



**ONTARIO COLLEGE OF PHARMACISTS
BOARD MEETING AGENDA**

**MONDAY, SEPTEMBER 20, 2021
9:00 A.M. – 5:00 P.M.**

[Microsoft Teams Meeting Link](#)

- 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 September 2021 Appendix 5.1
- 6. Approval of Minutes of Previous Meeting**
 - 6.1 Minutes of June 14, 2021 Board Meeting Appendix 6.1
 - 6.2 Minutes of June 24, 2021 Board Meeting Appendix 6.2
- 7. Matters Arising from Previous Meetings**
- 8. Briefing Note - Registrar's Report on Election of Board Directors..... Appendix 8**
- 9. Briefing Notes - Governance Committee**
 - 9.1 Briefing Note on Election of Executive Committee Appendix 9.1
 - 9.2 Briefing Note on the Committee Slate for Consideration Appendix 9.2
- 10. For Information**
 - 10.1 Briefing Note – Performance Scorecard and 2022 Operational Plan Appendix 10.1
- Strategic Priorities Progress Update
 - 10.2 Briefing Note - Registrar's Report..... Appendix 10.2
- 11. Orientation**
- 12. Adjournment**



**ONTARIO COLLEGE OF PHARMACISTS
BOARD MEETING AGENDA**

**TUESDAY, SEPTEMBER 21, 2021
9:00 A.M. – 12:00 P.M.**

[Microsoft Teams Meeting Link](#)

- 1. Chair's Opening Remarks**
- 2. For Information**
 - 2.1 Statutory and Standing Committee Annual Reports Appendix 2.1
- 3. For Decision**
 - 3.1 Briefing Note – Finance & Audit Committee – Appointment of Auditors Appendix 3.1
 - 3.2 Briefing Note – Strategic Planning Appendix 3.2
- 4. Personnel Matter – *In Camera***
- 5. Adjournment**

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2021

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

TOPIC: Chair's Report for September 2021 Board

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 June 14, 2021 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.

June Board Meeting Evaluations

Attached to my report is a summary of the June 2021 Board Meeting Evaluation. The results of the survey will assist us in understanding and recognizing what is working well and identifying areas for improvement as we strive to advance the College's mandate to serve and protect the public interest.

College and Other Stakeholder Meetings:

June 24 – Board of Directors Meeting
 July 5 – Health Professional Regulators of Ontario (HPRO) Anti-BIPOC Racism Project Workshop
 July 7 – Discipline Panel
 July 13 – Executive Committee Meeting
 July 15 – Discipline Panel
 July 19 – Discipline Panel
 July 22 – Discipline Panel
 July 23 – Executive Committee Meeting
 July 30 – Executive Committee Meeting
 August 5 – Discipline Panel
 August 10 – Finance and Audit Committee Meeting
 August 18 – Governance Committee Meeting
 August 18 – Executive Committee Meeting
 August 26 – Executive Committee Meeting
 September 1 – Governance Committee Meeting
 Regular Bi-weekly meetings with CEO & Registrar

Board Meeting Effectiveness

In compliance with Policy 3.2 Board Meeting Effectiveness Assessment Policy, the Board Chair will report on compliance with this policy to the Board at least once per year.

Over the past year, the Board has undertaken quarterly online surveys evaluating Board meeting processes and technology. As well, the Board has evaluated the effectiveness and efficiency of the Board as a whole, the Board Chair, and Committees through online surveys. Overall, the Board feedback has been positive with suggestions for improvement noted at the beginning of the next meeting. There continues to be some challenges with technology and hosting meetings virtually, but OCP staff continue to work with Board Directors to enhance the meeting experience.

Thank you for your ongoing participation and dedication to continuous improvement.

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2021

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

TOPIC: June 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 June 2021 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 11 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	0
Were relevant materials provided?	11	0
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	11	0

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

YES = 11
NO = 0

Comments:

- There are still some board members that could be more active in their participation.
- Each policy and byelaw was explained very well.
- From my perspective the Board was definitely prepared.

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

YES = 11
NO = 0

Comments:

- Very respectful and the Chair did a great job on keeping on time and getting all the questions answered.

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

YES = 11

NO = 0

Comments:

- Good work in trying to separate “clarifying questions” and “debate”. Continued focus on this will help to organize discussion and debate on the issue.
- Chair paid particular care to ensure all 'raised hands' had an opportunity to speak.
- Absolutely. The Chair did an amazing job.
- Chair was much improved at this meeting and ran a good meeting.

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

YES = 11

NO = 0

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

YES = 0

NO = 11

Comments:

- The Chair guided the meeting along very well.

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

YES = 11

NO = 0

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

YES = 11

NO = 0

9. Meeting Process Evaluation

Answer Choices	Agree	Disagree
Today’s meeting started on time.	8	1
The agenda was clear and realistic for the allotted meeting time.	10	1
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	11	0
Agenda topics were appropriate (i.e. aligned with the College’s legislative and regulatory responsibilities).	11	0

Adequate background information was provided for each agenda item.	11	0
The time spent on each item was appropriate.	11	0
I felt supported and valued as a member of this Board.	10	0
I felt comfortable and encouraged to discuss and share my opinions openly.	11	0
Disagreements were handled openly, honestly, directly and respectfully.	11	0
The Chair kept discussions on track.	11	0
The Chair was prepared for the meeting.	11	0
My peer participants appeared to be prepared for the meeting.	11	0
Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned.	11	0
Overall, we accomplished our objectives for this meeting.	11	0
The technology used for the meeting was effective.	9	1

Comments:

- The agenda was a somewhat ambitious. While achievable, especially with the keen guidance of the Chair, having such a full agenda can at times discourage discussion due to time pressures to move forward. When provided with such a complete book of documents prior to the meeting, may consider focusing on the briefing/key points of some presentations vs the entire document, to economize on time in other areas.
- Some difficulty getting everyone established and comfortable with the technology, but these may have been operator problems, not the platform itself.
- With a yes/no for the technology, I have to say no because of the initial and in some cases ongoing connectivity issues. That said, each of the communication platforms I am familiar with has issues so there are no more complaints about MS Teams than there would be about other solutions.
- Re: the last item, I continue to experience spells of interruption with the appearance of "Hold on...looks like something went wrong. We are trying to get you back into the meeting" and it would take some time when I could be back to the meeting. I also continue to experience times when my audio would become garbled so either I would miss some portions of the

presentations or I myself could be lost or not heard when speaking. Is it only me with this experience? Is my problem connectivity? My signal? Lastly, I would respectfully suggest, if possible, to have the "chat" feature on the side maintained at all times so attendees like myself can resort to using this feature to convey instances when we are experiencing such technical mishaps just to let the Chair know the situation and not wonder why we are suddenly unresponsive. P.S. I don't experience this with Adobe Connect Thanks.

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

- I felt the MS Teams platform worked much met effectively.
- On items requiring decisions a few people monopolized both the clarification and debate portions and the questions were not necessarily relevant to the topic nor were they clarification issues.
- Find an 8 hour virtual meeting to be much too long. I would prefer 3-4 hour meetings, even if it meant more frequent meetings. The Chair gave us appropriate breaks.
- I just want to thank Management for inviting Jaris Swidrovich ---- he proved to be an excellent choice for raising greater awareness and sensitivity on Indigenous experiences and issues!
- The combination of materials and staff explanations provided clarity to allow quality decisions to be made.

Respectfully submitted,

Billy Cheung, Board Chair



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS**

JUNE 14, 2021

DRAFT

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MONDAY, JUNE 14, 2021 – 9:00 A.M.
HELD VIA VIDEOCONFERENCE

Elected Members

Mr. Douglas Brown, Port Perry
Mr. Billy Cheung, Markham
Ms. Sara Ingram, North York
Mr. James Morrison, Burlington
Mr. Goran Petrovic, Kitchener
Ms. Tracey Phillips, Westport
Ms. Ruth-Ann 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. Randy Baker, Toronto
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. Sharlene Rankin, Interim Board & Committee Liaison

Guests:

Mr. Jaris Swidrovich
Mr. Kevin Huynh

Mr. Cheung welcomed everyone 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 that votes will be registered and recorded using the voting features within the program.

Public Director Rick Webster was invited to address the Board as his Order in Council is expiring in July. He was thanked for his dedication and service.

The Chair noted that Public Director Gene Szabo has been appointed to the Registration Committee.

Elected Director Mark Scanlon was invited to address the Board as he will not be running in the upcoming election. He was thanked for his many years of service to the College.

Public Director Randy Baker was welcomed to the Board as he received his Order in Council in May. He was invited to address the Board.

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.

3. Declaration of Conflict

Mr. James Morrison declared conflict and will remove himself from the meeting for discussion of agenda items 7.1 and 8.1.

4. Approval of Agenda

At the request of Billy Cheung, Board Chair, item **10.4 Election Update** was added to the agenda.

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

5. Chair's Opening Remarks

5.1 Briefing Note – Chair's Report for June 2021

5.2 March 2021 Board Meeting Evaluation

The Chair summarized the key takeaways from the recent Board Education Retreat, reviewed the goals of today's Board meeting, and encouraged Directors to participate fully in discussions.

Following the Chair's opening remarks, **the briefing note was received for information.**

6. Approval of Minutes of Previous Meeting

6.1 Minutes of March 22, 2021 Board Meeting

A motion to approve the minutes of the March 22, 2021 Board meeting was moved and seconded. **The motion CARRIED.**

7. Matters Arising from Previous Meetings

7.1 Briefing Note – Practice Policy: Cross Jurisdictional Services

Ms. Susan James discussed feedback and the approval process for the draft Cross Jurisdictional Services policy. The College is currently reviewing all feedback received and intends to make revisions to improve clarity and/or develop a supplementary guidance document to support implementation of the policy, as recommended during the consultation. Ms. James noted that one of the significant elements within this policy is the requirement for an established prescriber/patient relationship before providing prescription medications as part of a cross jurisdictional service.

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

8. For Decision

8.1 Briefing Note – Practice Policy: Virtual Care

Ms. James presented the consultation feedback on the draft Virtual Care policy to support practice changes due to the pandemic. Ms. James noted that the policy is consistent with remote dispensing protocols. She provided clarification on the definition of virtual care and added that additional supporting documentation will accompany the policy. Discussion of one-to-one patient interactions, informed consent and documentation followed.

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

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

8.2 Briefing Note – Practice Policy: Restocking of Medical Assistance in Dying (MAiD) Drugs

Ms. Susan James presented a draft policy to address MAiD drug shortages resulting from the impact of the COVID-19 pandemic. Ms. James provided clarification regarding labelling, sealed dosages, storage, integrity and the role of hospital pharmacies in restocking these medications. Discussion followed regarding shortages of palliative care drugs in rural communities, patients-first care, easing shortages of these drugs more broadly and examination of extending this policy beyond the pandemic.

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

The motion: That the Board approve the draft Policy for Restocking of Drugs used for Medical Assistance in Dying (MAiD) temporarily for the duration of the COVID-19 public health emergency. The motion was moved and seconded. The motion CARRIED.

8.3 Briefing Note – Governance Committee – Approval of Board Policies

Mr. David Breukelman introduced the final sections of policies for approval within the governance reform initiative. Editing corrections were noted for Policy 3.16 and Policy 4.8 (clarification of inclusion of Academic Directors to be provided). Discussion of Board development opportunities followed regarding supporting financial literacy and development of Board chairing skills (succession planning). Mr. Breukelman congratulated the Governance Committee and staff for their hard work and dedication.

Following clarifying questions and debate, **the motion was called to a vote.**

The motion: 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**

The motion was moved and seconded. The motion CARRIED.

8.4 Briefing Note – Governance Committee – Proposed By-law Amendments

Mr. David Breukelman introduced the by-law amendments and consequential amendments to Board policies to improve the process and delivery on the intentions of the governance reform initiative. Following discussion, it was noted that an introductory statement be added within the by-laws regarding the use of neutral pronouns throughout, until such time that full amendments can be made. Editing corrections were noted for Policy 3.7.

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

The motion:

- 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 Order.**

The motion was moved and seconded. All members voted in favour. The motion CARRIED.

9. For Information

9.1 Registrar's Report for June 2021

Mr. Cheung invited Ms. Nancy Lum-Wilson to provide a brief overview of the report. Highlights of the report included strategic priorities progress update, alignment of the scorecard with the College Performance Measurement Framework (CPMF), review of the proposed *Advancing Oversight and Planning in Ontario's Health System Act, 2021* (AOPHA), as well as Health Professional Regulators of Ontario (HPRO) and National Association of Pharmacy Regulatory Authorities (NAPRA) updates.

Discussion followed regarding Suitability to Practice indicators. Additional key performance indicators were suggested for tracking within the Board scorecard. Clarification was provided to the Board regarding assessments, fees and legal cost recovery.

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

10. Other Business

10.2 Presentation – Indigenous Cultural Competency Presentation

Mr. Cheung provided an introduction for guest speaker, Dr. Jaris Swidrovich, formerly Assistant Professor in the College of Pharmacy and Nutrition at the University of Saskatchewan. Dr. Swidrovich is the first self-identified First Nations Doctor of Pharmacy in Canada and the first and only self-identified Indigenous faculty member in pharmacy in Canada. Dr. Swidrovich provided a moving presentation, sharing his family's personal history, information on cultural safety, Indigenous engagement and reconciliation. Several recommendations were shared on further actions and activities (both personal and for the College) to enhance Indigenous cultural competency and Dr. Swidrovich encouraged everyone to actively participate and engage.

