Chair position and will take on Chair of the Governance and Nominating Committee. Jeana Wendel (SK) will move to the Chair position and Manon Lambert (QC) will take on the Vice-Chair role. Sam Lanctin (NB) announced his resignation from the NBCP; and Bob Nakagawa (BC) announced his retirement and will step down in the fall.

On June 4th NAPRA initiated a 60 day public consultation on draft Principles of Professionalism. The College has been participating on the working group to develop these principles which, as described in the document, are distinct from other regulatory documents such as standards of practice or code of ethics and will not replace them but rather serve to complement and build on the minimum requirements outlined in such documents. The goal is for everyone in the profession, no matter their role, to strive to embrace the principles in all aspects of their day-to-day practice and work environment in order to strengthen the culture of professionalism in the profession. The College will notify stakeholders of this consultation and begin to consider how to align these principles with the work we are doing to implement the accountability principles as well.

Miscellaneous Items

Congratulations to Dr. John Pugsley, PEBC Registrar-Treasurer

The PEBC Board of Directors and staff, past and present also took the opportunity to recognize Dr. John Pugsley, Registrar-Treasurer, for his 25 years of distinguished service. In unison, the Board and staff acknowledged and extended their appreciation of Dr. Pugsley's leadership for the pharmacy profession and his work on advancing competency assessment. The Ontario College of Pharmacists would also like to join with the PEBC in recognizing Dr. Pugsley's milestone and his commitment to excellence in the profession of pharmacy ([Attachment 7](#)).

AIMS Update – Sharing Safety Insights

The College continues to implement the AIMS data strategy, which includes AIMS program monitoring, quality improvement supports and robust data analysis. As such, the College is forming an AIMS Safety Insights Group (AIMS-SIG) to facilitate learning from medication incidents and near misses with the goal of improving patient safety. This group will draw upon the experience of experts from various environments related to medication safety such as community pharmacy, academia and health data analysis, to support the AIMS program goals of sharing lessons learned across the province. The first analysis is expected to be completed by end of 2021.

Provider Experience Indicators

Measuring the experience of pharmacy professionals is an important part of the Quality Indicators for Pharmacy initiative, and a Provider Experience Indicator Working Group, comprised primarily of registrants, has started focusing on the development of the quality indicators for the provider experience measurement area. The provider experience indicators will ultimately support the broader quality indicators goal of improving patient and health system outcomes. The work of this group in establishing provider experience indicators is the first step to support future measurement of provider experience and engagement in community pharmacy. Monthly meetings with the working group began in March, and are

expected to continue through August.

Community Practice Environment Implementation Advisory Group

The College continues to work with the CPEAG on this important initiative, inviting feedback from advisory group members on implementation priorities for the accountability principles approved by the Board. As the College continues to collect this information, it is in the process of completing a document that will articulate each stakeholder's shared commitment to implementing and promoting these principles within their respective organizations and pharmacies. The College is also considering how best to support an effective roll out of the principles at the pharmacy level by leveraging the release of the draft provider experience indicators in its communication and engagement with registrants over the coming months.

Hospital Oversight Recognized

The College recently became aware of research findings published in the article, [Opioid losses in terms of dosage and value, January 2012 to September 2017: a retrospective analysis of Health Canada data](#) that references the College's hospital oversight and assessment process as potentially having a significantly positive impact on the reporting of opioid losses in Canadian Hospitals. One of the graphs published in the article (fig. A3, p 22) shows a steep incline in reported pilferage or unexplained opioid losses from Canadian Hospitals when the College initiated hospital assessments in 2016. The authors note that the same finding was not evident following the introduction of Health Canada community pharmacy inspections the year prior, and recommend further research into the assessment models to understand the difference in response. This work, which was also the basis for a webinar on Controlled Substance Management in Hospitals, reinforces the importance of the College's Hospital Advisors' role in assessing and educating hospital staff on narcotic diversion detection in Ontario Hospitals and is a good example of outcome focused regulation in practice.

University of Waterloo Accreditation

Similar to the accreditation on-site evaluation for the Leslie Dan Faculty of Pharmacy in 2019, at the end of March, I also participated in the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) on-site evaluation to renew accreditation for the University of Waterloo School of Pharmacy. Both of our universities continue to deliver outstanding PharmD programs.

Niagara Apothecary Museum Celebrates 50 Years

As the College celebrates its 150th anniversary this year, it is also recognizing another important milestone: the 50th anniversary of the Niagara Apothecary Museum. The Niagara Apothecary opened its doors at its present location in 1869. It operated for well over a century under a succession of six owners, starting about 1818/1820, at another location in town. It closed as a pharmacy in 1964. The Ontario Heritage Foundation (OHF) acquired the property from the local Niagara Foundation, led its restoration, and opened it as a museum in 1971. The College accepted the responsibility to restore the professional practice aspects, to ensure the museum accurately reflects an operating pharmacy of the Confederation period. The College also agreed with the OHF to operate the Apothecary as a museum for an initial period of 35 years. This agreement was subsequently extended.

Communications Award

Members of the College's Communications team has received an OVATION award of merit from the International Association of Business Communicators (IABC), a major professional association for communications and public relations professionals. The College was recognized for its focus on public content on social and digital media channels from Twitter, Facebook and LinkedIn to partnerships with Zoomer media, aimed at promoting and building awareness of the role of the College and its mandate.

Board Education Day

On May 10, the Board held an education day to further the development of Board competence in

governance. Dr. David Kunsch and Mr. Lloyd Komori, two professors from McMaster University's Director's College provided focused training on the role of the Board in oversight, strategy development and risk in the morning and coached them through a scenario in the afternoon.

A content and technology survey was circulated to attendees regarding the education day. Overall, 79% replied that they were either very satisfied or satisfied with the day. 94% felt that they benefited from the session and recommended that the information be shared with future Board members. Attendees overall were very satisfied or satisfied with the audio and video quality of MS Teams.

