Ontario College of Pharmacists
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Agenda

ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, DECEMBER 13, 2021

9:00 A.M. – 4:00 P.M.

Microsoft Teams Meeting Link

Time	Topic	Purpose	Materials
9:00 am	**1. Land Acknowledgement**	Standing	
9:05 am	**2. Noting Members Present**	Standing	
9:10 am	**3. Declaration of Conflict**	Standing	
9:12 am	**4. Approval of Agenda**	For Approval	
9:15 am	**5. Chair's Opening Remarks** 5.1 Briefing Note - Chair's Report for December 2021 • September 2021 Board Meeting Evaluation	For Information	Appendix 5.1
9:25 am	**6. Approval of Minutes** 6.1 Minutes of September 21, 2021 Board Meeting 6.2 Minutes of September 29, 2021 In Camera Board Meeting 6.3 Minutes of the October 5, 2021 In Camera Board Meeting 6.4 Minutes of October 15, 2021 In Camera Board Meeting 6.5 Minutes of October 27, 2021 Board Meeting 6.6 Minutes of November 29, 2021 Board Meeting	For Approval	 Appendix 6.1 Appendix 6.2 Appendix 6.3 Appendix 6.4 Appendix 6.5 Appendix 6.6
9:30 am	**7. Matters Arising from Previous Meetings**	Standing	
9:35 am 9:45 am **10:30 am**	**8. Performance Scorecard** 8.1 2021 Q3 Scorecard 8.2 2022 Scorecard without targets ---------- ***30 Minute Break*** ----------	 For Information For Approval	 Appendix 8.1 Appendix 8.2
11:00 am 11:15 am	**9. Risk Management** 9.1 2021 Retrospective Risk Report 9.2 2022 Risk Register	 For Information For Approval	 Appendix 9.1 Appendix 9.2
12:00 pm	**10. 2021 College Performance Measurement Report**	For Information	Appendix 10
12:15 pm	---------- ***LUNCH Break*** ----------		
1:00 pm 1:30 pm	**11. 2022 Budget Approval** **12. Acting Registrar's Report**	For Approval For Information	Appendix 11 Appendix 12
1:50 pm **2:20 pm**	**13. Presentation - Indicators for provider experience** ---------- ***30 Minute Break*** ----------	For Information	Appendix 13
2:50 pm 3:30 pm	**14. In Camera - Personnel Matter: Employee Engagement Survey Results** **15. Meeting End**		

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Billy Cheung, Board Chair

TOPIC: Chair's Report for December 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 September 2021 Meeting. In addition to regular meetings and phone calls with the Acting Registrar, Interim Chief Operations Officer and the Vice Chair, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period.

September Board Meeting Evaluations
Attached to my report is a summary of the September 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:

- September 29, 2021 – In Camera Board of Directors Meeting
- October 5, 2021 – In Camera Board of Directors Meeting
- October 6, 2021 – In Camera Executive Committee Meeting
- October 14, 2021 – In Camera Executive Committee Meeting
- October 15, 2021 – In Camera Board of Directors Meeting
- October 18, 2021 – Uncontested Discipline Hearing
- October 27, 2021 – Board of Directors Meeting
- November 11, 2021 – In Camera Executive Committee Meeting
- November 12, 2021 – In Camera Executive Committee Meeting
- November 22, 2021 – Finance & Audit Committee Meeting
- November 29, 2021 – Board of Directors Meeting
- November 29, 2021 – Executive Committee Meeting
- December 8, 2021 – Governance Committee Meeting

Board Meeting Effectiveness
Overall, the Board feedback has been positive with suggestions for improvement noted at the beginning of the following 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.

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Billy Cheung, Board Chair

TOPIC: September 2021 Board Meeting Evaluation

ISSUE: As per Board Policy 3.2 – Board Meeting Effectiveness, following each Board meeting, an evaluation is circulated regarding the effectiveness of the meeting for feedback and to consider suggestions for improvement.

BACKGROUND:

At the conclusion of the September 2021 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 18 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?	18	0
Were relevant materials provided?	18	0
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	18	0

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

   YES = 17
   NO = 0

   Comments: None.

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

   YES = 18
   NO = 0

   Comments: None.

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

   YES = 18
   NO = 0

   Comments:
   - The Chair was particularly strong in ensuring that everyone's voice was heard.
   - Chair is awesome
   - The Chair does a very nice job of allowing all Board members who wish, to speak.
   - The Chair always does a great job.

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

   YES = 18
   NO = 0

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

   YES = 0
   NO = 18

   Comments:
   - Some of the Board Orientation was very operationally focused, necessarily so. It was helpful to have the staff Directors present their respective departmental responsibilities.

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

   YES = 17
   NO = 0

   Comments: None.

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

   YES = 17
   NO = 0

   Comments: None.

9. Meeting Process Evaluation

Answer Choices	Agree	Disagree
Today's meeting started on time.	18	0
The agenda was clear and realistic for the allotted meeting time.	18	1
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	17	0
Agenda topics were appropriate (i.e. aligned with the College's legislative and regulatory responsibilities).	17	0
Adequate background information was provided for each agenda item.	17	0
The time spent on each item was appropriate.	18	0
I felt supported and valued as a member of this Board.	17	0
I felt comfortable and encouraged to discuss and share my opinions openly.	16	0
Disagreements were handled openly, honestly, directly and respectfully.	17	0
The Chair kept discussions on track.	17	0
The Chair was prepared for the meeting.	18	0
My peer participants appeared to be prepared for the meeting.	17	0
Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned.	17	0
Overall, we accomplished our objectives for this meeting.	17	0
The technology used for the meeting was effective.	15	2

Comments:

- This meeting's agenda was particularly and necessarily full. The one issue that could be considered for next time, is ensuring that break times are longer, to ensure that all participants have time to refresh.
- Not really a disagreement but the back and forth communication for holding a secondary personnel-related part of the main agenda could have been more instructive. We were told to sign off and reconnect using a new link but it was not supplied..
- I kept having audio issues and the chat function was not available to me depriving me of input on a voting matter.
- There seemed to be more technology glitches this meeting that the last, but still functioned better than previous platforms.

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

- I think that this survey, as drafted, is a waste of my time.
- Despite some tech issues, I much prefer the MS teams platform. It is infinitely more reliable and stable than Adobe. With respect to the length of the meetings, 8hours + on a virtual meeting is extremely demanding. A suggestion would be to move some of the training/orientation to another day when we have full agendas.
- The board development session with Javeed Sukhara was very thought-provoking and useful.
- The September meeting can sometimes be a challenge but the Chair did an excellent job with time management of this meeting. The staff presentations during the Orientation section were well done and provided a great reminder for returning Board members and education for new members. It helped everyone align on our public protection mandate. Dr. Sukhera's presentation was equally interesting and valuable but I would have liked to have had it earlier in the agenda when we weren't so fatigued (his calm, methodical presentation style and tone were a bit challenging starting at 3pm!). Overall, great meeting to kick off this new Board year. Well done everyone!
- The Chair, the meeting and the information provided was detailed, thorough and clear.

Feedback on the 2021 College Orientation

1. How satisfied were you with the quality of the orientation training provided?

Very Satisfied	**10**
Satisfied	**5**
Neither satisfied or dissatisfied	**2**
Dissatisfied	**0**

Comments:

- Very well done.
- Very in-depth and informative
- Well done.
- It was great to have all Committee Chairs speak to the objective(s) of their respective committees as well as their accomplishments and challenges.
- To me this was exceptional. The material was clear, concise and addressed the key responsibilities of the Board.

2. **Do you think you benefited, or will benefit, from the information provided?**

Yes = 16
No = 1

Comments:

- Most of the presenter's comments I had heard before but repetition is useful
- I learned a few new things during the orientation.
- Sharing experiences and insights from the ground level is always welcome. That said, it is probably worth exploring for future consideration to specify uniform areas or topics to speak to. There were Chairs who chose to use or devote more time to using the the platform to highlight perceived issues or recognize committee members, etc. Newer Board Members would benefit more to knowing the charter of each committee, role expectations and lastly, challenges each encounter.
- It was a thorough review, with some updates, which was beneficial. A more interactive session (poll questions, etc), may have enhanced learning and engagement in this case.

3. **What do you think were the strengths or weaknesses of the training (content, delivery by presenters, etc.)?**

- There was a lot of material to present, and while the material was excellent and the presentation strong, not sure whether setting aside a separate day for the presentation would be a better option in the future
- Orientation was very comprehensive however the time frame was a little short.
- I think the College would benefit from a more targeted approach to training to avoid repetitive and redundant exercises for some members
- Overall, it added to an already full day. I think we should consider training/orientation outside of board meetings with full agendas.
- Having the individual presenters go over their areas was informative.
- knowledgeable presenter, appropriate material.
- I did not see any weaknesses. I heard a very strong management who are very knowledgeable. We are in good hands with the College's management team.
- Again it was on topic, clear and concise.
- I believe a more interactive session would have been more engaging than the didactic session, especially for more experienced Directors. The content was useful and important, and the variety of presenters with expertise in each area was appreciated.

4. **Is there any other element of information about the Board or College that you would be interested in learning more about?**

- Especially for new Directors, understanding the difference between statutory and non-statutory committees and the purpose behind each one, may assist everyone to better understand this important matter
- Upcoming governance key issues that are on the horizon.
- Re Oral Caution notation in the Public Register. Registrants always ask if there is a pre-defined no. of years it stay in the Register - a concern mostly for those who have clean record for many years and find themselves having that notation for a single infraction -- and we always don't have the answer. Maybe the College should review this policy and define a number of years for the notation to stay in view of the public?
- Nothing that I can think of.
- A review of the mechanics of the complaints process and potential outcome streams, as each of the different committees get involved.

Feedback on the Unconscious Bias Training by Dr. Javeed Sukhera

1. **How satisfied were you with the quality of the orientation training provided?**

Very Satisfied	**10**
Satisfied	**4**
Neither satisfied or dissatisfied	**2**
Dissatisfied	**1**

Comments:

- The presentation and the presenter were both excellent
- A powerful training that deserves a full-day at least and in-person participation!
- These educational/informational sessions are fantastic and really make you reflect on your personal experiences and on how you can become more thoughtful, more present and more empathetic.

2. Do you think you benefited, or will benefit, from the information provided?

Yes = 16
No = 1

Comments:

- Some of the content was quite thought-provoking. The small number of responses was likely because board members needed time to process and reflect.
- The research information provided was interesting and thought provoking.
- Very much so! Kudos to those who chose the speaker!

3. Will you be able to put the knowledge and skills learned into practice, and how?

Yes = 14
No = 0

Comments:

- for general knowledge, as this was my last board meeting.
- I will be able to apply some of that knowledge into practice, however, it will be through my own processing of the information provided.
- To be honest, this training needs sufficient time for participants to fully appreciate/apply in practice. We just had a surface acquaintance of it.
- I am confident that I can.

4. What do you think were the strengths or weaknesses of the training (content, delivery by instructors etc.)?

- The only issue is whether the training would be better placed on a meeting day that is less packed
- Redundancy for some directors. Lack of forward looking education.
- It's challenging running it at the end of a very long meeting.
- The presenter had a very warm and facilitative style.
- The presenter was knowledgeable and obviously spoke with significant experience, and presented some interesting and thought-provoking ideas. The use of videos were effective. However, there seemed to be a disconnect between the presenter and the audience, which created tension. At the end of the presentation, I was left seeing far more obstacles than possibilities to improve in this area.
- After the training. It really made you think.

- Lack of time and something that falls within us to manage.

- Doing this in person would be more powerful but we need to recognize the current limitation and accept and appreciate that we are fortunate to have been part of this session.

5. **Do you feel that the education and training was such that others may benefit from the same program going forward?**

- Yes

- Yes

- I feel that education and training in this area is extremely important and valuable as we move forward. I look forward to additional training in this area for our group with a focus on reflection, discussion, accountability and a path forward to positive change.

- Yes

- Depends on the motivation of us participants. Many seem inclined to just absorb the knowledge part of it and not fully reflect on where they are on this subject and if they really have the desire to apply the sensitivity to be derived from it. Most of us are transactional in our relationships and prefer to stay there. Soul-searching taxes our emotion and long-held biases.

- Yes

- Yes

- Yes

Respectfully submitted,

Billy Cheung, Board Chair

Ontario College of Pharmacists

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MINUTES OF MEETING

OF BOARD OF DIRECTORS

SEPTEMBER 20-21, 2021

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Agenda - September 20, 2021

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

Agenda - September 21, 2021

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

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MONDAY, SEPTEMBER 20, 2021 – 9:00 A.M.
HELD VIA VIDEOCONFERENCE

Attendance

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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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 (**Regrets**)
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Devinder Walia, Etobicoke

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 Executive Assistant to CEO/Registrar

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The meeting was called to order at 9:06 a.m. Mr. Cheung welcomed all Directors, staff and observers. He provided a reminder of the Board's role to be mindful of 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.

Mr. Wilfred (Wilf) Steer was invited to address the Board as its newest elected Director. Mr. Steer was acclaimed in his position on the Board given his experience in serving patient populations in northern and remote communities. Mr. Cheung then informed the Board that Dan Stapleton had been reappointed as a Public Director and he invited Mr. Stapleton to address the Board.

1. Land Acknowledgement

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

2. Noting Members Present

Member attendance was noted.

3. Declaration of Conflict

None noted.

4. Approval of Agenda

At the request of Billy Cheung, Board Chair, item 9.2 Briefing Note on the Committee Slate for Consideration will follow after 10.2 Briefing Note - Registrar's Report (after lunch break). This will allow for brief deliberation of the Governance Committee to finalize the proposed slate and composition of the Governance Committee.

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 September 2021

5.2 September 2021 Board Meeting Evaluation

The Chair summarized his activities since the June 2021 Board meeting and key takeaways from the June Board meeting evaluation. He reviewed the goals of today's Board meeting and encouraged Directors to participate fully in discussions. The Board was informed that meetings would remain virtual for the time being based on the provincial guidelines and that feedback would be sought from the Board on the return to in person meetings.

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

DRAFT

6. Approval of Minutes of Previous Meeting

6.1 Minutes of June 14, 2021 Board Meeting
6.2 Minutes of June 24, 2021 Special Board Meeting.

A motion to approve the minutes of the June 14 and June 24, 2021 Board meeting was moved and seconded. **The motion CARRIED.**

7. Matters Arising from Previous Meetings

Ms. Nancy Lum-Wilson reported that there were no matters arising.

8. Briefing Note – Registrar's Report on Election of Board Directors

Ms. Lum-Wilson provided a summary of the election results.

9. Briefing Notes - Governance Committee

9.1 Briefing Note on the Election of the Executive Committee

Mr. Cheung asked Mr. Breukelman, outgoing Vice-Chair to Chair the meeting for the elections to the Executive Committee.

Mr. Breukelman informed the Board that a list of candidates for election to the Executive Committee had been reviewed by the Governance Committee and circulated to the Board and those interested had provided materials for the Board's consideration.

Election of Board Chair
Mr. Breukelman announced that Mr. Billy Cheung had indicated that he wished to run for office of the Chair and as there were no other expressions of interest Mr. Cheung was acclaimed as Board Chair for 2021-2022. Mr. Cheung addressed the Board.

Election of Vice Chair
Mr. Breukelman announced that Mr. James Morrison had indicated that he wished to run for office of the Vice-Chair and as there were no other expressions of interest he was acclaimed as Vice-Chair for 2021-2022. Mr. Morrison addressed the Board.

Election of Executive Committee
Mr. Cheung noted that the following public members expressed interest in serving on the Executive: Mr. David Breukelman, Ms. Christine Henderson and Mr. Dan Stapleton. Each member was asked if they wished their name to stand for election and each candidate responded in the affirmative, and addressed the Board of Directors.

Mr. Cheung expressed thanks on behalf of the Board and noted that the election would now take place. The election was held via an electronic poll and the results were validated and then released. There was a majority of votes in favour of Ms. Christine Henderson and a tie vote between Mr. Dan Stapleton and Mr. David Breukelman.

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Mr. Cheung congratulated Ms. Christine Henderson, and explained that as there was a tie, another vote would be required. Mr. Breukelman stated that he would stand down and he asked to have his name removed from the ballot.

Mr. Cheung thanked Mr. Breukelman and Mr. Stapleton was acclaimed to the Executive Committee.

Mr. Cheung noted that the candidates who have put their names forward for the fifth seat on the Executive Committee were Mr. Doug Brown, Ms. Sara Ingram and Mr. Siva Sivapalan. Each member was asked if they wished their name to stand for election and each candidate responded in the affirmative, and addressed the Board of Directors.

The Members of the Board were reminded that they were only voting for one candidate and the election was held via an electronic poll and the results were validated and then released.

Ms. Sara Ingram and Mr. Siva Sivapalan were tied for votes, followed by Mr. Doug Brown. Mr. Cheung thanked Mr. Brown and noted that a second vote, between Ms. Sara Ingram and Mr. Siva Sivapalan would occur. The second vote was conducted, the poll was closed. Ms. Sarah Ingram was selected, and congratulations were noted.

Mr. Siva Sivapalan was thanked for his contributions on the Executive Committee over the past year.

9.2 Briefing Note on the Committee Slate for Consideration

The agenda item was deferred to later in the day to allow the Governance Committee to finalize the Committee slate following the election of the Executive Committee to minimize duplication of members on the standing committees of the Board.

10. For Information

10.1 Briefing Note – Performance Scorecard and 2022 Operational Plan

Mr. Cheung invited Ms. Nancy Lum-Wilson to introduce the briefing note. She noted that the scorecard is presented at each meeting to provide the Board with a quarterly report on the status of the College's performance on the key indicators selected.

The Board asked questions regarding the indicators in the yellow range and discussed the impact of contested cases on the timelines for the Discipline decisions as well as the impact of staff turnover on the projected milestones for other indicators.

Ms. Lum-Wilson then presented the 2022 Operational Plan Priorities noting that some timelines for items originally planned for 2021 have been adjusted to 2022 due to the impact of the pandemic.

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

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10.2 Briefing Note - Registrar's Report

Mr. Cheung invited Ms. Nancy Lum-Wilson to provide a brief overview of the quarterly Registrar's report. Highlights of the report included an extension of the emergency assignment registration certificates and the results of the annual Ontario Fairness Commissioner's assessment.

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

10.3 Briefing Note on the Committee Slate for Consideration

The Board was presented with the proposed Committee Slate for the 2021-2022 term as prepared by the Governance Committee. Mr. Breukelman informed the Board that the committees were constituted according to legislation and the College's by-laws.

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

The motion: That the Board resolve that the attached 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. The motion was moved and seconded. The motion CARRIED.

11. Orientation

Ms. Lum-Wilson and Mr. Cheung provided the Board with a comprehensive orientation presentation to ensure that Directors had sufficient understanding of their role in the organization as well as the role and mandate of the College. Elements of the training included an overview of the College's governing legislation, by-laws, and current strategic plan. Additionally, Directors were reminded of the key elements of the governance framework, such as the duties of care and loyalty and the importance of managing any conflicts of interest as well as privacy and confidentiality obligations. Directors were presented with a high level overview of the College's operations including presentations by members of the senior leadership team highlighting the four College departments, quality, conduct, corporate services and communications and the role of each within the College.

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

12. Adjournment

The Chair explained that the Board of Directors meeting is being adjourned at 2:50 p.m. so that the Board Directors can participate in an educational session on unconscious bias presented by Dr. Javeed Sukhera. The Board of Directors meeting would reconvene the next day, September 21, 2021 at 9:00 a.m. The motion: **That the Board meeting adjourn at 2:50 p.m. and will reconvene at 9:00 a.m. on Tuesday, September 21, 2021. The motion CARRIED.**

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

HELD VIA VIDEOCONFERENCE

Attendance

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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

Dr. Lisa Dolovich, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto (**Regrets**)
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 (**Regrets**)
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Devinder Walia, Etobicoke

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 Executive Assistant to CEO/Registrar

Guests:

Ms. Kathleen Al-Zand
Ms. Sylvia Moustacalis
Dr. Karen Riley
Ms. Rachelle Rocha
Ms. Megan Sloan
Dr. Régis Vaillancourt

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1. Chair's Opening Remarks

The meeting was called to order at 9:04 a.m. Mr. Cheung welcomed back the Directors, staff and observers to the second day of the September Meeting. Directors were asked if they had any follow-up questions on the presentations and decisions from the first day. Directors were informed that feedback on the orientation and the unconscious bias training session would be sought within the meeting evaluation to be circulated following the meeting.

2. For Information

2.1 Statutory and Standing Committee Reports

Mr. Cheung advised the Board that the committee reports are presented for information as per section 11.1 of Schedule 2 of the Health Professions Procedural Code, *Regulated Health Professions Act, 1991* (RHPA) which states that each committee shall monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Board. The outgoing Chairs of the Committees were invited to address the Board to provide feedback and/or learnings from a strategic perspective to help the Board understand the work of the committees and the lessons learned over the last 10 months.

Mr. Regis Vaillancourt, Chair, Accreditation and the DPP Committees presented a high level summary of the Committees' activities. Suggestions for improvement included having pharmacy assessment reports coming to the Committee within a shorter time period and the consideration of policy or guidelines for the Committee on how to address issues coming forward to Accreditation Committee when there is a previous discipline matter. Additionally, formalizing the process for follow-up on Hospital accreditation reports could be considered.

Ms. Christine Henderson, Chair, Discipline Committee explained that the Discipline Committee had pivoted to all online meetings and hearings which was challenging but successful. She expressed gratitude to the Committee members and Hearings Office staff as this has been a very busy year with eight complex contested hearings, 19 uncontested hearings, 33 motions and 78 case management and pre-haring conferences which total 138 proceedings - some half day, some in writing and some over several days. This year pre-hearing conference chairs met and shared their experiences and advice, as part of an effort to streamline and improve the effectiveness of pre-hearing conferences. Another upcoming project is the review and revision of Discipline Committee Rules and Procedures.

Mr. Billy Cheung, Chair to the Executive Committee informed the Board of the role of the Executive Committee and that the Committee only acts on behalf of the Board if a matter is urgent and the Board cannot reasonably be convened to address the issue. The activities of the past year included reviewing the feedback on the Board meeting evaluations and reviewing the contents of the upcoming Board meetings to ensure the right details and information is coming forward for effective discussion. He expressed his gratitude to the outgoing members and welcomed the opportunity to work with the newly elected members for the coming year.

Mr. Dan Stapleton, Chair, Finance and Audit Committee noted that the Committee undertook a review of the reserve fund policy and opted to remove the fee stabilization fund given annual CPI increases to fees. The Committee received a presentation on the ongoing Discipline cost recovery efforts and noted that the College has begun to see increases in costs collected starting in the second quarter. The Committee also received a presentation on the Information Technology Roadmap outlining changes in the College's technology infrastructure noting it the need for

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financial investment in the future. The College had another successful audit and the auditor noted that OCP has very competent finance staff.

Ms. Kathy Al-Zand, Chair, Fitness to Practice Committee related that the Committee is small and has a relatively low profile. This year there were more pre-hearing conferences than in past years and the Committee dealt with less than five cases. The Committee's support staff were commended for their assistance and with helping the Committee transition to online meetings to fulfill its duties.

Mr. David Breukelman, Chair, Governance Committee shared that the Committee met very frequently over the spring to consider and draft the new Board Policy Booklet. This was a significant task and his gratitude was expressed to the Committee members. In addition, the Committee ran the inaugural Board skills inventory to identify specific skills to be sought in the annual election of directors. . The focus for next year will be to evolve the skills inventory and reexamine the Board policies to correct any gaps in intent now that they have been put into practice.

Ms. Kathy Al-Zand, Chair, Patient Relations Committee related that this year the Committee put in place the first steps towards the College's equity, diversity and inclusion initiative which will be an ongoing endeavor. The Committee plays a role in informing the work of the College and the messaging with the public. Along with management of the sexual abuse funding for therapy and counselling, the Committee is focused on the external Communication work such as social media and website review. There was a question from the Board on the feasibility of adding a webpage to collect compliments for members of the profession which will be considered.

Ms. Rachelle Rocha, Chair or Inquiries, Complaints and Reports Committee (ICRC) shared that the 43 person Committee met in panels online for this year and heard 447 files. There were many new appointees in 2020 and the College should consider succession planning and adding Community Pharmacists to the Committee in future. Through meetings with other Conduct Committee Chairs, effort is being made to proactively identify trends and recommend system changes. Data analytics will help to identify the trends by factoring in the College's complaints, practice and assessments data as well. Formal alternative complaints resolution will be piloted in the future.

Ms. Karen Riley, Chair, Quality Assurance, offered congratulations to staff on the significant redesign of the Quality Assurance program. Going forward there will be a risk-based approach and individuals that are considered high risk will have a different approach to the quality assurance process than those considered lower risk. Approaching Quality Assurance in a non-punitive way is beneficial. The challenges moving forward are working on measurement, outcomes and tracking to ensure that the recommendations are effective in keeping the public safe.

Ms. Sylvia Moustacalis, Chair, Registration Committee noted that among the Committee's functions is the development of the entry to practice assessment (PACE) for pharmacy, and in 2022 this will include pharmacy technicians. The Jurisprudence ethics exam policy was considered as well which modernizes the eligibility criteria and administration practices going forward.

Ms. Megan Sloan, Chair, Screening Committee noted that this is a relatively new Committee and that this is her second year as Chair. The Committee is very pleased with the external screening consultants and process for Board applicants and feels that the process is attracting strong and competent candidates. For individuals who do not meet the competencies feedback is provided

to allow them to seek opportunities to grow and develop before reapplying. The College's human resources team managed the initial screening of new Committee appointee applicants this year and the report enhanced the Committee's discussions and selection process.

3. For Decision

3.1 Briefing Note – Finance and Audit Committee – Appointment of Auditors

Mr. Cheung asked Mr. Dan Stapleton, Chair of the Finance and Audit Committee (FAC) to present the briefing note.