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

10.1 Presentation – Review of Unscheduled Natural Health Products

Mr. Kevin Huynh, a 2nd year pharmacy student at the University of Waterloo and former co-op student with the College presented an overview of the review and analysis of the Unscheduled Natural Health Products (NHP) within schedules I and II to assess the risk and determine if there was need for regulatory changes prior to them becoming unscheduled. The presentation highlighted the outcomes focused regulation framework, safeguards, review process and public safety.

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

9. For Information - Continued

9.2 Briefing Note – 2021 Risk Report

Ms. Lum-Wilson provided an overview of the evolution and status of the College's Risk Management Program and thanked staff for their work. She referenced the May 2021 Board Education Retreat and information shared with the Board regarding risk oversight. A brief discussion on artificial intelligence (AI) as well as cyber risk followed. Ms. Connie Campbell provided background on a presentation that will come to the Finance and Audit Committee regarding a data and technology roadmap for the College.

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

10. Other Business - Continued

10.3 2021-2022 Board and Executive Committee Meeting Schedule

Following discussion, **the dates were received for information.**

10.4 Election Update

Ms. Lum-Wilson provided an update on the upcoming Board election which will close on August 4th. She noted that the Board seat for northern remote patient populations will be acclaimed and there are five candidates for the remaining two seats. The Board was informed that Zubin Austin and Wayne Hindmarsh have agreed to act as scrutineers for the election results on August 5th.

Following discussion, **the update was received for information.**

11. Personnel Matter – *In Camera*

Mr. Cheung explained the Board Directors would be meeting briefly in camera to discuss a personnel matter. The Board will reconvene on June 24, 2021.

It was moved and seconded that the Board move in camera at 4:15 p.m. The motion was moved and seconded. The motion CARRIED.

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

12. Motion of Adjournment

There being no further business, **at 4:48 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sharlene Rankin
Interim Board & Committee Liaison

Billy B. Cheung
Board Chair



**Ontario College
of Pharmacists**

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**MINUTES OF MEETING
OF BOARD OF DIRECTORS
JUNE 24, 2021**

DRAFT

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THURSDAY, JUNE 24, 2021 – 8:30 A.M.
HELD VIA VIDEOCONFERENCE

Elected Members

Mr. Douglas Brown, Port Perry
Mr. Billy Cheung, Markham
Ms. Sara Ingram, North York
Mr. James Morrison, Burlington
Mr. Goran Petrovic, Kitchener
Ms. Tracey Phillips, Westport
Ms. Ruth-Ann 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. Randy Baker, Toronto
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke
Mr. Rick Webster, Minesing

Regrets:

Mr. Gene Szabo, Kanata
Ms. Tammy Cotie, Brockville

Staff present

Ms. Nancy Lum-Wilson, CEO/Registrar
Ms. Connie Campbell, Director, Corporate Services
Ms. Angela Bates, Director, Conduct
Ms. Susan James, Director, Quality
Ms. Sharlene Rankin, Interim Board & Committee Liaison

Mr. Cheung welcomed everyone to the meeting. Directors were informed of the virtual meeting platform features and that votes will be registered and recorded using the voting features within the program.

Public Director Cindy Wagg was welcomed to the Board as she received her Order in Council in June. She was invited to address the Board.

1. Noting Members Present

Member attendance was noted. Ms. Cotie and Mr. Szabo sent regrets.

2. Declaration of Conflict

Several attendees declared conflict in the review of the governance reform item involving proposal of equal number of elected (professional) and public directors and elimination of academic appointments or rotation of non-voting academic members from schools of pharmacists and schools of pharmacy technicians. These were: Ms. Ingram, Mr. Brown, Ms. Plaxton, Mr. Scanlon, Mr. Petrovic and the two academic members, Dr. Dolovich and Dr. Edginton.

The Chair noted that the discussion for this item will be held at the end of the meeting so that any member in conflict due to affiliations with academic institutions can remove themselves from the meeting.

3. Approval of Agenda

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

4. For Decision

4.1 Briefing Note – Governance Reforms - *Regulated Health Professions Act, 1991* and *Pharmacy Act, 1991*

Ms. Lum-Wilson introduced the briefing note on Governance Reforms. The Ministry of Health is seeking input regarding opportunities for governance reforms under the *Regulated Health Professions Act, 1991* (RHPA) by June 30, 2021. The College is seeking direction on whether the Board continues to support the previously approved principles for governance modernization and if there is support to further strengthen the proposals to align with governance best practices. Government focus is on burden reduction, increased efficiency of College operations and to enable timely response to emerging needs.

The Chair recommended that each individual proposal be brought forward for clarification and debate followed by a single motion in support of the decisions reached. As discussion progressed, it was decided that each proposal would have its own motion.

Proposal 1:

- **Continue to support reduction in Council size**
- **Specifically, 8 -12 Directors in the legislation**
- **OCP to recruit to maximum numbers (6:6)**
- **Executive Committee is eliminated**

The Board debated the proposal and supported the reduction in size and elimination of the Executive Committee. The Board also stressed the importance of the implementation of this proposal in conjunction with the full separation of the Board from the statutory committees, recognizing the additional burden on fewer Board members to meet the current statutory requirements of committee participation.

The Board also noted the need for gradual implementation to minimize disruption; as well as the need for continued diversity on the Board and opportunity for engagement with the committees.

The motion: The Board continues to support reduction in Board size, specifically 8-12 Directors in the legislation, and that the Executive Committee be eliminated. The motion was moved and seconded. **The motion CARRIED** with two votes against.

Proposal 3:

- **Separation of Board and Statutory Committees**

The Board again noted the need to ensure Government implementation of this recommendation in order to support a reduction in Board size. Following discussion, a motion was put forward.

The motion: The Board continues to support separation of Board and statutory committees. The motion was moved and seconded. **The motion CARRIED.**

Proposal 4:

- **Competency based Board**
- **Move to an appointment based model or maintain current model of competency based elections.**

Ms. Lum-Wilson provided background on this proposal. She noted an additional consideration to be brought forward to the Ministry; a desire for alignment of professional and public members and consistency in criteria for appointments.

The Board noted limited voter turnout for Board elections and possible disengagement of registrants with an appointment based model. In addition, concerns were raised that appointments may result in perceptions of the College controlling its Board, over-representation of academics and senior corporate managers, and undue influence from a small circle of individuals.

Following the discussion, a motion was put forward to support the current model and seek reinforcement of alignment of competencies for public directors.

The motion: The Board continues to support maintaining the current model of competency based elections of professional directors, and aligning competencies for public directors. The motion was moved and seconded. **The motion CARRIED** with two votes against.

Proposal 5:

- **Nomenclature change**

In response to a question, Ms. Lum-Wilson clarified that the Board has already implemented these changes within the by-laws, however within this proposal, the Board is voting on the proposed language changes within the RHPA.

Following discussion, a motion was put forward.

The motion: The Board continues to support nomenclature change to “Board” and “Registrants.” The motion was moved and seconded. **The motion CARRIED.**

Proposal 6:

- **Separate Discipline Tribunal**

Ms. Lum-Wilson provided background on this proposal and noted that the College of Physicians and Surgeons of Ontario (CPSO) has recently moved to this model of a separate discipline tribunal for physicians, in a separate location from the college, incorporating administrative law expertise into the tribunal. The Board is asked to vote on whether they support this in principle, noting that further development of this proposal will occur in consultation with the other Health Profession Regulators of Ontario (HPRO) colleges and the government.

Several concerns were raised regarding this model, including obligations of the College, costing, and the tribunal acting as a government agency. The Board requested more information regarding what is not currently working and how this can be improved within the new model, before bringing back this option for further discussion.

Following clarifying questions and debate, a motion was put forward.

The motion: The Board supports the concept of a separate discipline tribunal. None in favour at this time. The motion did not carry.

Proposal 7:

- **Flexibility to determine whether or not an investigation is required for complaints.**

Ms. Lum-Wilson summarized this consideration as a necessary tool for right-touch, risk-based regulation. Ms. Bates provided background regarding the College’s need for discretion, and noted that this proposal is consistent with the recommendations in Justice Goudge’s report entitled “Report to Ontario Ministry of Health and Long-Term Care Re: [Medical Liability Review](#) (Dec 2017).

Following discussion, a motion was put forward.

The motion: The Board is in support of increasing flexibility to determine whether or not an investigation is required for complaints. The motion was moved and seconded. **The motion CARRIED.**

The Chair thanked everyone for their participation in the discussion. Those members identified as conflicted left the meeting. Quorum was confirmed.

Proposal 2:

- **Continue to support 50/50 balance**
 - **Eliminate Academic appointments;**
- OR**
- **Rotate non-voting members with 1 from school of Pharmacists and 1 from school of Pharmacy Technicians**

Ms. Lum-Wilson introduced this final proposal. Ms. James also provided background regarding the number of academic schools in Ontario.

The Board discussed and continues to support a 50/50 balance between professional and public directors, which is the current model for the OCP Board, with the exception of the additional two academic appointments required through statute.

The Board noted the need to ensure engagement with academic representatives through other means should the decision be made to eliminate representation on the Board. Ms. Lum-Wilson noted that academic engagement is already incorporated within College processes and will continue to be included within advisory groups to ensure their input is captured. It was noted that advisory level engagement will achieve broader, more robust feedback. It was proposed for consideration that academic experience/teaching/assisting could be added as a subset of Board competencies for recruitment in future.

Following discussion, a motion was put forward.

The motion: The Board continues to support 50/50 balance of elected (professional) and public directors, and is in favour of eliminating academic appointments (incorporating academic participation in advisory groups). The motion was moved and seconded. **The motion CARRIED.**

The Chair thanked everyone for attending. The Board of Directors to reconvene on September 20, 2021.

5. Motion of Adjournment

There being no further business, **at 11:47 a.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Sharlene Rankin
Interim Board & Committee Liaison

Billy B. Cheung
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2021

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

TOPIC: Registrar's Report on Election of Directors

ISSUE: Election Results for 2021

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

BACKGROUND:

- Per the by-laws, elections were opened on July 13, 2021 and closed on August 4, 2021 at 5:00pm.
- There were 5 candidates for two available Pharmacists seats.
- The Scrutineers' Report and Poll results are attached for Board's Information.

RECOMMENDATION: Receive the Election results for Information

August 5, 2021

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

We, the undersigned scrutineers, hereby certify that we observed commencing at 9.00 a.m. on Thursday, August 5, 2021, and verified the votes in the elections for Board for 2021.

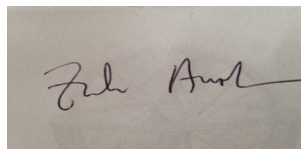
The results are as follows (listed in order of the most votes):

Pharmacists

Term	Name
3 year	Billy Cheung
3 year	Siva Sivapalan



Dr. K. Wayne Hindmarsh
Scrutineer



Dr. Zubin Austin
Scrutineer



2021 Poll Result

2021 Board Elections

Report date: Wednesday 04 August 2021 17:05 EDT

Pharmacist (2 seats)

Poll ID: 168267

As at Poll close: Wednesday 04 August 2021 17:00 EDT

Number of voters: 3360 · Group size: 21846 · Percentage voted: 15.38

Number of blank votes: 121

Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16104318	Billy Cheung	1,686	50.18
2	16104321	Siva Sivapalan	1,583	47.11
3	16104319	Michael Heffer	1,390	41.37
4	16104320	Mike Hannalah	857	25.51
5	16104317	Ali Hussain	580	17.26

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2021**FOR DECISION****X****FOR INFORMATION****INITIATED BY:** Governance Committee**TOPIC:** 2021 – 2022 Executive Committee**ISSUE:** Election of the Executive Committee

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

BACKGROUND:

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

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

As per Section 12 of the [Health Professions Procedural Code](#) the Executive Committee may exercise the powers of the Board:

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

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

In accordance with the by-laws, the Executive Committee shall be composed of the Chair and the Vice-Chair, and three additional Directors, with at least two Elected Directors and two Public Directors. Following the annual elections to the Board, all Directors were asked to indicate their interest in serving on the Executive Committee and if so, to provide a statement outlining their qualifications.

ANALYSIS:

The names of individuals expressing interest in serving on the Executive Committee, along with their statement of qualifications were reviewed by the Governance Committee. As only one name was submitted for the position of Chair and Vice Chair and both were deemed qualified in accordance with the criteria set out in Board Policy 1.6 (Attached) they are acclaimed as follows:

Chair: Billy Cheung

Vice Chair: James Morrison

CANDIDATES FOR ELECTION (to the Executive Committee):

In addition to the Chair and Vice Chair, the following individuals are willing to serve and have been assessed by the Governance Committee to be qualified to serve on the Executive Committee:

Public Directors: David Breukelman
Christine Henderson
Dan Stapleton

Elected Director: Doug Brown
Sara Ingram
Siva Sivapalan

In accordance with 12.1.4 of the [by-law](#), the Board shall hold an election for the remaining three positions on the Executive Committee.

Policy 1.6

Election of Board Chair and Vice-Chair

Purpose:

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

Application:

This policy applies to:

- **The Board** to collectively ensure that the processes employed for annually electing its Chair and Vice-Chair are defined and accountable
- **The Governance Committee** to compile a slate of candidates for both positions based on interest and qualifications of Board Directors¹

Policy:

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

Board Chair and Vice-Chair Competencies:

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

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

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: December 7, 2020

Next Review Date: XXXX

¹ It is recognized best practice in the UK, Australia and New Zealand that the Chair is selected based on demonstrated skills and experience in Chairing

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2021

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Governance Committee

TOPIC: 2021 – 2022 Committee Composition

ISSUE: Approval of the 2021/2022 Statutory and Standing Committees
Slate (excluding Executive and Screening)

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

BACKGROUND: In accordance with College [by-laws](#), the Governance Committee presents a slate of candidates for all standing and statutory committees (other than Executive and Screening) for the Board's consideration. The slate is drawn from a list of individuals who have served previously and have been recommended for reappointment and from a list of individuals who have applied and been assessed as qualified by the Screening Committee. As set out in Board Policy 1.7 (Attached), the outgoing Committee Chairs were consulted on the proposed slate.