Pharmacy Connection Goes Digital

The College is moving forward with enhancements to Pharmacy Connection, making it a timelier and more responsive resource for pharmacists and pharmacy technicians by creating a dynamic new digital publication that will improve access to important information, tips, news and updates relevant to practising pharmacy professionals. Digital-only content such as videos will also augment the experience for readers, as will a greater focus on formatting our stories for easier and quicker reading from any device for busy professionals. The shift to a new, more effective and timelier digital magazine means that the College will retire the current print magazine format, reducing costs and the impact on the environment, while improving the overall timeliness and utility of published content. The next edition this summer will be the last to be printed and mailed to hard-copy subscribers.

2021 Quarterly Scorecard - OCP Board of Directors - Q1

No.	Strategic Alignment			2020 Actual	Key Performance Indicators and Milestones	2021 YTD (year-to-date)				2021 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
Domain 1: Governance										
1		✓	✓	n/a	*Implement new Board orientation program centered on approved Board Policies					09/30/21
Domain 2: Resources										
2		✓		-3%	% variance of operating annual budget to year end actuals	Annual Report January 2022				+/- 5%
3		✓		n/a	% Engagement drivers, Work Life Balance (subset)	Scheduled for the fall				Benchmark
Domain 3: System Partner										
4		✓		n/a	*Implement diversity & Indigenous cultural competency awareness strategies					12/01/21
5	✓			n/a	*Community Practice Environmental Initiative implementation plan developed					06/30/21
Domain 4: Information Management										
6		✓		n/a	*Implementation of updated privacy & information management protocols with training					08/06/21
Domain 5: Regulatory Policies										
7	✓			n/a	*Development of Practice Support Tools for Minor Ailments					12/31/21
8		✓	✓	n/a	*New regulation re COVID vaccine for BOD approval	01/22/21				01/31/21
Domain 6: Suitability To Practice										
9		✓		371	90th percentile working days to dispose Complaints	362				≤ 352 days
10		✓		18%	% of High and Moderate risk Complaints disposed of within 150 days	26% (11/43)				≥ 25%
11		✓		744	90th percentile working days to dispose Registrar's Inquiries	706				≤ 707 days
12		✓		33%	% of High and Moderate risk Registrar's Inquiries disposed of within 365 days	20% (8/40)				≥ 36%
13		✓		88%	% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	100% (3/3)				≥ 88%
14		✓		497	90th percentile working days to dispose uncontested hearings	513				≤ 497 days
15		✓		80%	% of Decisions for uncontested hearings issued within 60 days (within 60/total hearings)	72% (8/11)				≥ 80%
16		✓		n/a	90th percentile working days to dispose contested hearings	561				≤ 674 days
17	✓			47%	% of Community pharmacies entering events on AIMS platform (year-end)	25%				≥ 80%
18	✓			45%	% of Pharmacist practice assessments completed (year-end)	35% (299)				100% (861)
19	✓			47%	% of Pharmacy Technician practice assessments completed (year-end)	15% (46)				100% (300)
Domain 7: Measurement, Reporting & Improvement										
20	✓	✓	✓	n/a	*Risk management program Phase One - Governance and Reporting					12/31/2021



















LEGEND			
Strategic Alignment	Indicator Range	Milestone Range	Symbols
SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice	Meets or Exceeds target	On Track (proceeding per plan)	n/a Not Avail.
SP2: Strengthen trust and confidence in the College's role as a patients-first regulator	Approaching Target ≤ 25%	Potential Risk	* Milestone
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence	Beyond Target > 25%	Risk/Roadblock	Completed

2021 Indicator Definition – OCP Board of Director Scorecard

Approved by: OCP Executive Team

Approved on: May 31, 2021

Last revised: May 31, 2021

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 Implement new Board orientation program centered on approved Board Policies	This measures progress against governance reform with the specific 2021 goal of implementation of the new Board Orientation Program that supports effective onboarding of new Board members and re-orientation of existing Board members.	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#2 % Variance of operating annual budget to year end actuals	Indicator measures the variance of actual operating expenses against the annual budget. Achieving operating outcomes with additional efficiencies would exceed performance.	Target set based on acceptable variance of spend compared to budget.	% Variation is:  +/- 5%  +/- 5.6% – 6.3%  +/- 6.4% or more
#3 % Engagement drivers, Work Life Balance (subset)	Indicator measures the % of staff engagement relating to the Work Life Balance section of the employee survey. This survey will be conducted in the fall with results available at year end.	McLean & Company industry benchmark latest standard.	% Engagement is:   
#4 Implement diversity & Indigenous cultural competency awareness strategies amongst Board, staff & registrants	This milestone measures the implementation of the diversity and indigenous cultural competency awareness strategies for Board members, staff and registrants. Other major milestones include data collection, analysis and solution development.	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#5 Community Practice Environmental Initiative implementation plan developed	This milestone measures the completion of the College's plan to implement guiding principles of a shared accountability model with community pharmacy organizations in consultation with the Community Practice Environment Advisory Group.	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#6 Implementation of updated privacy & information management protocols with training	This milestone measures the implementation of the updated privacy and management protocols and the completion of the associated mandatory staff training.	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock

2021 Indicator Definition – OCP Board of Director Scorecard

Approved by: OCP Executive Team

Approved on: May 31, 2021

Last revised: May 31, 2021

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#7 Development of Practice Support Tools for Minor Ailments	This milestone measures the development of strategies that will support registrants with the expanded scope for minor ailment prescribing.	Milestone set based on approved project schedule.	Milestone is: <div> <div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div> </div>
#8 New regulation re: COVID vaccine for Board approval	This milestone measured the approval of the regulatory authority for vaccine administration by all pharmacy professionals.	Milestone set based on approved project schedule.	Milestone is: <div> <div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div> </div>
#9 90th percentile working days to dispose complaints	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 complaints are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set at 5% improvement to 2020.	Number of days is: <div> <div>≤ 352</div> <div>353 – 440</div> <div>≥ 441</div> </div>
#10 % High and Moderate risk complaints disposed of within 150 days.	Indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent. This change in focus from all complaints to high and moderate risk complaints is consistent with the ministry's CPMF mandate and risk-based regulation. <i>(Note: Indicator revised since Dec 7th, 2020 Board meeting)</i>	Shifted focus to high and moderate risk complaints as per College's goal towards risk-based regulation. Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).	% Complaints is: <div> <div>≥ 25%</div> <div>19% – 24%</div> <div>≤ 18%</div> </div>
#11 90th percentile working days to dispose Registrar's inquiries	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 Registrar's inquiries are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set at 5% improvement to 2020.	Number of days is: <div> <div>≤ 707</div> <div>708 – 883</div> <div>≥ 884</div> </div>