Mr. Stapleton confirmed that the Committee took the services to market this year and a comprehensive review of the three proposals received was prepared and reviewed. The FAC's recommendation is that the College continue to retain the services of Tinkham LLP chartered professional accountants and that they be appointed as the auditor for this fiscal year.

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

The motion: That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2021. The motion was moved and seconded. The motion CARRIED.

3.2 Briefing Note – Strategic Planning

Mr. Cheung asked Ms. Lum-Wilson to present the briefing note.

The Board was asked to consider the current strategic plan and determine if the development of a new strategic plan should be initiated in 2022 or 2023. The pandemic has had and continues to have an impact on the College, and other environmental considerations such as the upcoming provincial election and the proposed consideration of changes to the *Regulated Health Professionals Act, 1991* (RHPA) impact the decision on timing. Additionally timing is impacted by the hope that the planning session would be an in-person retreat which is likely not feasible for early 2022.

The Board questioned the ability to respond to emerging issues such as equity, diversity, inclusion and belonging (EDI-B) given current strategic priorities. Ms. Lum-Wilson confirmed that the EDI-B activities were already tied to the existing strategic priorities and are included on the 2022 operational plan.

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

The motion: That the Board affirm the ongoing relevance of the Priorities set out in the current Strategic Framework and defer Board Planning activity to 2023 to establish a new Strategic Plan for 2024, extending the current strategic plan to 5 years. The motion was moved and seconded. The motion CARRIED.

DRAFT

4. Personnel Matter – *In Camera*

Mr. Cheung explained that the Board of Directors would be meeting briefly in camera to discuss a personnel matter. The Board will reconvene on December 13, 2021 or at the call of the Chair.

It was moved and seconded that the Board move in camera at 11:33 a.m. The motion was moved and seconded. The motion CARRIED.

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

5. End of Meeting

There being no further business**, at 12:35 p.m. the meeting ended.**

Sharlene Rankin
Interim Executive Assistant, CEO/Registrar

Billy B. Cheung
Board Chair

DRAFT

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MINUTES OF IN CAMERA MEETING

OF BOARD OF DIRECTORS

SEPTEMBER 29, 2021

4:00PM

Page

1. **Noting Members Present** 4
2. **Declaration of Conflict** 4
3. **Personnel Matter – *In Camera*** 4
4. **Adjournment** 4

WEDNESDAY, SEPTEMBER 29, 2021 – 4:00 P.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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

Dr. Lisa Dolovich, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
Dr. Andrea Edginton, Hallman Director, School of Pharmacy, University of Waterloo

Members Appointed by the Lieutenant-Governor-in-Council

Mr. Stephen Adams, London
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke

Staff present

No staff were present

Regrets:

Mr. Randy Baker, Toronto
Ms. Tammy Cotie**,** Brockville

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

Mr. Cheung asked for declarations of conflict. There were none.

3. Personnel Matter - *In Camera*

The Board discussed an ongoing personnel matter. No actions were provided for inclusion in the minutes.

4. Adjournment

There being no further business**, at 6:00 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Billy B. Cheung
Board Chair

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MINUTES OF IN CAMERA MEETING

OF BOARD OF DIRECTORS

OCTOBER 5, 2021

3:00PM

Page

1. **Noting Members Present** 4
2. **Declaration of Conflict** 4
3. **Personnel Matter – *In Camera*** 4
4. **Adjournment** 4

TUESDAY, OCTOBER 5, 2021 – 3:00 P.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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke

Staff present

No staff were present

Regrets:

None

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

Mr. Cheung asked for declarations of conflict. There were none.

3. Personnel Matter - *In Camera*

The Board discussed an ongoing personnel matter. No actions were provided for inclusion in the minutes.

4. Adjournment

There being no further business**, at 5:36 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Billy B. Cheung
Board Chair

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DRAFT

MINUTES OF A MEETING OF BOARD OF DIRECTORS

OCTOBER 15, 2021

8:00AM

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Personnel Matter – *In Camera***
4. **Motions Resulting from *In Camera* Discussion**
5. **Adjournment**

FRIDAY, OCTOBER 15, 2021 – 8:00 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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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. Randy Baker, Toronto
Mr. David Breukelman, Burlington
Ms. Christine Henderson, Toronto
Ms. Elnora Magboo, Brampton
Mr. Rick Phillips, London
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke

Staff present:
No staff were present

Regrets:
Mr. Stephen Adams, London

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

Mr. Cheung asked for declarations of conflict. There were none.

3. Personnel Matter – *In Camera*

A motion to go *in camera* was moved and seconded. The motion CARRIED.
The Board discussed an ongoing personnel matter.

A motion to go *out of camera* was moved and seconded. The motion CARRIED.

4. Motions Resulting from *In Camera* Discussion

As a result of the *in camera* discussion, the following motions were brought forward:

MOTION 1:

- **That, in addition to her current role, the Board appoint Susan James as Acting Registrar of the College within the meaning of subsection 9(2) of the Health Professions Procedural Code and article 1.1.36 of the by-laws of the College, effective immediately.**

  This motion was moved and seconded. The motion CARRIED.

MOTION 2:

- **That, in addition to her current role, the Board appoint Connie Campbell as Interim Chief Operating Officer of the College, effective immediately.**

  This motion was moved and seconded. The motion CARRIED.

5. Adjournment

There being no further business, **at 8:39 a.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

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MINUTES OF MEETING

OF BOARD OF DIRECTORS

OCTOBER 27, 2021

8:00AM

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Approval of Agenda**
4. **For Decision**
   4.1. Briefing Note – Pharmacy Technician Administration of Influenza Vaccine and Extension of Controlled Drugs and Substances Act (CDSA) Section 56(1) Exemption
5. **Adjournment**

WEDNESDAY, OCTOBER 27, 2021 – 8:00 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. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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
Mr. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke

Staff present
Ms. Susan James, Acting Registrar & Director, Quality
Ms. Connie Campbell, Interim Chief Operating Officer & Director, Corporate Services
Ms. Angela Bates, Director, Conduct
Ms. Sarah MacDougall, Board and Committee Liaison
Ms. Stephenie Summerhill, Executive Assistant to the CEO & Registrar

Regrets:
None

The meeting was called to order at 8:02 a.m. and was held virtually over Microsoft Teams.

1. Noting Members Present

All Board Directors were in attendance and a quorum was present, the Chair declared the meeting to be properly constituted.

2. Declaration of Conflict

Mr. Cheung asked for declarations of conflict. There were none.

3. Approval of Agenda

The Chair noted the emergent nature of the topic to be considered at the Ministry's request and that the seven-day notice period of meetings was subsequently waived. The Board discussed that in the circumstances of special meetings, every endeavour is made to ensure the timely circulation of meeting materials to allow Directors to properly consider the background information. A motion to waive the notice period was moved and seconded. **The motion CARRIED.**

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

4. For Decision

4.1 Briefing Note – Pharmacy Technician Administration of Influenza Vaccine and Extension of CDSA Section 56(1) Exemption

Ms. James informed the Board that on October 25, 2021 the College received a letter from the Ministry of Health asking the College to prepare amendments to the regulations to allow pharmacy technicians to administer influenza vaccines. Ms. James also indicated that the Ministry had asked these amended regulations be submitted as soon as possible to support the provincial reopening strategy.

Additionally Ms. James confirmed that the proposed regulations submitted would also include the extension of the exemption that authorizes pharmacists to renew or adapt existing prescriptions for Controlled Drugs and Substances.

The Board questioned if the proposed changes to the regulation allowing pharmacy technicians to provide influenza vaccine injections were temporary. Ms. James clarified that the changes were permanent. There was discussion that to date only one in six pharmacy technicians had chosen to complete the required approved injection training. It was discussed that the role and scope of pharmacy technicians is at the discretion of the employer. It is anticipated that this change to the regulation will most likely result in a significant uptake in the number of individuals interested in completing the training and that approved training is widely available to accommodate the increase in demand.

The Board discussed the decision to recommend instead of mandate that pharmacy technicians have valid certification in CPR and First Aid. It was confirmed that as soon as there is consistent access to the training, which has been impacted by the pandemic, that the injection policy will be updated such that certifications will be mandatory upon renewal of registration for all registrants administering injections, most likely in 2023.

The Board questioned if pharmacy technicians would be permitted to provide the influenza vaccines to children between the ages of two and five. Ms. James indicated that the scope for technicians would include children aged two and older. The guidance from the College to pharmacy technicians will mirror the guidance provided to pharmacists, which includes a recommendation to undertake additional continuing education if they wish to increase their comfort in administering the flu vaccine to young children.

The motions were then read and moved and seconded.

The motion: That the Board approve the proposed changes to General Regulation 202/94 under the Pharmacy Act, 1991 (Attachment 3 and 4) to allow for pharmacy technicians to administer the flu vaccine and the extension of the existing regulatory amendments enabling implementation of Health Canada's Subsection 56(1) class exemption for controlled substances.

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

The motion CARRIED.

The Board discussed the impact of the changes being considered today both from the lens of patient care and safety and the significance of allowing pharmacy technicians to work to their full scope. The Board indicated its gratitude to College staff for the effort to compile the information for the Board's consideration in such a tight timeline.

The Chair thanked everyone for attending and ended the meeting. The Board will reconvene on Monday December 13, 2021 or at the call of the Chair.

5. Adjournment

There being no further business**, the meeting ended at 11:47 a.m.**

Sarah MacDougall
Board & Committee Liaison

Billy B. Cheung
Board Chair

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MINUTES OF MEETING

OF BOARD OF DIRECTORS

NOVEMBER 29, 2021

8:00AM

DRAFT

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Approval of Agenda**
4. **For Decision**
   4.1. Briefing Note – Registrar Recruitment
5. **Adjournment**

MONDAY, NOVEMBER 29, 2021 – 8:00 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. Ruth-Ann Plaxton, Owen Sound
Mr. Siva Sivapalan, Burlington
Ms. Tracey Phillips (**Regrets**)
Mr. Wilfred Steer, Sudbury

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. Dan Stapleton, Toronto
Mr. Gene Szabo, Kanata
Ms. Cindy Wagg, Oakville
Ms. Devinder Walia, Etobicoke

Staff present

Ms. Susan James, Acting Registrar & Director, Quality
Ms. Connie Campbell, Interim Chief Operating Officer & Director, Corporate Services
Ms. Angela Bates, Director, Conduct
Ms. Sarah MacDougall, Governance Coordinator
Ms. Stephenie Summerhill, Executive Assistant to the CEO & Registrar

The meeting was called to order at 8:02 a.m. and was held virtually over Microsoft Teams.

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

Following these instructions, Mr. Cheung delivered a Land Acknowledgement.

1. Noting Members Present

The attendance of Board Directors was noted and as quorum was present, the Chair declared the meeting to be properly constituted.

2. Declaration of Conflict

Mr. Cheung asked for declarations of conflict. There were none.

3. Approval of Agenda

There were no additions or edits made to the agenda. A motion to approve the agenda was moved and seconded. **The motion and CARRIED.**

4. For Decision

4.1 Briefing Note – Registrar Recruitment

Mr. Cheung summarized the Briefing Note for the Board of Directors referring some questions to Ms. Campbell as she participated in previous Registrar recruitments. He noted the recommendation that the Search Committee would be comprised of the five members of the Executive Committee as well as Ms. Susan James and Ms. Connie Campbell; members of the senior executive team.

The Chair and members of the Executive Committee explained next steps, namely the selection of an executive search firm to manage the recruitment process. All Board Directors will have an opportunity to input into the creation of the position profile to support the search. The Chair clarified that the Search Committee will be involved in selecting a short list of viable candidates to be interviewed. After completion of reference and background checks to assess the suitability of the top candidates, the Search Committee will recommend the most qualified candidate to the Board for appointment.

The Board discussed and was satisfied that the members of the Search Committee have sufficient experience in executive search and that they would have access to legal assistance as necessary for drafting of the employment contract. The Board was advised that the search is expected to take 4-6 months.

The motion was read and moved and seconded. The motion was then opened for debate.

The Board was in support of composition of the Search Committee and timeframe proposed. The Chair confirmed that the Board will be updated on the progress of the search via periodic communications or at Board meetings as set out in the Committee Terms of Reference.

Following discussion, the motion was called to a vote.

The motion: That the Board appoints the Members of the Executive Committee as well as two staff representatives as the Search Committee to oversee the recruitment of a Registrar and CEO to commence as soon as is practical. The motion CARRIED.

The Chair thanked everyone for attending and ended the meeting. The Board will reconvene on Monday December 13, 2021 or at the call of the Chair.

5. Adjournment

There being no further business**, the meeting ended at 8:29 a.m.**

Stephenie Summerhill
Executive Assistant to the CEO & Registrar

Billy B. Cheung
Board Chair

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: Q3 2021 College Performance Scorecard

ISSUE: Review progress on key performance indicators and project/initiative milestones set out in the 2021 Performance Scorecard

PUBLIC INTEREST RATIONALE: The College's mandate is to serve and protect the public by holding Ontario's pharmacies, pharmacists and pharmacy technicians accountable to established standards. In accordance with expectations set out in the Ministry's College Performance Management Framework (CPMF), the College demonstrates its accountability to that mandate by:

- Outlining Key Performance Indicators (KPIs)
- Engaging the Board in regular assessment of progress against objectives and outcomes
- Reporting the performance results to the public

BACKGROUND:

- Drawing from the College's Operational Plan, a Board level Performance Scorecard is developed each year to provide an overview of key KPIs and project/initiative milestones, along with corresponding targets, that demonstrate advancement of the College's strategic priorities and core responsibilities for the year.

- The 2021 Performance Scorecard was amended to align with the CPMF domains set out in the Ministry's framework.

- To facilitate understanding of the KPIs and milestones on the annual Performance Scorecard, an Indicator and Milestone Definitions document is provided that explains the significance of each KPI or milestone measure, the parameters of the data used to calculate the targets, along with other relevant details.

- Each quarterly performance scorecard is accompanied by a Performance Summary/ Improvement Strategies report, highlighting accomplishments against targets and milestones along with strategies to address obstacles that may impede attainment of stated goals.

ANALYSIS:

- In 2021, of the 18 KPIs and milestones actively measured quarterly, eight (56%) are green, on-track to meet the milestone or meet the 2021 targets.

- Five key performance indicators are yellow. Of these, four KPIs are within 25% of the targets after nine months, with reasons for variance including staff turnover, and, with

respect to uncontested discipline matters, delays involving proceedings which started as contested hearings, including motions, which eventually resolved as uncontested hearings; as well as some matters in which time was required to join multiple proceedings together. One milestone indicator has encountered delays in achieving the target.

- One KPI is red, beyond target greater than 25%. This KPI involves a small number of contested disciplinary hearings which were delayed due to multiple proceedings being joined together, pandemic-related delays, and scheduling constraints.

Attachments:

- Q3 2021 College Performance Scorecard
- 2021 Indicator and Milestone Definitions
- Q3 2021 Performance Summary / Improvement Strategies

Q3 2021 College Performance Scorecard

No.	Strategic Alignment SP1	SP2	SP3	2020 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2021 YTD (year-to-date) YTD Q1	YTD Q2	YTD Q3	YTD Q4	2021 Target
					Domain 1: Governance					
1		✓	✓	n/a	***Implement new board orientation program centered on approved Board Policies (M)***			09/20/21		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 (M)***					12/01/21
5	✓			n/a	***Community Practice Environmental Initiative implementation plan developed (M)***					06/30/21
					Domain 4: Information Management					
6		✓		n/a	***Implementation of updated privacy & information management protocols with training (M)***			08/09/21		08/06/21
					Domain 5: Regulatory Policies					
7	✓			n/a	***Development of Practice Support Tools for Minor Ailments (M)***					12/31/21
8		✓	✓	n/a	***New regulation re COVID vaccine for BOD approval (M)***	01/22/21				01/31/21
					Domain 6: Suitability To Practice					
9		✓		371	**90th percentile working days to dispose Complaints**	362	438	404		≤ 352 days
10		✓		18%	**% of High and Moderate risk Complaints disposed of within 150 days**	26% (11/43)	26% (32/123)	24% (44/188)		≥ 25%
11		✓		744	**90th percentile working days to dispose Registrar's Inquiries**	706	687	672		≤ 707 days
12		✓		33%	**% of High and Moderate risk Registrar's Inquiries disposed of within 365 days**	20% (8/40)	37% (33/90)	42% (52/124)		≥ 36%
13		✓		88%	**% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)**	100% (3/3)	90% (9/10)	89% (16/18)		≥ 88%
14		✓		497	**90th percentile working days to dispose uncontested hearings**	513	513	502		≤ 497 days
15		✓		80%	**% of Decisions for uncontested hearings issued within 60 days**	72% (8/11)	81% (17/21)	79% (19/24)		≥ 80%
16		✓		n/a	**90th percentile working days to dispose contested hearings**	561	884	864		≤ 674 days
17	✓			47%	**% of Community pharmacies entering events on AIMS platform (year-end)**	25%	34%	43%		≥ 80%
18	✓			45%	**% of Pharmacist practice assessments completed (year-end)**	35% (299)	63% (543)	89% (764)		100% (861)
19	✓			47%	**% of Pharmacy Technician practice assessments completed (year-end)**	15% (46)	47% (140)	81% (242)		100% (300)
					Domain 7: Measurement, Reporting & Improvement					
20	✓	✓	✓	n/a	***Risk management program Phase One - Governance and Reporting (M)***					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	**(M) Milestone**
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence	Beyond Target > 25%	Risk/Roadblock	Completed

2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 *Implement new board orientation program centered on approved Board Policies (M)*	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 (M)*	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 (M)*	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 (M)*	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

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2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#7 *Development of Practice Support Tools for Minor Ailments (M)*	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: On Track Potential Risk Risk/Roadblock
#8 *New regulation re: COVID vaccine for Board approval (M)*	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: On Track Potential Risk Risk/Roadblock
#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: ≤ 352 353 – 440 ≥ 441
#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 7th, 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: ≥ 25% 19% – 24% ≤ 18%
#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: ≤ 707 708 – 883 ≥ 884

2021 Indicator and Milestone Definitions

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. *(Note: Indicator revised since Dec 7th, 2020 board meeting)*	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 inquires is: ≥ 36% 27% – 35% ≤ 26%
#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: ≥ 88% 66% – 87% ≤ 65%
#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 : ≤ 497 498 – 621 ≥ 622
#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: ≥ 80% 60% – 79% ≤ 59%
#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: ≤ 674 675 – 843 ≥ 844

2021 Indicator and Milestone Definitions

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: ≥ 80% 60% – 79% ≤ 59%
#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: 100% (861) ≥ 75% (646 – 860) < 75% (645 or less)
#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: 100% (300) ≥ 75% (225 – 299) < 75% (224 or less)
#20 *Risk management program: Phase One - Governance and Reporting (M)*	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. *(Note: Nomenclature of the indicator changed from integrated risk management to risk management program since March 22nd Board meeting)*	Milestone set based on approved project schedule.	Milestone is: On Track Potential Risk Risk/Roadblock

LEGEND	
(M) represents a Milestone for an initiative or project	
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	Q3 2021 Performance Summary / Improvement Strategies
#1 *Implement new board orientation program centered on approved Board Policies (M)*	This milestone was completed in September 2021.
#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 (M)*	This milestone is proceeding as planned.
#5 *Community Practice Environment Initiative implementation plan developed (M)*	The implementation plan is currently in development and planned for completion by November 2021. An update on the plan will be provided in the December 2021 Acting Registrar's Report.
#6 *Implementation of updated privacy & information management protocols with training (M)*	This milestone was completed in August 2021
#7 *Development of Practice Support Tools for Minor Ailments (M)*	This milestone is proceeding as planned.
#8 *New regulation re COVID vaccine for BOD approval (M)*	This milestone was completed January 22, 2021.
#9 90th percentile working days to dispose Complaints	Slight decrease from prior quarters in percentage of complaints meeting target of 25% (Q1 = 26%, Q2= 26%, Q3 = 24%). Ongoing effects of significant staff turnover in this area, as well as ongoing clearance of ICRC decisions backlog.
#10 % of High and Moderate risk Complaints disposed of within 150 days	After exceeding target of 352 days in Q1, there was an increase over target in Q2 to 438 days due to significant staff turnover in Q2. In Q3, timelines have improved to 404 days. Ongoing effects of staff turnover and ICRC decisions backlog are diminishing but still in evidence.
#11 90th percentile working days to dispose Registrar's Inquiries	Meeting target.
#12 % of High and Moderate risk Registrar's Inquiries	Meeting target.

Scorecard Measure	Q3 2021 Performance Summary / Improvement Strategies
disposed of within 365 days	
#13 % HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#14 90th percentile working days to dispose uncontested hearings	Q3 YTD includes 23 uncontested hearings. Ten in Q1, ten in Q2 and 3 three in Q3. The Q3 number (502 days) represents an improvement over Q1 and Q2, and is only marginally over the target of 497 days. In Q1 and Q2, two hearings took over 800 days each to conclude. Both commenced as contested matters and became protracted as a result of motions, challenges with witnesses and a judicial review, while ultimately resolving as uncontested. Panels and staff endeavor to minimize delays where possible, many delays (e.g., registrant motions) are partly or fully out of the OCP's control. In Q3, one hearing took over 500 days to resolve due to time needed for two referrals to be joined into a single hearing. Also refer to KPI #15, as KPI #14 includes decision release timelines.
#15 % of Decisions for uncontested hearing issued within 60 days (within 60/total hearings)	Two of three decisions met the target. The third decision took 269 days to be released due to time constraints on the Panel Chair, who presided over a number of hearings and PHCs.
#16 90th percentile working days to dispose contested hearings	Q3 YTD includes 6 contested or partially contested hearings. Three in Q1, one in Q2 and two in Q3. These small numbers are greatly impacted by 1-2 outliers. The target of 674 days was met in Q1. In Q2, one fully-contested hearing exceeded 1000 days due to a pandemic-related delay and multiple motions. In Q3, one hearing took 618 days to resolve, and a second took 712 days to resolve due to multiple referrals being joined into a single hearing and scheduling challenges. As noted in KPI #14 above, while panels and staff endeavor to minimize delays where possible, many delays are partly or fully out of the OCP's control.
#17 % of Community pharmacies entering events on AIMS platform	Evaluation of performance will occur 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 (M)*	This milestone is proceeding as planned.

LEGEND	
(M) represents a Milestone for an initiative or project	
Indicator Range	**Milestone Range**
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: 2022 College Performance Scorecard Measures

ISSUE: To determine the indicators the Board will monitor throughout 2022 as part of their oversight responsibilities for College performance monitoring

PUBLIC INTEREST RATIONALE: The College's mandate is to serve and protect the public by holding Ontario's pharmacies, pharmacists and pharmacy technicians accountable to established standards. In accordance with expectations set out in the Ministry's College Performance Management Framework (CPMF), the College demonstrates its accountability to that mandate by:

- Outlining Key Performance Indicators (KPIs)
- Engaging the Board in regular assessment of progress against objectives and outcomes
- Reporting the performance results to the public

BACKGROUND:

- Every three to five years, the Board and Management develop a strategic plan for the College. Building on the College Objects defined in legislation, this plan sets out the mission, vision, values and priorities used to guide the College's operations and policy direction for a prescribed period of time.

- Annually, an Operational Plan is developed and presented to the Board setting out areas of focus for the year that support advancement of the goals and priorities in the Strategic Plan. Annual budgets are created to deliver on the objectives in the Operational Plan.

- Staff across the organization build detailed departmental plans that set out performance measures for the upcoming fiscal year relating to the College's core regulatory functions, projects, and new initiatives that effectively support the Operational Plan. Performance scorecards are developed at the departmental, divisional and management level.

- A subset of **key performance indicators** and **milestones** for projects/initiatives is compiled into a Performance Scorecard that the Board uses to monitor College performance throughout the year.

    - **Key performance indicators** are data derived, measuring volumes, timeliness, quality, etc., of key OCP regulatory functions such as investigations. They will have a numerical target set, with performance measured against the target throughout the year, either on a quarterly basis or year-to-date basis.

    - **Milestones** relate to projects, and new programs or initiatives that the College commits to develop/deliver in the year. They will be measured by adherence to the timelines set in the project or work plan.

- The College Performance Scorecard's format is aligned with (though not limited to) the Ministry's seven CPMF domains: governance, resources, system partner, information management, regulatory policies, suitability to practice, and measurement, reporting and improvement.

- Performance scorecards are regularly monitored at various levels across the organization throughout the year.

ANALYSIS:

- The measures proposed for the 2022 College Performance Scorecard aim to support the Board's oversight responsibilities set out in legislation and policies.

- This scorecard showcases a balanced set of measures for key regulatory functions and delivery of focused strategic projects and initiatives for the coming year.

- The measures support and align with the goals and the three strategic priorities in the OCP Strategic Framework, and **2022 Operational Plan** as well as in the seven **CPMF measurement domains.**

- Definitions detailing each measure will be brought forward to the Board at the March 2022 meeting along with the proposed targets.

- The scorecard represents one way in which the College demonstrates its commitment to regularly evaluate its performance. Budget monitoring, the annual financial audit, risk register oversight, reports by the Fairness Commissioner and the Annual Report are other means by which the College evaluates performance.

Attachment:

- 2022 College Performance Scorecard Measures

RECOMMENDATION:

That the Board review and discuss the proposed measures on the 2022 College Performance Scorecard to determine if the measures provide the Board with information that helps to fulfill their oversight responsibilities.