ANALYSIS:

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

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

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

Policy 1.7 Screening, Selection and Appointment of Committee Appointees

Purpose:

This policy sets out the processes to be followed for recruitment, screening, selection and appointment of members of all statutory, and standing committees, with the exception of the Executive Committee (determined by election) and the Screening Committee (appointed by the Board in March annually).

Application:

This policy applies to:

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

Policy:

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

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

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

The list of qualified candidates, new and returning, will be provided to the Governance Committee who will compile a proposed committee slate that ensures diversity of the perspectives, experience, ethnicity, age, gender, and geography along with continuity and refresh for every committee. If available, the outgoing Committee Chairs will be consulted on the draft slate prior to presentation to the Board.

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

Amendment: The Board may amend this policy.
Approval Date: December 7, 2020
Last Review: March 22, 2021
Last Revision: March 22, 2021
Next Review Date: XXXX

PROPOSED COMMITTEE APPOINTMENTS FOR 2021-2022

ACCREDITATION AND
DRUG PREPARATION PREMISES

Public Directors:
Elnora Magboo
Gene Szabo
PCA:
H - Lori Chen
Agatha Dwilewicz
Nadia Fillippetto
Frank Hack
Chintan Patel
H - Regis Vaillancourt (Chair)
Tracy Wiersema
Staff Resource: Katryna Spadafore

DISCIPLINE

Elected Directors (all):
Doug Brown
Billy Cheung
H- Sara Ingram
James Morrison
HT - Goran Petrovic
Tracey Phillips
T- Ruth- Ann Plaxton
Siva Sivapalan
Wilf Steer
Public Directors
Stephen Adams
Randy Baker
David Breukelman
Tammy Cotie
Christine Henderson (Chair)
Rick Phillips
Dan Stapleton
Devinder Walia
Cindy Wagg
PCA:
Chris Aljawhiri
HT - Jennifer Antunes
Ramy Banoob
HT - Susan Blanchard
Dina Dichek
Jillian Grocholsky
Chris Leung
Beth Li
Karen Riley
Zahra Sadikali
Mark Scanlon
Jeannette Schindler
Connie Sellors
Leigh Smith
Laura Weyland
David Windross
Lay Committee Appointees:
Sylvia Moustacalis
Staff Resource: Angela Bates

FITNESS TO PRACTISE

Public Directors:
Devinder Walia
Stephen Adams
PCA:
Dina Dichek
Jillian Grocholsky
Karen Riley
Zahra Sadikali
Jeannette Schindler (Chair)
Staff Resource: Genevieve Plummer

INQUIRIES, COMPLAINTS AND REPORTS
(ICRC)

Public Directors (all – Accred):
Stephen Adams
Randy Baker
David Breukelman
Tammy Cotie
Rick Phillips
Elnora Magboo
Dan Stapleton
Gene Szabo
Devinder Walia
Cindy Wagg
PCA:
Elaine Akers
Derek Antwi
T - Tanisha Campbell
Nneka Ezurike
Sajjad Giby
Bonnie Hauser
H -Michael Heffer
Wassim Houneini
Niki Jayeshbhai Shah
Saliman Joyian
Elizabeth Kozyra
HT - Kim Lamont
Katherine Lee
Chris Leung
Janet Leung
Jon MacDonald
Stephen MacInnis
Dean Miller
Aska Patel (Chair)
Chintan Patel
Ranvir Rai
H- Stephanie Rankin
Saheed Rashid
Fatema Salem
HT - Veronica Sales
Sachi Sharma
Kaivan Shah
Ian Stewart
Frank Tee
Tirath Thakkar
H- Nisha Varughese
Tracy Wiersema
Lisa-Kaye Williams
Ali Zohouri
Staff Resource: Katryna Spadafore

PATIENT RELATIONS

PCA:
Ali Hussain
Kshitij Mistry (Chair)
Adam Silvertown
Lay Committee Appointees
Melissa Sheldrick
Jennifer Shin
Ravil Veli
Saeed Walji
Staff Resource: Todd Leach

QUALITY ASSURANCE

Public Directors (2):
Tammy Cotie
Elnora Magboo
PCA:
H - Annie Brooks
H - Shelley Dorazio
Mona Hamada
Deena Hamzawi
Eric Kam
Karen Riley (Chair)
T- Mardi Teeple
Staff Resource: Susan James

REGISTRATION

Public Directors:
Randy Baker
Gene Szabo
PCA:
Andrea Fernandes
HT - Danielle Garceau
H - Jane Hilliard
Edward Odumodu
Kenneth (Ken) Potvin
Dean:
Lisa Dolovich and/or Andrea Edginton
Ontario Pharm Tech Program Rep:
T- Angela Roach
Lay Committee Appointee
Sylvia Moustacalis (Chair)
Staff Resource: Sandra Winkelbauer

EXECUTIVE

Elected Directors:
Billy Cheung (Chair)
James Morrison (Vice Chair)
Public Directors:
Public Director (TBD)
Public Director (TBD)
Other (Elected or Public - TBD)
Staff Resource: Nancy Lum-Wilson

EXECUTIVE ELECTION CANDIDATES

- Dan Stapleton -Public
- David Breukelman -Public
- Christine Henderson -Public
- Siva Sivapalan – Elected
- Sara Ingram –Elected
- Doug Brown - Elected

FINANCE AND AUDIT

Elected Directors:
James Morrison
Sara Ingram
Doug Brown
Siva Sivapalan
Public Director:
Dan Stapleton (Chair)
Stephen Adams
Staff Resource: Connie Campbell

GOVERNANCE COMMITTEE*

Elected Directors:
Goran Petrovic (Pharmacy Technician)
Elected Director(s) TBD
Public Director
David Breukelman (Chair)
Public Director TBD
Staff Resource: Nancy Lum-Wilson
**Pending Outcome of Executive
Committee Election to distribute talent.*

Legend:

T = Technician
H = Hospital
HT = Hospital Technician

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2021

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Nancy Lum-Wilson, CEO and Registrar

TOPIC: Strategic priorities progress and future focus

ISSUE: 2021 Second Quarter Performance Scorecard and 2022 Operating Plan

PUBLIC INTEREST RATIONALE: A College Performance Measurement Framework ([CPMF](#)) has been developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts, and the public with the aim of answering the question, "How well are Colleges executing their mandate of acting in the public interest?"

Data gathered through the CPMF will:

1. Strengthen accountability and oversight of Ontario's health regulatory Colleges; and
2. Help Colleges improve their performance.

In accordance with Standard 15 of the CPMF framework, the College must monitor, report on and improve its performance.

Measure	Required evidence
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	<ol style="list-style-type: none"> a. Outline the College's KPI's, including a clear rationale for why each is important. b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.
15.3 The College regularly reports publicly on its performance.	<ol style="list-style-type: none"> a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.

BACKGROUND:

The College has been reporting in a scorecard format against milestones and key performance indicators for several years. Upon the release of the CPMF, the College realigned its scorecard to reflect performance against the domains set out in the Ministry's framework.

The Scorecard highlights key intentions set out in the Annual Operating Plan which in turn supports the Strategic Plan.

ANALYSIS:

I am pleased to present the [Performance Scorecard](#) for the second quarter, ending June 30, 2021. The Scorecard, supported by the [Definitions](#) document and [Summary and Improvement Strategies](#) outlines the accomplishments against goals and milestones in the second quarter along with strategies to address obstacles that may impede attainment of our goals.

In addition to reporting on performance against the revised 2021 operations plan, I am pleased to present the [2022 Operational Plan](#) that sets out the focus for activity that will further advance the priorities included in the Strategic Plan established by the Board in 2018. The Operational Plan will form the basis for development of the 2022 budget to be developed by staff over the fall for consideration by the Finance and Audit Committee later this year with presentation to the Board scheduled for December.

2021 Quarterly Scorecard - OCP Board of Directors - Q2

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	438			≤ 352 days
10		✓		18%	% of High and Moderate risk Complaints disposed of within 150 days	26% (11/43)	26% (32/123)			≥ 25%
11		✓		744	90th percentile working days to dispose Registrar's Inquiries	706	687			≤ 707 days
12		✓		33%	% of High and Moderate risk Registrar's Inquiries disposed of within 365 days	20% (8/40)	37% (33/90)			≥ 36%
13		✓		88%	% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	100% (3/3)	90% (9/10)			≥ 88%
14		✓		497	90th percentile working days to dispose uncontested hearings	513	513			≤ 497 days
15		✓		80%	% of Decisions for uncontested hearings issued within 60 days (within 60/total hearings)	72% (8/11)	81% (17/21)			≥ 80%
16		✓		n/a	90th percentile working days to dispose contested hearings	561	884			≤ 674 days
17	✓			47%	% of Community pharmacies entering events on AIMS platform (year-end)	25%	34%			≥ 80%
18	✓			45%	% of Pharmacist practice assessments completed (year-end)	35% (299)	63% (543)			100% (861)
19	✓			47%	% of Pharmacy Technician practice assessments completed (year-end)	15% (46)	47% (140)			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. (Note: Indicator revised since Dec 7 th , 2020 board meeting)	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> <div>≥ 36%</div> <div>27% – 35%</div> <div>≤ 26%</div> </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> <div>≥ 88%</div> <div>66% – 87%</div> <div>≤ 65%</div> </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> <div>≤ 497</div> <div>498 – 621</div> <div>≥ 622</div> </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> <div>≥ 80%</div> <div>60% – 79%</div> <div>≤ 59%</div> </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> <div>≤ 674</div> <div>675 – 843</div> <div>≥ 844</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
#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>■ ≥ 80%</div> <div>■ 60% – 79%</div> <div>■ ≤ 59%</div> </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>■ 100% (861)</div> <div>■ ≥ 75% (646 – 860)</div> <div>■ < 75% (645 or less)</div> </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>■ 100% (300)</div> <div>■ ≥ 75% (225 – 299)</div> <div>■ < 75% (224 or less)</div> </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>■ On Track</div> <div>■ Potential Risk</div> <div>■ Risk/Roadblock</div> </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	Q2 2021 BOD Summary / Improvement Strategies
#1 *Implement new board orientation program centered on approved Board Policies	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	Proceeding as planned.
#5 *Community Practice Environment Initiative implementation plan developed	This initiative is delayed 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	Proceeding as planned.
#7 *Development of Practice Support Tools for Minor Ailments	Proceeding as planned.
A#8 *New regulation re COVID vaccine for BOD approval	This milestone was completed January 22, 2021.
#9 90 th percentile working days to dispose Complaints	Significant staff turnover (3/5) and onboarding of new staff in Q2, with continued focus on high- and moderate-risk complaints equated to longer processing times for lower-risk matters (438 in Q2 vs. 352 target). A backlog of older ICRC decisions was also cleared. Anticipate moving closer to target again by Q4.
#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	Meeting target.
#13 % HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#14 90 th percentile working days to dispose uncontested hearings	Data set includes 20 hearings (10 in Q1 and 10 in Q2). Two of these are outliers at over 800 days to resolve, with both starting as contested matters. One of the latter began as a particularly complex and protracted contested hearing, including a preliminary motion, panel scheduling issues, and a judicial review application on the motion decision, before finally settling as an uncontested matter. As well, some pandemic-related hearing delays persist.
#15 % of Decisions for uncontested hearings issued within 60 days (within 60/total hearings)	Meeting target.
#16 90 th percentile working days to dispose contested hearings	Includes 4 hearings (3 in Q1 and 1 in Q2). The single hearing in Q2 took 1015 days until disposition. This hearing was fully contested throughout, with numerous motions to adjourn and challenges re-scheduling after adjournments. Additional factors included extended time spent at pre-hearing to determine if settlement might be possible, and challenges with witness scheduling during the pandemic.
#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	Proceeding as planned.