2021 Indicator Definition – OCP Board of Director Scorecard

Approved by: OCP Executive Team

Approved on: May 31, 2021

Last revised: May 31, 2021

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#12 % high and moderate risk Registrar's inquiries (RI's) disposed within 365 days.	Indicator measures the % of high and moderate risk RI's (s. 75(1) (a) investigations) to dispose of all RI's within 365 days from date of filing to date the ICRC decision is sent. This change in focus from all RI's to high and moderate risk RI's is consistent with the ministry's CPMF mandate and risk-based regulation. <i>(Note: Indicator revised since Dec 7th, 2020 board meeting)</i>	Shifted focus to high and moderate risk RI's as per College's goal towards risk-based regulation. Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).	% Registrar's inquiries is: <div> ≥ 36% 27% – 35% ≤ 26% </div>
#13 % HPARB complaint decisions confirmed	Indicator measures the % of HPARB (Health Professions Appeal and Review Board) reviews of ICRC complaints investigations and decisions, requested by either party, that are confirmed by HPARB.	Monitoring indicator. Target set to 2020 performance.	% Complaints is: <div> ≥ 88% 66% – 87% ≤ 65% </div>
#14 90th percentile working days to dispose uncontested Hearings	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 uncontested Hearings are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set to 2020 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.	Number of days is : <div> ≤ 497 498 – 621 ≥ 622 </div>
#15 % Decisions for uncontested hearings issued within 60 days	Indicator measures % of written "decisions" for uncontested hearings that are issued within 60 days of the hearing, beginning from the last day of the hearing to the day the written "decision" is released to the registrant and complainant. Total number of uncontested written "decisions" issued for the quarter is shown in brackets.	Monitoring indicator. Target set to 2020 performance.	% Decisions is: <div> ≥ 80% 60% – 79% ≤ 59% </div>
#16 90th percentile working days to dispose contested Hearings	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 contested Hearings are disposed (the day a written decision is released), with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set to 2019 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.	Number of days is: <div> ≤ 674 675 – 843 ≥ 844 </div>

2021 Indicator Definition – OCP Board of Director Scorecard

Approved by: OCP Executive Team

Approved on: May 31, 2021

Last revised: May 31, 2021

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#17 % of Community pharmacies active on AIMS platform (year-end)	Indicator measures the % of community pharmacies actively recording events (incidents & near misses) on the AIMS (Assurance & Improvement in Medication Safety) platform out of the total accredited pharmacies. Performance flag applies to % active at year end.	Target set to the terms in the contractual agreement with vendor.	% of pharmacies is: <div> <div></div> ≥ 80% <div></div> 60% – 79% <div></div> ≤ 59% </div>
#18 % of Pharmacist practice assessments completed (year-end)	Indicator measures the % of the 861 planned initial community and hospital pharmacist practice assessments completed. Note the introduction of a new assessment model (separation of practice and operational assessments) in 2018 resulted in smaller specialized teams and correspondingly fewer assessments compared to prior years. Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is: <div> <div></div> 100% (861) <div></div> ≥ 75% (646 – 860) <div></div> < 75% (645 or less) </div>
#19 % of Pharmacy technician practice assessments completed (year-end)	Indicator measures the % of the 300 planned initial community and hospital pharmacy technician (voluntary) practice assessments completed. Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is: <div> <div></div> 100% (300) <div></div> ≥ 75% (225 – 299) <div></div> < 75% (224 or less) </div>
#20 Risk management program: Phase One - Governance and Reporting	This milestone measures the implementation of a structured review and reporting process for prospective risks and the education of the Board on their role on risk oversight. <i>(Note: Nomenclature of the indicator changed from integrated risk management to risk management program since March 22nd Board meeting)</i>	Milestone set based on approved project schedule.	Milestone is: <div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>

LEGEND	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

Scorecard Measure	Q1 2021 BOD Summary / Improvement Strategies
#1 *Implement new board orientation program centered on approved Board Policies	This project is proceeding as planned.
#2 % variance of operating annual budget to year-end actuals	Results will be available for Q4 reporting.
#3 % Engagement drivers, Work Life Balance (subset)	Results will be available for Q4 reporting.
#4 *Implement diversity & Indigenous cultural competency awareness strategies	This project is proceeding as planned.
#5 *Community Practice Environment Initiative implementation plan developed	This initiative is at risk for a delayed completion date due to competing demands on external and internal resources. Availability of pharmacy professionals and organizations involved is impacted by COVID-19, as well as staffing transitions internally. Completion is expected by September 30, 2021.
#6 *Implementation of updated privacy & information management protocols with training	This project is proceeding as planned.
#7 *Development of Practice Support Tools for Minor Ailments	This project is proceeding as planned.
#8 New regulation re COVID vaccine for BOD approval	This milestone was completed January 22, 2021.
#9 90th percentile working days to dispose Complaints	Performance is approaching target, with a minor difference of 10 working days from actual to target. The remaining 10% represent 14 cases out of 137 disposed, and these 14 cases averaged 419 working days. We will continue to improve our complaints handling processes in future.
#10 % of High and Moderate risk Complaints disposed of within 150 days	Meeting target.