2022 College Performance Scorecard Measures

No.	Strategic Alignment SP1	SP2	SP3	2021 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2022 Targets
					Domain 1: Governance	
1		✓	✓	-	***Impart the governance philosophy into a standardized committee orientation (M)***	TBD
2		✓	✓	-	***Review and amend the Board's skills inventory to improve objectivity (M)***	TBD
					Domain 2: Resources	
3			✓	TBD	**Variance of annual operating budget to year-end actuals**	TBD
4			✓	TBD	**Employee engagement (*focus area to be determined)***	TBD
					Domain 3: System Partner	
5	✓	✓		-	***Publicly report on pharmacy provider experience data (M)***	TBD
					Domain 4: Information Management	
6			✓	-	***Launch of data governance structure to operationalize the data strategy (M)***	TBD
					Domain 5: Regulatory Policies	
7	✓		✓	TBD	**Rate of success of community pharmacists following Quality Assurance (QA) remediation**	TBD
8	✓		✓	TBD	**'High priority' practice documents (policies/guidelines/guidance) updated within target timeline**	TBD
9	✓	✓	✓	-	***Development & Initiation of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)***	TBD
					Domain 6: Suitability To Practice	
10		✓	✓	TBD	**High and moderate risk Complaints disposed of within 150 days**	TBD
11		✓	✓	TBD	**High and moderate risk Registrar's Inquiries disposed of within 365 days**	TBD
12		✓		TBD	**HPARB complaint decisions confirmed (decisions confirmed/decisions submitted)**	TBD
13		✓		TBD	**Judicial review applications dismissed by the courts**	TBD
14	✓	✓	✓	TBD	**Community pharmacies entering events on AIMS platform**	TBD
					Domain 7: Measurement, Reporting & Improvement	
15		✓	✓	-	***Risk appetite determination for two core regulatory activities (M)***	TBD
16		✓	✓	n/a	**Proportion of Board meeting time dedicated to oversight of College performance**	TBD

(M) represents a Milestone for an initiative or project

LEGEND: 2019-2023 OCP Strategic Framework Priorities (SP)
SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice
SP2: Strengthen trust and confidence in the College's role as a patients-first regulator
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence

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2021 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	• Formalize AIMS data strategy and implement AIMS in hospitals • Guide & reinforce adherence to medication safety & compounding standards • Implement and evaluate expanded scope of practice • Integrate risk-based approach in operational assessments • Engage and educate registrants through reformatted communication tools & strategies • Evaluate new practice assessment model • Operationalize accountability principles for community practice environment	• Operationalize new governance reform framework • Establish pharmacy provider and patient experience quality indicators • Build awareness about expanded scope and other regulatory priorities as well as the College's public-protection role • Operationalize transparency framework including enhanced public reporting • Roll out indigenous cultural competency education and awareness initiatives • Update Discipline Committee rules of procedure and pre-hearing conference process	• Modernize privacy, confidentiality and data security framework • Standardize approach to improvement, projects, policies and standard operating procedures • Codify a talent management program to increase productivity and provide for succession • Increase organization capacity to capitalize on data and analytics • Review and update College technology platforms • Increase proportion of discipline award requests
OUTPUT OUTCOME	• Patient-focused, quality care • Integrated strategies • Reliable and accessible data	• Increased transparency and informed decision-making • Increased trust and awareness of patient rights and what to expect • Integration of patient lens in OCP processes	• Increased anticipation of issues • Activities are appropriate and aligned with mandate • Increased staff capacity to respond to issues

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) 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 which is to act in the public interest?" This information will:

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

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

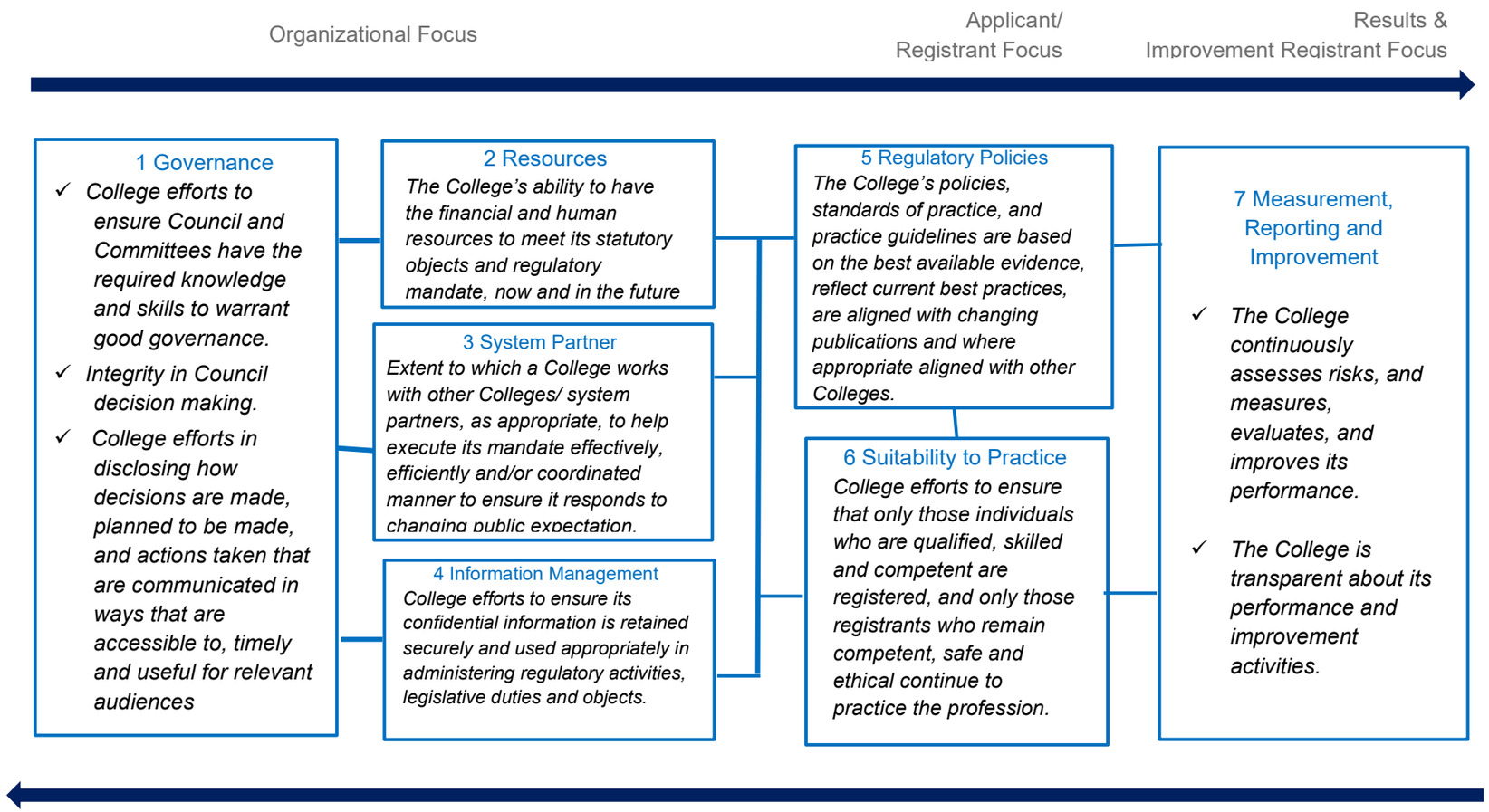
Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

CPMF Model for Measuring Regulatory Excellence



CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: 2021 College Risk Report

ISSUE: Support the Board's understanding and oversight of the College's Risk Management Program

PUBLIC INTEREST RATIONALE: As a regulatory body with a duty to serve and protect the public interest, the risk culture of the College is embedded within its mandate. Expectations are established through legislation, ensuring that mitigating risk to the public in relation to the practice of pharmacy is central to the College's culture (Board Policy 4.4 - Board's Oversight Role in Risk Management). To enable the College to fulfill its obligations, it must likewise recognize and manage the risks to the College so that its physical, financial, operational and reputational risks are mitigated in addition to risks associated with fulfilling its regulatory responsibilities.

BACKGROUND:

- Since the establishment of the Risk Management Plan in 2015, the College's risk management philosophy has been to embrace risk in a collaborative, strategic manner, working across the organization to address and mitigate identified risk.
- Annually, the College reports on enterprise-level risks and their respective mitigation as directed in our Risk Management Plan.
- In December 2020, the College took a proactive approach to risk prevention through the development of a prospective Risk Register for the Board's consideration.
- The 2021 Risk Register identified seven (7) enterprise-level risks and ranked them using an informal model loosely based on the Healthcare Insurance Reciprocal of Canada (HIROC) likelihood and potential impact scale.
- Mitigation strategies set out in the Risk Register were executed throughout the year by assigned risk owners.
- A Risk Steering Committee, comprised of senior staff, monitored the implementation of the strategies throughout the year.
- The status of the mitigations were reported to the Board mid-year at the June 2021 Board meeting.

ANALYSIS:

- To date, 100% of the 33 mitigations on the 2021 Risk Register were implemented or are underway.

- Each risk was reassessed in November 2021 to determine the current risk rating, taking into account the impact of the mitigation activity and the current environment.

- The ratings were based on a newly developed OCP Risk Assessment Scale adapted from HIROC's standardized risk scoring matrix and other published sources.

- The assigned risk score is the product of the likelihood of the risk materializing and the potential impact the occurrence would have on the organization.

- Four (4) out of seven (7) risks that remained at a medium risk score or higher where moved to the 2022 Risk Register for continued monitoring.

- Three (3) risks were successfully de-escalated to a low risk score and were not included in the 2022 Risk Register, but continue to be monitored at the staff level.

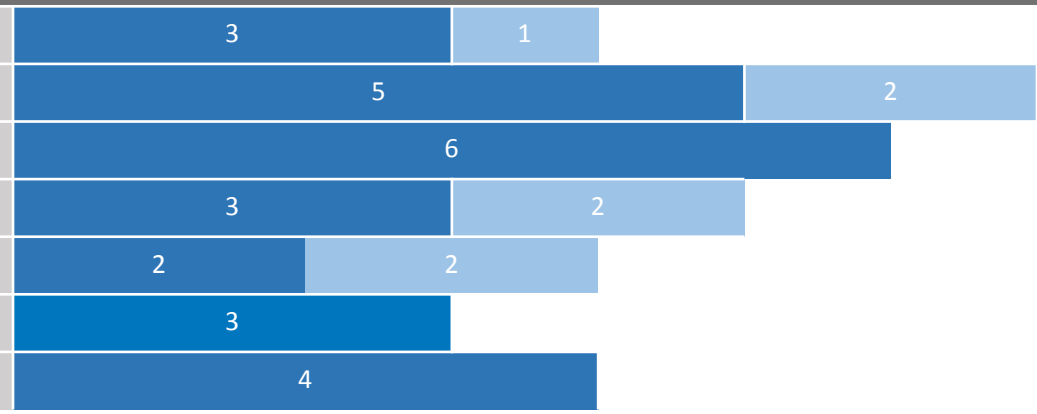
Attachments:

- 2021 College Risk Report Summary
- 2021 College Risk Report
- OCP Risk Assessment Scale

2021 COLLEGE RISK REPORT SUMMARY

STATUS

2021 Organizational-wide Risks	Start of Year Risk Rating	End of Year Risk Rating	Mitigation Strategies
R1. Cyberattacks on OCP information, data and financial assets	High	Medium (8)	4 of 4
R2. IT systems review and update	Medium	Medium (6)	7 of 7
R3. Pandemic consequences and responses	Medium	Low (4)	6 of 6
R4. Resourcing of core regulatory functions and mandate	Medium	Medium (6)	5 of 5
R5. Demonstration of public value	Medium	Low (4)	4 of 4
R6. Business continuity	Medium	High (12)	3 of 3
R7. OCP's new governance model	Low	Low	4 of 4



ISSUE(S)

- ✓ 100% of mitigation strategies are implemented or are underway
- ✓ The four risks rated as High or Medium at the end of the year will move to the 2022 Risk Register
- ✓ Mitigation activities have been incorporated into the 2022 operational plan

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2021 College Risk Report

RISK ID	2020 RISK RATING	2021 RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY[i]	LEAD TEAM(S)	RISK MITIGATION	MONITORING ACTIVITIES	OUTCOME OF THE MITIGATION AND MONITORING INDICATOR(S)
1	HIGH	MEDIUM (Score: 8)	**Cyberattacks on OCP information, data, and financial assets**	Attacks can take many forms; e.g. ransomware, malware, fraud, data insecurity and breaches. Potential impacts ○ Financial loss ○ Confidentiality breaches ○ Business disruption ○ Liability ○ Reputational damage	**Operations Support/ Corporate** **Organization Wide/ Strategic**	Data, Technology, and Information (DTI)	1. Ongoing staff training and on-boarding re: online data security and fraud detection.	Bi-annual training of all staff (completion within 6-8 weeks). New staff on-boarding within 4 weeks.	100% of staff have completed 1st training. 2nd training is scheduled for Q4 and all new staff received training within 4 weeks of hire.
							2. Numerous internal controls, e.g., IT systems and process improvements, staff training, testing and mock attempts, and monthly maintenance for security and operational patches.	Monitoring of system and staff performance. Annual vulnerability test (internal and external). Monitoring external security issues. Testing to gauge staff uptake on phishing attempts.	All security vulnerabilities identified through monitoring external sources have been addressed. A third-party gap analysis of the College's security will be scheduled for Q4. Mock phishing attempts were scheduled throughout the year with OCP staff, with an overall passing rate of 98.7% in the first 9 months of the year.
							3. Develop a Cyberattack Response Plan, aimed at timely and effective mitigation of effects of any successful cyber-security attacks.	Known attempts and OCP responses are tracked and monitored. No successful cyber-attacks against OCP.	The response plan has been drafted and is currently under review. The College experienced one near-miss incident in 2021. The incident was stopped before

RISK ID	2020 RISK RATING	2021 RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY[i]	LEAD TEAM(S)	RISK MITIGATION	MONITORING ACTIVITIES	OUTCOME OF THE MITIGATION AND MONITORING INDICATOR(S)
								Robust response to any successful cyberattacks, including minimal disruptions and information breaches.	harm to the organization and employees. A process review was conducted with recommended actions and changes.
							4. Adequate insurance to address cyberattacks.	Annual assessment of allocation amount with insurance provider.	The College's Cyber Security insurance is based on industry reports provided by HIROC. Upon assessment, the College's coverage is adequate at this time. A semi-annual review will be conducted in 2022 onwards to ensure adequate coverage.
2	MEDIUM	MEDIUM (Score: 6)	**IT systems review and update**	IT infrastructure requires a comprehensive review and a sequenced upgrade or replacement of various hardware and software systems. Potential impacts ○ Delaying work impedes work processes and efficiencies, data quality and management, information security ○ Replacements/upgrades likely to require significant investment of financial and staff resources	**Organization-Wide/ Strategic** **Operations Support/** **Corporate**	Information Technology Processes	1. Ensure process documentation is current.	Process documentation part of Standard Operating Procedure (SOP) Project.	Review of existing documentation is underway by the technical teams with a fulsome review of processes and procedures in Technology Process schedule for 2022.
							2. Seek solutions most closely matched with organizational needs while being cost-effective.	High staff satisfaction with solutions and adoption and compliance rates.	The College's technology roadmap aimed at modernizing the IT infrastructure to support more efficient workflows and enhance security was shared with the Finance and Audit Committee to inform future financial decisions. Procurement now underway for mobile workforce

RISK ID	2020 RISK RATING	2021 RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY[i]	LEAD TEAM(S)	RISK MITIGATION	MONITORING ACTIVITIES	OUTCOME OF THE MITIGATION AND MONITORING INDICATOR(S)
				○ Problems with adoption and compliance with new systems					solutions, cloud platforms and Microsoft 365.
							3. Ensure all IT project work is appropriately planned, resourced and coordinated.	Projects are on-time and on-budget.	In-depth review of 2020 projects conducted with gaps identified in project planning and resourcing. All IT projects planned for 2022 underwent resource planning with an assigned project manager. All IT work will be tracked via a new intake process for 2022 to streamline time, cost and scope and resource management.
							4. Minimize program work disruptions during development and deployment.	Staff can continue program work throughout, with minimal disruption.	All 2021 system updates and maintenance were scheduled during off-peak time with zero disruption to program work.
							5. Ensure effective data migration.	Data is properly migrated.	Planning and preparation are underway for effective data migration as part of the Microsoft 365 deployment. Phased approach to data migration will be considered over the next few years.
							6. Ensure change is effectively managed.		All IT changes were managed using the College's ticketing and project management solutions. Robust change management principles will be applied as systems are upgraded.

RISK ID	2020 RISK RATING	2021 RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY[i]	LEAD TEAM(S)	RISK MITIGATION	MONITORING ACTIVITIES	OUTCOME OF THE MITIGATION AND MONITORING INDICATOR(S)
							7. Consider establishing an IT reserve to address costs.	Solutions are as cost effective as possible, while meeting needs.	Cost of the technology roadmap was presented to the Finance and Audit Committee for financial forecastingwith a plan to reevaluate as decisions on the enterprise CRM are made.
3	MEDIUM	LOW (Score: 4)	**Pandemic consequences and responses**	One or more of the pandemic's continued consequences and/or OCP's responses create risks to the College. <u>Potential impacts</u> ○ Historical inaccurate professional perceptions re: role of OCP, as well as public misperceptions exacerbated during pandemic ○ Disruptions to revenue streams ○ Challenges of ongoing remote work for Board and Committees ○ Disruptions to operations and programs, and/or unanticipated problems with adaptations (virtual processes and new technologies) to support operations and programs	**Strategic/ Organization-Wide** **Operations Support/** **Corporate** **Statutory Obligations/ Committees, Programs, Services**	Executive Team	1. Make necessary adaptations throughout year to ensure OCP operations continue on an uninterrupted basis.	Operations and programs continue with minimal disruption or successful legal challenge (e.g., virtual hearings).	The Pandemic Planning Leadership Team met regularly to monitor developments in the environment, assessing impacts to College, facilities, registrants, and the broader healthcare environment and adapting processes and messages accordingly.
						Human Resources	2. Continue to execute OCP Pandemic Response Plan and Emergency Response Plan.	Following public health direction and all requirements to adhere to Emergency Management & Civil Protection Act (EMCPA) and related orders	Monitoring requirements, appropriate policies and procedures in place. Update documents and plan as required.
						Quality and Conduct Programs	3. Monitor and continue to evaluate, create and improve new virtual processes; including, a. Exams, b. Assessments, c. Investigations, d. Hearings, etc.	Virtual processes in place to facilitate key regulatory activities.	**<u>Exams</u>** JP exams continue to be computer-based allowing interns to be done in testing centers or remote proctoring. At the height of the pandemic, remote proctoring was at capacity. Access to the exam was managed to mitigate delay to registration.

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									Assessments No disruption to assessment operations; community pharmacy, hospital-based pharmacy and practice assessments continued via virtual delivery model. Positive feedback was received from stakeholders. Some challenges with remote pharmacy assessments. Site visits have now resumed for pharmacy assessments. **Investigations** Oral caution processes were developed to be delivered virtually in late 2020 and continued into 2021, but impact of virtual cautions is seen as less effective. **Hearings** Virtual hearings continued throughout 2021. Ongoing challenges with conducting contested hearings virtually led to decision to resume these in-person in 2022 if permitted by provincial guidelines.

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						Communications	4. Closely monitor COVID related matters with practice and other stakeholders and communicate relevant information in a timely manner.	Communication and engagement strategies are effective in conveying to stakeholders the OCP's appropriate role and other COVID-related information during the pandemic.	Communications, in collaboration with Practice and Policy teams, remained timely, responsive and relevant to inquiries made by registrants, public and stakeholders. Messages and updates were communicated through eConnect, e-blasts, the website and *PharmacyConnection.ca*. The number of inquiries in 2021 compared to 2020 was limited. Ongoing monitoring and responsiveness to inquiries remains a priority and will continue into 2022.
						Accounting	5. Any loss of revenue can be covered by reserves and other mitigation strategies.	Consistent tracking of expenses and revenue.	No loss of revenue for 2021 year to date or projected for the remainder of the fiscal year. Managers review internal statements monthly and if budget assumptions change, adjustment or reallocation of funds is reviewed.
						Human Resources	6. Minimal health risks materialize relating to college work for OCP staff, Board, Committees, agents and contractors.	Following public health direction and all requirements to adhere to Emergency Management & Civil Protection Act (EMCPA) and related orders	Appropriate pandemic policies in place. All pandemic policies were followed and available on the College's intranet site.

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4	MEDIUM	MEDIUM (Score: 6)	**Resourcing of core regulatory functions and mandate**	Failure to adequately resource core regulatory operations resulting in increased public risk, e.g., timely management of Complaints and Reports; fairness, transparency, and efficiency of regulatory and Quality Assurance (QA) processes; consistency and reasonableness of regulatory decision-making by staff and Committees. Potential impacts ○ Reputational damage and loss of confidence in the College ○ Legal challenges to decisions and liability ○ Public harm	**Statutory Obligations/ Committees, Programs, Services** **Conduct** **Quality**	Investigations	1. Continue business processes improvements in Conduct area (e.g., enhanced case file management; increased number of resolutions).	Continued improvements in timeliness and efficiency of key Conduct processes.	Case management, including timeliness, improved over 2021, in particular KPIs for Registrar's Investigations. Some improvements in Complaints, subject to subsequent staff turnover and shortages.
						Investigations, Legal Conduct & Information Data Management	2. Continue development of a broad suite of activity and workload reporting and dashboards in Conduct area.	Additional range of activity and workload reports and dashboards are available to staff and managements.	First versions of Legal Conduct and investigation dashboards developed, and are being refined. Activity and workload reports in regular use by management.
						Conduct Operations	3. Evaluate consistency of decision making by Inquiries, Complaints and Reports Committee (ICRC).	Evaluation of consistency of ICRC decision making is underway.	ICRC Shadow Panel Project is underway and will continue in 2022 with results/analysis.
						Hearings	4. Update Discipline Committee pre-hearing conference and decisions processes to enhance efficiencies.	Discipline Committee pre-hearing and decisions processes are reviewed.	The decision writing project did not proceed to deployment in 2021 as planned due to decision that it was no longer necessary. A group of Discipline Committee (DC) members reviewed the existing case management system and identified areas for change. In 2022, the Presiding Officers for PHCs and CMCs will receive

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									training in the necessary skills to implement the new processes. A Practice Direction will be issued from the DC to provide guidance to counsel regarding the new procedures.
						Assessments	5. Enhance real-time audits and develop system of retrospective audits of assessments.	Re-implement virtual quarterly tour (real-time audits) - complete. Development of retrospective audit of assessments.	Quarterly tour (real-time audits) re-implemented in a virtual format across all teams (community & hospital, operational & practice) in Q1 2021. Retrospective audits implemented in hospital operations and practice teams.
5	MEDIUM	LOW (Score: 4)	**Demonstration of public value**	Failure to proactively and effectively demonstrate to the public and to Government the public value of OCP's performance against its regulatory mandate. Potential impacts ○ Reputational damage ○ Reduced public and Government confidence in the OCP	**Organization-Wide Risks/ Strategic** **Operations Support/ Corporate** **Statutory Obligations/ Committees, Programs, Services**	Communications	1. Comprehensive communications and audience-specific messaging developed to support proactive reporting on OCP performance.	OCP is successful in communicating its value to the public and Government.	The College's inaugural submission of the College Performance Measurement Framework (CPMF) was effectively communicated across all channels following submission to the Ministry of Health, aligning with the College's focus on Performance and Accountability. Commendable practices and honorable mentions attributed to OCP were also highlighted and widely acknowledged. The 2020 annual report was published and distributed broadly across communication channels. Registrant communication strategies were implemented as planned focusing primarily on policy direction, the pandemic and key initiatives.

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						Information Data Management	2. Additional steps taken to achieve data and information management maturity, including recruitment and on-boarding of key staff and ongoing training in data and information management best practices.	Ongoing improvements in data and information management are instituted to facilitate effective sharing of timely, accurate and relevant information with the public, the profession, Government, and other stakeholders.	In 2021 the College consolidated technology, data/information and business processes under a single umbrella. The focus in year one was on technology and information management. Deploying a comprehensive Data Strategy will be the focus for 2022.
						Business Processes	3. Specification documentation(s) (Data dictionaries) developed for all College Performance Measurement Framework (CPMF), Board of Directors (BOD) and management team key performance indicators (KPIs).		Data provision practices were assessed and a work plan considered to document the CPMF context measures, BOD, and management team KPIs was established.
						Information Data Management	4. Plan systems improvements to enhance data and information management.		The College will focus on systems, data storage and dissemination as part of the Data Roadmap.

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6	MEDIUM	HIGH (Score:12)	**Business continuity**	Inconsistent, insufficient documentation and management of internal operational policies and procedures. Potential impacts ○ Ineffective succession ○ Inconsistent and inefficient processes ○ Inconsistent data capture ○ Insufficient retention and transfer of institutional knowledge	**Operations Support/ Corporate** **Statutory Obligations/ Committees, Programs, Services**	Business Processes	1. Development and implementation of a Policy and Procedure Governance Framework, including structure, processes and timelines for review and management standards.	Strong engagement of key leaders in the Policy and Procedure Governance Framework.	A multidisciplinary working group developed a governance framework, templates, processes and detailed standard operating procedures for review and approval of OCP operational policies and procedures. Roll-out of this new governance will be scheduled for Q1 of 2022.
						Business Processes	2. Establish a phased approach to policy and procedure development over the span of 2021-22.	Timely execution of project milestones and deliverables during the Policy and Procedure project. Large number (e.g., 40%) of policies and procedures developed and approved with goal of all documentation completed by end of 2022.	Of the Business Units (BUs) scheduled for 2021, 51% of the 192 identified processes have been standardized. Teams have drafted 86 standard operation procedures (SOP) to ensure consistent practice and support business continuity. BUs will continue their standardization efforts in 2022.
						Business Processes	3. Coach and support key personnel to develop and document policies, workflows, procedures and user guides.	High rate of compliance with documented procedures.	Business unit leads were partnered with a CQI coach in support of their workflow standardization. Leads coached through hands-on application of CQI concepts w. All leads have developed the foundational skillset to ensure standardization of current workflow and efficient on-boarding of new staff.