2022 OPERATIONAL PLAN PRIORITIES

STRATEGIC PRIORITIES

Enhance system and patient outcomes through collaboration and optimization of current scope of practice

Strengthen trust and confidence in the College's role and value as a patients-first regulator

Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence

GOALS

- Partnerships are strategically aligned and there is integration of effort and reduction of silos
- Pharmacy practice is optimized to promote patient focused quality care and services
- Access to reliable data and measures to support and monitor our efforts

- Public trust and awareness of what to expect in terms of pharmacists' services as part of the health care team is increased
- Public has increased access to information to help inform their service choices and decision-making
- Public has increased understanding of OCP mandated role and processes
- OCP transparency reflects incorporation of the public lens into its processes

- Collaborative relationship with government and key stakeholders helps increase proactive awareness of and responsiveness to issues
- OCP remains focused on advancing its mandate and priorities
- OCP competencies and resources are aligned with and responsive to priorities and changing system landscape

FOCUS

- Implement AIMS data strategy and establish AIMS in hospitals
- Guide and reinforce adherence to medication safety and compounding standards
- Implement and integrate evaluation plan into expanded scope of practice
- Integrate risk-based approach in practice and operational assessments
- Implement reformatted communication tools and digital/virtual/in-person strategies to strengthen engagement and education of registrants
- Operationalize accountability principles for community practice environment
- Foster a quality improvement culture, supported by publicly reported performance data

- Evolve governance processes to promote competence and consistent practices on the Board and Committees.
- Establish a strategy that promotes equity, diversity and inclusion within governance, regulatory operations and pharmacy practice
- Educate and engage the public/patients in and about the role of the College and pharmacy experience expectations
- Evolve annual performance reporting to align with the CPMF
- Implement staff and committee training incorporating experiences of sexual abuse victims
- Implement enhanced disciplinary pre-hearing conference processes

- Implement talent management program to support recruitment, retention and succession planning priorities
- Promote and preserve a culture of respect, equity, diversity, inclusion and belonging
- Evolve OCP's Risk Management Program, integrating risk into operational planning
- Standardize approach to quality improvement, projects, policies and standard operating procedures
- Evolve the Data Strategy to support data informed decision making
- Implement a technology and application strategy that focuses on stability and security of IT infrastructure
- Continue to support virtual activities as needed during the pandemic

OUTPUT OUTCOME

- Patient-focused, quality care aligned with health system outcomes
- Integrated strategies
- Reliable and accessible data
- Informed and engaged registrants

- Increased transparency and informed decision-making
- Increased trust and awareness of patient rights and what to expect
- Integration of diversity and patient lens in OCP processes

- Increased anticipation of issues
- Activities are appropriate and aligned with mandate
- Increased staff capacity to respond to issues
- Reliable and accessible data

BOARD BRIEFING NOTE**MEETING DATE: SEPTEMBER 2021****FOR DECISION****FOR INFORMATION****X****INITIATED BY:** Nancy Lum-Wilson, CEO and Registrar**TOPIC:** Registrar's Report for September 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: Further to the August 12, 2021 CEO & Registrar update to the Board between quarterly meetings, the Registrar respectfully submits a report on the additional activities that have taken place since the June 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 the Registrar 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.

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. This has included ongoing communication with registrants, Designated Managers and owner/operators to express our gratitude for their collective contributions to the pandemic response in our communities but also reinforcement of the importance to maintain standards and the high quality and safe care that patients should expect as the profession has taken on more responsibilities through the adoption of COVID testing and vaccination programs. Throughout the pandemic, pharmacy professionals have demonstrated their ability to play an increasingly important role in our health system; as the role of pharmacy continues to evolve, the delivery of safe care at all times is the top priority.

Emergency Assignment (EA) Registration Certificates

In response to the continued demand on the pharmacy workforce to support the vaccine rollout across the province, and to maintain other pharmacy services impacted by the pandemic, an ongoing need for EA registration certificates has been established. As permitted in the regulations, the Registrar renewed EA registration certificates twice (for 60 days each) resulting in the current expiry date of September 19, 2021. Although pharmacy services started to stabilize over the summer, the introduction of employer mandated vaccination and a provincial vaccine passport, in addition to closure of many mass vaccination sites has led to an increased demand for pharmacy vaccinations once again. As a result, there is benefit in maintaining the existing EA certificate workforce into the fall.

As of September 3, 2021, there are 285 active EA registrants, 243 EA pharmacists and 42 EA pharmacy technicians. Of the EA pharmacists, 140 have a confirmed workplace and of EA

technicians, 18 have a confirmed workplace. Given the availability of 127 EA certificate holders without existing workplaces, the Registrar will renew existing certificates once again but close registration for new certificates. The College anticipates this will be the final extension needed for those that currently have an EA registration. This phased approach allows for continued monitoring during the fourth wave of COVID-19, and to allow time for certificate holders to transition to another registration class as appropriate.

Ministry/Government Activities

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

This Bill was passed on June 3, 2021 enabling the establishment of the new Health and Supportive Care Providers Authority to provide regulatory oversight of personnel support workers, and signaling a shift in the government's approach to regulatory governance in the future. In addition, physician assistants and behaviour analysts will be regulated under the College of Physicians and Surgeons of Ontario (CPSO) and the newly named College of Psychologists and Behaviour Analysts of Ontario respectively.

Full Compliance for OFC Performance Review

On April 1, 2021, the Office of the Fairness Commissioner (OFC) launched its new Risk-informed Compliance Framework (RICF). This new framework considers both historical performance and forward-looking risk factors. (<https://www.fairnesscommissioner.ca/en/Compliance/Pages/Framework.aspx>.)

For the first year, as part of the transition, OFC reviewed the historical performance of each regulator and placed them in a provisional compliance category. OCP was deemed to be in full compliance. This means that the regulator has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met. For comparison, of 39 regulators, 32 were in full compliance.

Proposed Regulatory Amendments to Modernize Laboratory Licensing

On September 2, 2021, the College received a memo from Patrick Dicerni, Assistant Deputy Minister and General Manager, Ontario Health Insurance Plan (OHIP) Division notifying the College of the Ministry's intent to propose amendments to Regulation 682 and Regulation 683 under *the Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA) to modernize Ontario's laboratory sector. Included in the proposed changes is the proclamation of LSCCLA amendments made under the *Protecting Patients Act*, (PPA) 2017 (Schedule 3), the revocation and replacement of Regulations 682 and 683 to help modernize the licensing processes for labs and specimen collection centres, reduction of regulatory burden for businesses and alignment with other health system priorities. The proposed changes are posted on the Regulatory Registry until October 16, 2021 and can be accessed at <https://www.ontariocanada.com/registry/view.do?postingId=38707&language=en>. Specific amendments to the regulations are not available yet, however the College will monitor the progress of these proposed changes to determine whether they will impact pharmacy practice.

Federal/Provincial Initiatives

In late June 2021, the College received communication from Health Canada notifying us of their decision to extend the Section 56 class exemption (attached) that was put in place in March 2020 under the *Controlled Drugs and Substances Act* (CDSA) and its regulations for practitioners and pharmacists to support continuity of care and access to controlled substances during the pandemic, with a view to taking a more permanent approach in the future. The extension has been set for an additional five year period, through September 30, 2026. In order for pharmacists to act on the initial March 2020 exemption in Ontario, the College worked with the Ministry of Health to amend General Regulation 202/94 under the *Pharmacy Act* (1991) to align the scope of practice with the exemption, allowing for renewals, extensions and adaptation of controlled substances. Consistent with the initial exemption, these amendments were temporary and are

to be revoked on April 7, 2022. The College has initiated discussion with Ministry staff to explore extension of this regulation amendment to September 30, 2026, to maintain alignment with the scope Health Canada has enabled through the CDSA Section 56 class exemption. This information was shared with registrants in the July 15, 2021 [eConnect](#). Further information will be provided as it becomes available.

Various Ministry of Health meetings included the Integrated Policy and Planning, the Ontario Public Drug Programs and Health Workforce and Regulatory Oversight Branches to discuss issues of common interest such as medication safety, the planned burden reduction bill, the College Performance Measurement Framework, drug preparation premises oversight, Quality Assurance and Registration Regulation, Section 56 – Exemption under the *Controlled Drugs and Substances Act* (S.C. 1996, c. 19), and regulatory amendments to enable prescribing for minor ailments and other scope of practice work.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

The HPRO Board of Directors meeting was held on June 7, 2021. Discussions included approving the financial statements, the appointment of auditors and consideration of changes to its fee structure. HPRO is working with the Directors College at McMaster University to develop a competency framework for regulatory colleges. It will be helpful for OCP to consider this as we evolve our competencies. The Ministry's Public Members training course was shared and members noted that some inaccuracies will need to be corrected. CPSO shared their patient engagement journey, which will be helpful as OCP also continues our evolution in this regard.

The College is participating in HPRO's Information Sharing Working Group, whose objective is to develop a common, consistent approach to our sharing of information with other regulators, and other stakeholders, such as law enforcement.

Finally, the Registrar sadly reports the passing of Kevin Taylor, Registrar and CEO of the College of Respiratory Therapists of Ontario and Chair of HPRO, on August 6, 2021.

Pharmacy Stakeholders

The Registrar continues to participate on the Quality Steering Committee for the Association of Family Health Teams of Ontario (AFHTO) and attended a meeting on July 19, 2021. The focus of this meeting was to review the Ontario Health Teams (OHT) performance measurement framework as well as COVID-19 updates.

National Association of Pharmacy Regulatory Authorities (NAPRA)

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

The NAPRA Governance and Nominating Committee meetings took place June 22, 2021 and August 27, 2021 with a focus on process for an external evaluation of the governance structure culminating in recommendations for refinement to be presented in January 2022.

The NAPRA Cross-Jurisdictional Strategy Meeting was also held on June 22, 2021 with all registrars attending the first portion of the meeting to provide input on the primary challenges experienced in each jurisdiction and the remaining portion of the meeting attended by several pharmacy regulatory authority (PRAs) legal counsels tasked with identifying the key issues and making recommendations on how to move forward. A report of their recommendations, which support the value of a national cross-

jurisdictional agreement, with expectations reinforced in Standards of Practice and ultimately through legislation has since been shared with the PRAs for consideration.

At its meeting held on July 26, 2021, the NAPRA Board of Directors approved the National Drug Scheduling Advisory Committee (NDSAC) recommendations for scheduling of bisacodyl and herpes zoster vaccine:

- Non-live recombinant herpes zoster vaccine - be granted Schedule II status
- Bisacodyl, when sold in strengths of 5mg or less per oral dosage unit, in package sizes containing no more than 105 mg of bisacodyl - be granted Unscheduled Status
- Bisacodyl, when sold in strengths of 10 mg or less per rectal dosage unit/suppository, in package sizes containing no more than 50 mg of bisacodyl - remain Unscheduled
- Bisacodyl and its salts, except when sold in strengths of 5 mg or less per oral dosage unit in package sizes containing no more than 105mg of bisacodyl and except when sold in strengths of 10mg or less per rectal dosage unit/suppository in package sizes containing no more than 50mg of bisacodyl remain in Schedule III

Dr. Regis Vaillancourt and Mr. Larry Hough were appointed to NDSAC.

Two new members were appointed to the NAPRA Board:

- Anastasia Shiamptanis, representing the New Brunswick College of Pharmacists, replacing Sam Lanctin
- Stephanie Connolly, representing Community Services – Government of Yukon, replacing Nancy Meagher

As past Chair of the Board, Nancy Lum-Wilson now chairs the Governance and Nominating Committee of NAPRA and replaces Sam Lanctin as NAPRA's representative on the Fédération Internationale Pharmaceutique (FIP) Forum for Pharmacy Regulators.

The Pharmacy Examining Board of Canada (PEBC) provided an update to NAPRA on July 23, 2021 regarding computer-based examinations for 2021. Please find attached the report for information.

Miscellaneous Items

AIMS (Assurance and Improvement in Medication Safety) Update – Sharing Safety Insights

As part of the AIMS data strategy, the AIMS Safety Insights Group (AIMS-SIG) has been formed to facilitate learning from medication incidents and near misses with the goal of improving patient safety. To support the data analysis efforts, the College is collaborating with the Ontario Drug Policy Research Network (ODPRN) to bring data findings to the AIMS-SIG. The group will then work towards identifying medication safety practice recommendations that can be shared with pharmacy professionals across Ontario. The first meeting with the AIMS-SIG is planned for early fall 2021.

Equity, Diversity and Inclusion

The College continues to move forward on advancing emerging equity, diversity and inclusion (EDI) priorities focused on our role as both an employer and as a regulator. As an employer committed to the health and wellbeing of our staff and those who work with us, we are actively developing an internal EDI strategy led by the HR team with contributions from staff and sponsored by the CEO and Registrar. With a framework developed and the internal working group in place, this work is now underway. Our focus on EDI as a regulator also continues to advance through our participation in the HPRO anti-BIPOC racism and discrimination working group and we are actively recruiting for policy expertise and engaging external consultants to identify and act on important opportunities related to our regulatory processes, programs, functions and our work with the profession on practice-relevant priorities. Dr. Javeed Sukhera, the

consultant working with HPRO and with whom we have engaged at our College, will be presenting recommendations to HPRO members this fall based on the findings of his recent engagement activities including focus groups, surveys and jurisdictional scans. Ontario's Fairness Commissioner, Irwin Glasberg, hosted a session with HPRO in September on how to collect race-based data in compliance with the Human Rights Code. These recommendations and learnings, along with the investment of resources internally, will help identify relevant and meaningful opportunities for the College to identify and advance EDI priorities. Further updates will be provided as they are available.

Focusing on research and evaluation as part of policy development

The Ontario Program to Improve AntiMicrobial USE (OPTIMISE)

As part of the College's move towards evidence-informed decision making, the College is a member of the research team for the Ontario Program To Improve AntiMicrobial USE ([OPTIMISE](#)) project that includes Public Health Ontario (PHO), University of Toronto (UofT) and the Institute of Clinical Evaluative Sciences (IC/ES). The focus of the research is to identify barriers and enablers of success for pharmacist prescribing for minor ailments, with a focus on appropriate antibiotic prescribing. The research was recently approved for funding by the Canadian Institute for Health Research (CIHR) and will begin in the fall. The College will be seeking participation from our registrants and pharmacies as this work will allow the College to better understand how to support success for our registrants and better outcomes for our patients. Further to our continued work with researchers on various projects to measure the impact of policy implementation at the College, including opioids, medication safety and quality indicators, OPTIMISE is another example of OCP's increasing involvement in research and system-focused policy development, and demonstrates how we are embedding evaluation and research at the beginning of policy implementation.