#11 90 th percentile working days to dispose Registrar's Inquiries	Meeting target.
#12 % of High and Moderate risk Registrar's Inquiries disposed of within 365 days	The focus in 2020 was to clear a backlog of 92 investigation files dating from 2018 and earlier. The disposition of a large volume of older cases in 2020 and early 2021 resulted in a lower percentage of files meeting the 365 day target during that time. With the backlog cleared (and assuming consistency in workload and resources), more recent high- and moderate-risk files should be disposed within timelines closer to the target.
#13 % HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#14 90th percentile working days to dispose uncontested hearings	Data set includes 10 hearings. One hearing that started as fully contested, faced several unanticipated delays, and ultimately settled as an uncontested hearing 814 days after the initial referral. With this hearing excluded, the 90 th percentile would be within target at 378 working days.
#15 % of Decisions for uncontested hearings issued within 60 days (within 60/total hearings)	Data set includes one uncontested hearing decision that took 259 days to release due to Panel Chair's time pressures during this time relating to both profession and OCP demands. Excluding this decision, 8 out of 10 decisions met the benchmark, with an average of 57 days to release the decision.
#16 90th percentile working days to dispose contested hearings	Meeting target.
#17 % of Community pharmacies entering events on AIMS platform	Achievement of target expected at year-end.
#18 % of Pharmacist practice assessments completed	Achievement of target expected at year-end.
#19 % of Pharmacy Technician practice assessments completed (pending Regulation)	Achievement of target expected at year-end.
#20 *Risk management program: Phase One – Governance and Reporting	This project is proceeding as planned.

2021 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its Annual Board Meeting on March 27, 2021 via videoconference. Standing committees met over the three days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, President Melissa Benoit or the Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

New appointments to the Board, taking effect at the close of the Annual Board Meeting are:

Alberta College of Pharmacy – Dale Cooney

Newfoundland and Labrador Pharmacy Board – Taggart Norris

2021 Executive Committee

President – Melissa Benoit
Vice-President – Dr. Suzanne Len
Past-President – Dinah Santos

Executive Members:

Dr. Terri Schindel
Harriett Davies

2020 PEBC Statistics

PEBC Pharmacist Register:

There were 882 names added to the Pharmacist Register as the results of examinations in 2020.

Pharmacist Qualifying Examination:

A total of 2162 candidates took the Qualifying Examination-Part I (MCQ) in 2020, compared to 2736 in 2019. A total of 975 candidates took the Qualifying Examination-Part II (OSCE) in 2020, compared to 2127 in 2019.

A total of 498 candidates took a special administration of the OSCE in February 2021.

There was a total of 8 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

A total of 1827 took the Pharmacist Evaluating Examination in 2020 compared to 2073 in 2019.

Pharmacist Document Evaluation:

A total of 2464 applicants in 2020 were ruled acceptable for admission into the Evaluating Examination, compared to 3623 in 2019.

PEBC Pharmacy Technician Register:

There were 461 names added to the Pharmacy Technician Register by examination in 2020, bringing the total to 11,524 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 716 candidates took the Qualifying Examination-Part I (MCQ) in 2020, compared to 1246 in 2019 and 673 took the Qualifying Examination-Part II (OSPE), compared to 1198 in 2019. The first administration of MCQ via Computer-based Testing was in September 2020.

Committee on Examinations

Virtual Performance Examination (VPE) Steering Committee

The Committee on Examinations received a report from the Virtual Performance Examination (VPE) Steering Committee. As a result of the pandemic, PEBC has committed to exploring the possibility of administering virtual performance examinations for the OSCE and OSPE.

The purpose of the VPE Steering Committee is to explore whether PEBC should consider a virtual performance examination (VPE) and determine whether it would be a permanent or temporary measure. The Steering Committee will also oversee the development, research, and implementation of a pilot.

A literature review and environmental scan has been conducted to understand what has been happening with VPEs across educational and assessment environments. The Committee considered the benefits and challenges of implementing a VPE and has recommended conducting a pilot. There are a number of challenges with respect to VPEs, and one of the most significant ones that PEBC faces is how to ensure the security of exam materials. Other challenges include the need for minimal levels of technology and relying on it functioning appropriately. There are also challenges with respect to the assessment processes to ensure that VPEs would allow for fair and defensible exams.

Remote Proctoring (RP):

Since RP was implemented last July, PEBC has been continually evaluating this method of delivery and has conducted research to compare remote proctoring to Prometric test centre administrations.

Candidate scores and pass fail/rates were compared between the two examination modes by administration date. Results from five separate administrations showed no significant differences. Candidate preference continues to be for in-person testing at Prometric centres; however, with the challenges of the pandemic, there has been a greater reliance with RP, which was seen with the January 2021 Pharmacist Evaluating Examination where approximately 2/3 of the candidates took the exam through RP.

Based on feedback surveys, candidates indicated they were satisfied overall with PEBC's offering of the remote proctoring option. Although there were some candidates who had internet connectivity issues, many candidates commented that their exam went smoothly.

Prometric has recently made changes to their RP platform. These changes have enhanced the stability of the platform and minimized the potential for candidate disconnections. PEBC continues to work with candidates to ensure they are well prepared for the testing experience through website information, informational videos, trouble shooting tips and a live RP demo exam.

The Board of Directors has approved the continued use of remote proctoring for PEBC's computer-based, multiple choice examinations until February 2022.

Programmatic Review of the PEBC Certification Process

A strategic plan priority for 2021 is to conduct a comprehensive review of PEBC's certification processes. The Committee on Examinations approved a proposal for a Programmatic Review of the PEBC Certification Process. This review will seek to determine whether PEBC certification is a current and

relevant registration requirement for candidates seeking registration as pharmacy professionals. The review should identify any gaps in the certification process and propose enhancements.

Deliverables of this programmatic review will include literature review / environmental scan of best practices for credential evaluations and competency assessments, a summary of entry-to-practice requirements and assessments for pharmacists and pharmacy technicians across Canada, an evaluation of alignment between accredited programs and PEBC credential evaluation processes, and an evaluation of performance of candidates throughout the certification process.

Public Relations Committee

The Public Relations Committee reviewed a report of the new PEBC website and plans for the development of the candidate portal to be implemented in May.