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7	LOW	LOW	**OCP's new governance model**	Failure to properly execute OCP's new governance model. Potential impacts ○ Public and Government loss of confidence in Board, Committees and/or College ○ Reduced perception of Board or Committee legitimacy by profession ○ Reduced engagement with profession	**Strategic/ Organization-Wide** **Governance**	Board & Committee Liaison	1. Continue to monitor interpretation and application of By-law 6 within new governance structure.	Monitor effectiveness of training and orientation.	The By-laws were updated in June 2021 to refine and clarify some of the governance elements put into practice in 2020. Opportunities for changes and clarifications will continue to be monitored and considered on an as needed basis.
						Board & Committee Liaison	2. Develop and implement strategies for ensuring robust communications between the Board and Committees.	Regular, effective communications between the Board and Committee Chairs take place.	The Board approved two policies (3.10 and 3.15) in support of linkages between the Board and Committee and to ensure the communication is established and maintained. Annually the outgoing Committee Chairs present on key activities in the fiscal year and, lessons learned and recommendations for improvement. For 2022, the Board Chair or a delegate will begin to provide orientation to Committees on behalf of the Board to further strengthen the governance relationship.
						Board & Committee Liaison	3. Deploy effective communications strategies for	Issues with registrant perceptions are effectively managed.	Decisions made by the Screening Committee and Governance Committee relating to the 2021

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							addressing registrants' concerns.		election and appointment process were supported. The communications for the 2021 Board recruitment reflected the College modernization of competency-based directors identified in the skills inventory. The overall competency of the candidates was exceedingly high in 2021 and only one candidate was asked to seek more opportunities to gain Board experience before reapplying.
						Board & Committee Liaison	4. Develop, implement, and monitor new governance policies and procedures.	New governance policies and procedures are completed and rolled out.	In June 2021, the Board approved the final batch of the 41 policies to complete the Board Policy Booklet. All Policies will be reviewed at least once every three years. Procedures to govern the review process are being established.

[i] Note that the risk categories in this report were based on the categories referred to in the 2015 Risk Plan, whereas the 2022 Risk Register adopts new definitions of risk categories.

OCP Risk Assessment Scale (1. Likelihood x 2. Potential Impact = Risk Rating)

1. Likelihood Scale (1-5)

Dimension	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Broad descriptors	• Will probably never occur/recur	• Do not expect it to happen/recur but it is possible	• Might happen or recur occasionally	• Will probably happen/recur	• Will undoubtedly happen/recur, possibly frequently
Time-frame	• Not expected to occur for years	• Expected to occur at least annually	• Expected to occur at least monthly	• Expect to occur at least weekly	• Expect to occur at least daily
Probability	• <0.1%	• <0.1-1%	• 1-10%	• 10-50%	• >50%

Adapted from National Patient Safety Agency (NPSA) UK, 2008

2. Potential Impact Scale (1-5)

Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Quality	Public Safety (Outcome)	• Minimal harm caused by registrant, no/minimal practice change or no need for investigation	• Minor harm or illness caused by registrant, minor practice change or no investigation and prosecution	• Moderate harm caused by registrant, major practice change and need for investigation and prosecution	• Major harm caused by registrant leading to long-term incapacity disability	• Incident may lead to death caused by registrant or multiple permanent instances of harm, irreversible health effects
	Effectiveness (Process)	• Insignificant effect/ impact on delivery of regulatory programs (Registrant services, assessments, investigation, hearings, etc.)	• Minor effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	• Moderate effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	• Significant effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	• Zero ability to deliver regulatory programs (Registrant services, assessments, investigation, hearing, etc.)

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Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
	Timeliness	• Insignificant delay in the delivery goals & focus areas on the strategic framework	• Minor delay in the delivery goals & focus areas on the strategic framework strategic goals & focus • Small number of strategic focus areas not met	• Moderate delay in the delivery goals & focus areas on the strategic framework strategic goals & focus • Some number of strategic focus areas not met	• Significant delay in the delivery goals & focus areas on the strategic framework strategic goals & focus • A few strategic goals not met	• One or more strategic priorities not met on the strategic framework • A few strategic goals not met under more than one strategic priority
Regulation and Compliance (Statute, Regulations, By-laws, Best Practices, Policies, etc.)	Responsibility as regulator (RHPA)	• Minor non-compliance to statutory duty	• Single failure to meet legislations, regulations, by-laws and ministry guidelines or follow protocol • Recommendations to comply with external agency	• Repeated failures to meet legislations, regulations, by-laws and ministry guidelines • Orders issued, report required by external review or government agencies • Operation under surveillance internally	• Multiple statutory breaches or non-compliance with legislations, regulations, by-laws and ministry guidelines • Prolonged delay to report on ministry mandates or response plan to significant findings • Cessation to operate by the ministry	• Gross failure to meet legislations, regulations, by-laws and ministry guidelines • Maximum fines • Criminal code violation • Impact on affiliation agreements • Legal and/or regulatory ramifications
Reputation	Registrant-services	• Incidences of distrust/question of legitimacy	• 1-2 isolated incidences with zero to low impact to the registrant	• 3+ incidences of distrust with moderate impact on the registrant	• Upward trend (7+) incidences of distrust • The professional association is mobilizing on behalf of the registrant	• 10+ incidences of distrust • The professional association is mobilizing on behalf of the registrant or registrants
	Public/government	• Rumours	• Local media coverage (short-term)	• Local media coverage (sustained)	• National media coverage (short-term)	• National media coverage (sustained)

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Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
		Potential stakeholder concern	• Elements of stakeholder expectation not being met	• Short-term reduction in stakeholder confidence	• Potential for political involvement • Longer-term reduction in stakeholder confidence	• Political intervention, up to appointment of Supervisor • Sr. leader termination • Long-term reduction in stakeholder confidence
	System partners	• Potential partner concern, impact on specific partnership activity	• Heightened potential for reduced system partner loss of confidence in role	• Reduction in confidence in College's ability to fulfill mandate • Heightened potential concern about impact on partnership activity and implications for other partners	• Reduction in confidence among partners widening (system level) • Partners concerned about the implications on individual or system priorities • Partners concerned about potential rub-off effect on their reputation	• Partners disengage from the College • Partners lose faith in leadership or ability of College to fulfill mandate without intervention
People and Culture	Staff well-being	• Low-level of reported incidences • No time-off work	• Reported incidences occurring but not in large numbers • Periodic time-off work related to incidents	• Reported incidences show an increasing pattern • Patterned time-off work • Low staff morale	• Reported incidences are increasing and more pervasive • Extensive time-off work • Low staff morale leading to time-off	• Reported incidences triggers external counsel, and/or independent review • Loss of several key staff
Finance and Efficiency	Financial Instruction and Control	• Small loss	• 1% of budget	• 1-2% of budget	• 2-5% of budget	• >5% of budget

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Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Information and Communication	Business Continuity	• Interruption of less than 1 hour • Modest resources need to be committed to internal service issue • Insignificant operational inefficiency	• Interruption of between 1 and 8 hours • Escalation of resources needed to address service issue • Minor operational inefficiency	• Interruption greater than 1 business day • Escalating internal and/or external resources need to be committed to address operational challenge	• Interruption greater than 1 week • Significant internal and/or external resources need to address service issues	• Permanent loss of service • Widespread or long-term shut down of operations • Inability to regulate the profession and their place of practice

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Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: 2022 College Risk Register

ISSUE: Engage the Board in prioritizing key risks for 2022 as set out in the College's Risk Management Program

PUBLIC INTEREST RATIONALE: As a regulatory body with a duty to serve and protect the public interest, the risk culture of the College is embedded within its mandate. Expectations are established through legislation, ensuring that mitigating risk to the public in relation to the practice of pharmacy is central to the College's culture (Board Policy 4.4 - Board's Oversight Role in Risk Management). To enable the College to fulfill its obligations, it must likewise recognize and manage the risks to the College so that its physical, financial, operational and reputational risks are mitigated in addition to risks associated with fulfilling its regulatory responsibilities. Engaging the Board in a proactive approach to identification of emerging risks is central to their oversight responsibility.

BACKGROUND:

- Since 2020, the College has been modernizing the Board's oversight of risk management.
- The College is evolving its risk management practices through the rollout of a Risk Management Program to embed risk foresight and action planning across all levels of the College.
- The 2021 Board Risk Report sets out the mitigation activity and resulting impact on the seven (7) enterprise risks identified in the 2021 Risk Register.
- Four (4) of the 2021 risks were carried over to the 2022 Risk Register based on a medium or high risk rating at year-end. Items with a low risk rating were not carried over for inclusion in the Risk Register but continue to be monitored at the staff level.

ANALYSIS:

- The Risk Working Group, comprised of frontline staff, were engaged in identifying various risks for consideration by a Risk Steering Group comprised of senior staff.
- Through a series of iterative discussions, the Risk Steering Group considered the internal and external environment to arrive at the top five (5) risks, possible impacts, and mitigation strategies to be brought forward in the 2022 Risk Register.
- The five (5) risks were then scored using the same Risk Assessment Scale used to assess the current risk ratings set out in the 2021 Risk Report.

- Feedback on the proposed 2022 Risk Register was sought from the Finance and Audit Committee.

Attachments:

- 2022 College Risk Register Summary
- 2022 College Risk Register
- OCP Risk Assessment Scale

RECOMMENDATION:

That the Board review and consider the risks, impacts, mitigation activity and monitoring indicators as well as the assigned risk ratings set out in the proposed 2022 Risk Register.

That the Board amend and/or approve the Risk Register for 2022.

Future Actions:

- The Risk Management Program will evolve to identify and incorporate new and emerging risks in real time through formalized incident reporting processes.
- A mid-year Risk Report will be presented to the Board in June 2022.
- The Board will be engaged in discussions to determine risk appetite with respect to specific risks.

2022 COLLEGE RISK REGISTER SUMMARY

2022 Organizational Risks	Start of Year Risk Rating [1]	Mitigation Strategies	Yet to start
R1. Business Continuity (People and Process)	High (12)	5	5
R2. Cyberattacks on OCP information, data and financial assets	Medium (8)	5	5
R3. Governance Effectiveness	Medium (6)	5	5
R4. Resourcing of core regulatory functions and mandate	Medium (6)	2	2
R5. IT Infrastructure Disruption/Failure	Medium (6)	3	3

[1] *Risk assessment rating of high, medium or low is determined by the product of likelihood x potential impact score.*

NEXT STEPS

- ✓ Risks assigned to owners for implementation of risk strategies throughout the year.
- ✓ Risks will be monitored and status will be reported to the board semi-annually.

2022 College Risk Register

LEGEND

RISK RATING:
Risk levels have been assigned by rating the likelihood of the risk occurring and the potential impact the risk would have on operations if it occurred. The risk score is the product of rating both factors using the OCP Assessment Scale.

Example: Low Likelihood [2] x High Impact [4] = Rating of 8 (Medium Level)

		Impact				
Likelihood		1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Very High	5	5	10	15	20	25
High	4	4	8	12	16	20
Medium	3	3	6	9	12	15
Low	2	2	4	6	8	10
Very Low	1	1	2	3	4	5

Risk Level:

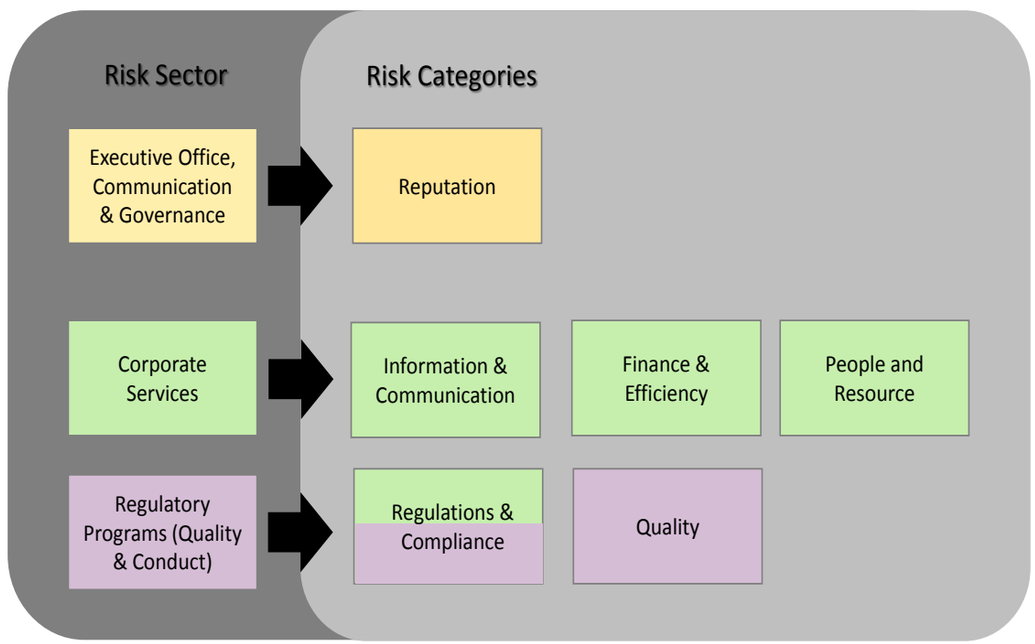
1, 2, 3, 4	Low
5, 6, 8, 9, 10	Medium
12, 15, 16	High
20, 25	Very high

RISK NAME:
An umbrella term that speaks to the event of the risk, "Cyberattack, Plane Crash, Flood, etc."

RISK DESCRIPTION and POTENTIAL IMPACT:

- A detailed explanation of the event of the risk and what could result if the event occurred. "Confidential information breach resulting in exposure of information to unauthorized person(s)"

RISK SECTOR and RISK CATEGORY:
Risk Sector was used in the 2015 Risk Management Plan. From 2022 onward, Risk categories will be used. The category is the potential impact a specific risk could fall in. Some risk may fall under more than one category.



RISK MITIGATION:

- Describes actions the responsible area will take to avoid/prevent/minimize risk occurrence and mitigate effects if risk does occur, e.g., “Require all staff to complete online data security training”.

MONITORING ACTIVITIES and INDICATORS:

- Describes how the risk will be monitored and measure effectiveness of risk mitigation/controls e.g., “Mock phishing attacks are below target %”.

GAPS and CONSTRAINTS:

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

BACKGROUND:

Since 2015, the College’s risk management philosophy has been to embrace risk in a collaborative strategic manner, working with various entities within the organization to address and mitigate risk as identified (2015 Risk Management Plan).

The **Risk Management Program (RMP)** is the next progression in our risk management strategy. The RMP aims to address strategic, operation and regulatory level opportunities and threats using a proactive system to identify, assess, respond, communicate and monitor potential risks to steer the College towards improved decision-making, better allocation of resources and minimize any exposure to negative impacts.

The overarching objective of the program is to embed prospective risk assessment and management practices in all levels of the organization.

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
1	HIGH (Score: 12) Likelihood: 4 Impact: 3	**Business Continuity (People and Process)**	The College is experiencing high staff turnover and disengagement. Vacancies add additional burden on existing staff compounding work pressures. Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult. <u>Potential Impacts</u> ○ Employee turnover and disengagement overloads staff and affects ability to deliver on objectives ○ Insufficient and inefficient transfer of institutional knowledge affects work execution ○ Ineffective transition with staff turnover affects work execution ○ Inconsistent and inefficient processes affect work execution	People & Resources Information & Communications Finance & Efficiency	1. Address employment engagement areas for improvement and to promote a culture of trust	Regular and timely communication with staff, and interactive feedback from staff meetings. Monitor turnover rates. Expand HR measures to include annual new hire and exit interview summaries to provide greater understanding for management. Ongoing recognition and appreciation. Annual employee engagement pulse survey (2022 to capture impact of change of leadership).	Sufficient resources to execute on improvements. Market forces and other external trends.
					2. Career Development & Professional Training to provide growth opportunities (internal mobility)	Internal filled positions vs. external filled. Consistent training plans during operational planning across the organization. Number of individual and corporate training activities.	Appropriate budget for development and training.
					3. Strategies to differentiate employer of choice and attract the right talent	Analysis of attraction/sourcing of applicants Revamp OCP external career site.	Need to dedicate resources to operationalize. Availability dependent on demands on HR.

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
			○ Inconsistent data capture undermines ability to leverage data			Increase the promotion of opportunities via LinkedIn by management and other staff.	
					4. Roll-out of OCP policy and procedure project to document standard operating procedures (SOPs), standardize documentation and retain institutional knowledge	Completed SOP documentation and SOP governance framework. Processes are regularly reviewed, and improvements made.	Business staff time and availability.
					5. Minimize staff over-load through consistent, robust workforce planning. Implement a Resource Planning tool to help monitor and ensure staff have a good work life balance.	Departments have a frequent, structured approach to review staff workload and the health of the operation. Departments have identified key measures and are monitoring adequate resources to mitigate staff burnout.	
2	Medium (Score: 8) Likelihood: 2 Impact: 4	**Cyberattacks on OCP information, data and financial assets**	Cyberattacks (e.g., ransomware, malware, fraud, phishing attacks and breaches) have increased by 400% during the pandemic. <u>Potential impacts</u> ○ Financial loss ○ Confidentiality breaches ○ Business disruptions ○ Liability ○ Reputational damage	Information & Communication Reputation Finance & Efficiency	1. Awareness training for existing and new staff re: online data security and fraud detection paired with scheduled simulated phishing attempts to gauge uptake.	100% of staff complete semi-annual security awareness training. 90% pass rate of automated simulated phishing attacks used gauge staff's knowledge uptake.	
					2. Array of internal IT controls aligned to best practices.	Identification of net new industry trends and assess risk to the College. On-time monthly maintenance and 100% of updates and patches applied. Implementation of Microsoft Intune to manage all OCP hardware both PC and Mobile phones.	

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
					3. Identify weakness in current infrastructure through third party audits and penetration testing based on the latest cyberattack trends	A plan is put in place to address all vulnerabilities in a timely fashion.	
					4. Test the cybersecurity response plan to mitigate the effect of any successful cybersecurity attack(s)	Testing will be done via a mock attack by a third-party company.	
					5. Review the College's cybersecurity insurance to ensure adequate funds are allocated.	Annual assessment of allocation amount with insurance provider.	
3	MEDIUM (Score: 6) Likelihood: 2 Impact: 3	**Governance Effectiveness**	Board's execution of its oversight responsibilities as set out in statutes, regulations, By-laws and policies and further articulated in the CPMF <u>Potential impacts</u> ○ Reputational damage ○ Loss of confidence from the Government and/or the public in the College's ability to self-regulate ○ Disconnect between the Board's strategic intention and the Committees' application of authority ○ Liability	Regulation & Compliance Reputation Quality	1. Improve opportunities for the Board to consider strategic issues.	Revised structure and content of briefing notes. Measure and monitor the Board's response to material presentation.	
					2. Review and enhance strategies for ensuring robust communications between the Board and Committees.	Updated Committee orientation program facilitates alignment with the Board's strategic direction and Governance Principles.	
					3. Review and revise the Registrar / CEO performance evaluation framework	Defined process for CEO & Registrar performance planning and evaluation, including independent facilitation and 360-degree feedback.	
					4. Expand Board training on core competencies	Source and deliver effective training programs on 1-2 core competencies throughout the year. Board Minutes restructured to demonstrate effective challenges and diligence in decision making. Follow up items tracked separately.	

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
					5. Internal review of the College's Governance Framework	Annual Governance Checklist is reviewed to determine the completeness of the current framework. Deficiencies and opportunities to be tracked with a completion plan. Board work plan to be posted in every meeting package.	
4	MEDIUM (Score: 6) Likelihood: 3 Impact: 2	**Resourcing of core regulatory functions and mandate**	Failure to properly resource core regulatory operations (i.e., ensure that the necessary resources are engaged in appropriate work with an acceptable workload), resulting in increased organizational risk. <u>Potential impacts</u> ○ Negative impact on work execution ○ Public harm due to delays ○ Reputational damage and loss of confidence in the College ○ Legal challenges and liability	Quality Regulation & Compliance Reputation	1. Continue to develop broad suite of activity/workload reporting and dashboards, including integration of KPIs and CPMF metrics and adapt operational planning as needed to accommodate demands of core regulatory operations.	Additional range of activity and workload reports and dashboards are available to staff and management. Reporting and analysis help understand how operational work is allocated and completed and whether targets are being met.	Limitations of systems
					2. Application of risk-based, right-touch regulation principles to key activities such as practice and pharmacy assessments.	Resource allocation is monitored, adapted and optimized, e.g., resources are shifted as needed and data-supported business cases are developed if new staffing or technology resources are required to ensure operational work is completed. Practices and operations determined to be higher risk are prioritized for assessment. Practice documents are reviewed and updated in a timely manner.	Budgetary considerations

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
5	MEDIUM (Score: 6) Likelihood: 2 Impact: 3	**IT Infrastructure Disruption/Failure**	Current IT infrastructure does not support high availability, ease of maintenance and scalability to meet the growing needs of the College. <u>Potential impacts</u> ○ Delaying work impedes work processes and efficiencies, data quality and management, information security ○ Replacements/upgrades likely to require significant investment of financial and staff resources ○ Problems with adoption and compliance with new systems	Information & Communication Quality	1. Execute on Technology Roadmap to uplift current IT infrastructure and increase stability and security and improve collaboration across functions.	First phases of Technology Roadmap are executed.	
					2. Create a cross company focus group to assess current CRM (Customer Relationship Management) system and determine if replacement is required.	Development and monitoring the CRM work plan to ensure scope and deliverables are met timely	
					3. Implement a phased data migration strategy from on-premises software to cloud-base infrastructure.	Reduction of files stored on OCP on-premises hardware. Move files to Cloud environment for increased collaboration, ease of accessibility and increased security.	

Ontario College of Pharmacists
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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION X

INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: 2020 College Performance Management Framework (CPMF) Summary Report

ISSUE: Highlight findings noted in the 2020 CPMF Summary Report and the College's next steps

PUBLIC INTEREST RATIONALE: In December 2020, the Ontario Ministry of Health released the inaugural College Performance Measurement Framework (CPMF) which further strengthens the accountability and oversight of Ontario's health regulatory colleges by providing information that is transparent, consistent and aligned across all colleges on their performance in serving the public's interest.

BACKGROUND:

- The Ministry of Health (MOH) developed the CPMF's standardized approach to measuring and reporting performance in consultation with health regulatory colleges, members of the public and subject matter experts. OCP was among a group of colleges that played an active role in the development of the CPMF.

- This new annual reporting framework encourages an increased understanding of the activities of health regulatory colleges in the province, highlights where colleges are collectively performing well, potential areas for system improvements and various commitments that colleges have made to improve their performance.

- The CPMF consists of seven domains: Governance, Resources, System Partners, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement. Within each domain, specific components such as standards, measures, evidence and planned improvement activities set out expectations and requirements for the colleges to include/respond to in their submitted reports to the Ministry.

- All provincial health regulatory colleges were required to complete and submit the CPMF reporting tool to the Ministry by March 31, 2021 and make their reports publicly available through their websites.

- Feedback on the reporting process and tool was provided by the colleges to the Ministry following the 2021 submission date.

- OCP participated in a series of Ministry-led working group meetings this summer to help refine the CPMF standards and contribute to the rating and selection of commendable practices.

- The 2020 CPMF Summary Report was posted by the Ministry in August 2021 and provides baseline information on the structures, processes and practices in place within all 26 regulatory colleges.

- The OCP 2021 Performance Scorecard was adapted to reflect the CPMF domains in order to further demonstrate and reinforce continued alignment with the Ministry's expectations and the College's commitment to transparency, public accountability and performance improvement.

ANALYSIS:

- The Summary Report provides a systematic breakdown of each of the seven CPMF domains comparing all 26 college submissions. The report showcases commendable practices, notable practices and system improvement as healthcare regulators.

- A total of seven commendable practices along with a number of notable practices and system improvements are highlighted in the report.

- OCP is recognized in the report for one commendable practice and one notable practice.

- OCP's commendable practice is related to Domain 3: System Partnership, for partnering with Ontario Health, academia, MOH, physicians, registrants, professional associations, data and analytics experts, and patients to develop the quality indicators for the profession.

- The College's notable practice is highlighted in Domain 1: Governance, for the steps we have taken to modernize and improve our governance structures.

- An internal gap analysis of the Summary Report is underway and an action plan of improvement opportunities will be developed and phased-in over the next few years through incorporation into OCP's annual operational plan.

- Information relating to the launch of this year's CPMF reporting process is provided for your information.

Attachments:

- 2020 Ministry of Health CPMF Summary Report
- Formal Launch of 2nd Iteration of CMPF

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

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Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

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Ontario

MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: November 22, 2021

RE: **Formal launch of the 2nd iteration of the College Performance Measurement Framework**

I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the 2021 CPMF reporting cycle.

As you know, the CPMF has been designed to further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

By focusing on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models), the CPMF makes it easier for patients, their families and employers to navigate the regulatory system. Similarly, highlighting commendable practices improves consistency across colleges.

The second iteration of the CPMF was refined based on feedback from Colleges, the public and experts resulting in the addition of three new focus areas: Diversity, Equity and Inclusion, Risk Management, and Use of Technology. Colleges are being asked to report on the new Measures and Evidence, as well as report back on improvement plans identified in 2020 and report on any changes in comparison to 2021.

The ministry is also aware that College processes and procedures were likely impacted by COVID-19 resulting in responses which may be inconsistent with the last reporting cycle. Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools which are posted on the respective college websites to help the public better understand the information provided.

…/2

I would like to acknowledge that your comments and feedback helped to inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to some Measures and informed additional questions in the FAQs.

Similar to last year, this year Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how well they are performing in adhering to their mandate. During the 2021 reporting cycle, the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, upon request,
- Seek opportunities to foster collaboration among Colleges based on Commendable Practices identified in the 2020 reporting cycle and,
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College) for the 2021 reporting cycle in comparison with changes or improvements with 2020.

The ministry asks Colleges to post their 2021 Reporting Tools on their websites by March 31, 2022 and to notify the ministry once this is done.