Digital Health

Clinical Viewers

In June 2021, the College began supporting Ontario Health's messaging to invite pharmacies to sign up for access to the provincial [clinical viewer](#) in their local regions. The viewer is a secure, web-based portal that provides real-time access to digital health records including dispensed medications, laboratory results, and hospital visits. The viewers continue to be organized by the previous [14 LHIN](#) regions across Ontario. The Connecting Ontario Clinical Viewer is the designated clinical viewer for authorized providers in LHINs 5 to 14, and Clinical Connect is the designated clinical viewer for authorized providers in LHINs 1 to 4. Since the communication began as of July 28, 2021, over 200 pharmacies have registered for the viewers and are currently in the process of on-boarding. This is in addition to the existing 176 that were already using the viewers. The College as well as OPA and pharmacy groups will continue to encourage registration.

PrescribE

College staff participate in bimonthly meetings with [PrescribE](#) (a national e-prescribing service) enabling us to stay informed of their work and to ensure that the pharmacy standards of practice are considered throughout the development/deployment of the service. In Ontario, as of July 30, 2021, there are a total of 3597 pharmacies enrolled of which 1757 are live; and 6741 prescribers enrolled of which 3748 are live.

Communications

Transition to digital Pharmacy Connection will promote timelier, relevant and accessible communication

The College has successfully launched its transition of Pharmacy Connection to a fully digital, web-based publication. The evolution of Pharmacy Connection, now at www.pharmacyconnection.ca, makes it a

timelier and more responsive resource for pharmacists and pharmacy technicians by creating a dynamic new online publication that will improve access to important information, tips, news and updates relevant to practicing pharmacy professionals without the boundaries imposed by a quarterly production schedule. 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, which follows an increasing trend to shift to digital communication over print, means that the College will retire the current print magazine format, reducing costs that can be redirected to other priorities, lowering the impact on the environment associated with paper and waste, while improving the overall timeliness and utility of published content. The most recent edition is the last to be printed in its current format.

Another award for Communications work

The Communications team has been recognized with another award for its public-focused awareness activities, as the recipient of a 2021 Apex Grand Award. This follows the receipt of a prestigious Ovation Award from the International Association of Business Communicators (IABC) this past spring.

Appointment of Inspectors

In accordance with the College's [by-laws](#), attached is a list of the staff members appointed as [Inspectors](#) for the College. Inspectors as referenced under the *Drug and Pharmacies Regulation Act* (section 148(1)), are also referred to as Operations Advisors in the field and by the College.



SUBSECTION 56(1) CLASS EXEMPTION FOR PATIENTS, PRACTITIONERS AND PHARMACISTS PRESCRIBING AND PROVIDING CONTROLLED SUBSTANCES IN CANADA

Pursuant to subsection 56(1) of the *Controlled Drugs and Substances Act* (CDSA), and subject to the terms and conditions herein, practitioners and pharmacists, authorized within their scope of practice, are hereby exempted from the following provisions of the CDSA and its regulations when prescribing, selling, or providing a controlled substance to a patient or transferring a prescription for a controlled substance to a pharmacist in Canada:

- Section 5 of the CDSA;
- Subsection 31(1), and section 37 of the Narcotic Control Regulations (NCR);
- Sections G.03.002 and G.03.006 of Part G of the Food and Drug Regulations (FDR);
- Paragraphs 52 (c) and (d), subsection 54(1) of the Benzodiazepines and Other Targeted Substances Regulations (BOTSR).

Individuals delivering a controlled substance on behalf of a pharmacist are exempt from section 5 of the CDSA.

Patients who receive a controlled substance from a pharmacist pursuant to this exemption, are exempt from subsection 4(1) of the CDSA with respect to that controlled substance.

Except as provided below, the terms used in this exemption have the same meaning as those provided in the CDSA and its regulations:

Patient means:

- a) a person who is a client of a pharmacist;
- b) a person who was prescribed a controlled substance; and
- c) a person:
 - i. to whom a pharmacist may prescribe a controlled substance under this exemption; or
 - ii. to whom a practitioner may verbally prescribe a controlled substance under this exemption.

Pharmacist means a person:

- a) who is entitled under the laws of a province or territory of Canada to practise as a pharmacist;
- b) who has not been named in a notice under section 48(1) of the NCR, G.03.017.2 of the FDR or section 79 of the BOTSR unless a notice of retraction has been issued under the respective regulations; and
- c) whose scope of practice of pharmacy includes prescribing of drugs including controlled substances as authorized under this exemption and, in a manner consistent with any applicable provincial or territorial pharmacy legislation and any applicable policies of a provincial or territorial licensing authority.



Practitioner means a person who:

- a) is registered and entitled under the laws of a province or territory to practise in that province or territory the profession of medicine, dentistry, or veterinary medicine, and includes any other person or class of persons described as a practitioner;
- b) has not been named in a notice under subsection 59(1) of the NCR, G.04.004.2(1) of the FDR, or 79 of the BOTSR unless a notice of retraction has been issued under the respective regulations; and
- c) whose scope of practice of medicine, dentistry, or veterinary medicine includes prescribing drugs, including controlled substances as authorized under the relevant provincial or territorial pharmacy legislation and consistent with any applicable policies of any provincial or territorial body responsible for the regulation of practitioners.

Transfer of prescription means the sending of a prescription by a pharmacist to another pharmacy within the same province or territory, for the purpose of having that prescription filled at that pharmacy.

This exemption provides practitioners with the authority to issue a verbal prescription for controlled substances.

This exemption provides pharmacists with the authority to transfer a prescription for a controlled substance, and to prescribe, sell, or provide a controlled substance to patients subject to the terms and conditions of this exemption.

The exemption is only applicable if the following conditions are met.

(A) Pharmacists acting under the authority of this exemption must:

- 1. Only prescribe, sell, provide, or transfer the controlled substance to a patient while that patient is under their professional treatment;
- 2. Only prescribe, sell, provide, or transfer a controlled substance to a patient in order to extend or renew an existing prescription;
- 3. Only prescribe a controlled substance to a patient in accordance with any policies and/or guidelines established by the provincial or territorial government and by any relevant provincial or territorial licensing authorities;
- 4. Comply with a record keeping obligations established by the provincial or territorial government and any relevant provincial or territorial licensing authority regarding all transactions involving controlled substances;
- 5. If not already required pursuant to item 4, keep records of the following:
 - a. the name and address of any patient who is prescribed, sold, or provided a controlled substance under this exemption;
 - b. the name, quantity, and form of the controlled substance prescribed;
 - c. the name or initials of the pharmacist who prescribed, sold, or provided the controlled substance;
 - d. the date on which the controlled substance was prescribed, sold, or provided; and
 - e. the number assigned to the prescription.



6. With respect to the transfer of a prescription, keep records of the following:
 - a. a copy of the prescription written by the practitioner or the record made in accordance with the practitioner's verbal prescription;
 - b. the name and business address of the transferring pharmacist;
 - c. the name and business address of the pharmacist receiving the prescription transfer;
 - d. the number of authorized refills remaining and, if applicable, the specified interval between refills; and
 - e. the date of the last refill.
7. All records should be kept in the pharmacy for a period of two years from the date that each record is made.

(B) Practitioners must:

1. Only prescribe (including verbally prescribe), sell, or provide the controlled substance to a patient while that patient is under their professional treatment;
2. Only prescribe (including verbally prescribe), a controlled substance to a patient in accordance with any policies or guidelines established by the provincial or territorial government or any relevant provincial or territorial licensing authority; and
3. Comply with record keeping obligations established by the provincial or territorial government and relevant provincial or territorial licensing authorities regarding all transactions involving controlled substances.

(C) Any individual who delivers a controlled substance on behalf of a pharmacist must:

1. Deliver the controlled substance to the individual identified in the prescription (or to a person designated to accept the delivery on behalf of that individual);
2. Obtain in writing a note from the pharmacist identifying the name of the individual effecting the delivery, the name and quantity of the controlled substance to be delivered, and the place of delivery; and,
3. Have the above note as well as a copy of this exemption while effecting the delivery.

(D) Any controlled substance prescribed, sold, provided, or transferred under the authority of this exemption must be for the purpose of facilitating continuation of treatment that the patient was already receiving.

This exemption expires on the earliest of the following dates:

- September 30, 2026;
- The date that it is replaced by another exemption; or
- The date on which it is revoked.

Failure to comply with the terms and conditions of this exemption may, among other things, result in immediate suspension of this exemption, and ultimately, in its revocation.



This exemption may be suspended without prior notice if the Minister deems that such suspension is necessary to protect public health, safety, or security. If necessary, the Minister may change the terms and conditions of this exemption. Should this be the case, you will be informed in writing and reasons for the changes will be provided.

Notwithstanding the conditions above on the ability to suspend, the Minister may suspend or revoke the exemption if she believes that it is no longer necessary.

Signed for and on the behalf of the Minister of Health,

Saxe,
Jennifer

Digitally signed by Saxe, Jennifer
DN: C=CA, O=GC, OU=HC-SC, CN="Saxe, Jennifer"
Reason: I am the author of this document
Location: your signing location here
Date: 2021-06-17 09:32:17
Foxit PhantomPDF Version: 9.7.0

Jennifer Saxe
Director General
Controlled Substances Directorate
Health Canada

Effective Date: October 1, 2021



The Pharmacy Examining Board of Canada

Le Bureau des examinateurs en pharmacie du Canada

717 Church Street, Toronto, Ontario, Canada M4W 2M4 • Telephone (416) 979-2431, Fax 599-9244 • www.pebc.ca

TO: NAPRA and Provincial Regulatory Authorities
FROM: John A. Pugsley, Registrar-Treasurer
DATE: July 23, 2021
RE: PEBC Update on the Administration of PEBC Examinations and Other Exam Initiatives for 2021

PEBC Computer-Based Examinations for 2021

Prometric Test Centres

Candidates who are unable to take advantage of remote proctoring in their own homes can take their examination at Prometric test centres. Prometric test centres are adhering to pandemic protocols including the wearing of masks by all staff and candidates, sanitizing of test stations before and after each use, and screening of candidates prior to entry into the centre as per current public health guidelines. Due to the current need for social distancing, capacity is still limited at Prometric test centres.

Pharmacy Technician Qualifying Examination – Part I (MCQ)

The April 2021 Pharmacy Technician Qualifying Examination-Part I (MCQ) was administered on April 8, 2021. Five hundred and thirty-nine (539) took the examination of which approximately 54% took the exam via remote proctoring. The September 2021 Pharmacy Technician Qualifying Examination-Part I (MCQ) will be administered on September 13, 2021 via computer-based testing through remote proctoring and Prometric test centres.

Pharmacist Qualifying Examination – Part I (MCQ)

The May 2021 Pharmacist Qualifying Examination – Part I (MCQ) was administered on May 25-27, 2021. One thousand, five hundred and fifty-seven (1,557) took the examination of which approximately 45% took the exam via remote proctoring. The November 2021 Pharmacist Qualifying Examination – Part I (MCQ) will be administered on November 8-12, 2021 via computer-based testing through remote proctoring and Prometric test centres.

Pharmacist Evaluating Examination

The January 2021 Pharmacist Evaluating Examination was held on January 13th. One thousand and forty-two (1042) candidates took the examination of which approximately two-thirds took the exam via remote proctoring nationally and internationally.

The June 2021 Pharmacist Evaluating Examination was held on June 16, 2021. Eight hundred and ninety-three (893) wrote the examination of which approximately 58% took the exam via remote proctoring nationally and internationally.

Performance-based Examinations

PEBC continues to follow national and provincial public health agency guidelines and is in consultation with public health experts to ensure that the procedures in place will allow for the safe administration of our performance-based examinations.

Based on current public health guidelines, the following principles are being followed for a safe administration during 2021:

- minimizing gatherings of large groups in a single space
- COVID-19 screening of candidates and personnel
- utilizing personal protection measures, including the wearing of ASTM Level II masks by all candidates and personnel
- conducting enhanced sanitization of common areas and materials as required
- maintaining physical distancing throughout the exam (**max. 3 participants per station**)

Since September 2020, PEBC has been able to successfully administer the OSCE and OSPE across the country to over 3700 candidates with no reported COVID cases. This is a testament to PEBC's rigorous pandemic protocols and the commitment and support of exam centre staff, standardized patients, candidates, assessors and PEBC staff.

OSCE/OSPE Capacity Issues:

PEBC has continued to face capacity issues for its performance-based examinations due to the need of social distancing.

As previously communicated, at the Mid-Year Board Meeting in October 2020, the Board of Directors approved a motion that PEBC prioritize space allocations for a given administration to first-time test takers over repeat test takers in the OSCE and OSPE.

February 2021 Pharmacist Qualifying Examination – Part II (OSCE) (Supplementary Administration)

On February 28, 2021, PEBC tested 498 candidates at 8 centres in Quebec, Ontario, Manitoba, Alberta and British Columbia to accommodate the displaced candidates from the November 2020 OSCE.

PEBC collaborated with its partners at the exam centres, and as required some of the Deans of the universities, some professional associations, provincial regulatory authorities and specific student groups to engage with provincial governments and public health officers to permit a successful administration. PEBC is grateful for the support received from these groups as well as provincial governments.

Pharmacy Technician Qualifying Examination – Part II (OSPE)

The April 2021 Pharmacy Technician Qualifying Examination-Part II (OSPE) was held on Saturday, April 10, 2021 at six sites (Vancouver, Edmonton, London, Waterloo, Ottawa, and Halifax). Five hundred and eleven (511) took the examination.

As the result of the requirement for travelers to isolate for two weeks upon return to Newfoundland from Nova Scotia, many candidates from NFLD decided to postpone their OSPE until the September administration in St. John's, NFLD.