Members of the Committee will work with a consultant to identify stakeholder needs to better understand PEBC certification processes. The goal is to enhance existing materials and develop new educational materials for stakeholders.

2020 PEBC Sponsorship of Awards for Excellence in Research or Innovation in Assessment of Competence:

AFPC Award:

Universities of Toronto and Waterloo: Annie Lee, Henry Halapy and Ken Manson for the Ontario Pharmacy Patient Care Assessment Tool (OPPCAT) Collaborative Assessment Project

CPTEA Award:

Not Awarded in 2020

Board Meetings

The next Board Meeting and Committee Meetings will be held on October 21-23, 2021 (Mid-Year Meeting). The date of the next Annual Meeting is to be determined, with Committee meetings preceding.



MEMORANDUM

To: Registrars and/or Chief Executive Officers of
Regulated Professions, Health Colleges and the
Ontario College of Trades

From: Irwin Glasberg
Fairness Commissioner

Subject: Implementation of the OFC's Risk-informed
Compliance Framework

Date: April 1, 2021

When the Office of the Fairness Commissioner (OFC) commenced operations in 2007, the officials attached to the agency at that time reviewed a number of models to help structure our compliance mandate. This task was challenging given that the first iteration of Ontario's fair access legislation was unique in the Western world and because the OFC was responsible for numerous regulators involved in a variety of unique professional spheres.

The OFC ultimately decided to implement what it called a Continuous Improvement Strategy. This approach was operationalized through a series of recurring, cyclical activities designed to create incremental changes and to more proactively enforce compliance when that became necessary. Through this system, the OFC worked with regulators steadily and constructively to improve fair registration practices in the province.

All regulators have made headway over the last 14 years. However, the process has been uneven, with some regulators making more progress than others. At the same time, there has been a shift in the philosophy of regulation. Many oversight agencies with mandates similar to that of the OFC, have embraced modern regulator principles, as well as complementary risk-informed compliance frameworks.

This new orientation means that, in an environment of constrained resources, oversight bodies must adopt evidence-based approaches that direct resources to those organizations that could benefit most from regulatory attention. This scheme is then supplemented with a broader set of education and compliance tools that can be deployed in a customized fashion.



Earlier this year, the OFC consulted extensively with subject matter experts, the regulatory community and other stakeholders on a proposal to modernize our agency's compliance framework to conform with this new regulatory philosophy. The response was very positive. As a result of these discussions, we were able to further refine our scheme.

I am writing to confirm that we will be implementing our new principles and compliance framework, in a staged fashion, beginning on April 1, 2021, as we previously signaled in our discussions with regulators. We have also instituted a 12-month transition period to allow regulators to migrate to the new system and to comply with any outstanding OFC recommendations.

Our key objective will be to work with regulators to achieve better outcomes for applicants to the professions, health colleges and compulsory trades. We are also confident that this approach will serve to reduce regulatory burdens in the sector.

I am enclosing with this memorandum a copy of the new Risk-informed Compliance Framework and Policy, the OFC's modern regulator principles placemat, and a list of Frequently Asked Questions. All these materials will shortly be posted on our website.

In the coming weeks, your Compliance Analyst will engage your officials in a preliminary discussion of the framework and our transition strategy.

Consequently, I would ask that you circulate the attached materials to your leadership and staff as appropriate. Questions about the framework can be directed to your Compliance Analyst.

Finally, I would like to thank the 27 regulators that participated in our consultation sessions. Your input materially assisted our thinking on this important element of our mandate.

Kindest regards,

"Original signed by"

Irwin Glasberg
Fairness Commissioner

Attachments:

- Risk-informed Compliance Framework and Policy
- OFC's Modern Regulator Principles Placemat
- Frequently Asked Questions

National Association of Pharmacy Regulatory Authorities (NAPRA)

Update to AMM

May 2021

Presentation Contents

1. NAPRA 2019-2023 Strategic Direction
2. Updates on Core Programs and Services
3. Governance Update

2019-2023 STRATEGIC PLAN

NAPRA's strategic plan includes maintaining its core services and programs, as well as five specific strategic priorities for the five-year period.

NAPRA has concluded two years within its 2019-2023 strategic plan.

Strategic Direction 2019-2023

- NAPRA's core programs and services currently include:
 - Mobility Agreement
 - National Drug Schedules
 - Pharmacists Gateway Canada for international pharmacy graduates
 - Standard, Competency and Guidance development
 - Engagement activities at the Federal government level, and with national and international stakeholders

Strategic Direction 2019-2023: Five focussed area goals

1. To restore the culture of professionalism within pharmacy practice

Develop and support a clearly defined set of tenets of professionalism for pharmacy practices, regulatory authorities, stakeholders and pharmacy employers

2. To develop a framework to govern cross-jurisdictional practices within Canada

Establish principles that will allow pharmacy regulatory authorities to govern practices across jurisdictions in the public's interest and develop a framework to allow stakeholders to implement the strategies

3. To modernize key NAPRA documents and to create new standards for the reporting and analyzing of and learning from medication-related incidents

Develop and implement a five-year renewal schedule of NAPRA's documents, and develop standards for reporting medication-related incidents, including a common data set for analysis of reported incidents

Strategic Direction 2019-2023: Five focussed area goals

4. To review the role of NAPRA in the National Drug Schedules program

Conduct consultations with its members and stakeholders, including Health Canada, on the National Drug Schedules in Canada and NAPRA's role in providing the service to public

5. To establish an impartial assessment framework focused on pharmacy regulatory authority continuous improvement

Explore the establishment of an impartial assessment framework, tool and methodology to allow pharmacy regulatory authorities to identify and adhere to best practices in self-governance and regulation

COVID-19

The global pandemic impacted NAPRA and its members significantly as it has every organization.

NAPRA's planned activities did advance to varying degrees in 2020. However, NAPRA's primary focus shifted to supporting its members however needed throughout the year.

NAPRA's role in helping its members navigate and collaborate on challenges brought by COVID-19 was a clear example of the value of the NAPRA alliance to members in times when they face urgent and complex matters.