I would like to thank all of you again for your advice and support to date. The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,

_____

Sean Court
Assistant Deputy Minister

c. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Jason Maurier, Manager, Regulatory Oversight and Performance Unit, MOH

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BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	X	FOR INFORMATION

INITIATED BY: **Finance and Audit Committee (FAC)**

TOPIC: 2022 Operating and Capital Budget

ISSUE: Approval of the 2022 Operating and Capital Budget

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

BACKGROUND:

- In 2019, the Board passed a resolution to automatically increase fees each year equivalent to the Consumer Price Index (CPI) to keep pace with rising costs in order to maintain the necessary resources to deliver on the College mandate.
- Accordingly, fees were increased in 2021 by 0.8%.
- While core programs continued to be delivered with modifications to format throughout 2021 due to the pandemic, a number of the College's initiatives were delayed or deferred. This was primarily due to high staff turnover and prolonged vacancies as well as limitations to in-person gatherings and a recognition that the pandemic added significant pressure to the profession.
- Unanticipated legal expenses relating to operations and a change in leadership late in the year impacted costs in 2021.
- An accelerated timeline for implementation of new technology infrastructure impacted capital expenditures.
- The net impact of the above items result in a projected surplus of approximately $1.36 million versus a budgeted $40,000 deficit.
- The College reserves at the start of 2021 totaled $8.65 million.

ANALYSIS:

- The budget assumes we will continue to operate with ongoing restrictions to travel and social gatherings for the first quarter of 2022 to align with the provincial reopening plan.
- Increasing work demand necessitates adding staff in all areas of operations bringing the total full time equivalent (FTE) staff count to 152.
- An allowance of 4.0% for salary increases for cost-of-living adjustment (COLA) and merit is provided.
- Cost recoveries for discipline are budgeted to rise as precedents evolve.
- The new in-house legal conduct team is anticipated to assume more cases in 2022 following

significant turnover in 2021. Continued growth in conduct related matters is expected.

- Risk-based regulation concepts and improved data management underpin the regulatory program strategies.
- Fees will increase by 4.4% equal to the Consumer Price Index (CPI) as of September 30, 2021 for Ontario, all items.
- The 2022 budget delivers a shortfall of revenue over operating and capital costs of approximately $843,000 which will be covered by the $1.36 million surplus from 2021.
- Reserve values are near target and sufficient to respond to unforeseen expenditures not provided for in the budget.
- The attached Executive Summary and budget schedules outline the focused spending for the coming year.

RECOMMENDATION:

That the Board of Directors approve the attached 2022 Operating and Capital Budget.

Projected 2021 Financial Performance and Proposed 2022 Budget

Review of Projected 2021

Revenue is projected to come in 1% over budget, while expenses are projected to be 5% below budget overall. **The net impact is a projected surplus of $1,359,000 after capital compared with a budgeted deficit of $40,000.**

Board and Committee expenses will be 15% below budget as a return to in-person meetings was deferred due to the ongoing gathering restrictions resulting in savings on travel, accommodation and meals.

Personnel costs are expected to be 3.2% below budget. The shortfall was as a result of high staff turnover throughout the year and challenges sourcing the right talent to fill the vacancies in a timely manner. Other personnel costs are expected to come in significantly under budget as training and education, conferences and employee activities were deferred or abandoned due to restrictions on gatherings.

Cost for administering the **regulatory programs** will come in 17.6% below budget. The largest component of this expense shortfall relates to the medication incident reporting program referred to as AIMS (Assurance and Improvement in Medication Safety) as the budget was developed prior to renegotiation of the vendor agreement late in 2020. In addition, several practice initiatives and a communication initiative were deferred as registrant and stakeholder engagement was restricted in light of the pandemic and the pressures placed on the profession. The Conduct Division has worked off a backlog of investigations over the past two years, resulting in increased caseload for ICRC and ultimately more discipline referrals. Despite staff counsel shortages in the Legal Conduct division and some complex multi-day hearings, costs for legal prosecution are expected to come in reasonably close to budget. Also, examining the number of cases scheduled before the Discipline Committee throughout the year, the projected costs for external legal are expected to be in line with budget.

Costs for **College operations** are projected to come in 6.2% above budget due to unanticipated human resource legal and consultancy expenses. Given the projected surplus, additional consultant costs were approved late in the year to accelerate the technology refresh as we move some of our services off premises and onto cloud-based platforms. This acceleration was enabled by hardware inventory coming available despite shortages caused by supply chain issues earlier in the year. A savings in property costs is attributed to a property tax refund for 2020 and a reduction to current year property assessment. Bank Charges will come in under budget due to a reduction in the interchange rate on credit card processing and telecommunications expenses will be lower as we moved from Adobe to Mitel and Teams as a standard meeting platform for internal and external meetings. Software subscriptions and maintenance will exceed budget due to the accelerated technology refresh. Lastly, travel will be significantly under budget as on-site assessments requiring travel only resumed late in Q3 and all other business travel was avoided due to the pandemic.

Capital expenditures will exceed budget by 25% as we reallocated funds to accelerate the technology infrastructure refresh but deferred a facility project due to excessive price escalation caused by market conditions.

Overview of 2022 Operating and Capital Budget

The budget was developed to support delivery of the objectives in the 2022 Operational Plan reviewed by the Board in September of this year, which in turn supports the Strategic Framework approved by the Board in 2018. The Strategic Priorities that remain in effect are:

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

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Expenses

Council and Committee - Schedule A

Board and Committee expenses in 2022 reflect the resumption of in-person meetings, where appropriate, effective April 1st to coincide with the provincial re-opening plans recently announced by the government. The budget assumes that many committee meetings will continue to be held virtually but opportunities for in-person gatherings to encourage committee members to connect and exchange ideas will be encouraged. Furthermore, contested discipline hearings and ICRC meetings where oral cautions are being delivered will also be held in-person to enhance non-verbal communication. Discipline costs are budgeted to increase due to case volume, enhanced member training and Independent Legal Counsel (ILC) support for a new decisions process, finalizing an update of the Rules of Procedure and to create a formal case management protocol. ICRC will be maintaining virtual meetings throughout 2022 aside from oral cautions and in-person training programs to enable robust decision-making. An allowance has been set aside in the budget for the work of a Selection Committee to identify a new Registrar.

Schedule B – Personnel

The Salary budget includes an allowance of 4% on existing staff salaries and assumes all positions currently vacant will be filled by the second quarter. The budget also contemplates new hires across all divisions of the college with seven (7) new positions (some contract, some permanent) identified to support the performance objectives set out in the operational plan for 2022. Various positions in the conduct area, currently filled on a contract basis have been converted to permanent to improve retention rates. The assumption behind the contract status was that backlogs would be eliminated resulting in a reduced number of files per investigator. That reality has not materialized as the proportion of complex investigations continues to increase. The salary and staffing increases, including the conversion of contract to permanent, have a corresponding impact on benefit costs relating to statutory payroll costs as well as pension and group benefit premiums. Employee relations and education and training costs are expected to bounce back after two years of reduced activity. Other Personnel costs include a provision for an executive search firm to be retained for the recruitment of a Registrar.

Schedule C – Regulatory Programs

Regulatory programs includes expenses associated with delivering the various Quality and Conduct programs set out in the statute and the operational plan. Cost for maintaining the medication error reporting system through the Pharmapod platform account for a significant portion of the costs, followed closely by the costs for external legal services to support conduct activities. While we had made progress in reducing external legal support through the establishment of an in-house prosecutorial team, staff losses in 2021 had a negative impact on the progress. With a new team now in place we expect to regain the momentum later in 2022 when the new staff are fully on-boarded and oriented to the regulatory framework and the nature of prosecutorial challenges faced by OCP. As the team continues to develop they will be able to assume a higher proportion of the legal support for investigations, preparing prosecutorial assessments and undertaking in-house prosecutions for discipline cases where appropriate.

Administration of the Pharmacy Jurisprudence examination is included in this category. It was outsourced in late 2020 to improve exam security to enable computer-based testing including remote proctoring. Costs for the working group to develop and maintain a databank of questions and the psychometric services to ensure each exam is appropriately constructed for consistency and relevancy is also included. The cost for delivering the PACE (Practice Assessment of Competence at Entry) program for both pharmacists and pharmacy technicians which involves workshops to train assessors and the outsourced technology to support the program is also provided for.

Numerous new and ongoing Practice Initiatives are budgeted for next year, some of which were deferred from 2021. Work on the Quality Indicators will proceed in 2022 and focus groups will be convened to implement risk-based operational assessments and enhanced standardization. Funds have also been set aside to develop a strategy to advance equity, diversity, inclusion and belonging (EDI-B) in the profession and to update hospital operations criteria to better reflect current practice standards.

Program administration costs for the Quality Assurance (QA) program will increase for training of Peer Coaches and QA Assessors needed to manage an increased QA activity as the volume of registrants identified for QA assessment continues to increase. Also provided is the cost for development and hosting of questions for a new computer-based Clinical Knowledge Assessment, to support re-introduction of this component of the QA program in 2022.

Schedule D – Operations

Operations costs will increase in 2022 as we invest in changes to our technology infrastructure, moving services off premises and onto cloud-based platforms for added flexibility and security. The rollout of Office 365 will take place throughout the year and will be supported by external consultants to guide the process and educate our technology staff to support the new environment moving forward. While the move to cloud-based services will increase software subscription costs, it will ultimately reduce overall costs as it will replace certain software license fees. Several new products are also planned to improve efficiency of processes and security as the threat of cyber-attacks continues to grow.

Property costs will return to normal patterns as we resume in-office meetings. Staff attendance impacts certain services and supplies, and travel costs will increase as the full impact of separating pharmacy and registrant assessments and the resulting larger geographic territories for assessors offsets savings from maintaining some virtual assessments. The last but most significant operational cost relates to credit card and bank processing fees for collection of fees.

Capital

Capital expenditures for 2022 are primarily associated with technology as we move forward with the technology infrastructure refresh and the move to cloud-based platforms and enhanced security measures. Facility related capital includes upgrades to the elevator at the Huron Street building as well as upgrades to the meeting room equipment to support hybrid meeting formats. A plan to upgrade the washrooms at the main building to current accessibility standards is deferred to a future date given a projected deficit for the year.

Revenue - Schedule E

As set out in the College by-laws, the budget includes an increase of 4.4% across all fee categories, equivalent to the Consumer Price Index (CPI) for all items for Ontario on September 30, 2021. Entry-to-practice volumes are expected to stabilize after fluctuations over the past two years due to pandemic impacts. New registrations for internationally educated applicants are expected to remain modest for the coming year. The budget assumes the registration and QA regulations will not be proclaimed in 2022 so student class registrations will continue throughout the year. Pharmacy transactions (sales, relocations, openings, closures) are also expected to stabilize to pre-pandemic levels and while cost recoveries from discipline are budgeted to increase.

Budgeted Profit or Loss

Expenses will exceed revenue for 2022 resulting in an operating deficit of $474,500 and a deficit after capital of $843,000. To achieve a breakeven after capital, fee increases of an additional 4.6% would be required.

Reserves

The College’s combined reserve values coming into 2021 were $8.65 million and the 2021 surplus after capital is projected to be $1.36 million. This surplus enables the College to top-up the contingency reserve to near target while retaining unrestricted funds to cover the budgeted shortfall in revenue for 2022.

Ontario College of Pharmacists

Summary - Budget 2022

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
REVENUE - "Schedule E"	25,536,839	24,168,684	23,920,570	1,368,155	5.66%	1,616,269	6.76%	248,114	1.04%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	900,628	634,598	750,051	266,030	41.92%	150,577	20.08%	(115,453)	-15.39%
Schedule "B" - Personnel	18,968,382	16,575,625	17,119,139	2,392,757	14.44%	1,849,242	10.80%	(543,514)	-3.17%
Schedule "C" - Regulatory Programs	3,820,621	3,148,998	3,823,371	671,623	21.33%	(2,751)	-0.07%	(674,373)	-17.64%
Schedule "D" - Operations	2,321,734	2,176,231	2,050,032	145,502	6.69%	271,701	13.25%	126,199	6.16%
TOTAL EXPENDITURES	26,011,364	22,535,452	23,742,594	3,475,912	15.42%	2,268,770	9.56%	(1,207,142)	-5.08%
EXCESS OF REVENUE OVER EXPENDITURES	(474,525)	1,633,232	177,976	(2,107,757)	-129.05%	(652,501)	-366.62%	1,455,256	817.67%
Capital Expenditures	(368,500)	(274,232)	(218,600)	(94,268)	34.38%	(149,900)	68.57%	(55,632)	25.45%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	(843,025)	1,358,999	(40,624)	(2,202,024)	-162.03%	(802,401)	1975.18%	1,399,624	-3445.30%

SCHEDULE A

Board & Committee Expenses

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
Board	85,000	45,000	60,000	40,000	88.89%	25,000	41.67%	(15,000)	-25.00%
Committees:									
Accreditation	10,933	6,615	11,758	4,318	65.28%	(825)	-7.02%	(5,143)	-43.74%
Discipline	522,689	375,836	390,128	146,853	39.07%	132,561	33.98%	(14,292)	-3.66%
DPP	7,293	3,510	8,245	3,783	107.78%	(952)	-11.55%	(4,735)	-57.43%
Executive	5,000	8,000	10,160	(3,000)	-37.50%	(5,160)	-50.79%	(2,160)	-21.26%
Finance & Audit	4,000	3,900	2,500	100	2.56%	1,500	60.00%	1,400	56.00%
Fitness to Practice	25,493	10,350	15,400	15,143	146.31%	10,093	65.54%	(5,050)	-32.79%
ICRC	150,249	99,155	140,290	51,094	51.53%	9,959	7.10%	(41,135)	-29.32%
Patient Relation	26,376	25,217	37,730	1,159	4.60%	(11,354)	-30.09%	(12,513)	-33.16%
Quality Assurance	19,831	14,400	25,050	5,431	37.72%	(5,219)	-20.83%	(10,650)	-42.51%
Registration	25,464	23,155	25,290	2,309	9.97%	174	0.69%	(2,135)	-8.44%
Screening	6,600	4,960	8,000	1,640	33.06%	(1,400)	-17.50%	(3,040)	-38.00%
Governance	6,700	14,500	15,500	(7,800)	-53.79%	(8,800)	-56.77%	(1,000)	-6.45%
Selection Committee	5,000	0	0	5,000	0.00%	5,000	0.00%	0	0.00%
Total Committees	815,628	589,598	690,051	226,030	38.34%	125,577	18.20%	(100,453)	-14.56%
Total Board and Committee	900,628	634,598	750,051	266,030	41.92%	150,577	20.08%	(115,453)	-15.39%

SCHEDULE B

Personnel

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
Salaries	15,266,188	13,696,099	14,031,887	1,570,089	11.46%	1,234,301	8.80%	(335,789)	-2.39%
Benefits	3,122,776	2,583,581	2,672,080	539,194	20.87%	450,696	16.87%	(88,498)	-3.31%
Other Personnel *(Education, training, professional dues)*	579,418	295,945	415,172	283,473	95.79%	164,246	39.56%	(119,227)	-28.72%
Total Personnel Costs	18,968,382	16,575,625	17,119,139	2,392,757	14.44%	1,849,242	10.80%	(543,514)	-3.17%

SCHEDULE C

Regulatory Programs

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
Association Fees - NAPRA	132,769	132,769	134,000	0	0.00%	(1,231)	-0.92%	(1,231)	-0.92%
Communication Initiatives	85,000	64,854	125,000	20,146	31.06%	(40,000)	-32.00%	(60,146)	-48.12%
Consulting - Regulatory	1,000	0	1,000	1,000	0.00%	0	0.00%	(1,000)	-100.00%
Donations, Contributions and Grants	2,000	2,000	2,000	0	0.00%	0	0.00%	0	0.00%
DPP Inspection	500	0	500	500	0.00%	0	0.00%	(500)	-100.00%
Election	6,000	5,090	11,500	910	17.88%	(5,500)	-47.83%	(6,410)	-55.74%
Examinations, Certificates and Registration	183,905	179,762	166,308	4,143	2.30%	17,597	10.58%	13,454	8.09%
HIP / Investigation / Intake	80,650	78,253	53,750	2,397	3.06%	26,900	50.05%	24,503	45.59%
Legal Conduct	1,268,578	1,169,552	1,169,623	99,026	8.47%	98,955	8.46%	(71)	-0.01%
Legal - Regulatory	75,000	68,000	85,000	7,000	10.29%	(10,000)	-11.76%	(17,000)	-20.00%
Medication Safety Programs	1,365,703	1,129,988	1,493,570	235,715	20.86%	(127,868)	-8.56%	(363,582)	-24.34%
Practice Assessment of Competence at Entry	72,515	61,294	106,440	11,221	18.31%	(33,925)	-31.87%	(45,146)	-42.41%
Practice Initiatives	238,960	14,389	209,010	224,571	1560.70%	29,950	14.33%	(194,621)	-93.12%
Professional Development / Remediation	3,024	1,724	3,000	1,300	75.41%	24	0.80%	(1,276)	-42.53%
Professional Health Program	115,000	99,283	104,000	15,717	15.83%	11,000	10.58%	(4,717)	-4.54%
Quality Assurance	190,017	142,039	158,670	47,978	33.78%	31,347	19.76%	(16,631)	-10.48%
Total Regulatory Programs	3,820,621	3,148,998	3,823,371	671,623	21.33%	(2,751)	-0.07%	(674,373)	-17.64%

SCHEDULE D

Operations

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
Association Fees - General	15,000	13,125	15,000	1,875	14.28%	0	0.00%	(1,875)	-12.50%
Audit	27,000	26,300	27,000	700	2.66%	0	0.00%	(700)	-2.59%
Bank / Credit Card Charges	557,000	513,878	575,082	43,122	8.39%	(18,082)	-3.14%	(61,204)	-10.64%
Consulting - Operation	177,500	186,111	37,000	(8,611)	-4.63%	140,500	379.73%	149,111	403.00%
Courier/Delivery	3,750	1,374	1,800	2,376	172.88%	1,950	108.33%	(426)	-23.65%
Insurance - E & O	7,500	6,761	6,650	739	10.93%	850	12.78%	111	1.67%
Legal - Operation	15,000	309,700	7,000	(294,700)	-95.16%	8,000	114.29%	302,700	4324.29%
Niagara Apothecary	37,330	18,838	42,650	18,492	98.16%	(5,320)	-12.47%	(23,812)	-55.83%
Office Equipment Leasing & Maintenance	20,000	15,000	19,769	5,000	33.33%	231	1.17%	(4,769)	-24.12%
Postage	2,500	14,826	9,500	(12,326)	-83.14%	(7,000)	-73.68%	5,326	56.06%
Property	276,963	190,631	297,831	86,332	45.29%	(20,868)	-7.01%	(107,200)	-35.99%
Publications-Pharmacy Connection & Annual Report	10,000	22,818	28,250	(12,818)	-56.17%	(18,250)	-64.60%	(5,432)	-19.23%
Software Subscriptions / Support / Maintenance	669,369	543,948	508,178	125,421	23.06%	161,191	31.72%	35,770	7.04%
Subscriptions	45,837	14,073	22,082	31,764	225.70%	23,755	107.58%	(8,009)	-36.27%
Supplies/Stationery	28,150	14,561	18,075	13,589	93.33%	10,075	55.74%	(3,514)	-19.44%
Telecommunications	227,601	198,966	224,470	28,634	14.39%	3,131	1.39%	(25,504)	-11.36%
Travel	201,234	85,321	209,695	115,913	135.86%	(8,461)	-4.03%	(124,374)	-59.31%
Total Operations	2,321,734	2,176,231	2,050,032	145,502	6.69%	271,701	13.25%	126,199	6.16%

SCHEDULE E

Revenue

	2022 Budget	2021 Projected	2021 Budget	Var. 2022 Budget to 2021 Projected $	Var. 2022 Budget to 2021 Projected %	Var. 2022 Budget to 2021 Budget $	Var. 2022 Budget to 2021 Budget %	Var. 2021 Projected to 2021 Budget $	Var. 2021 Projected to 2021 Budget %
Pharmacist Fees	13,603,620	12,671,199	13,106,797	932,421	7.36%	496,823	3.79%	(435,598)	-3.32%
Pharmacy Technician Fees	2,874,231	2,667,013	2,646,661	207,218	7.77%	227,570	8.60%	20,352	0.77%
Community Pharmacy Fees	6,292,086	5,984,065	5,871,815	308,021	5.15%	420,271	7.16%	112,251	1.91%
Hospital Pharmacy Fees	1,082,286	1,048,590	1,037,841	33,696	3.21%	44,445	4.28%	10,749	1.04%
DPP Inspection Fees	26,309	22,050	15,750	4,259	19.31%	10,559	67.04%	6,300	40.00%
Health Profession Corporation	182,583	160,146	172,242	22,437	14.01%	10,341	6.00%	(12,096)	-7.02%
Registration Fees and Income	735,723	864,415	559,464	(128,691)	-14.89%	176,259	31.51%	304,950	54.51%
Investment Income	140,000	96,624	185,000	43,376	44.89%	(45,000)	-24.32%	(88,376)	-47.77%
Discipline Costs Order	600,000	654,582	325,000	(54,582)	-8.34%	275,000	84.62%	329,582	101.41%
TOTAL REVENUE	25,536,839	24,168,684	23,920,570	1,368,155	5.66%	1,616,269	6.76%	248,114	1.04%

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Susan James, Acting Registrar & Director, Quality

TOPIC: Acting Registrar's Report December 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 November 2021 update to the Board between quarterly meetings, the Acting Registrar respectfully submits this report on the activities that have taken place since the September 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 have been dealt with on behalf of the College during the reporting period.

PUBLIC INTEREST RATIONALE: The Registrar or Acting 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.

Follow up from the September Board of Directors Meeting

Actions from Committee Reports

Further to the reports and presentations from the Committee Chairs at the September 2021 Board meeting, College staff considered any recommendations that were put forward through a quality improvement lens. Specific recommendations were made by the Chairs or members of the Accreditation, Discipline, Registration, Inquiries, Complaints and Reports (ICRC) and Patient Relations Committees.

Work is underway with the Chair of the Accreditation Committee to explore the possible development of a policy to consider a consistent approach to accreditation for pharmacies where an owner or director may have been involved in a discipline finding of misconduct. Considerations will be given to the scope of authority of the panels, independence of panel decision-making and ensuring that any approach must comply with our statutes.

The Board and Committee Chairs discussed the establishment of key performance indicators (KPIs) for Discipline, Registration and ICRC. Possible KPIs include timelines, success rates, % of appeals and judicial review challenges that were successfully dismissed by the courts, and any KPIs for registration that should be considered to support the Board in its oversight role. The College is not currently resourced for significant data analytics, which will limit the types of KPIs that can be included at this time. However, as that College moves forward with developing additional data analytics capacity aligned with its transformation to a data enabled environment for decision making, it is expected that KPIs will continue to evolve. Recommendations are being considered by College staff as the 2022 Board Scorecard work begins.

Addition to OCP Website
A Board Director also made a suggestion that the College consider the development of a web page to commend pharmacists for their work. As the recommendation does not fit within the three current strategic priorities* and will require significant work as well as a corresponding strategy to appropriately support the intention behind doing so within our mandate, thus necessitating reprioritization of the 2022 Operational Plan, this suggestion will be brought forward for the next strategic planning session, scheduled to begin in late 2022, for a new Strategic Plan in 2024.

***2019 – 2023 Strategic Plan Priorities**

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

Covid-19 Pandemic Update

Emergency Assignment (EA) Registration Certificates
The College is extending access to existing emergency assignment (EA) registration certificate holders until January 19, 2022, and is once again accepting new applications for EA registration.

The College continues to monitor the practice environment and is aware that demand on the pharmacy workforce will increase with the vaccine rollout to children, booster immunizations and influenza vaccinations, in addition to providing the public with access to other pharmacy services across the province. As with other healthcare professionals, the College is aware that some in the pharmacy workforce are struggling with burnout as the pandemic continues and there is growing concern of workforce shortages. As such, the College believes there is an ongoing benefit in maintaining access to EA registrations by renewing existing certificate holders and allowing new EA registration of pharmacists and technicians. Although the College previously anticipated that EA registration could be discontinued at this point, the workload demand has changed and the College believes that EA registration is one tool to help with the challenges the profession faces.

COVID-19 Testing in Community Pharmacies
On November 18, 2021, the provincial government announced its plans to enhance COVID-19 testing by expanding the number of testing locations and making it more convenient to access publicly funded testing for those who need it. The government is deploying several testing strategies across the province to increase access to testing and mitigate the increased risk of transmission over the winter months, including access to publicly funded COVID-19 PCR specimen collection in select pharmacies for all individuals eligible for testing, including symptomatic individuals and close contacts. Pharmacies must choose to opt-in to this service and will be required to follow stringent infection prevention and control measures to protect staff, patients and customers against COVID-19.

The College subsequently published updated guidance on COVID-19 testing in community pharmacies. The updated guidance document outlines the College's expectations for Designated Managers, registrants and community pharmacies opting to provide COVID-19 testing to the public. College guidance is intended to be used alongside guidance provided by the Ministry of Health which oversees the province's response to COVID-19.

The College has also communicated the expectation that a pharmacy's choice to offer COVID-19 testing must not impede or limit the public's accessibility to, or the safe delivery of, other pharmacy services. It

is paramount that participating community pharmacies have processes in place to ensure the protection of their patients, personnel and visitors—especially those who may be part of a vulnerable population, such as the elderly or those with chronic illnesses. Testing should only be offered when the pharmacy has the capacity and appropriate environment to do so accordingly.

Regulatory Response to Reports of Workplace Termination/Discipline re: Unvaccinated Registrants

The College recently undertook analysis and discussion regarding the appropriate response to reports from employers respecting termination of employment or discipline of registrants for failure to get fully vaccinated. At this time, the province has not directly mandated health care workers to get fully vaccinated. Directives have been issued by the Minister (Minister's Directive: Long-term care home COVID-19 immunization policy) and the Chief Medical Officer of Health (Directive #6 for Public Hospitals within the meaning of the Public Hospitals Act) which requires long-term care home operators and public hospitals to obtain proof of vaccination from employees and others. Community pharmacies are not covered by any government directive with respect to vaccination policies. However, pharmacies are also employers and as such may make full vaccination a condition of employment.