The September 2021 Pharmacy Technician Qualifying Examination-Part II (OSPE) will be held on September 19, 2021.

Pharmacist Qualifying Examination – Part II (OSCE)

The May 2021 Pharmacist Qualifying Examination-Part II (OSCE) was held on May 30, 2021 at a total of thirteen centres. One thousand, one hundred and fifty-one (1151) candidates took the examination. PEBC faced numerous challenges in the administration of the May 30th OSCE. These included difficulties in assessor and standardized patient recruitment, travel isolation requirements in the Atlantic provinces and the continued need to administer the OSCE at hotels rather than the usual venues.

Despite our confidence in running a safe exam in Winnipeg, the University of Manitoba cancelled the administration of the exam at its learning centre and was not able to assist PEBC through providing previously recruited staff support with the administration of the OSCE at another external location. In making their decision, the University of Manitoba considered a number of factors including, but not limited to, the health and safety of exam participants, the cancellations of in-person classes for their health sciences students and the ability to meet the university's more stringent physical distancing requirements (3 meters vs 2 meters) to administer the exam.

For the OSCE, there were about 150 candidates that could not be accommodated. These were either repeaters or candidates who chose not to take a previous exam when offered a spot, or displaced candidates as the result of the cancellation of the OSCE in Manitoba. Priority was given to displaced candidates and first-time test takers from 2020.

The November 2021 Pharmacist Qualifying Examination – Part II (OSCE) will be administered on November 6, 2021.

The pandemic has introduced many challenges to PEBC, its stakeholders and to candidates. PEBC is committed to doing everything possible to administer its exams successfully, placing the safety and wellness of candidates, exam personnel and PEBC staff at the forefront, while maintaining the integrity of its exam processes. Despite the ongoing uncertainty with the pandemic, PEBC continues to prepare

for the administration of the upcoming exams while also anticipating potential obstacles so that we are prepared to deal with them effectively, resulting in positive outcomes.

PEBC Launching Linear-on-the-Fly Testing for Pharmacist Qualifying Examination Part I (MCQ)

PEBC is preparing to launch linear-on-the-fly testing (LOFT) for the upcoming November 2021 Pharmacist Qualifying Examination Part I (MCQ). LOFT is a method of using technology to automate the assembly of exam forms using pre-determined configurations to deliver a unique version of the exam to each candidate.

LOFT has been a strategic priority for PEBC since the implementation of computer-based testing (CBT) as CBT provides the opportunity to leverage technology to further enhance the quality and security of PEBC's assessment processes. While PEBC utilizes multiple forms on Part I (MCQ) with items delivered in random order, the main benefit to LOFT is that each candidate would receive a unique form, reducing the potential impact of candidates sharing content with others during the exam window. This would ensure an equal opportunity to candidates. Furthermore, PEBC invests significant resources into the item development processes, continually enhancing the quality of its questions so that each one would represent an important measure in the determination of competence. LOFT provides the opportunity of using a greater proportion of the Part I (MCQ) item bank. An advantage to candidates is that the exam window can be expanded to increase the convenience and accessibility of exam appointments. With LOFT in place, it is PEBC's plan to offer the exam over a 5-day window moving forward.

Beginning in 2019, PEBC worked with its psychometricians to ensure the validity and reliability of using LOFT-generated forms for the determination of competence. In collaboration with its vendor, Prometric, PEBC has undertaken significant work to evaluate the strength of its item bank, ensuring that each question is current and relevant, possesses appropriate and accurate psychometric values, and is correctly categorized for selection by the LOFT system. Further work was done to establish the configurations of the LOFT system so that each form meets PEBC's specific form construction requirements. These configurations include:

- meeting the requirements of the Board-approved exam blueprint
- an appropriate representation of different themes, such as disease states, calculation questions, and other relevant practice issues
- a balanced proportion of standalone and case-based questions; and
- levels of difficulty of the exams that are comparable to one another

As part of the quality assurance processes, multiple simulations have been run and PEBC has reviewed the quality of the forms and adjusted the configurations until they resulted in forms that would meet PEBC's high standards.

With these efforts, PEBC is satisfied that the use of LOFT will deliver high quality forms that would continue to be defensible in the determination of competence. PEBC is continuing its preparations for a launch of LOFT in November 2021.



Date: September 20, 2021
To: Board of Directors
From: Nancy Lum-Wilson, CEO and Registrar
RE: Appointment of Inspectors

In accordance with Article 15.5 of the College's By-laws, please be advised that the following individuals are currently appointed as Inspectors* for the College pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act*.

Nicole Balan
Angela Bates
Charles Chan
Lap Kei Chan
Judy Chong
Kelly Crotty
Peter Gdyczynski
Andrew Hui
Gurjit Husson
Robert Ip
Susan James
Andreea Laschuk

Shelina Manji
Karen Matthew Tong
Jane McKaig
Michelle Nagy
Greg Purchase
Jessie Reid
Ruth Schunk
Brittney Shaw
Lisa Simpson
Sanjeet (Sonia) Sohal
Jovana Tomic
Max Yaghchi

* "Inspectors" as referenced under the DPRA, are also referred to as Operations Advisors in the field and by the College.

The current list reflects the changes introduced in 2019 which separated operational inspections from practice assessments, to further mitigate organizational risk around quality assurance activities.



**ONTARIO COLLEGE OF PHARMACISTS
BOARD MEETING AGENDA**

**TUESDAY, SEPTEMBER 21, 2021
9:00 A.M. – 12:00 P.M.**

[Microsoft Teams Meeting Link](#)

- 1. Chair's Opening Remarks**
- 2. For Information**
 - 2.1 Statutory and Standing Committee Annual Reports Appendix 2.1
- 3. For Decision**
 - 3.1 Briefing Note – Finance & Audit Committee – Appointment of Auditors Appendix 3.1
 - 3.2 Briefing Note – Strategic Planning Appendix 3.2
- 4. Other Matters**
- 5. Unfinished Business**
- 6. Personnel Matter – *In Camera***
- 7. Adjournment**

COUNCIL BRIEFING NOTE

MEETING DATE: SEPTEMBER 2021

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

TOPIC: Reporting by Committees

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

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

BACKGROUND:

As per section 11 of the [Health Professions Procedural Code](#), Schedule 2, *Regulated Health Professions Act*, 1991, each statutory committee of the College is required to “monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council.” This requirement is also reflected in the College’s By-Laws.

ANALYSIS:

Attached for information are annual reports of the statutory and standing committees of the College. It is to be noted that none of the material provided within the reports is new and serves as a re-cap of what has occurred and been reported since the previous year.

Accreditation Committee – December 2020 – August 2021

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

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

Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the *Drug and Pharmacies Regulation Act (1990)* and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the Committee may refer the person who has been issued a certificate of accreditation, the designated manager of the pharmacy or the director(s) of a corporation, to the Discipline Committee. The Accreditation Committee has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation, if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient, or a member of the public, to harm or injury.

Members: Dr. Régis Vaillancourt (Chair), Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Frank Hack, Elnora Magboo, Chintankumar Patel, Gene Szabo, Tracy Wiersema

Meetings Held: March 19, 2021

Panel Meetings Held: (3) February 18, 2021, June 15, 2021, July 21, 2021

Key Highlights:

- Due to the COVID-19 pandemic, the College temporarily suspended onsite pharmacy assessments, as necessary, in accordance with public health guidelines. The College continues to conduct the majority of operational assessments remotely through comprehensive video assessments. In-person operational assessments most recently resumed in July 2021 and continue to be conducted on a case-by-case basis.
- The suspension of onsite assessments resulted in a decrease in the number of assessment referrals and reports to the Accreditation Committee. In some circumstances, this also resulted in delayed re-assessments of pharmacies previously directed by the Committee. An increase in referrals and re-assessment reports to the Committee is expected in the 2021-2022 Board year with the resumption of onsite assessments.
- The Accreditation Committee approved its Renewal Administrative Policy for the 2020-2021 Board year. This policy authorizes the Registrar to use the authority of the Accreditation Committee in certain circumstances to renew certificates of accreditation for pharmacies where there is concern about the past and/or present conduct of an owner.

The Accreditation Committee continues to review applications for the renewal of a certificate of accreditation, referred by the Registrar, in exceptional circumstances, where there are operational deficiencies or where there are concerns about the past and/or present conduct of an owner.

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



Discipline Committee - December 2020 to August 2021

Committee Role: Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against members, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. The majority of matters are resolved by way of an uncontested hearing in which the member admits to some or all of the allegations and the supporting facts, and the member and College make joint submissions as to the appropriate sanction.

The College is required to prove its case on a balance of probabilities by presenting evidence to the panel, following which the panel makes a determination in relation to each allegation. If the panel makes a finding or findings of professional misconduct or incompetence against a member, the panel may make an order to revoke, suspend or impose terms, conditions or limitations on the member's certificate of registration or the corporation's certificate of accreditation; order payment of a fine, payment of all or part of the College's costs respecting the investigation and the hearing; order reimbursement of funds paid by the College for therapy and counselling in sexual abuse matters; and/or reprimand the member.

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

Members: Christine Henderson (Chair), Stephen Adams, Chris Aljawhiri, Jennifer Antunes, Ramy Banoub, Susan Blanchard, David Breukelman, Doug Brown, Billy Cheung, Tammy Cotie, Dina Dichek, Jasmyn Gill, Jillian Grocholsky, Sara Ingram, Katherine Lee, Chris Leung, Beth Li, James Morrison, Sylvia Moustacalis, Goran Petrovic, Rick Phillips, Tracey Phillips, Ruth-Ann Plaxton, Karen Riley, Zahra Sadikali, Mark Scanlon, Jeannette Schindler, Connie Sellors, Siva Sivapalan, Leigh Smith, Dan Stapleton, Devinder Walia, Rick Webster (until July 22, 2021), Laura Weyland, David Windross, Cathy Xu

Meetings: November 24, 2020 (meeting held prior to commencement of 2020-2021 Board year) and February 12, 2021

Panel Hearings/Meetings Held:

- 68 pre-hearing conferences and 10 case management conferences
- 33 motions (19 in writing, 7 at the commencement of the hearing, 7 oral motions independent of the hearing)
- 19 uncontested hearings
- 5 contested hearings
- 3 partially contested hearings

For statistics relating to Discipline Committee proceedings, please refer to the College's [Annual Report](#) (Refer to page 27-28 and [Appendix A Discipline Case Summaries](#)).

Key Highlights:

Education: The Discipline Committee held one meeting this year, and one additional meeting just prior to the commencement of the Board year. The meetings provide opportunities for the

Committee to meet as a whole to receive training from Independent Legal Counsel, discuss issues of common concern, and share best practices.

Electronic Hearings: Due to the COVID-19 pandemic, all in-person discipline proceedings continue to be suspended. Accordingly, the Discipline Committee's *Direction on Electronic and Written Hearings* issued on May 6, 2020 remains in effect. The Committee has successfully transitioned to holding videoconference hearings, including contested hearings with witnesses.

New Working Group: A working group has been struck with the goal of implementing a more robust and effective case management process for matters referred to the Discipline Committee, with a particular focus on pre-hearing conferences. The working group is comprised of the pre-hearing conference Chairs and the Discipline Committee Chair, with support and guidance provided by hearings staff. The case management project is expected to continue into 2022.

Ongoing Work: Carrying out the statutory functions and duties of the Discipline Committee in the face of a heavy workload, ever mindful of the public interest mandate, remains the primary focus for the ongoing work of the Discipline Committee.

In addition, over the 2021-2022 Board year, the Discipline Committee will continue its work on the case management project, with plans to commence a second project to review and revise the *Discipline Committee Rules of Procedure*. The rules were last revised in 2015. The Committee will also prepare for the resumption of some in-person proceedings, and will evaluate the procedures for electronic and written hearings, which are expected to continue in the future.



DPP Committee – December 2020 – August 2021

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

Members: Dr. Régis Vaillancourt (Chair), Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Frank Hack, Elnora Magboo, Chintankumar Patel, Gene Szabo, Tracy Wiersema,

Meetings Held: April 30, 2021, July 21, 2021

Key Highlights:

- Due to public health measures in response to the COVID-19 pandemic, the College temporarily suspended onsite assessments of drug preparation premises. Assessments have resumed in accordance with public health guidelines.
- DPP Committee processes, including orientation, templates and reports continue to be aligned with other committees supported by the Conduct Operations department for increased efficiency and consistency.

For additional information or statistics relating to DPP Committee activity, please refer to the College's [annual report](#) (pages 11, 14, 15, 37).

Ongoing Work: The Committee continues to review DPP assessment reports of initial and routine (annual) assessments, as well as re-assessments, and issues outcomes based on these reports.



Executive Committee – December 2020 to September 2021

Committee Role: The Executive Committee exercises all the powers and duties of the Board between Board meetings that require urgent attention and reports its activities, decisions and recommendations through the Chair at each meeting of the Board. It reviews and recommends to the Board changes to applicable statutes, regulations, by-laws, College policies and standards of practice and ensures the policies of the Board are carried out. The Committee also fulfills specific financial and compensation related duties set out in the by-laws.

The Executive Committee is comprised of the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors. The Committee is resourced by the CEO and Registrar.

Members: Billy Cheung (Chair), David Breukelman (Vice Chair), James Morrison, Siva Sivapalan, and Christine Henderson.

Meetings Held: January 29, 2021, March 9, 2021, May 21, 2021, and Aug 26, 2021

Key Highlights: In January 2021, the Committee determined the College would post the minutes of Executive Committee Meetings as per expectations set out in the new College Performance Measurement Framework (CPMF).