COVID-19

NAPRA's assistance to its members throughout the pandemic included:

Coordination of regular virtual meetings with its members to address emerging issues and provide a venue for information sharing

Development and maintenance of an extensive repository of information on COVID-19 matters pertinent to NAPRA's members (nearly 200 pages covering about 30 topics)

Linkage with Health Canada and many other stakeholders on a wide range of issues including regulatory changes, drug shortages, controlled substances, education, and many practice issues impacted by the pandemic

Updates on Core Programs and Services

1. Mobility Agreement for Canadian Pharmacists (MACP)
2. National Drug Schedules
3. Pharmacists' Gateway Canada for International Pharmacy Graduates
 - 3.1 Pilot Program to Prepare for Practical Training (P4T)
4. Standard, Competency, and Guidance Development
5. Engagement activities at the Federal government level, and with national and international stakeholders

Mobility Agreement for Canadian Pharmacists

Mobility Agreement for Canadian Pharmacists

The following signatories have reviewed the Mutual Recognition Agreement (MRA) signed in 2007, and agreed in principle to a number of changes. Signatories now include the provincial regulatory authorities, the Northwest Territories and Yukon. This agreement for the profession of pharmacy in Canada was worked on through the National Association of Pharmacy Regulatory Authorities (NAPRA). When put into effect, the Agreement will expedite the movement of pharmacists across Canada without imposing unreasonable or discriminatory requirements.

Mobility Agreement for Canadian Pharmacists

1. General

We agree to present this Agreement to our provincial and territorial boards for review and approval by July 1, 2009. Copies of this agreement will be filed with each of the provincial and federal Labour Mobility Coordinators.

2. Purpose

We, the undersigned, enter into this Agreement in order to establish the conditions under which a pharmacist who is licensed and/or registered in one Canadian jurisdiction will have his/her qualifications recognized in another Canadian jurisdiction that is a Party to this Agreement.

3. Mobility Principles

3.1 There is a threshold level of competence¹ practice required for public protection.

3.2 Each province and territory respects the fact that other provinces and territories set and implement standards for competent practice in good faith.

3.3 There is more than one method to achieve and assess competence.

4. Agreement

4.1 We, the undersigned, agree that the practice of pharmacy has a high degree of commonality across Canada.

4.2 We, the undersigned, agree to the components of the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Licensing Program (Appendix 1) as an on-going process, all of which are representative of the high degree of commonality in the practice of pharmacy among the signatories of this Agreement. It is understood that the components of the program and their associated documents will evolve over time as required to meet the needs of the Canadian public.

4.3 In signing this Agreement, we shall abide by the Agreement on Internal Trade (ATI) requirements and will, within our ability and authority to do so, take action in our respective jurisdictions to achieve the necessary legislative and regulatory amendments in order to give effect to the terms of this Agreement.

4.4 The signatories agree to register and/or license as pharmacists those applicants who hold an unrestricted practice certificate in the jurisdiction of a signatory, and having met the requirements set out in Clause 5.

5. Requirements

In accordance with Clause 2 of this Agreement, the following registrations and/or licensure requirements are agreed to:

5.1 Educational Requirements or Equivalent:

- (a) a minimum of a baccalaureate program from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy program at a Canadian university, OR
- (b) an substantially equivalent to (a) in both academic and clinical training and/or experience.

5.2 Entry to Practice Assessment

- (a) has successfully completed a qualifying examination based on the Professional Competencies for Canadian Pharmacists of Entry-to-Practice (March 2007), referenced in Clause 4.2 OR

- (b) is a graduate of a CCAPP approved pharmacy program at a Canadian university in a jurisdiction where the statutory framework provides terms and conditions between a signatory and the authorities of such university program to include oversight and explicit authority over the curricula leading to conferring a degree in pharmacy as set out in Clause 5.1(a) OR

- (c) has qualified and obtained from the Ordre des pharmaciens du Québec, an equivalency of diploma or training under the Regulation respecting diploma and training equivalence standards for the issue of a pharmacist's permit adopted under the Québec Pharmacy Act and Professional Code.

5.3 Other Requirements

- (a) At the date of application, the applicant must:
 - (i) have completed and submitted the prescribed forms and fees respecting the jurisdiction to which the applicant is applying;

- AND
- (b) have satisfied other jurisdiction-specific occupational² requirements that pertain to entry to practice provisions that are not covered in 5.1 or 5.2 in the receiving jurisdiction.

2 Other occupational requirements may include such aspects as application to the regulatory control of the issuing practice and related to jurisdictional provisions, good character, occupational ethics and integrity to work, language proficiency and jurisprudence.

6. Maintenance and Administration of the Agreement
This Agreement is a dynamic and evolving instrument that may be amended. We, the undersigned, agree to initiate periodic reviews of the Agreement no less than every two years after July 1, 2009.

7. Withdrawal

A signatory may withdraw from this Agreement, six months after it gives notice with rationale to all other parties of its intention.

8. Notification for New or Modified Provincial/Territorial Qualifications or Requirements

When a signatory is proposing to add or amend a registration and/or licensure requirement that might impact on this Agreement, we, the undersigned agree to notify all other signatories of the proposed change and the particulars thereof, and afford them an opportunity for its review prior to implementation.