In all of these examples, the question is whether a registrant's failure to vaccinate as required by an employer's policy may be an act of professional misconduct. If so, that would trigger the employer's mandatory reporting obligation under s 85.5 of the Health Professions Procedural Code, to file a mandatory report.

Following analysis that considered both legal and practical implications, the College has concluded that the failure of a registrant employee to get vaccinated, on its own, does not necessarily constitute professional misconduct. However, in some circumstances, a failure to be vaccinated could, along with other behaviour, cumulatively be considered professional misconduct.

Ministry/Government Activities

College staff have continued to meet with representatives from the Ontario Public Drug Programs and Health Workforce and Regulatory Oversight Branches over the last few months to discuss matters of common interest including drug preparation premises oversight, scope of practice for pharmacy professionals and pharmacy participation in the government's response to COVID-19 and Roadmap to Reopening.

Ministry of Colleges and Universities, Revision to Pharmacy Technician Educational Outcomes

The Ministry of Colleges and Universities contacted the College to discuss their plan to review the Pharmacy Technician Educational Outcomes, which serve as an important component of the Ministry's program standards. They are designed to bring more consistency to college programming, broaden the skills of college graduates to include essential employability skills and provide accountability for the quality and relevance of college programs. The existing outcomes were developed in 2009 when pharmacy technician programs were preparing for the regulation of the profession. The Ministry recognizes the need to update the outcomes to reflect the knowledge and skills required to meet the regulatory and employment requirements of the current role. OCP, along with other pharmacy stakeholders, employers, educators and students will participate in the development of the new standards in the first half of 2022.

Introduction of new Long-Term Care Legislation

The Ontario government has introduced Bill 37, *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021.* If passed, this Bill would replace the *Long-Term Care Homes Act* of 2007 with the

Fixing Long-Term Care Act, 2021 and amend the *Retirement Homes Act, 2010*. The proposed legislation does not reveal any changes or impact specific to the College or pharmacy services. The College will continue to monitor the legislative environment and will provide relevant updates regarding the provision of care in long-term care and retirement home settings when available.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

The College continues to participate in bi-weekly meetings designed to share information about current regulatory issues and the ongoing regulatory response to pandemic related issues. Mandatory vaccination of health workers and College vaccination policies for internal staff and visitors have been a primary focus of recent discussions and have helped to inform our response in these matters. The College is also participating on a small working group that has been exploring the development of a consistent approach to proactive and reactive disclosure under s 36 of the *Regulated Health Professions Act*. Recommendations from the group will be discussed at the HPRO Board meeting on December 14th 2021.

HPRO EDI-B Working Group

Dr. Javeed Sukhera presented his report to the HPRO EDI-B Working Group which outlined a number of recommendations for consideration. The report is currently being reviewed in detail by member colleges to gain an understanding of how best to prioritize and action the recommendations from a working group perspective to present to the HPRO Board. This work is ongoing.

The College has recently recruited an experienced policy expert in the area of EDI-B who will lead the development of a comprehensive EDI-B and Indigenous Competency Strategic Plan for 2022, building off the preliminary awareness activities conducted over the past year. This plan will focus on regulatory opportunities and will involve data collection and stakeholder engagement to help identify priorities relevant to the College and the profession, including consideration of the recommendations in the aforementioned report. It is expected that this work will also link to the College's internal EDI-B strategy once it is further developed.

Pharmacy Stakeholders

National Association of Pharmacy Regulatory Authorities (NAPRA)

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

On October 27, 2021 staff participated in a joint meeting of members of NAPRA and Health Canada's (HC) Controlled Substances Directorate. Agenda items discussed at the meeting included an update of HC's plan for modernization and consolidation of the regulations related to controlled substances, an update on the sale of low-dose codeine products and the process for notice of restriction and forgery reporting with the Office of Controlled Substances. These discussions serve as an opportunity for HC to gain insights from the pharmacy regulators to inform federal policy and regulation development. HC anticipates publication and consultation of the draft regulations regarding controlled substances by the fall of 2022, and they have noted the potential need for subsequent provincial regulatory changes in order to align with the new federal regulations.

Meetings of the NAPRA Board and Committee of the Whole were held on November 2 – 4, 2021. Several extended discussions took place during the meeting to allow for fulsome debate on some key strategic initiatives including NAPRA's role and approach on the development of core pharmacy practice documents (e.g. competencies and model standards of practice), the future role of Pharmacists' Gateway Canada, development of continuous improvement processes of the regulators and a status review of NAPRA's new governance model.

The Board of Directors also approved the revised *Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada* (MSOP). This single document, which is being prepared for publication in early 2022, combines the pharmacist and pharmacy technician standards, replacing the two MSOPs currently published by NAPRA. The decision to produce one document required that the standards be less prescriptive and more outcomes-based than the previous documents, with the hope that each jurisdiction will be able to adopt or adapt the standards regardless of variations in legislation. Adoption of the MSOPs in Ontario will be brought forward for discussion at the March Board meeting.

In May 2021 the NAPRA Board of Directors approved the *Model Standards of Practice for Continuous Quality Improvement and Medication Incident reporting by Pharmacy Professionals* and recommended that NAPRA host information sharing sessions among the PRAs regarding the implementation of these new standards. College staff attended the first information sharing session in October, which included discussion from the PRAs on their intention to adapt or adopt the standards. Future meetings are planned for 2022. Board review of these standards will follow.

NAPRA presented a draft national cross-jurisdictional agreement for PRAs at a meeting held on November 23, 2021. All PRAs have been asked to provide input into the draft agreement. The College had previously delayed publication of our recently revised Cross-Jurisdictional policy, in order to allow for alignment with this agreement. While NAPRA is finalizing this agreement, the College will resume deliberations to revise our Cross-Jurisdictional policy, incorporating feedback from stakeholders.

Canadian Council for Accreditation of Pharmacy Programs

Attached for your review is a copy of the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) Annual Report for 2020-2021. Of note, CCAPP has awarded the University of Waterloo Doctor of Pharmacy program a six-year accreditation status, and awarded accreditation to the following pharmacy technician programs: Anderson College of Health, Business and Technology (4 years), Fanshawe College of Applied Arts and Technology (5 years), Kingston Learning Centre (probationary status), Westervelt College (5 years – in person program, qualifying status - on-line program). College staff participate in each of the accreditation review visits given the importance of the accreditation status for graduates seeking registration with the College.

Corporate Pharmacy Meetings

Numerous engagement meetings have been held with College staff and corporate stakeholder representatives from McKesson (Nov 23, 2021), Whole Health (Nov 24, 2021), Rexall (Nov 24, 2021), Pharmasave (Dec 1, 2021), On Pharm/United (Dec 1, 2021) and Shoppers DrugMart/Loblaw (Dec 1, 2021). The purpose of these meetings has been to provide an opportunity to update each other on current and future initiatives/projects as well as discuss the current strains on the pharmacy profession as it relates to registrant burnout and stress and the consistent delivery of safe patient care.

Pharmacy Associations

College staff continue to engage in monthly and ad-hoc information sharing meetings with representatives from the Ontario Pharmacists Association (OPA), Neighborhood Pharmacy Association of Canada (NPAC) and the Canadian Society of Hospital Pharmacists, Ontario Branch (CSHP-OB). While the focus of these meetings has been on coordination of efforts to support the profession's response to the pandemic, they have also provided a forum for information sharing on other strategic initiatives. In addition, College staff participated in semi-annual information sharing meetings organized by CSHP-OB on November 12th along with OPA and the Ontario Hospital Association.

Miscellaneous Items

Community Practice Environment (CPE) Implementation

The College has established an implementation plan to outline initiatives stemming from each of the accountability principles established by the CPE Advisory Group. These initiatives include but are not limited to liaising with organizations to share tools and resources for pharmacy professionals to facilitate and promote the delivery of safe, patient-centred healthcare in community pharmacy. The College will begin reengaging the CPE Advisory Group in early 2022 to confirm each stakeholder's commitment to implementing the accountability principles in their respective organizations.

Opioid Strategy

The College's Opioid Strategy Working Group has created an updated implementation plan to outline initiatives stemming from the Opioid Strategy, established in September 2017, complementing local, provincial and national efforts aimed at reducing morbidity and mortality due to opioids. Examples of such initiatives include continuing to engage the Opioid Strategy Practice Community to ensure access to relevant and updated tools and resources for pharmacy professionals, and ensuring selection of opioid prescriptions are reviewed during practice assessments to confirm adherence to current guidelines. Additionally, the second phase of the Diversion Partnered Table is well underway, focusing on increasing awareness of a framework originally established in 2019 and its recommendations to improve the safety and security of Controlled Substances in hospitals.

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. As a result of the targeted communication campaign, pharmacy onboarding from the period between June to October 2021 has increased with over 440 new pharmacy requests, and over 430 pharmacies currently in the process of on-boarding. This is in addition to the existing 176 pharmacies that were already using the viewer. The College, as well as OPA and pharmacy groups, will continue to encourage registration.

PrescribeIT

College staff continue to participate in bimonthly meetings with PrescribeIT (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 September 15, 2021, there are a total of 3,771 pharmacies enrolled of which 2,227 are live; and 6,963 prescribers enrolled of which 3,710 are live.

University of Ottawa, Doctor of Pharmacy program

On November 1st, 2021 College staff met with representatives from the University of Ottawa to learn more about their endeavor to create a French PharmD program, designed specifically to train Francophone pharmacists to fill an identified gap in the provision of pharmacy services in French. The program is still in early stages of development but is on track to accept an initial cohort of students in fall 2023. It will be a four-year program, with an expected class size of 50 students each year. Further updates will follow as the program development progresses.

The Canadian Council for Accreditation of Pharmacy Programs
Le Conseil canadien de l'agrément des programmes de pharmacie

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ANNUAL REPORT

and

DIRECTORY OF ACCREDITED PROGRAMS

2020 - 2021

TABLE OF CONTENTS

Page

Acknowledgements 4

CCAPP Mission, Vision and Goals 4

CCAPP Membership and Board of Directors 2020 - 2021 5

CCAPP Officers 2021 - 2021 5

Directory of CCAPP Accredited University Programs 6

University Site Visits and Accreditation Decisions 2020 - 2021 9
- University of Saskatchewan 9
- University of Waterloo 9
- University of Manitoba Interim Report 9
- International University Programs 9

Directory of CCAPP Accredited Pharmacy Technician Programs 10

Pharmacy Technician Site Visits and Accreditation Decisions 2020 - 2021 13
- Westervelt College, London, ON 13
- Fanshawe College, London, ON 13
- Anderson College, Mississauga, ON 13
- Stenberg College, Surrey, BC 13
- Okanagan College, Kelowna, BC 13
- Westervelt College, London, ON. 13
- Kingston Learning Centre, Kingston, ON 13

Report of the President – Dr. D. Edwards 14

Report of the Chief Executive Officer – Dr. K. Wayne Hindmarsh 17

Appendix 1 – The CCAPP Accreditation Program 19
- Introduction
- Accreditation Standards
- Significance of Accreditation
- Accreditation as an Agent for Change

The Accreditation Process (Degree and Technician Programs) 22

Accreditation Decision 23

Stages of Accreditation 24
- Pre-Accreditation
- Qualifying Accreditation
- Provisional Accreditation

Page

Accreditation Award Decisions..... 25
- Accreditation
- Conditional Accreditation
- Probationary Accreditation
- Withdrawal of Accreditation

Site Visit Cycle..... 26

Progress Report..... 26

Continuation of Accreditation Status..... 27

Reference to Accreditation Status..... 27

Implementation of New Standards..... 27

Appendix 2 – The CCAPP Audited Financial Statement 2020 - 2021..... 28

ACKNOWLEDGEMENTS

CCAPP acknowledges the financial support provided by its participating member agencies through their annual membership fees: Association of Faculties of Pharmacy of Canada (AFPC), Canadian Pharmacists Association (CPhA), Canadian Society of Hospital Pharmacists (CSHP), National Association of Pharmacy Regulatory Authorities (NAPRA), and The Pharmacy Examining Board of Canada (PEBC)

Acknowledgement is also made of the financial support provided by the following universities through their annual accreditation fees: University of Alberta, University of British Columbia, Dalhousie University, Université Laval, University of Manitoba, Memorial University of Newfoundland, Université de Montréal, University of Saskatchewan, University of Toronto, University of Waterloo, and the International Accredited Schools - Beirut Arab University, King Abdulaziz University, King Faisal University, and Qatar University.

CCAPP also acknowledges the financial support provided by the accredited Pharmacy Technician Programs through their annual accreditation fees and their support for the Canadian Pharmacy Technician Educators Association position on the Board. A list of the accredited Colleges is found later in this report. In 2020-2021 there were 37 accredited programs across Canada and 1 international program.

Finally, CCAPP acknowledges, with sincere appreciation, the very generous support of the Pharmacy Examining Board of Canada (PEBC) in providing a grant in 2020 – 2021 for special CCAPP initiatives.

CCAPP MISSION, VISION AND GOALS

The **Mission** of The Canadian Council for Accreditation of Pharmacy Programs is "to grant accreditation awards to Pharmacy and Pharmacy Technician programs that meet the Standards set by CCAPP and to promote continued improvement of those educational programs".

Our **Vision** is "to be a world leader in pharmacy program accreditation".

The **Goals** of the Council are:

(a) To formulate the educational, scientific, and professional principles and standards that an accredited school, college or faculty of pharmacy or pharmacy technician program is expected to meet, and to maintain, and to revise these principles and standards as necessary.

(b) To appraise any school, college, institution, or faculty of pharmacy or pharmacy technician program that requests the approval of this corporation.

(c) To publish a list of approved schools, colleges, institutions and faculties of pharmacy and pharmacy technician programs and to revise such lists annually or as frequently as may be deemed desirable.

(d) To satisfy itself that schools, colleges and faculties of pharmacy and pharmacy technician programs that have been approved maintain the required standards and to withdraw approval of any school, college or faculty failing to maintain standards formulated by the corporation.

(e) To assist in the advancement and improvement of pharmaceutical education.

CCAPP MEMBERSHIP AND BOARD OF DIRECTORS 2020 – 2021

Association of Faculties of Pharmacy of Canada
- Dr. Chantal Pharand – Montreal, QC
- Dr. David Edwards – Waterloo, ON

The Canadian Council for Accreditation of Pharmacy Programs
- Dr. Nick Busing *(non-pharmacy academic appointee)* – Ottawa, ON
- Dr. Wayne Hindmarsh (ex-officio) – Toronto, ON

Canadian Pharmacists Association
- Ms. Iris Krawchenko – Hamilton, ON

Canadian Pharmacy Technician Educators Association
- Ms. Julee Joseph – Scarborough, ON

Canadian Society of Hospital Pharmacists
- Dr. Curtis Harder – Victoria, BC

National Association of Pharmacy Regulatory Authorities
- Mr. Sam Lanctin – Moncton, NB

Pharmacy Examining Board of Canada
- Ms. Kendra Townsend – Regina, SK

CCAPP OFFICERS/STAFF 2019-2020

President – David Edwads

President-Elect – Nick Busing

Past President – Iris Krawchenko

Chief Executive Officer - K. Wayne Hindmarsh

Coordinator Pharmacy Technician Programs – Cathy Schuster

DIRECTORY OF CCAPP ACCREDITED UNIVERSITY PROGRAMS

The following universities offer pharmacy programs that have been accredited by The Canadian Council for Accreditation of Pharmacy Programs. Included in each listing is the current accreditation award and term. The listing reflects the status of each program as of June 30, 2021 (Please note that as of July 2017, the term Full Accreditation has been replaced with Accreditation [for a specified number of years]).

Canadian Programs

University of Alberta, Edmonton, Alberta
Faculty of Pharmacy and Pharmaceutical Sciences

President Dr. B. Flanagan
Dean Dr. N. Davies

Baccalaureate in Pharmacy – Accreditation Status 2018 - 2022
Doctor of Pharmacy for B.Sc. (Pharm) Students – Provisional Accreditation Status 2018 - 2022
Doctor of Pharmacy (PharmD – Entry Level) – Provisional Accreditation Status 2018 - 2023

The University of British Columbia, Vancouver, British Columbia
Faculty of Pharmaceutical Sciences

President Dr. S. J. Ono
Dean Dr. M. Coughtrie

Baccalaureate in Pharmacy – Full Accreditation Status 2013 - 2020
Doctor of Pharmacy (Post-Baccalaureate) – Full Accreditation Status 2013 - 2021
Doctor of Pharmacy (entry-level) – Accreditation Status June 2020 - June 2026

Dalhousie University, Halifax, Nova Scotia
College of Pharmacy

President Dr. D. Saini
Director Prof. S. Mansour

Baccalaureate of Science in Pharmacy – Accreditation Status June 2020 - June 2024
Doctor of Pharmacy – Provisional Accreditation Status

Université Laval, Québec City, Québec
Faculté de pharmacie

Rectrice Dr. Sophie D'Amours
Doyenne Professor A. Dionne

Doctorat de premier cycle en pharmacie – Accréditation Status 2020 - 2024

The University of Manitoba, Winnipeg, Manitoba
College of Pharmacy

President Dr. M. Benarroch
Dean Dr. L. Raman-Wilms

Baccalaureate in Pharmacy – Accreditation Status 2019 - 2023
Doctor of Pharmacy Program – Provisional Accreditation Status

Memorial University of Newfoundland, St. John's, Newfoundland and Labrador
School of Pharmacy

President Dr. V. Timmons
Dean Dr. Shawn Bugden

Baccalaureate in Pharmacy – Accreditation Status 2017 - 2022
Doctor of Pharmacy – Provisional Accreditation Status

Université de Montréal, Montréal, Québec
Faculté de pharmacie

Recteur Dr. Daniel Jutras
Doyen Dr. L. Lalonde

Doctorat de premier cycle en pharmacie – Accreditation Status 2018 - 2023

University of Saskatchewan, Saskatoon, Saskatchewan
College of Pharmacy and Nutrition

President Dr. P. Stoicheff
Dean Dr. J. Alcorn

Baccalaureate in Pharmacy – Accreditation Status 2017 - 2021
Doctor of Pharmacy – Accreditation Status 2021-2026

University of Toronto, Toronto, Ontario
Leslie L. Dan Faculty of Pharmacy

President Dr. M. Gertler
Dean Dr. L. Dolovich

Doctor of Pharmacy (Post Baccalaureate Program) – Accreditation Status 2020 - 2023
Doctor of Pharmacy (entry-level) – Accreditation Status 2020 - 2026

University of Waterloo, Waterloo, Ontario
School of Pharmacy

President Dr. F. Hamdullahpur
Director Dr.D. Edwards (until Dec. 2020)
Dr. A. Edginton (from Jan. 2021)

Doctor of Pharmacy – Accreditation Status 2021-2027

International Programs

Beirut Arab University, Beirut, Lebanon
Faculty of Pharmacy

President Professor A. G. El-Adawi
Dean Professor A. El-Lakany

Bachelor of Pharmacy – International Accreditation Status 2018 - 2022

King Faisal University, Al Ahsa, SA
College of Clinical Pharmacy

President Dr. M. Al-Oahli
Dean Dr. Bandar E. Aldhubiab

Doctor of Pharmacy – International Accreditation Status 2018 - 2022

King Abdulaziz University, Jeddah, SA
Faculty of Pharmacy

President Professor A.O.Al-Youbi
Dean Professor H. Asfour

Doctor of Pharmacy – International Accreditation Status 2017 - 2023

Qatar University, Doha, Qatar
College of Pharmacy

President Dr. Hassan Rashid Al-Derham
Dean Dr. M. Diab

Baccalaureate in Pharmacy – International Accreditation Status 2018 - 2023
Doctor of Pharmacy (entry-level) – International Accreditation Status 2018 - 2023

UNIVERSITY SITE VISITS AND ACCREDITATION DECISIONS 2020 - 2021

Canadian University Programs

University of Saskatchewan
An evaluation of the College of Pharmacy and Nutrition Doctor of Pharmacy Program at the University of Saskatchewan was conducted on February 1-3, 2021 (Virtual Visit).

On the basis of the Board`s review of all material received the following was approved:

On June 17, 2021- *"The Doctor of Pharmacy Program of the College of Pharmacy and Nutrition at the University of Saskatchewan was awarded Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs for a five-year term ending June 30, 2026."*

The College of Pharmacy and Nutrition will provide an Interim Progress Report by March 1, 2023, detailing action plans and outcomes associated with: Changes to financial resources available for program operation; changes in the academic staff, and quality improvement efforts associated with a number of specific Standards.

University of Waterloo
An evaluation of the Doctor of Pharmacy Program at the University of Waterloo was conducted on March 29-31, 2021 (Virtual Visit).

On the basis of the Board's review of all material received, the following was approved:

On June 17, 2021 - *"The Doctor of Pharmacy program of the School of Pharmacy at the University of Waterloo has been awarded Accreditation status by the Canadian Council for Accreditation of Pharmacy Programs for a six-year term ending June 30, 2027."*

The School of Pharmacy will provide an Interim Progress Report by March 1, 2022, detailing action plans and outcomes associated with: Changes to financial resources available for program operation; changes in the academic staff, and quality improvement efforts associated with some specific Standards.

Interim Reports:
An interim report was received from the University of Manitoba, College of Pharmacy outlining the progress made on the partially/not met Standards identified during the on- site visit in 2019. The Board acknowledged the many achievements over the past two years.

International University Programs

There were no International University reviews conducted during 2020-2021.

Yearly reports are required identifying any program changes in relation to the status of the Standards that are in force at that time.

Reports were received from King Faisal, King Abdulaziz, Qatar, and Beirut Universities.

The current International Accreditation Status of these Universities remains in effect.

DIRECTORY OF CCAPP ACCREDITED PHARMACY TECHNICIAN PROGRAMS

The following Colleges offer pharmacy technician programs that have been accredited by The Canadian Council for Accreditation of Pharmacy Programs. Included in each listing is the current accreditation award and term. The listing reflects the status of each program as of June 30, 2021. Please note that as of July 2017, the term Full Accreditation has been replaced with Accreditation [for a specified number of years].

Canadian Pharmacy Technician Programs

1. **Algonquin Careers Academy** – Ottawa, Ontario
   Accreditation Status July 2019 - June 2022

2. **Algonquin Careers Academy** – Mississauga, Ontario
   Full Accreditation Status July 2014- - June 2022

3. **Anderson College of Health, Business and Technology**
   (Formerly National Academy of Health and Business) – Mississauga, Ontario
   Accreditation Status July 2021-June 2025

4. **Bow Valley College** – Calgary, Alberta
   Accreditation Status January 2018 - December 2022

5. **CDI College** – Burnaby, British Columbia
   Accreditation Status January 2020 - December 2021

6. **Centennial College** – Toronto, Ontario
   Full Accreditation Status January 2019 - December 2023

7. **CHN College Inc.** – Winnipeg, Manitoba
   Qualifying Accreditation effective June 2020

8. **Collège Communautaire du Nouveau-Brunswick** – Campbellton, New Brunswick
   Accreditation Status January 2020 - December 2022

9. **CTS Canadian Career College** – North Bay, Ontario
   Accreditation Status January 2019 - December 2023

10. **Eastern College** – Halifax, Nova Scotia
    Full Accreditation Status – January 2017 - December 2021. Extension of Accreditation Status to June 30, 2022

11. **Georgian College** – Barrie, Ontario
    Accreditation Status – January 2020 - December 2024

12. **Fanshawe College of Applied Arts & Technology** – London, Ontario
    Accreditation Status to July 1, 2021-June 30, 2026

13. **Fleming College** – Peterborough, Ontario
    Accreditation Status – January 2020 - December 2024

14. **Humber Institute of Technology & Advanced Learning** – Toronto, Ontario
    Accreditation Status – July 2017 - June 2022

15. **Keyin College** – Grand Falls-Windsor, Newfoundland
    Accreditation Status – July 2018 - December 2021

16. **Keyin College** – St. John`s, Newfoundland
    Accreditation Status – January 2019 - June 2022

17. **Kingston Learning Centre** – Kingston, Ontario
    Probationary Status effective July 1, 2021

18. **La Cité Collégiale** – Ottawa, Ontario
    Accreditation Status - January 2018 - December 2022

19. **Lambton College** – Sarnia, Ontario
    Accreditation Status – January 2018 - December 2022

20. **Manitoba Institute of Trades and Technology** – Winnipeg, Manitoba
    Provisional Accreditation Status (new 2 year program)

21. **Mohawk College of Applied Arts and Technology** – Hamilton, Ontario
    Accreditation Status – July 2018 - June 2023

22. **New Brunswick Community College** – Moncton, New Brunswick
    Full Accreditation Status – July 2016 - December 2021

23. **New Brunswick Community College** – Saint John, New Brunswick
    Accreditation Status effective January 2020 - June 2023

24. **Niagara College of Applied Arts and Technology** – Welland, Ontario
    Accreditation Status – July 2017 - June 2022

25. **Norquest College** – Edmonton, Alberta
    Accreditation Status – July 2017 - June 2022

26. **Nova Scotia Community College** – Dartmouth, Nova Scotia
    Accreditation Status – July 2019 - June 2024

27. **Okanagan College** – Kelowna, British Columbia
    Accreditation Status – July 2021 - June 2023

28. **Red Deer College** – Red Deer, Alberta
    Accreditation Status – January 2018 - December 2022

29. **Robertson College** – Calgary, Alberta
    Accreditation Status – January 2020 - June 2022

30. **Saskatchewan Polytechnic Saskatoon Campus** – Saskatoon, Saskatchewan
    Accreditation Status – July 2017 - June 2022

31. **Selkirk College** – Castlegar, British Columbia
    Accreditation Status – July 2018 - June 2020 (one-year program);
    Provisional Accreditation Status effective June 22, 2019 (fifteen-month program).