In March 2019, the Committee determined a letter be sent to the Directors of the Board reminding them of their statutory requirement to serve on Discipline hearings.

The Committee met to discuss personnel matters, in-camera and without staff on the following dates: May 21 and May 28, July 13, July 23 and July 30, and on August 18, 2021.

There were no other urgent matters between Board meetings during this reporting period.

Ongoing Work: The Committee will continue to fulfill the obligations set out in statute, the by-laws and the Board policies.

Finance and Audit Committee – December 2020 to August 2021

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

Members: Dan Stapleton (Chair), Stephen Adams, David Breukelman, Doug Brown, Billy Cheung, Tracey Phillips, Siva Sivapalan

Meetings Held: January 28, 2021, March 3, 2021, and August 10, 2021

Key Highlights:

January 28, 2021

At the initial meeting, the Committee was provided with an overview of duties, procedures, related policies and timelines. Discussion points included protecting credit card information, fraud and cyber security, audit timelines and conducting an audit service review in 2021. It was noted that the College's Reserve Funds policy is also under review this year. The Committee examined the policy and discussed the amount of contingency fund required, redundancy of a fee stabilization fund, and the potential establishment of a reserve fund for replacement or upgrading of IT infrastructure moving forward. A presentation regarding Discipline Cost Recovery was made to the Committee by the Director of Conduct and the Manager of Legal Conduct.

March 3, 2021

The Committee was provided with an overview of the audit service review process. The Audit request for proposal (RFP) was sent to firms recommended by other regulatory colleges. An update was also provided regarding the Payment Card Industry Data Security Standard (PCI DSS).

The Committee reviewed a report and recommendations on options to reduce credit card expenses. The Committee agreed that OCP should continue to accept credit cards, and continue to offer payment through Interac transactional payments. The Committee further supported a recommendation to participate in a program established by the Federation of Medical Regulatory Authorities of Canada (FMRAC) through TD Bank to take advantage of reduced merchant discount rates. The College is unable to reduce interchange rates from credit card companies, which accounts for the bulk of the fees; the Committee felt that the possible cost benefits of pursuing a convenience fee were outweighed by reputational and other risks.

The Committee reviewed the fourth quarter internal financial statements, comments on variances and the investment report. It was noted that the College ended the year at nearly break-even after capital, without the use of reserves. The Committee approved revisions to the College's Reserve Funds policy, which was reported to the Board along with the recommendation for approval of the Audited Financial Statements. A budget comparison with a summary of the financial performance for 2020, compared with budget and mid-year projections, was directed to be added to the briefing note to better illustrate the near break-even position after capital.

The Committee reviewed the internal control questionnaire, and audit results letter. No major recommendations arose from the audit examination. A post-audit in-camera session was held with the auditors.

August 10, 2021

The Committee reviewed the proposed amendments to the Investment policy which calls for preservation of capital as a priority in investment decisions. A discussion followed regarding the College's appetite to take on some risk to increase yield. The Committee determined that this issue should be brought to the Board's attention for discussion. A review of the second quarter internal financial statements and projected financial position at year-end 2021 was undertaken and the Committee noted that a surplus of revenue over expenses and capital of approximately half a million dollars is likely. The Committee also reflected on discussion at the June Board meeting regarding clarity of the Financial Statements with a view to supporting the Board in fulfilling their oversight responsibilities. It was noted that the new Board Orientation program will include a segment on the Statements and the mechanisms for reviewing financial status throughout the year.

The Committee reviewed proposals from three audit firms solicited over the summer. Following a thorough review of the proposals, the Committee recommended that the current auditor be reappointed.

A presentation was made to the Committee outlining the College's IT Systems Review and recommended changes. The new infrastructure supports increased security against cyber attacks, a risk identified on the current Board Risk Register. The Roadmap outlines the long-term strategy and high level costing for the Committee to consider whether establishment of a dedicated technology reserve fund is appropriate.

A pre-budget discussion was held touching upon the 2022 Annual Operating Schedule, projected financial status at year-end 2021, and continued discussion regarding the Reserve Funds policy followed.

Ongoing Work:

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

Fitness to Practice Committee – December 2020 to August 2021

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

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

The majority of proceedings before the Fitness to Practise Committee result in a voluntary admission by the member of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the member has enrolled in a monitoring contract with the Ontario Pharmacy Health Program (OPHP) offered through Lifemark Health Group. The OPHP provides case management and monitoring services for members of the College. The primary objective is to ensure that members receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPHP is available to all College members, and can be accessed anonymously by a member, or can be facilitated by the College via the incapacity process.

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

Members: Kathy Al-Zand (Chair), Stephen Adams, Dina Dichek, Jillian Grocholsky, Jeannette Schindler, Devinder Walia

Meetings Held: April 30, 2021

Panel Meetings Held: Three pre-hearing conferences

For statistics relating to Fitness to Practise proceedings, please refer to the College's [Annual Report](#) (page 29).

Key Highlights: At its meeting on April 30, 2021, the Committee received training from Independent Legal Counsel regarding the Fitness to Practise process. A member of the OPHP gave a presentation regarding addiction and mental health, and the services provided by the OPHP Program.

Ongoing Work: The Committee will continue to review its procedures to ensure that they are in keeping with best practices, and reflect the changing landscape of how regulatory bodies address incapacitated members.

Governance Committee – December 2020 to September 2021

Committee Role: The Governance Committee determines the competencies the Board will be seeking in the Board elections and implements the succession strategy for Chair and Vice Chair and Executive Committee positions. The Committee also recommends the slate of Committee appointees for the Board's consideration and oversees orientation, training and evaluation of the Directors and Board.

The Governance Committee is composed of four (4) Directors, including one or more of each of the following: a Public Director, a pharmacist Elected Director and a pharmacy technician Elected Director, and at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

Members: David Breukelman (Chair), Sara Ingram, James Morrison, Goran Petrovic and Dan Stapleton.

Meetings Held: February 3, 2021, February 24, 2021, March 24, 2021, May 3, 2021, August 18, 2021 and September 1, 2021. In addition to formal meetings, the Governance Committee also met weekly and then bi-weekly between March and May to facilitate the drafting of Board Policies.

Key Highlights: The Governance Committee began meeting in February to tackle the remaining Board Policies following the Board's approval of the initial batch of policies in December 2020. Between February 2021 and June 2021, the Governance Committee provided the Board with 41 policies all of which were considered and approved. The new Board Policies are in place for September 2021 allowing the College to retire the 2016 Governance Manual. The Policies are drafted in a standalone format which will enable the Board to review and update them as necessary to ensure adherence to regulatory best practice and reflect governance excellence.

In March 2021, the Committee circulated the 2021 skills inventory questionnaire to the current Board to understand what skills may be lacking and could be filled through targeted recruitment of new Directors and through ongoing Board training. The skills inventory results were analyzed and used to create the 2021 Director profile. The inventory revealed that the Board required representation of a pharmacist with experience with northern/remote patient populations. In addition, Board skills could be supplemented with individuals with strong competence in legal, human resources, technology, risk and compliance.

In August and September 2021, the Committee met to create the proposed slate of individuals for Committee Appointment and ensure that those who had expressed interest in Chairing committees were qualified. Feedback on the current appointees was reviewed and the considerations for Committee Appointments were vetted by the outgoing Committee Chairs. Additionally the Committee reviewed and considered the competencies of the individuals who had expressed interest in serving as Chair, Vice Chair and on the Executive Committee prior to making the recommendations to the Board.

Ongoing Work: The Committee will continue to fulfill the obligations set out in statute, the by-laws and Board policies. Feedback from the surveys and reports will be reviewed to identify opportunities for improvement to Governance processes. Ongoing review of the policies and by-laws will continue to ensure the College is fulfilling its obligations and reflecting best practice.

Inquiries, Complaints and Reports Committee – December 2020 – August 2021

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

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

1. Take action the panel considers appropriate that is not inconsistent with the Act, the Code, the regulations or by-laws, including taking no action or issuing a reminder/advice.
2. Require the registrant to complete a specified continuing education or remediation program.
3. Require the registrant to appear before a panel of the ICRC to be cautioned.
4. Refer a member for incapacity proceedings.
5. Refer specified allegations of professional misconduct to the Discipline Committee.

ICRC panels disposing of incapacity inquiries also have the power to refer information concerning a registrant’s incapacity to the Fitness to Practise Committee.

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

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to refer a registrant for incapacity proceedings, complaint decisions are reviewable by the Health Professions Appeal and Review Board for adequacy of the investigation and reasonableness of the decision.

Notations regarding specific ICRC decisions are entered onto the public register, including those involving a referral of allegations of professional misconduct or incompetence to the Discipline Committee, referrals of incapacity information to the Fitness to Practise Committee, undertakings, specified continuing education or remediation programs, and cautions in person.

Members: Rachelle Rocha (Chair), Stephen Adams, Elaine Akers, Derek Antwi, David Breukelman, Tanisha Campbell, Tammy Cotie, Nneka Ezurike, Sajjad Giby, Mike Hannalah, Bonnie Hauser, Wassim Houneini, Mary Joy, Saliman Joyian, Kristen Kennedy (until June 7, 2021), Elizabeth Kozyra, Kim Lamont, Janet Leung, Christopher Leung, Jon MacDonald, Stephen MacInnis, Elnora Magboo, Andrew Messiha, Dean Miller, Aska Patel, Chintankumar Patel, Rick Phillips, Ranvir Rai, Stephanie Rankin, Saheed Rashid, Fatema Salem, Kaivan Shah, Sachi Sharma, Ian Stewart, Gene Szabo, Frank Tee, Tirath Thakkar, Nisha Varughese, Amanda Vernooy (until May 14, 2021), Devinder Walia, Rick Webster (until July 22, 2021), Tracy Wiersema, Lisa-Kaye Williams, Cheryl Wong, Ali Zohouri

Meetings Held: January 29, 2021, February 4, 2021, July 6, 2021

Panel Meetings Held:

- Half-day virtual meetings: 42*
- Teleconferences (<1 hour): 4*
- Oral Caution Delivery meetings: 14

* Including panel meetings scheduled to the end of the board year

Key Highlights:

- Due to the COVID-19 pandemic, ICRC meetings continued to take place virtually (videoconference), which included two virtual orientation sessions in January and February 2021 as well as a business meeting of the full committee on July 6, 2021. The ICRC also continued to deliver oral cautions virtually. It is expected that virtual meetings will continue in the 2020-2021 Board year and in-person meetings will resume for oral caution delivery, when possible.
- Almost half of ICRC members were new to the committee in the 2020-2021 Board year; 20 new ICRC members were oriented to the committee.
- The ICRC covered several topics at their orientation and business meetings, including a review of remediation options and tools used when requiring specified continuing education or remediation programs as part of their decisions. The ICRC continued to collect data during each panel meeting with respect to gaps in practice. This data will be used by the Professional Development and Remediation team in an initiative to conduct post-remediation follow-up.
- The ICRC continued to optimize their process for deliberating on matters online in advance of panel meetings to enhance efficiency of discussion and decision-making during virtual meetings. The ICRC disposed of as many matters in half-day virtual meetings as the committee did in the same time frame when holding full day in-person meetings prior to the pandemic.
- A Shadow Panel Initiative is underway to test inter-rater reliability between ICRC panels with respect to dispositions, reasons, and gap analyses, and to make recommendations for areas of training/improvement in ICRC decision-making. The ICRC continues to use their existing tools (a Risk Assessment Tool and Professional Development and Remediation Gap Classification Tool) in their decision-making. An updated Risk Assessment Tool is in progress with an aim to be implemented following the Shadow Panel Initiative.

For additional information or statistics relating to ICRC activity, please refer to the College's [annual report](#) (page 22-26).

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

Patient Relations Committee – December 2020 – August 2021

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

Members: Kathy Al-Zand (Chair), Courtney Grzybowski, Kshitij Mistry, Melissa Sheldrick, Adam Silvertown

Meetings Held: February 24, 2021, June 21, 2021

Key Highlights:

The Committee was focused on the following priorities over the past year:

- Ongoing oversight of the Patient Relations Program and administration of the funding process for patients who have alleged sexual abuse by a registrant. This included review of reports on usage of counselling funds to date and input into the exploration of other supports for patients who may face barriers accessing therapy or counselling.
- Providing input into the College’s continuous quality improvement efforts regarding the experience with College processes by patients who have made allegations of sexual abuse. This has included a focus on influencing trauma-informed approaches to communication and program delivery within the College’s Conduct division.
- Providing input and feedback on an updated Boundary Violations & Sexual Abuse Policy. This policy reinforces the College’s expectations for maintaining appropriate boundaries and the legislative provisions forbidding sexual abuse of a patient, per the Health Professions Procedural Code.
- Providing input into the implementation of regulatory key initiatives underway at the College including Quality Indicators for Pharmacy, AIMS and the Community Practice Environment Initiative and feedback on communication opportunities with both registrants and members of the public in line with the Committee’s mandate.

Ongoing Work:

- Experience of patients who have alleged sexual abuse
The College continues to receive annual reports from Dr. Ruth Gallop, an independent consultant hired by the College’s Patient Relations Program to provide third-party guidance and support to those who have made allegations of sexual abuse by a registrant. Dr. Gallop’s reports include anonymized feedback on how to improve the experience for patients throughout the complaints, investigation and discipline stages and focuses largely on communication, process and accommodation related matters. The Committee will continue to guide the work of the College following each report from Dr. Gallop and provide feedback on ongoing improvement initiatives.