9. Signatories to the Agreement

Signed on July 6, 2009

Signatories to the Agreement

Alberta College of Pharmacists President	Nova Scotia College of Pharmacists President
Alberta College of Pharmacists Registrar	Nova Scotia College of Pharmacists Registrar
College of Pharmacists of British Columbia President	Ontario College of Pharmacists President
College of Pharmacists of British Columbia Registrar	Ontario College of Pharmacists Registrar
Government of the Northwest Territories Registrar	Ordre des pharmaciens du Québec President
Manitoba Pharmaceutical Association President	Ordre des pharmaciens du Québec Directrice générale et secrétaire
Manitoba Pharmaceutical Association Registrar	Prince Edward Island Pharmacy Board President
New Brunswick Pharmaceutical Society Registrar	Prince Edward Island Pharmacy Board President
New Brunswick Pharmaceutical Society President	Saskatchewan College of Pharmacists President
Newfoundland and Labrador Pharmacy Board Chair	Saskatchewan College of Pharmacists Registrar
Newfoundland and Labrador Pharmacy Board Secretary Registrar	Yukon Government Registrar

APPENDIX 1

National Association of Pharmacy Regulatory Authorities (NAPRA) Model Licensing Program

This program outlines the core requirements for initial registration and/or licensing of pharmacists. It also assists the provincial and territorial pharmacy regulatory authorities in ensuring that candidates for licensure meet NAPRA's Professional Competencies for Canadian Pharmacists at Entry-to-Practice (March 2007) which form the basis of NAPRA's Model Standards of Practice for Canadian Pharmacists (March 2008) and the Association of Faculties of Pharmacy of Canada's (AFPC) "Educational Outcomes".

The core requirements for initial licensure consist of the following:

- Has fulfilled educational requirements or equivalent;
- Has attained the competencies prescribed in "Pharmacy Jurisprudence Competencies for Licensure as a Pharmacist in Canada", and can demonstrate competence in jurisdiction specific to the province/territory in which registration and/or licensure is being sought;
- Has successfully completed a structured practical training program consistent with "A Framework for Assessing Canadian Pharmacists Competencies at Entry-to-Practice through Structured Practical Training Programs";
- Has attained the language requirements of the jurisdiction at a level consistent with the "Language Proficiency Requirements for Licensure as a Pharmacist in Canada"; and,
- Has completed a national qualifying examination except in Quebec.

The program is expected to continue evolving over time as required to meet the needs of the Canadian public as well as the changing environment of the profession of pharmacy. It also includes ensuring the on-going competence of pharmacists through formal continuing competence programs consistent with the "National Model Continuing Competence Program for Canadian Pharmacists".

The program components and its core requirements will be examined and updated on a periodic basis.



National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Cornerstone of
NAPRA - promoting
mobility through
the harmonization
and consistency of
practice standards
from one
jurisdiction to
another.

signed in 2009

National Drug Schedules

- NAPRA's National Drug Schedules program for drug scheduling has been in place since 1995.
- The program has undergone occasional updates over the years, and now at its 25-year mark, a process and plan to modernize aspects of the NDS is underway.

NDS has three schedules or four categories:

1. Schedule I
2. Schedule II
3. Schedule III
4. Unscheduled

- **Drug reviewed in 2020:** rescheduling acetaminophen and ibuprofen in fixed-dose combinations
- **Upcoming reviews in 2021:** 1) a request for Schedule II status for non-live recombinant Herpes Zoster vaccine and 2) a request for Unscheduled status for bisacodyl 5mg tablets in all package sizes.

National Drug Schedules con't

- Health Canada introduced Natural Health Product Regulations in 2004 at which time some drugs became NHPs.
- NAPRA agreed to maintain a *small subset* of NHPs in the NDS on an interim basis until a framework for NHP conditions of sale could be determined. That position is no longer deemed in the public's interest.
- NAPRA recommends the development of a framework that addresses the risks of the *entire class of NHPs* which would provide the public with a consistent and comprehensive approach to the sale of *all NHPs in Canada*.
- Given that

National Drug Schedules con't

For the subset of NHPs in its NDS, NAPRA has/will:

1) Effective January 2, 2020: NHPs currently listed within the Unscheduled category and within Schedule III were removed from the NDS *At Health Canada's request, ephedrine and pseudoephedrine were to continue to be subject to the conditions of sale as outlined in NDS Schedule III until January 2, 2021. However, at Health Canada's further request due to its focus in 2020 on a COVID-19 pandemic response, ephedrine and pseudoephedrine will remain subject to the conditions of sale as outlined in NDS Schedule III until January 2, 2022.*

2) Effective January 2, 2022: NHPs currently listed within Schedules I and II will be removed from the NDS

Pharmacists' Gateway Canada

Pharmacists' Gateway Canada for International Pharmacy Graduates (IPGs) provides licensing information, self-assessment tools and a centralized document repository for IPGs wishing to practice in Canada.

Since it opened in August 2014, over 20,000 candidates have enrolled, and staff has responded to close to 24,000 inquiries.

With the impact of COVID-19, there was a decrease of approximately 26% in registrations in 2020 over the previous year, with 2926 registrations.

Enrollments have rebounded substantially. Currently, they are 8.5% lower than 2019 numbers (pre-pandemic).

pharmacistsgatewaycanada.ca
(or via napra.ca)

Pilot Program to Prepare for Practical Training (P4T)

- In 2019, NAPRA launched the Pilot Program to Prepare for Practical Training (P4T) for International pharmacy graduates, a project funded by Employment and Social Development Canada
- The three-year project includes:
 - Mentorship Program
 - Diagnostic tool to help identify gaps in IPG learning
 - Three learning modules to address those gaps: knowledge of the Canadian healthcare system; cultural diversity and awareness; and professional communication)



Although timelines for the project have been delayed due to the impact of COVID-19, all components of it are fully implemented.

Standards, Competencies and Guidance

- NAPRA is following a multi-year renewal schedule to keep its competencies, standards, and guidance documents current.
- Numerous projects underway did experience delays in 2020 due to COVID-19 but are again moving forward:
 - *Creation of Medication Incident Reporting Standards*
 - *Update of Model Standards of Practice for PTs and PHs*
 - *Creation of Tenets of Professionalism*
 - *Competencies for compounding*
- Next up:
 - *Update of Language Proficiency Requirements*
 - *Update of Entry-to-Practice Competencies for PTs and PHs*

Cross-jurisdictional practice

- NAPRA regularly facilitates opportunities for its members to engage in pan-Canadian discussions on issues of mutual interest.
- To clarify and facilitate how the jurisdictions engage with each other on matters related to regulation, a supporting cross-jurisdictional strategy is also in development.

Federal Government Engagement

In providing leadership on national policy issues on behalf of its members, NAPRA collaborated and consulted with Health Canada and other depts through many activities, meetings, consultations.