32. **Sheridan Institute of Technology and Advanced Learning** – Brampton, Ontario
Accreditation Status – July 2017 - June 2021

33. **St. Clair College of Applied Arts and Technology** – Windsor, Ontario
Accreditation Status – July 2017 - June 2022

34. **Stenberg College** – Kamloops, British Columbia
Accreditation Status – January 2018 - December 2022

35. **Stenberg College** – Surrey, British Columbia
Accreditation Status – July 2021 - June 2024

36. **Vancouver Community College** – Vancouver, British Columbia
Accreditation Status – July 2019 - June 2024

37. **Westervelt College** – London, Ontario
Accreditation Status – July 2021 - June 2026 (in-person Program). Qualifying Status (on-Line Program)

International Pharmacy Technician Schools

1. **College of North Atlantic** – Doha, Qatar
International Accreditation Status – January 2019 - December 2023

PHARMACY TECHNICIAN SITE VISITS AND ACCREDITATION DECISIONS 2020 - 2021

Canadian programs:

Based on a virtual review of the following Colleges, conducted during the Fall of 2020, the CCAPP Board approved the following:

Westervelt College – London, ON
On December 7, 2020, the Pharmacy Technician Program of Westervelt College, London, ON, be awarded Provisional Accreditation Status.

A new distance education Pharmacy Technician program being planned by Westervelt College was awarded Qualifying Accreditation Status.

Based on virtual reviews conducted in the Spring of 2021 the CCAPP Board approved the following:

Fanshawe College – London, ON
On June 17, 2021, the Pharmacy Technician Program of Fanshawe College, London, ON, be awarded Accreditation Status for 5 years from July 2021-June 2026, with the following condition(s):

That a progress report on the Unmet and Partially Met Standards be submitted by March 1, 2023.

Anderson College – Mississauga, ON
On June 17, 2021, the Pharmacy Technician Program of Anderson College, Mississauga, ON, be awarded Accreditation Status for 4 years from July 2021-June 2025 with the following condition(s):

That a progress report on the Partially Met Standards be submitted by March 1, 2023.

Stenberg College, Surrey Campus, BC
On June 17, 2021, the Pharmacy Technician Program of Stenberg College – Surrey, BC, be awarded Accreditation Status for 3 years from July 2021-June 2024 with the following condition(s):

That a progress report on the Unmet and Partially Met Standards be submitted by March 1, 2022.

Okanagan College – Kelowna, BC
On June 17, 2021, the Pharmacy Technician Program of Okanagan College, Kelowna, BC be awarded Accreditation Status for two years, July 2021-June 2023 with the following conditions(s):

That a progress report on the Unmet and Partially Met Standards be submitted by March 1, 2022.

Westervelt College – London, ON
On June 17, 2021, the Pharmacy Technician Program of Westervelt College, London, ON be awarded Accreditation Status for five years, July 2021-June 2026 with the following condition(s):

That a progress report be submitted by March 1, 2023.

Kingston Learning Centre – Kingston, ON
On June 17, 2021, the Pharmacy Technician Program of Kingston Learning Centre, Kingston, On, be placed on Probationary Status.

REPORT OF THE PRESIDENT

Annual Meeting - June 17, 2021

It has been an honour for me to serve as the President of CCAPP during 2020-21. This has been perhaps the most unusual year in CCAPP history with no face-to-face meetings for the Board or for any of our committees. In addition, all site visits have been conducted virtually. Despite the challenges that the COVID pandemic has posed, I believe that CCAPP has adapted well thanks to the flexibility and creativity of our CEO Dr. Wayne Hindmarsh, the excellent support from Ms. Cathy Shuster, and the dedication of all members of the Board.

Summary of Activities

I am pleased to report that CCAPP was able to continue our fundamental work related to the accreditation of pharmacy and pharmacy technician programs in 2020-21. With travel and other restrictions in place, the organization was able to develop a process for virtual site visits and successfully employed that strategy to review 5 pharmacy technician programs and 2 university programs. I was able to participate as a member of the site visit team for one of the PT programs and was on the other side of the table as a participant in the CCAPP review of the University of Waterloo program. From my perspective, the virtual site visits were quite effective. Faculty, staff and students appeared to be highly engaged in the new process with the biggest challenge relating to the evaluation of physical facilities and resources available to programs without being able to be present on site.

The CCAPP Executive Committee met 5 times throughout 2020-21 (August, November, December, February, and May) and the Board met in June, December, and March. The following actions are highlighted:

- Continued development and approval of Board policies: A new remuneration policy was approved in March and a revised policy related to Code of Conduct will be reviewed at the June 2021 meeting. A policy related to Information Management is also under development pending input from ACPE who are also revising their current policy.
- At the suggestion of last year's Board, a Board Orientation Manual was developed and used to orient new members during 2020-21.
- Delay in strategic planning: The current CCAPP strategic plan is scheduled to expire in 2021. It was expected that discussions to develop a new strategic plan for the organization would take place in winter 2021 but the Executive Committee recommended to the Board that this be postponed until such time as travel restrictions are lifted and it becomes feasible to schedule in person strategic planning sessions. At this time, it appears that we will be able to resume strategic planning in late 2021 or early 2022.
- The Board approved the 2021-22 budget in March with a 0% increase in fees. CCAPP is in an excellent financial position as a result of the prudent fiscal management of the CEO along with a significant reduction in costs in 2020-21 mainly due to decreased costs associated with travel restrictions during the pandemic.
- In response to inquiries from CPTEA, the Board confirmed its position that students enrolled in pharmacy technician programs are expected to complete all experiential requirements outlined in the accreditation standards for the 2020-21 academic year.

In 2018, CCAPP established an International Accreditation Resource and Strategy Task Force, chaired by Past-President Iris Krawchenko. This committee has recommended a number of changes to the CCAPP website to clarify the requirements and implications for Canadian licensure of graduates from programs receiving "International Accreditation". Dr. Hindmarsh and I met with the President and the Executive Director of NAPRA on April 12, 2021, to discuss this issue and we agreed to continue to maintain an open dialog as CCAPP moves towards resuming activities in this area. This will be discussed further at the June 2021 Board meeting, and I would like to thank Iris for her strong leadership of this committee.

In addition to those meetings mentioned earlier in this report, I attended the following additional meetings in my role as CCAPP President:

- Committee on Accreditation of Canadian Medical Schools, September 2, 2020. This meeting involved an exchange of thoughts and ideas regarding how best to conduct program accreditation and site visits in the face of travel restrictions during the pandemic
- Pharmacy Technician Program Committee, November 12, 2020. Thanks to committee chair Julee Joseph for inviting me to attend this excellent and informative meeting.
- Colleges Ontario, May 18, 2021. This meeting was requested by Colleges Ontario to discuss ongoing challenges that some pharmacy technician programs are continuing to have during the pandemic related to experiential education. Representatives from the colleges provided an overview of a proposal that would introduce additional simulations and scenarios into the curriculum to better prepare students for entry into the workplace. CCAPP representatives responded positively to this initiative but reiterated CCAPP's position that the experiential education requirements outlined in the standards are minimal expectations to allow graduates to meet competencies and that simulations do not exempt students from completing these experiential requirements. Both parties agreed to continue discussions and additional meetings are being planned for late June or July.
- Canadian Pharmacy Education and Research Conference (CPERC), June 9, 2021. I presented an update on current and future CCAPP activities to a virtual audience of AFPC faculty and staff members.

With respect to CCAPP administration, it was recognized in 2020 that additional administrative support was needed to support the work of CEO Dr. Wayne Hindmarsh. Rather than hire an additional part-time employee, the CEO identified and hired Megram Consulting Services, a full-service association management company based in Ontario, to provide administration services to CCAPP. This arrangement appears to be working well and will be more fully utilized in the post-pandemic future when we resume CCAPP activities such as in-person committee meetings and site visits.

Acknowledgements

Two board members will complete their terms on the CCAPP Board at the conclusion of the 2021 Board meeting. Mr. Sam Lanctin has served as the NAPRA representative for the past 5 years and has done a superb job of bringing forward issues and concerns from NAPRA. Sam has been an active participant in meetings of the Board as well as being a member of the International Accreditation Resource and Strategy Task Force. Sam is stepping down from his current role as Registrar with the New Brunswick College of Pharmacists and I thank him for his service to CCAPP and wish him well in the next phase of his career. Dr. Chantal Pharand has represented AFPC over the past 6 years including serving as CCAPP President in 2018-19 and a member of the Executive Committee from 2017-2020. Among her many accomplishments during her time on the Board, Chantal led the development of the scorecard for Pharmacy and Pharmacy Technician programs. Thank you for your dedicated support of CCAPP over the past six years, Chantal!

I would like to thank the Executive Committee for their hard work over the past year under trying circumstances. It has been a pleasure for me to work with Dr. Nick Busing as our incoming President. His perspective as a non-pharmacy member of the Board has been refreshing and most welcome. I have also very much valued the guidance that Past-President Iris Krawchenko has provided based on her experience as President. Thanks for always being available and sharing your knowledge, Iris.

We have dealt with several issues that relate to pharmacy technician programs over the past year and it has been extremely helpful to be able to turn to Ms. Cathy Shuster for advice. Cathy's experience and expertise related to the education of pharmacy technicians has been invaluable in addressing some of the unique challenges associated with pharmacy technician education during COVID.

CCAPP has been very fortunate to have been led by CEO Dr. Wayne Hindmarsh for many years and I believe that it was hugely beneficial for this organization to have had such an experienced leader during the past year. As a faculty member and Dean at two different pharmacy programs during his academic career, Wayne had the opportunity to learn from a wide range of experiences including the 2003 SARS outbreak which also disrupted pharmacy education in Canada. He led our transition to virtual site visits while also addressing a number of other issues unique to accreditation during the time of COVID. It was a valuable learning experience for me to be able to meet with Wayne bi-weekly over the past year. Thank you, Wayne, for your generosity in sharing your time and knowledge and making it easy for me to do my job as President.

Last but certainly not least, a big thank you to all of our Board members for your continued support of the mission of CCAPP. All of you hold down other positions related to pharmacy practice, regulation or education and you have all had to deal with a huge increase in your professional workload while in many cases also coping with additional personal challenges brought by the pandemic. Despite this unprecedented situation, your support for CCAPP has not wavered even a bit and as President, I thank you for your continuing commitment to the success of our organization.

Respectfully Submitted,

David Edwards
CCAPP President 2020-2021

REPORT OF THE CEO

Board Meeting - June 17, 2021

Who would have thought that the COVID pandemic would still be with us in the summer of 2021? At the June 2020 meeting we optimistically thought we could be back to normal by January of 2021. Unfortunately, that was not the case!

During the June 2020 Board meeting, a number of pharmacy technician accreditation awards were extended with the hope they would occur in 2021. The importance of maintaining the schedule of visits required conducting visits virtually during the 2020-2021 year.

Five Pharmacy Technician and two University Pharmacy programs were reviewed virtually. While the virtual mode of review worked reasonably well, there were some drawbacks: getting a good sense of the physical facilities, debriefing and socializing with the team members (who put considerable time and energy into the visits), adjusting for time changes across the country, and sitting in front of a computer screen for most of the day (for technician visits) or days (university visits).

Accreditation Activities – Canadian Degree Programs

The accreditation visits for the University of Saskatchewan and the University of Waterloo were held in February and March respectively. The faculty of both programs were able to respond to our written reports in an expeditious manner, allowing us to have their response in time for determination of their accreditation award at today's meeting.

There is one University program to be reviewed in 2021-2022 – Memorial.

Accreditation Activities – Pharmacy Technician Programs

The Pharmacy Technician programs reviewed this past year included: Westervelt College (London, ON), Stenberg College (Surrey, BC), Anderson College (Mississauga, ON), Fanshawe College (London, ON) and Okanagan College (Kelowna, BC).

This next year there are a possible 15 Pharmacy Technician programs to be reviewed.

Preparing self-studies is still a challenge for some of the Pharmacy Technician Programs. Although we provide a Guidance document, it may be necessary to consider some changes to the Standards document to assure we get the required information 'up front'. During the exit report a list of missing information is shared with the coordinator and College management team. Often, we are told they have that information. Providing it after the visit and adjusting our responses to the 'partially met' or 'not met' standards is time-consuming and not something our teams should have to do.

A breakdown of the number of schools by province:

British Columbia	6
Alberta	4
Saskatchewan	1
Manitoba	2
Ontario	17
New Brunswick	3
Newfoundland	2
Nova Scotia	2
International (CNA-Qatar campus)	1
Total	38 (37 Canadian and 1 International)

International Activities

There were no formal visits of our international schools during 2020-2021. Our contact with them was through e-mail and their annual follow-up report.

President Edwards and I met (Zoom meeting) with the Executive Director and President of NAPRA in April. In early June, our President, Dr. Dave Edwards, provided an update on CCAPP activities at the Canadian Pharmacy Education and Research Conference (AFPC) virtual meeting, and I provided an update to the Canadian Pharmacy Technician Educators Association (CPTEA) membership (virtually). Unfortunately, meetings with the other member organizations were not possible.

Megram Consulting Services Ltd

During our budget planning for 2020-2021, approval was given to hire part-time support for the CCAPP office. On further reflection we reached out to Megram Consulting Services and found they could assist us in more ways than possible with a single part-time hire. We signed on with them in September and the working relationship has been excellent. Our 'point person' is Kayla Wright, a Senior Association Manager. Megram has provided us with secretarial, financial and website development/management services. The French portion of our website was recently completed. Our thanks to Canadian Heritage (Government of Canada) for their financial support, which partially offset the costs associated with the translation.

In Conclusion

As we move into the 2021-2022 year, we are hopeful we can move on some of the issues we had to defer - particularly strategic planning, the process for renewal of the pharmacy accreditation standards, the quality of virtual learning, and pharmacy technician self-study reports.

I wish to thank President Edwards, the Executive and Board for your excellent leadership during this unusual year. Some challenging issues were 'put on our plate'. It has indeed been a privilege working with all of you. A special thank you to Cathy Schuster for her superb leadership as our Pharmacy Technician Coordinator and to Kayla Wright for assistance with office support.

Sadly, two members of the Board will be leaving us at the end of today: Dr. Chantal Pharand and Sam Lanctin. Thank you for your many contributions to CCAPP as a member of the Board, a member on site visitations, and your involvement in committee work. Now that we are familiar with your strengths, don't be surprised if we call on you in the future for other duties! I wish you the best!

Respectfully submitted,

K. Wayne Hindmarsh
Chief Executive Officer

APPENDIX 1

THE CCAPP ACCREDITATION PROGRAM

Introduction

Under the Canadian constitution, education and licensure for professional practice falls within the jurisdiction of each of the ten provinces and three territories. However, the desire for reciprocity has necessitated that mechanisms be developed to ensure comparable levels of education across the country.

In the case of pharmacy, the Association of Faculties of Pharmacy of Canada, a voluntary association of pharmacy academics, developed a standard minimum curriculum in the 1940's. Subsequently, a national pharmacy examination board, The Pharmacy Examining Board of Canada (PEBC), was established in 1963. With the exception of Quebec, all provinces participating in the National Association of Pharmacy Regulatory Authorities (NAPRA) mutual recognition agreement require PEBC registration as a prerequisite for licensure of graduates from universities within member provinces, for out-of-province graduates and for out-of-country applicants.

The approved minimum curriculum, coupled with a national examination, worked well in establishing comparability among the pharmacy schools, as long as pharmacy education was primarily a university-based, science program. However, with the move towards a more clinically orientated program, it became increasingly difficult to achieve consensus on what specific content should be included in the minimum curriculum. The introduction of clinical clerkships and extended practicum of varying lengths and types, the use of external clinical teaching facilities, the utilization of part-time clinical instructors in place of full-time tenured faculty, all led to the recognition that increased emphasis on student learning outcomes was more important than strict adherence to a rigidly defined minimum curriculum. As a result, the concept of a standard minimum curriculum was dropped.

However, the need for a mechanism to facilitate reciprocity remained. Also, there was a growing recognition by pharmacy practitioners, pharmacy educators and the various pharmacy examination and licensing bodies that the Canadian public was entitled to assurance that the pharmacy education provided by the various universities met recognized Canadian standards and was more or less comparable. Hence, the establishment of The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) which was granted Letters Patent by the Government of Canada on 5 January 1993. Dr. Bruce Schnell served as the first Executive Director of CCAPP until June 30, 2003 followed by Dr. Jim Blackburn until August 31, 2006 and then Dr. David Hill until July 2010. Dr. Wayne Hindmarsh was appointed Executive Director in August 2010. In June 2019 the title of Executive Director was replaced with Chief Executive Officer.

CCAPP is composed of representatives of the Association of Faculties of Pharmacy of Canada, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, the National Association of Pharmacy Regulatory Authorities, the Pharmacy Examining Board of Canada and the Canadian Pharmacy Technician Educators Association. There is also a non-pharmacy academic member on the Council. The board of directors are responsible for establishing the accreditation standards, setting policy and managing the accreditation process.

CCAPP currently accredits the academic programs offered at ten universities in Canada. In 2006, the University of Waterloo was the first new program to be granted qualifying accreditation status since the formation of CCAPP in 1993. Graduates from a Canadian CCAPP accredited school may apply directly for the qualifying examination of The Pharmacy Examining Board of Canada. Graduates from a non-accredited program must first pass the PEBC evaluating examination, designed to determine if the program of study completed is comparable to one accredited by CCAPP. Because of the differences in scope of practice of the profession within other jurisdictions, in the pharmacy laws and regulations, and in the practice experiences of the students, CCAPP adds the term International to any level

of accreditation conferred to a school of pharmacy based outside of Canada. The implication of this International CCAPP award for graduates toward future licensure or registration as a pharmacist or pharmacy technician in Canada will be subject to additional requirements of the Canadian provincial pharmacy regulatory authorities and the Pharmacy Examining Board of Canada.

In 2020-2021 there were 37 Canadian and 1 International Pharmacy Technician programs who have been granted accreditation status through CCAPP.

Accreditation Standards

Accreditation standards define the required structures, processes and outcomes expected of the institution applying for CCAPP recognition. New "Accreditation Standards for Canadian First Professional Degree in Pharmacy Programs" took effect in January 2018. The Faculty of Pharmacy and Pharmaceutical Science at the University of Alberta was the first school to be assessed utilizing these Standards.

The Standards for Accreditation of Pharmacy Technician Programs in Canada (2012 and revised in July 2013, and 2014) have 16 standards within the following categories: Institutional Commitments, Program Vision, Mission and Goals, Organization Structure, Governance and Coordination, Instructional Faculty and Support Personnel, Learning Resources, Physical Facilities and Equipment, and Academic Policies and Student Services. New Standards were approved in 2018 which became effective July 1, 2019. There was an increase in the number of Standards from 16-25 under three main components – Academic Program, Governance and Program Management and Resources.

Accreditation standards reflect those professional and educational attributes identified by the Council as essential to the professional program in a pharmacy school or technician program. The standards embrace the philosophy that graduates should have acquired general and special knowledge; general to avoid the constraints of a too narrow perspective; special to provide a basis for critical professional evaluations. The standards recognize that a quality pharmacy education is dependent on a variety of components including general knowledge, basic and professional sciences, and clinical practice experiences.

Recognizing the importance of having a built-in mechanism for the regular review and updating of standards to guard against rigidity and stagnation of the academic program, A Standards Committee is charged with the responsibility of ensuring that its accreditation standards reflect contemporary pharmacy/pharmacy technician practice and pharmaceutical knowledge.

It is also necessary to guard against specifying too narrowly what must be included in the actual curriculum. Each pharmacy/pharmacy technician school must be free to develop its program taking advantage of local opportunities and within the context of its own university/school and resource base. In fact, diversification should be encouraged. CCAPP's aim is comparability of output without necessarily having comparability of process. One might say that CCAPP encourages "controlled diversity".

Significance of Accreditation

Accreditation is the public recognition accorded a professional program that meets established professional qualifications and educational standards through initial and periodic evaluation. Accreditation concerns itself with both quality assurance and program enhancement. It applies to programs and is to be distinguished from certification or licensure, which applies to individuals.

The values of accreditation are many and CCAPP serves concurrently a number of constituencies including the pharmacy schools and their universities, pharmacy technician programs, students and prospective students, licensing and examination bodies, the profession of pharmacy, and the general public.

For pharmacy programs and their universities/schools accreditation provides the stimulus for self-assessment and self-directed program improvement, a basis for decision making about the investment of public or private funds, and the enhancement of reputation because of public regard for accreditation.

For students and prospective students, accreditation provides assurance that the educational program of an accredited school has been found to be satisfactory and is up to approved standards.

For pharmacy examination and licensing bodies, accreditation provides a reliable basis for making decisions concerning eligibility, examination content, and licensure either by examination or reciprocity.

For the profession of pharmacy, accreditation provides a means for the participation of practitioners in setting the educational requirements for entering the profession, giving assurance that those who graduate will be adequately prepared for practice.

For the general public, accreditation leads to the improvement of professional services as accredited programs modify their requirements to reflect changes in knowledge and pharmacy practice.

Accreditation as an Agent for Change

The accreditation process is ideally situated in the scheme of things to achieve change in both pharmacy education and pharmacy practice because it serves as a link between the two. Representatives of the profession and of the pharmacy schools, through their involvement on the Council, are responsible for establishing standards for the academic programs and for conducting program evaluations. Accordingly, the challenge of getting new pharmaceutical knowledge applied in practice and of getting new concepts of pharmacy practice incorporated into the curriculum is facilitated through the accreditation process.

It will be fairly obvious how the quality assurance aspect of accreditation can result in change in an academic program. If a program is found through self-assessment and external review to be below standard, and if the university/school wants to achieve or maintain accreditation status, then changes must be made so that the deficiencies are removed.

It may be less obvious how accreditation can lead to program enhancement. The key is the accreditation standards and the dynamic nature of the process. The CCAPP standards are reviewed and updated on a cycle which roughly corresponds to the average accreditation award period. Thus, every few years, every pharmacy program in Canada that wants to be accredited is challenged by a revised set of standards which reflect both new pharmaceutical knowledge and changes in pharmacy practice.

THE ACCREDITATION PROCESS

In a very general way, each school seeking accreditation is asked to define what it wants to achieve with its professional program – i.e. what is its mission – what are the intended outcomes? It is asked to demonstrate that it has a program and the resources to produce those outcomes. It is asked to have procedures for evaluating whether or not the desired outcomes are achieved. Finally, it is asked to have a plan for correcting deficiencies and for incorporating new ideas into its program. There are five steps in the accreditation process:

Step 1: The Application for Accreditation

The university prepares an application comprised of three sets of documents:

a. **Application for Accreditation:** Providing information on personnel, budgets, enrolment, etc.

b. **Self-Assessment Report** (also known as a "self-study"): Guided by the Examples of Evidence for each Standard, this report provides in-depth information about the school. The focus is on the present and the time since the last visit i.e. "where we have been and where we are".

c. **Strategic Plan**: the details of the school's most current plan. The plan focuses on "where we want to go and how we plan to get there".

Step 2: The On-Site Survey

The survey consists of a review of the program and the facilities in which the program is delivered.

The CCAPP CEO notifies the Dean/Director at the earliest opportunity, and preferably at least one year before a planned survey visit to confirm the survey dates. The CCAPP CEO determines the survey schedule and itinerary in consultation with the Lead Surveyor and the Dean/Director (or designate) of the school. Reminders about the timelines for submission of self-study documents, final itinerary and other information to facilitate surveyor travel is provided to the Dean/Director by the CCAPP CEO.

A four or five-member survey team comprising, at a minimum, a CCAPP board member, a Dean/Director, a pharmacy faculty member and the CCAPP CEO conducts the on-site survey. Every effort is made to include individuals with diverse expertise. The appropriate provincial regulatory authority (authorities) is (are) invited to appoint an observer to each site visit evaluation team. During the visit, the surveyors seek information to supplement and substantiate the Self-Assessment Report, determine the feasibility of the Strategic Plan, and prepare a draft report. The findings detailed in the report are based on the review of the Self-Assessment Report and the information gathered during the onsite survey. The report provides sufficient evidence as to whether components of the Standards are met, partially met, or not met. At the end of the survey visit, in a meeting with the Dean/Director and other invited participants as well as the senior university administrative team, the surveyors make a preliminary report of the extent to which the standards were met, partially met, and not met. These communications are preliminary because it is the Board, not the survey team, who ultimately determines the degree to which the standards have been met.

Step 3: Submission of the Final Report to the CCAPP Board

The Dean/Director receives a draft copy of the survey report shortly after completing the site visit. The Dean/Director has an opportunity to provide a submission regarding factual errors that might require correction before the report is finalized. There is also an opportunity for the Dean/Director to provide additional information about progress in complying with Standards prior to the board meeting when their school will be discussed. Upon receipt of written comments from the Dean/Director, the CEO prepares a final report. The final report and any additional information about progress related to the Standards are submitted to the CCAPP Board.

Step 4: The Accreditation Award Decision

The CCAPP Board reviews the final report and decide on the appropriate accreditation status to be granted the pharmacy school. The Board's review of the survey findings focuses on areas of compliance and non-compliance with CCAPP Standards. The accreditation award is determined by majority vote of the Board.

Accreditation awards reflect the degree to which the most current CCAPP Accreditation Standards are met. A range of accreditation awards is available (see Award Definitions). The award letter details the accreditation term, which will not exceed eight years and the conditions (if applicable) associated with the accreditation award. An accreditation term normally ends on December 31 of the year specified in the award letter.

Step 5: Notification about the Accreditation Award

The university's president and the Dean/Director of the school are advised of the Board's decision and the accreditation status is published in the CCAPP Annual Directory.

Accreditation is granted for a specific term, not exceeding eight years. Thus, an ongoing cycle of self-assessment, strategic planning and external review is established within each Pharmacy School.