- Communication and policy input
The Committee is expected to provide input and feedback on an ongoing basis on important practice policies that are relevant to the mandate of the Committee particularly those that are related to the prevention of sexual abuse and those that may have an influence on enhancing the relations between patients and registrants. The communication of these policies, and on what patients should expect from their pharmacy experiences, will continue to be guided through the input of this Committee.
- Promoting cultural competency – equity, diversity and inclusion
The Committee has previously endorsed the commitment to enhance Indigenous cultural competency amongst registrants, and the Board and staff and will continue to provide input as new opportunities to advance this commitment are identified, planned and implemented. In addition, in consideration of the health system and societal issues associated with anti-BIPOC racism and broad discrimination, the Committee will play an important role in the identification of opportunities and implementation of actions to advance the College's equity, diversity and inclusion efforts identified as an operational priority for the balance of 2021 and into 2022.
- Ongoing work:
The Committee will continue to be involved in the oversight of the therapy funding program, provide guidance for the College's registrant and public facing communications activities, and provide input on public engagement opportunities throughout the year.



Quality Assurance Committee – December 2020 – August 2021

Committee Role: The Quality Assurance Committee has oversight of the quality assurance program which includes maintenance of a learning portfolio, two-part register, clinical knowledge assessment, self-assessment, practice assessment and remediation. The Committee reviews the program and appoints quality assurance assessors annually. The Committee reviews practice and peer assessment reports and requires those individuals whose knowledge, skill and judgement have been assessed and found to have fallen below a cut score based on the standards to participate in specified continuing education or remediation programs.

The Committee can also direct the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a registrant whose knowledge, skill and judgement has been assessed or reassessed and found to have consistently fallen below standards, or who has been directed to participate in specified education or remediation and has not completed those programs successfully.

The Committee may sit as a panel to consider any matter arising out of a practice assessment, clinical knowledge assessment or any matter relating to the imposition of terms, conditions or limitations on a registrant's certificate.

Members: Karen Riley (Chair), Tammy Cotie, Elnora Magboo, Shelley Dorazio, Eric Kam, Mardi Teeple, Mona Hamada, Deena Hamzawi.

Meetings Held: December 14, 2020 (Panel), February 5, 2021 (Orientation), March 16, 2021 (Panel), April 20, 2021 (Panel), May 5, 2021 (Panel), June 3, 2021 (Midyear), June 15, 2021 (Panel), July 20, 2021 (Panel), August 17, 2021 (Panel)

Key Highlights:

- The Committee continued with the re-design of the quality assurance program, for both pharmacists and pharmacy technicians. The Committee confirmed the multi-modal approach to quality assurance, addressing different aspects of practice and knowledge through various quality assurance activities (refer to [Pharmacy Connection Quality Assurance Summer 2021](#)). The Committee also confirmed the College's dual mandate with respect to quality assurance:
 1. For those registrants that are not meeting standards, to identify their gaps and help them remediate; and
 2. For those registrants that are meeting standards, to validate best practice and to help improve practice.
- Using this approach, the Committee approved a risk-based, two-stream model for the knowledge assessment for pharmacists (which will be initiated in 2022 – refer to [Pharmacy Connection Knowledge Assessment Summer 2021](#).)
 - For the high risk group (those practitioners identified through unsuccessful reassessment on a practice assessment or knowledge assessment or those moving from Part B to Part A), the purpose of the assessment is public protection. Because the risk is higher, a proctored assessment will be used.

- For the low risk group (all other Part A practitioners), selected of over a five-year period, the purpose of the assessment is engagement and encouragement of continuing professional development. Because the risk is lower, an un-proctored assessment will be used.
- In addition to the above, the Committee initiated monthly panel meetings with rotating chairs for each panel; policies regarding deferrals and out-of-province practitioners were approved and quality assurance assessors for 2021 were approved.

For statistics relating to QA Committee considerations, please refer to the College's [annual report](#) (page 13, 16-20).

Ongoing Work:

Implementation of Knowledge Assessments for pharmacists.



Registration Committee – December 2020 – August 2021

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

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

Members: Sylvia Moustacalis (Chair), Lisa Dolovich, Andrea Fernandes, Danielle Garceau, Christine Henderson, Jane Hilliard, Edward Odumodo, Angela Roach, Mandip Sandhur, Gene Szabo (appointed to Registration Committee June 14, 2021), Rick Webster (order in Council expired July 22, 2021)

Meetings Held: February 1 and 3 (orientation), and June 7, 2021

Panel Meetings Held: December 21, 2020, January 22, March 1 and 26, April 30, May 28, June 11, 15 and 25, July 20, and August 27, 2021

Key Highlights:

- Committee approved a new policy for French Language Proficiency Assessment Tests to define the French language proficiency requirements that demonstrate the applicant's ability to communicate and comprehend, both orally and in writing. The policy incorporates the tests and test scores recommended by the Centre for Canadian Language Benchmarks (CCLB).
- Practice Assessment of Competence at Entry (PACE) policy was updated to incorporate pharmacy technicians in preparation for launch of PACE for technicians in 2022.
- Committee approved a new Jurisprudence, Ethics and Professionalism Exam policy which incorporates the exam blueprint, format, eligibility requirements and limit on number of re-attempts.
- Committee reviewed an interim guidance document that provides support for Registration Panels determining bridging courses for international pharmacy technician applicants who do not pass the Pharmacy Examining Board of Canada's (PEBC) Qualifying Examination on their first attempt.
- Committee reviewed the process for extending the validity of emergency assignment certificates of registration for pharmacists and pharmacy technicians.

Refer to the College's [annual report](#) (page 20-21) for statistics relating to registration panel considerations.

Ongoing Work:

- PACE for pharmacy technicians will be introduced in 2022.

Screening Committee – March 2021 – August 2021

Committee Role: The Screening Committee administers the process for screening applicants to be qualified as candidates for the Board. Reviews applications and recommends applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

The Screening Committee is comprised of the Chair of the Governance Committee, two (2) additional Directors, one or more of whom shall be a Public Director, and two (2) or more Lay Committee Appointees.

Members: Megan Sloan (Chair), David Breukelman, Tracey Phillips, Gene Szabo and David Collie.

Meetings Held: May 28, 2021 and July 28, 2021

Key Highlights: In May 2021, the Committee met to consider the eligibility of the seven Board Director applications submitted to the College for three available seats. The Committee received the report of the independent consultant to review, rate and rank the qualifications of the candidates. It was determined that one candidate be acclaimed in the seat set aside for Northern/Remote patient populations as he had extensive experience in serving the northern/remote patient populations. Five other candidates were approved to run for election and one candidate was encouraged to seek other opportunities for involvement with the College, or in governance capacities within other organizations, to better prepare to reapply for a Director role in the future.

In July 2021, the Committee met to review the Professional Committee Appointee (PCA) and Lay Committee Appointee (LCA) applications received by the College. The College's Human Resources team reviewed, rated and ranked the applicants and provided a report for the Committee's consideration. All eight PCA candidates and all three LCA candidates were deemed qualified for the Governance Committee's consideration for appointment to a Committee as needed.

Ongoing Work: The Committee supported the circulation of a redacted version of the report drafted by the independent consultant to the Governance Committee as it offered some recommendations for improvement to the process of recruiting and screening potential Directors. The Committee will continue to fulfill the obligations set out in statute, the by-laws and the Board policies.

BOARD BRIEFING NOTE**MEETING DATE: SEPTEMBER 2021****FOR DECISION****X****FOR INFORMATION****INITIATED BY:** Finance and Audit Committee**TOPIC:** Appointment of Auditors

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

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

BACKGROUND:

Tinkham LLP Chartered Professional Accountants were first appointed as auditors for the College in December 2017 and have been reappointed each year since. As reported to the Board previously, the Committee committed to taking the services to market to ensure the services provided are competitively priced and reflective of best practices. Accordingly, a request for proposal (RFP) process was undertaken over the summer with five accounting firms with experience in the regulatory arena asked to make a proposal. Three of the five firms chose to vie for the work, with two firms declining.

ANALYSIS:

Following a comprehensive review and comparison of the proposals, the Committee selected the current firm Tinkham LLP Chartered Professional Accountants. The Finance and Audit Committee continues to be satisfied with the services and advice provided by Tinkham and noted that their proposed fees were favorable when compared to competing proposals.

RECOMMENDATION:

That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2021.

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2021**FOR DECISION****X****FOR INFORMATION****INITIATED BY:** Nancy Lum-Wilson, CEO and Registrar**TOPIC:** Ontario College of Pharmacists Strategic Planning Process**ISSUE:** The Strategic Priorities set out in the 2019-2021 Strategic Plan continue to be relevant. A decision is required to determine whether the Board will introduce a new strategic plan for 2023 or 2024.**PUBLIC INTEREST RATIONALE:** Strategic planning is undertaken routinely to develop and solidify shared priorities for the College. By establishing a plan, the Board and Staff can ensure that the College is investing its efforts and resources on activities that focus on advancing the strategic priorities, in line with its public interest mandate.**BACKGROUND:**

The duties and the objects of the College are set out in sections 2.1, 3 (1) and 3 (2) of the [Regulated Health Professions Act](#), 1991 (RHPA) as well as section 6 of the [Pharmacy Act](#). These legislated objects set out the roles and responsibilities of the College to serve and protect the public interest. While all the prescribed objects are an ongoing obligation, the Board may consider from time to time, through the Strategic Planning process, where focused effort is required to improve the impact of College programs and services on the profession and ultimately on the health outcomes of the patients they serve. Further, the OCP [Board Policy 4.1 Strategic Planning – Development and Oversight](#), outlines the time horizon of three to five years for each Strategic Plan.

Staff use these strategic priorities to develop annual operating plans that set out actions and desired outcomes to advance those priorities. These action plans guide the allocation of resources as reflected in annual budgets developed by staff for the Board's consideration.

The Board last undertook a Strategic Planning process in the spring of 2018. In preparation for that session, a comprehensive review of the current state of healthcare delivery by the pharmacy profession was conducted. The outcome of that session was the current 2019-2021 OCP Strategic Framework.

In September 2020, the Board made the decision to extend the 2019-2021 Strategic Plan to at least 2022 (refer to [Briefing Note](#)), which denotes a time horizon for the strategic plan of four out of a possible five years.

The current strategic priorities are:

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

To produce a new strategic plan for 2023, the next strategic planning cycle would typically begin in the fall of 2021 with the engagement of a consultant and the formation of a committee to guide the planning. After an analysis of external and internal impacts is completed, the Board would then meet in the spring 2022, typically in a retreat setting, to consider and commit to the priorities for the next three to five years.

ANALYSIS:

Given, that Policy 4.1 indicates that the maximum time horizon for a strategic plan is five years, there are two options for the Board's consideration – begin the strategic planning process in fall 2021 to produce a new strategic plan for 2023; or begin the strategic planning process in fall 2022 to produce a new strategic plan for 2024.

Considerations:

- The current strategic priorities continue to be relevant and reflect the objects of the College.
- The pandemic has impacted and continues to impact the timelines for execution of strategies that would deliver on objectives set out in the current strategic and operating plan. The Delta variant continues to cause an increase in case numbers and hospitalizations. It is unknown if additional immunization will be required or disruption to reopening will result.
- The comprehensive analysis of the professional landscape which helped establish the priorities continues to largely reflect the external environment and government expectations. However, the environment has shifted somewhat.
 - The Ministry is considering making changes to the *Regulated Health Professions Act*, 1991 in fall 2021 which will further impact the College governance structure. Waiting until 2024 will provide an additional year to gain experience with governance reform before developing a new Strategic Plan.
 - Continued focus on accountability and transparency, with the second iteration of the College Performance Measurement Framework (CPMF) expected in the fall.
 - Equity, Diversity, Inclusion and Belonging (EDI-B) and Environmental Social and Governance (ESG) issues are continuing to gain significance.
 - The pandemic has increased the urgency around addressing cybersecurity and emergency planning for all organizations.
 - The pandemic has shifted the role of the office as the use of technology has adapted to a largely virtual workplace.
- A Federal election has been called for September 20, 2021; a Provincial election is scheduled for June 2, 2022. Any change in government will mean a shift in direction.
- A new Deputy Minister of Health, Dr. Catherine Zahn, was appointed on September 7, 2021
- We are currently in the 4th wave of the pandemic and the possibility of additional waves of variants may impact on our ability to hold an offsite, in-person planning session in the spring of 2022. (*Feedback from Board members in the past indicate that there is tremendous team building value in holding the session offsite and in-person.*)

Option Timelines:

Activities	New Strat plan for 2023	New Strat plan for 2024
Planning, facilitators, venue, timelines, budget	Oct – Dec 2021	Oct – Dec 2022
Environmental scan, literature review, stakeholder interviews, agenda, materials	Jan – Mar 2022	Jan – Mar 2023
Strategic Planning retreat (in-person)	Mar 2022	Mar 2023
Finalize strategic framework	Apr – Jun 2022	Apr – Jun 2023
Board approves strategic framework	Jun 2022	Jun 2023
Operational Planning	Jul – Sep 2022	Jul – Sep 2023
Board endorses Operational Plan	Sep 2022	Sep 2023
Budget development	Sep – Dec 2022	Sep – Dec 2023
Board approves Budget	Dec 2022	Dec 2023

RECOMMENDATION:

That the Board affirm the ongoing relevance of the Priorities set out in the current Strategic Framework and defer Board Planning activity to 2022 – 2023 to establish a new Strategic Plan for 2024, extending the current strategic plan to 5 years.