- While NAPRA consulted on numerous issues prior to COVID-19 hitting Canada (e.g. Canadian Pain Task Force consultation; Nitrosamine impurities; Controlled Substances; Self-Care Taskforce sessions; Central Fill)
- Once COVID-19 hit, NAPRA's engagement with stakeholders including Health Canada shifted primarily to COVID-19 matters (drug shortages, section 56 exemptions, post-consumer returns, and many more)
- Other non-COVID discussions have begun to occur again (e.g. commercial compounding; personal production of cannabis; electronic media in labelling)

Other Stakeholder Engagement

As a central point of contact for pan-Canadian and international stakeholders, NAPRA engages with dozens of stakeholders such as:

- International Pharmaceutical Federation (FIP) - Forum for Pharmacy Regulators, Steering Committee (a shorter virtual event was held in 2020)
- Alliance for Safe Online Pharmacies (ASOP) Canada (particularly re active regarding the US importation of prescription drugs from Canada)
- CCAPP, PEBC, AFPC, CSHP, CPhA, CCEPP, CAPT and many others related to the delivery of its programs and services

Governance Update

- As of 2019, NAPRA Board comprised of 17 Directors – the Registrars of the 14 members and three external (non-Registrar) Directors bringing specific additional perspectives
- Board Committees and Task Forces and Working Groups play important roles in NAPRA's governance model
- NAPRA will undertake activity to measure the success of its new governance and Board structure model in late 2021 and 2022

QUESTIONS?

CONTACT US

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May 17, 2021

Dr. John Pugsley
Registrar-Treasure
Pharmacy Examining Board of Canada
717 Church Street
Toronto ON Canada M4W 2M4

Dear John,

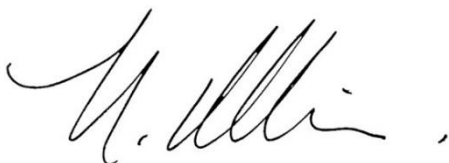
On behalf of the Ontario College of Pharmacists Board of Directors, staff and myself, it is my pleasure to offer our heartiest congratulations to you for your 25 years of distinguished service at the Pharmacy Examining Board of Canada (PEBC).

Your character, dedication and commitment to the integrity of the profession and the Ontario College of Pharmacists has been instrumental to PEBC's leadership in certification for the pharmacy profession.

In recent times, particularly during this pandemic, we know that you have gone over and above to not only successfully administer the certification examinations but to ensure the integrity of the examinations while considering the health and safety of thousands of examinees.

We value our strong partnership and look forward to continuing to work with you for many more years. Congratulations again!

Sincerely,



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

BOARD OF DIRECTOR BRIEFING NOTE

MEETING DATE: JUNE 2021

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

TOPIC: Board Risk Report

ISSUE: Fulfilling the Board's Oversight Role in Risk Management.

PUBLIC INTEREST RATIONALE: As a regulatory body with a duty to serve and protect the public interest, the risk culture of the College is embedded within its mandate. Expectations are established through legislation, ensuring that mitigating risk to the public in relation to the practice of pharmacy is central to the College's culture. To enable the College to fulfill its obligations, it must likewise, recognize and manage the risks to the College so that its physical, financial, operational and reputational risks are mitigated in addition to risks associated with fulfilling its regulatory responsibilities.

BACKGROUND:

Since the establishment of the Risk Management Plan in 2015, the College's risk management philosophy has been to embrace risk in a collaborative strategic manner, working across the organization to address and mitigate identified risk. A number of threats and their respective mitigation activities have been reported annually to the Board in the form of a retrospective Risk Report.

As the College modernizes its approach to governance, a key component is the Board oversight to risk management. In 2020, the College evolved its risk management practices to not only report on risk mitigation activities retrospectively but to bring to the Board's attention, the key risks to be addressed in the coming year.

The process involved staff assessing the external and internal environment to identify key threats to the College and the related mitigation strategies. The CEO and Registrar then engaged the Finance and Audit Committee in a focused discussion to seek agreement on the key threats to achievement of the strategic plan deliverables. Seven key risks were identified and captured in the 2021 prospective Risk Register, presented to the Board in December 2020,

This proactive approach is central to our Risk Management Program with the goal of embedding risk foresight and action planning across all levels of the College, as it continues to evolve over the next couple of years.

2021-2022 OCP Risk Management Program:

In 2021-2022, the OCP Risk Management Program will continue to evolve to embed a standardized process that will take into consideration the identification, assessment, response, monitoring and communication of risks. The goal is to embed risk management practices in all levels of the organization and prioritize the College's resources to mitigate top-level threats.

The program will take a two-phased approach. Phase one will focus on building the core governance and reporting structure of the RMP. Phase two focuses on continued education and integration of organization-wide risk management practices at all levels of the College.

The risks identified through the program will be distilled, with the top tier risks filtering up to the Board in the form of an annual Board Risk Register and regular Risk Reports to enable the Board to fulfill its risk oversight responsibilities.

Mid-year 2021 Risk Report

College staff have been taking the necessary steps to reduce the risks identified in the 2021 Risk Register through implementation of the mitigation strategies set out in the Register and, where possible, monitoring their effectiveness. To date 82% (27 out of 33) of the mitigation strategies are implemented or are underway.

Next Steps

Staff will continue to evolve our OCP Risk Management Program and work to address risks identified on the 2021 Risk Register. Throughout the fall, we will develop the 2022 Risk Register for consideration by the Finance and Audit Committee and then the Board at the December Board meeting.

2021-2022 Board and Executive Committee Meeting Schedule

Executive Thursday, March 3, 2022

BOARD Monday, March 21, 2022

Executive Monday, May 30, 2022

Executive Thursday, May 26, 2022 (alternate)

BOARD Monday, June 13, 2022

Executive Monday, Sept 12, 2022

BOARD Monday, September 26, 2022

Tuesday, September 27, 2022

Executive Monday, November 28, 2022

BOARD Monday, December 12, 2022