PHARMACY TECHNICIAN PROGRAMS

For pharmacy technician programs a similar process to that of the university programs is followed. Three documents are required:

1. An Application
2. A Self-Assessment Report
3. A Strategic Plan

- A site visit of the program is conducted by a three-member team, composed of the CCAPP Pharmacy Technician Coordinator, the CCAPP CEO, and a Pharmacy Technician Coordinator from another program and/or a member of the Pharmacy Technician Programs Committee. The appropriate provincial regulatory authority (authorities) is (are) invited to appoint an observer to each site visit evaluation team. The team seeks information to supplement the self-assessment report, determines the feasibility of the strategic plan, and prepares a draft report.
- A final report on the school/college is prepared for the program coordinator. A summary of this report is provided to the Pharmacy Technician Programs Committee (PTPC) which recommends a proposed accreditation status for consideration by the CCAPP board of directors.
- The board of directors decide on the appropriate accreditation status to be granted to the pharmacy technician program and determines the time period and/or any conditions to be associated with the accreditation award.
- The school is advised of the board's decision and the accreditation status is published in the CCAPP Annual Directory.
- Accreditation is granted for a specific term, not exceeding five years. Thus, an ongoing cycle of self-assessment, strategic planning and external review is established within each Technician program.

ACCREDITATION DECISION

The CCAPP board of directors makes the accreditation decision. In arriving at a decision, the board considers the accreditation history of the school; the application, self-assessment report and strategic plan submitted by the university; the site visit evaluation report; the university's response to the evaluation report; and any other relevant information. In-person presentations to the board from the university/College regarding their accreditation review occur only at the request of the board.

Accreditation is granted for a specific term, the maximum being eight years for university programs and 5 years for Technician programs. A shorter term may be granted, if significant areas of concern are noted. The accreditation term for university programs normally ends on December 31 of the specified year. The terms for pharmacy technician programs may end either June 30th or December 31.

STAGES OF ACCREDITATION

Pre-accreditation Stages

A new professional program at a pharmacy school may be granted one of two pre-accreditation awards, depending upon its stage of development. In the instance of a newly founded school, the program generally progresses through both statuses. The standards are similar to those used to review established programs however, pre-accreditation involves, in large measure, documentation and verification of planning in accord with standards and provision of reasonable assurances for a quality outcome. A new or existing school that has been accepted as a member of the Association of Faculties of Pharmacy of Canada may be granted an accreditation award on the basis of a limited site visit and/or an institutionally prepared prospectus or academic plan.

Qualifying Accreditation

A new program that has no students enrolled but has appointed a dean or director may be granted qualifying accreditation. The granting of qualifying status confirms that a university's planning for the pharmacy program has considered CCAPP standards and suggests reasonable assurances of moving to the next step, the award of provisional accreditation.

Qualifying accreditation is generally permitted for up to four years, during which the program is expected to apply for provisional accreditation (provided the program has admitted students). A program that has held qualifying status for four years but has not admitted its first class of students will be withdrawn from the pre-accreditation process unless information is provided by the university to satisfy the board that the program is making progress toward actual initiation.

Qualifying Accreditation status brings no rights and privileges of accreditation. Full disclosure by the university of the term and conditions of this award is required. The program is required to apply for accreditation during the term of the Qualifying Accreditation award. If the program fails to apply for accreditation during the term of the Qualifying Accreditation award but goes on to admit and graduate students during that same time frame, the students are not considered to be graduates of an accredited program.

Provisional Accreditation

A new program that has students enrolled but has not graduated a class of students may be granted provisional accreditation. The granting of the provisional accreditation award denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Reasonable assurances are expected that the program will be eligible for other categories of accreditation as programmatic experiences are gained, generally, by the time the first class has graduated.

A Provisional Accreditation award ends when the first admitted class has graduated. The program is required to apply for accreditation during the term of the Provisional Accreditation award.

Graduates from a school designated as having provisional accreditation will be deemed by CCAPP to be graduates of an accredited program.

ACCREDITATION AWARD DECISIONS

The CCAPP board of directors makes the accreditation decision. In arriving at a decision, the board considers the accreditation history of the Faculty; the application, the comprehensive internal review report and strategic plan submitted by the University; the site visit evaluation report; the University's response to the evaluation report; and, any other relevant information. In-person presentations to the Board from the University regarding their accreditation review will occur only at the request of the board.

Accreditation

Initial or continued Accreditation status is granted for up to eight years if it has been demonstrated to the satisfaction of CCAPP that the program complies with accreditation standards, including the appropriateness of program goals, the adequacy of resources and organization to meet these goals, educational outcomes which indicate these goals are being met, and that plans and commitments are in place to provide reasonable assurance that these goals will continue to be met.

All programs receiving an Accreditation award are required to submit an interim progress report at some point over the duration of the accreditation period. The due date of this interim progress report will be specified in the accreditation award letter. The required interim report should cover the period of time since the last comprehensive internal review report and include: changes in the academic program; changes in the financial resources available to the Faculty; changes in the academic staff; steps taken to deal with deficiencies identified in the site visit evaluation report; and, progress made in the implementation of the approved strategic plan; and, progress toward achieving Accreditation Standards that were published since the last site visit.

Conditional Accreditation

Conditional Accreditation reflects that there are concerns about the progress in addressing requirements of the Standards. The timing of a Progress report will depend on the nature of the deficiencies. Subject to the receipt of a Progress report and upon review of the extent to which deficiencies have been met, the Board may change the award to Accredited, if concerns have been adequately addressed, or Probation, if satisfactory progress has not been achieved.

Probationary Accreditation

Probationary Accreditation reflects that the program fails to comply with standards, or the program has minimal or non-compliance to some standards over two or more survey cycles that result in serious weaknesses in one or more major components of a program. The maximum term of Probationary Accreditation is eighteen months. An unannounced visit by CCAPP and Ministry officials may occur at any time during the probationary period at the program's expense.

Within six months of receiving notice of Probationary Accreditation, the institution is required to show cause why the probationary status should be rescinded or to present sufficient evidence of improvement, or plans for improvement, to warrant restoration of conditional accreditation or accreditation. It is the responsibility of the program and the university to address the non-compliance by submitting additional information, correcting the weaknesses in the deficient component, or considering whether the program should cease operation. The chief executive officer of the institution and the Dean or Director of the school are given due notice of the Board's decision to award Probationary Accreditation.

It is important that all constituents understand that a major goal of CCAPP is "to assist in the advancement and improvement of pharmaceutical education". Hence, should a program receive probationary accreditation status, it is important that the University regularly seek CCAPP's advice on the appropriate course of action to be followed.

Should the institution not demonstrate a commitment to rectifying identified deficiencies within one year after the six-month period given to show cause, the Board will withdraw Accreditation.

Withdrawal of Accreditation

Circumstances that would warrant withdrawal of accreditation are:

- The program fails to meet the requirements of the Accreditation Standards.
- Probationary Accreditation has been awarded and the program fails to address the required changes to achieve the basic structures, processes, and intended educational outcomes.
- The accredited program is revised and no longer meets the requirements of the CCAPP Accreditation Standard (e.g., conversion to a program intended to develop pharmaceutical chemists, etc).
- The accredited program is without a graduate for a period of one year and has no registrants for a new cohort to commence within the same year.
- The program fails to submit progress reports to the CCAPP Board in a timely fashion.
- False or misleading statements are made publicly about the status, condition, or category of CCAPP Accreditation.
- The program has Accreditation Fees in arrears for a time period in excess of 120 days.
- The program ceases to operate.

Withdrawal of Accreditation becomes effective immediately. If a program has received a Withdrawal of Accreditation award, the institution is required to submit a new request for accreditation. The Dean must immediately advise students in the program, those who have been admitted to but not yet started the program, and applicants to the program that a Withdrawal of Accreditation award has been issued to the program. The CCAPP CEO notifies the Pharmacy Examining Board of Canada, all Registrars of Canadian provincial pharmacy regulatory authorities, and the Provincial Ministry responsible for the school that a Withdrawal Accreditation award has been made.

SITE VISIT CYCLE

Site visits normally will be conducted any time over an eight year period (for University programs) or over a five year period (for Pharmacy Technician programs) for programs granted Accreditation or Conditional Accreditation. For programs on Probationary Accreditation, a site visit normally will be required prior to the restoration of Conditional Accreditation or Accreditation. Requests to defer a scheduled site visit will only be granted in exceptional circumstances, subsequent to a well-justified request from the university or pharmacy technician program.

PROGRESS REPORT

The CCAPP CEO communicates the type and frequency of written Progress Report submissions to the Dean/Director in the Accreditation Letter and follow-up communications.

A Progress Report needs to provide the Board with sufficient evidence of progress to address concerns raised around specific Standards, as well as highlight any major changes to the program since the last report.

The CCAPP Board reviews all Progress Reports that are submitted. As a result of the Board's review of the report, the Board will determine the necessary change (increase or decrease) to the accreditation term.

The Dean/Director receives a letter that describes the results of accreditation status deliberations arising from the Board's review of Progress Reports.

CONTINUATION OF ACCREDITATION STATUS

The accreditation award is subject to continuous review and may be withdrawn, for cause, at any time. Continuation of accreditation status for the full term of the award is conditional on the university continuing to offer the approved program and on the maintenance of the resources required for its effective delivery. Accordingly, during the term of the award, the university or College/School of the Pharmacy and Pharmacy Technician programs is required to advise the Council of any significant change in the design or content of the program, its leadership, or in its resource base.

REFERENCE TO ACCREDITATION STATUS

A university or college is required to inform current students, prospective students, and the general public of the current accreditation status of its program as listed in the Directory. They are authorized to use the following statement in their calendar, recruitment brochures, and other official university publications:

"The Doctor of Pharmacy (or Baccalaureate of Science in Pharmacy) Program of the (name of pharmacy school) of the (name of university) has been granted (Accreditation, Qualifying, Provisional, Conditional, Probationary) Status by The Canadian Council for the Accreditation of Pharmacy Programs for the period ___ to ___."

"The Pharmacy Technician Program of the (insert your preferred name for reference to the College) has been awarded the status of (Accreditation, Qualifying, Provisional, Conditional, Probationary) Status by the Canadian Council for Accreditation of Pharmacy Programs for a (length in months or years) term from _____ to _____"

IMPLEMENTATION OF NEW STANDARDS

CCAPP will notify Faculties/Schools when the next revision of the Standards will occur, the subsequent consultation period, and the implementation date. There normally will be at least three years between the initiation of a standards revision process and their implementation date.

APPENDIX 2

THE CCAPP AUDITED FINANCIAL STATEMENT March 2021

Grant Thornton

Financial Statements

The Canadian Council for Accreditation of Pharmacy Programs

March 31, 2021

Contents

	Page
Independent Auditor's Report	1 - 2
Statement of Operations and Changes in Net Assets	3
Statement of Financial Position	4
Statement of Cash Flows	5
Notes to the Financial Statements	6 - 9

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Independent Auditor's Report

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To the Board of Directors of
The Canadian Council for Accreditation of Pharmacy Programs

Opinion

We have audited the financial statements of The Canadian Council for Accreditation of Pharmacy Programs (the "Council"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2021, and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Council in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizationss, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Council or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the council's financial reporting process.

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Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about 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 that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Grant Thornton LLP

Toronto, Canada
June 17, 2021

Chartered Professional Accountants
Licensed Public Accountants

The Canadian Council for Accreditation of Pharmacy Programs

Statement of Operations and Changes in Net Assets

Year ended March 31	2021	2020
Revenue		
Accreditation fees	$ 320,693	$ 331,605
Membership fees	51,500	50,000
Interest income	9,215	6,508
Grant	5,900	5,000
	387,308	393,113
Expenses		
Administration fees	43,549	36,243
Insurance	7,635	8,898
Interest and bank charges	1,026	621
Meetings and travel	2,638	65,007
Office	8,703	16,871
Professional fees	4,815	5,318
Rent	14,100	13,200
Site visits	11,713	102,193
Travel - Executive Director	614	10,967
Wages and employee benefits	134,935	130,436
	229,728	389,754
Excess of revenue over expenses	157,580	3,359
Unrestricted net assets, beginning of year	803,189	799,830
Unrestricted net assets, end of year	$ 960,769	$ 803,189

See accompanying notes to the financial statements.

The Canadian Council for Accreditation of Pharmacy Programs
Statement of Financial Position

March 31	2021	2020
Assets		
Current		
Cash	**$ 136,165**	$ 71,405
Short-term investments (Note 3)	**101,626**	283,359
Accounts receivable	**5,827**	5,911
HST receivable	**3,249**	2,063
Prepaid expenses	**8,333**	6,596
	255,200	369,334
Investments (Note 3)	**734,079**	442,820
	$ 989,279	$ 812,154
Liabilities		
Current		
Accounts payable and accrued liabilities	**$ 6,115**	$ 5,000
Deferred revenue	**22,395**	3,965
	28,510	8,965
Net assets		
Unrestricted net assets	**960,769**	803,189
	$ 989,279	$ 812,154

Lease commitments (Note 5)
Impact of COVID-19 (Note 7)

Approved on behalf of the Board of Directors:

Nick Busing _____ Director

The Canadian Council for Accreditation of Pharmacy Programs
Statement of Cash Flows

Year ended March 31	2021	2020
Increase (decrease) in cash		
Operating		
Excess of revenue over expenses	**$ 157,580**	$ 3,359
Change in non-cash working capital items		
Accounts receivable	**84**	1,780
HST receivable	**(1,186)**	7,225
Prepaid expenses	**(1,737)**	6,048
Accounts payable and accrued liabilities	**1,115**	500
Deferred revenue	**18,430**	(6,628)
	174,286	12,284
Investing		
Purchase of investments (net)	**(109,526)**	(108,288)
Increase (decrease) in cash	**64,760**	(96,004)
Cash		
Beginning of year	**71,405**	167,409
End of year	**$ 136,165**	$ 71,405

See accompanying notes to the financial statements.

The Canadian Council for Accreditation of Pharmacy Programs
Notes to the Financial Statements
March 31, 2021

1. Nature of operations

The Canadian Council for Accreditation of Pharmacy Programs (the "Council") is a non-profit organization incorporated in 1993 under The Canada Corporations Act, and now operates under the Canada Not-for-profit Corporations Act. The Council is exempt from income taxes under Part I of the Income Tax Act.

The Council assesses the quality of pharmacy programs in Canadian universities and Canadian technical pharmacy programs and promotes continued improvement of educational programs.

2. Significant accounting policies

Basis of presentation

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Cash

Cash consists of bank deposits held with financial institutions. There are no restrictions on cash held by the Council.

Investments

Investments consist of Guaranteed Investment Certificates ("GIC's") held with the Bank of Montreal. GIC's maturing within the next twelve months have been classified as short-term.

Capital expenditures

Items of a capital nature are expensed in the year of acquisition. This policy is considered appropriate for not-for-profit organizations where the acquisition of capital items is incorporated within the annual budgeting process and annual revenues are less than $500,000. Capital expenditures for the year amounted to $Nil (2020 - $Nil).

Revenue recognition

The Council follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Accreditation and membership fees are recognized in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. These fees are deferred based on the date of the accreditation and membership year.

Interest income is recognized at the time when interest has been earned.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the period. Actual results could differ from these estimates.

Significant estimates made by management include the allowance for doubtful accounts.

Financial instruments

The Council considers any contract creating a financial asset, liability or equity instrument as a financial instrument. The Council accounts for the following as financial instruments:

- cash
- short-term investments
- accounts receivable
- HST receivable
- investments
- accounts payable

A financial asset or liability is recognized when the Council becomes party to contractual provisions of the instrument.

Financial assets or liabilities obtained in arm's length transactions are initially measured at their fair value. In the case of a financial asset or liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption.

The Council subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value; investments in equity instruments that are not quoted in an active market, which are measured at cost less any reduction for impairment; derivative contracts, which are measured at fair value; and certain financial assets and financial liabilities which the Council has elected to measure at fair value. Changes in fair value are recognized in net income.

3. Investments

	2021	2020
Guaranteed income certificates maturing within one year	**$ 101,626**	$ 283,359
Guaranteed income certificates maturing after one year	**734,079**	442,820
	$ 835,705	$ 726,179

3. Investments (continued)

The effective interest rates on the investments at year end varies from 0.50% to 2.10% (2020 - 0.70% to 1.85%) and have maturity dates ranging between December 2021 to June 2024. The average interest rate for the year was 1.18% (2020 - 0.97%).

Interest accrued on the investments at year end amounted to $5,827 (2020 - $5,911) and is shown as accounts receivable on the Statement of Financial Position.

4. Capital disclosures

The Council considers its capital to be the balance maintained in its Unrestricted Net Assets. The balance on March 31, 2021 is $960,769 (2020 - $803,189). The primary objective of the Council is to invest its capital in a manner that will allow it to continue as a going concern and comply with its stated objectives. Capital is invested under the direction of the Board of Directors of the Council with the objective of providing a reasonable rate of return, minimizing risk and ensuring adequate liquid investments are on hand for current cash flow requirements. The Council is not subject to any externally imposed requirements of its capital.

5. Lease commitments

The Council leases its premises subject to a lease expiring June 30, 2021. Future minimum annual payments under the lease are as follows:

2022	$ 14,400
2023	3,600
	$ 18,000

6. Financial instruments

The significant financial risks to which the Council is exposed to are credit risk, liquidity risk and market risk. Market risk consists of currency risk, interest rate risk, and other price risk. There has been no change in the risk exposure of the Council from the prior period.

(a) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss or the other party by failing to discharge an obligation. The Council is subject to credit risk through amounts receivable. Accounts receivable are subject to normal industry credit risks.

The Council performs regular credit assessments of its members and provides allowances for potentially uncollectible amounts receivable, when considered appropriate.

6. Financial instruments (continued)

(b) Liquidity risk

Liquidity risk is the risk that the Council will be unable to fulfil its obligations on a timely basis or at a reasonable cost. The Council's exposure to liquidity risk is dependent on providing assessments to its members, collection of accounts receivable, and raising of funds to meet commitments and sustain operations. Cash flow from operations provides sufficient resources to meet the Council's cash requirements.

(c) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Council is not exposed to currency and other price risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Council is exposed to interest rate risk on its fixed term investments.

7. Impact of COVID-19

As of March 11, 2020, the World Health Organization declared a global pandemic (the "pandemic") as a result of the spread of COVID-19. Since that time, the spread of COVID-19 has severely impacted many local economies around the globe. In many countries, including Canada, businesses are being forced to cease or limit operations for long or indefinite periods of time. Global stock markets have also experienced great volatility and a significant weakening. Governments and central banks have responded with monetary and fiscal interventions to stabilize economic conditions.

The duration and impact of the pandemic, as well as the effectiveness of government and central bank responses remains unclear at this time. It is not possible to reliably estimate the duration and severity of these consequences, as well as their impact on the financial position of the Council for future periods.

Management considers the impact of the pandemic on the Council to be low as the Council continues to collect accreditation and membership fees. Management continues to monitor the potential impacts of the pandemic to the Council and will respond accordingly.

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2021

FOR DECISION	FOR INFORMATION X

INITIATED BY: Susan James, Acting Registrar & Director, Quality

TOPIC: Selection of Provider Experience Indicators

ISSUE: As part of the broader Quality Indicators for Pharmacy Initiative, Provider Experience Indicators have been selected by a Working Group with input from patients and the sector. These Provider Experience Indicators complete the set of Quality Indicators for Pharmacy.

PUBLIC INTEREST RATIONALE: To support its mandate to serve and protect the public, the College is responsible for encouraging continuous quality improvement within the profession of pharmacy. Establishing quality indicators in various measurement areas pertinent to the community pharmacy sector enables the use of data to drive quality improvement and ultimately improve patient outcomes.

BACKGROUND:

Quality Indicators for Pharmacy initiative

The Quality Indicators for Pharmacy initiative commenced in 2018, with the goal of providing the public sector and health system with information about the overall quality of pharmacy care in a variety of measurement areas.

The College partnered with Ontario's advisor on quality, Health Quality Ontario (now under Ontario Health, OH) to chair the initiative. Prior to the indicator selection process, the College and OH hosted a stakeholder roundtable session to establish critical measurement areas in the pharmacy setting and identify opportunities for indicators. The roundtable participants included patients, providers (including pharmacists), data experts, representatives from the Ministry of Health, associations, OH and the College. The measurement areas identified were:

- **Patient Reported Experience Measures (PREMs):** ensuring the patient voice and their experience is well represented
- **Provider Experience:** reflecting provider satisfaction and wellbeing to optimize health system performance
- **Appropriateness of Dispensed Medications:** highlighting the role of the community pharmacist in checking medications for appropriateness in addition to accuracy
- **Medication related hospital visits:** highlighting the pharmacy professionals role in medication management
- **Transitions of care:** establishing a shared responsibility of all health care providers involved in care transitions

Community pharmacy was selected to be the initial focus of the Quality Indicators initiative since indicators were already established in other practice settings such as hospitals and long-term care. In contrast, there were no indicators found that measured quality outcomes in community pharmacy.

Modified Delphi Process for Indicator Selection

The College and OH established an Expert Panel comprising 16 members including patients, providers, policymakers, data experts and association representatives in the Fall of 2018 to lead the indicator selection process. The indicator selection followed a modified Delphi process consisting of in-person consensus meetings and online independent surveys. Feedback from the public and the pharmacy sector through engagement opportunities including a webinar and consultation surveys for the public and the sector were used to support the Expert Panel's decision making.

The Expert Panel reviewed global literature and selected indicators within each measurement area, except Provider Experience. Provider Experience was classified as an area that would require further review and a separate Working Group primarily comprising pharmacy professionals to lead indicator selection.

The initial set of indicators selected were launched by the College and OH at a Symposium on Quality Indicators for Pharmacy in June 2019.

Public Reporting of Quality Indicators Data

In 2020, the College worked with the Ministry of Health and other key stakeholders to obtain 2015-2019 data for indicators under the measurement areas of appropriateness of dispensed medications, medication related hospital visits and transitions of care. The data for these indicators was obtained from existing administrative datasets, and will continue to be updated on the College's website.

The purpose of this publicly reported data is to identify regional and provincial trends over time, to help registrants and community pharmacies focus their quality improvement efforts. The data does not provide information about any individual pharmacy or pharmacy professional.

PREMs

The Patient/Caregiver-Reported Experience Measures were initially established by the expert panel incorporating feedback from more than 100 patients. Additionally, a validation survey was circulated to a broad base of patients and caregivers in Fall 2020 that confirmed that the indicators measured areas of pharmacy care that are important and relevant.

In early 2022, the College will work alongside patients and the public, pharmacy professionals, those who own and operate pharmacies, data collection experts, and other key stakeholders to develop a data collection plan.

APPROACH:

Provider Experience Indicators

Provider experience and engagement can impact the performance of the health system as there is a well-established link between provider experience and quality of care provided. For instance, many studies of burnout among providers in health care settings have shown the negative impacts on patient care and outcomes. The Institute for Healthcare Improvement's Triple Aim framework was adapted to the Quadruple Aim, recognizing the importance of reflecting provider satisfaction and wellbeing in optimizing health system performance.

The Provider Experience Indicator selection process was led by a working group, primarily composed of frontline pharmacy professionals, patients, and data experts. This working group was recruited to ensure indicators selected were important and meaningful and could accurately reflect the experience of pharmacy professionals. The working group was provided with an environmental scan and a list of currently used global indicators, aimed at measuring provider experience in various settings. A consultation with the public and the sector was conducted to provide critical feedback to the working group as they shortlisted the indicators found in the global literature.

Through a series of deliberations and surveying conducted with the working group, the final set of Provider Experience Indicators were established. An editorial working group consisting of data experts and frontline pharmacy professionals was consulted to finalize the language of the indicators, and ensure consistency across the health system. Once the indicator language was finalized, real-time testing of the interpretability of the indicators was conducted with a sample of pharmacy professionals to ensure the indicators selected were interpreted as intended.

Provider Experience Indicators Data Collection

A survey containing the final four provider experience indicators will be linked in each registrants' annual renewal, beginning in January 2022. The survey link will take registrants outside of the annual renewal to an external survey platform, where they can provide their responses. All responses to the survey will be anonymous and cannot be traced to any individual respondent. The provider experience indicators will not be used to track the performance of individual pharmacy professionals or to provide information about any one specific pharmacy/pharmacy professional, rather they will be publicly reported at an aggregate level **(**for example by LHIN or pharmacy type) to help identify demographic and regional variations in responses.

An Initial Set of Quality Indicators for Community Pharmacy

The modified Delphi process used to select the quality indicators for community pharmacy and the follow up process used to establish the provider experience indicators have resulted in a set of quality indicators that reflects all the measurement areas identified at the outset of the quality indicators initiative. These indicators will be regularly reviewed to ensure that they are appropriate for the pharmacy sector and broader healthcare environment.

The complete initial set of Quality Indicators for community pharmacy is as follows:

Measurement Area(s)	Indicator
Appropriateness of Dispensed Medications (*currently being reported here – click on Indicator 1)*	Percentage of patients who were newly dispensed an opioid prescription greater than 50 mg morphine equivalents per day.
Medication-Related Hospital Visits (*currently being reported here – click on Indicator 2)*	Hospital visits for opioid poisonings among patients that are actively treated with an opioid prescription.
Transitions of Care (*currently being reported here – click on Indicator 3)*	Percentage of eligible people who have had a medication review within seven days of discharge home from hospital.

Patient/Caregiver-Reported Experience	My pharmacist helped me understand why I am taking each of my medications. My pharmacist made sure I understood how to take my medication properly. My pharmacist made sure I understood what results I might expect from my medication, including any side effects or drug/food interactions that may occur. My pharmacist helped me understand how to know if my medication is working.
Provider Experience	My workplace performance goals or targets enable me to provide high quality care to my patients. My work environment (e.g. staffing) enables me to provide high quality care to my patients. I have an effective working relationship with health care providers (e.g. prescribers) with whom I collaborate regarding patient care. Overall, based on your definition of burnout, how would you rate your level of burnout?

NEXT STEPS:

The College will continue to work with sector stakeholders and the public to ensure public data reporting begins on the measurement of PREMs and Provider Experience indicators. The selected Quality Indicators for Pharmacy will be evaluated regularly to ensure relevance and importance. It is expected that this work will also expand to other practice settings in the future. Insights from the provider experience indicators data may be used to inform other College initiatives such as the implementation of the Community Practice Environment Accountability Principles.