



ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, MARCH 21, 2022

9:00 A.M. – 4:00 P.M.

[Microsoft Teams Meeting Link](#)

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Materials</u>
9:00 am	1. Land Acknowledgement	Standing	
	2. Noting Members Present	Standing	
	3. Declaration of Conflict	Standing	
	4. Approval of Agenda	For Approval	Agenda
9:10 am	5. Chair's Opening Remarks 5.1 Chair's Report for March 2022 • December 2021 Board Meeting Evaluation	For Information	Appendix 5.1
9:20 am	6. Approval of Minutes 6.1 Minutes of December 13, 2021 Board Meeting	For Approval	Appendix 6.1
	7. Matters Arising from Previous Meetings	Standing	
9:25 am	8. 2021 Audited Financial Statements	For Approval	Appendix 8
9:35 am	9. 2021 College Performance Measurement Report (CPMF)	For Information	Appendix 9
10:05 am	10. Performance Scorecard 10.1 2021 Q4 Scorecard	For Information	Appendix 10
	10.2 2022 Scorecard with targets	For Approval	
10:30 am	----- 30 Minute Break -----		
11:00 am	11. Acting Registrar's Report	For Information	Appendix 11
11:15 am	12. Governance Reform and Regulatory Modernization	For Information	Appendix 12
11:35 am	13. Equity, Diversity & Inclusion (EDI) – Commitment Statement	For Approval	Appendix 13
11:50 am	14. Screening Committee Appointment	For Approval	Appendix 14
12:00 pm	----- LUNCH Break -----		
1:00 pm	15. Model National Standards of Practice (NAPRA)	For Information	Appendix 15
1:20 pm	16. In Camera - Personnel Matter: Staffing Update		
1:45 pm	17. Meeting End		

BOARD BRIEFING NOTE

MEETING DATE: MARCH 2022

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

TOPIC: Chair's Report for March 2022 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 December 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.

College and Other Stakeholder Meetings:

- December 13, 2021 – Board of Directors Meeting
- December 16, 2021 – OCP Board and Committee Chair Training
- December 21, 2021 – Registrar & CEO Search Committee Meeting
- January 10, 2022 – Registrar & CEO Search Committee Meeting
- January 18, 2022 – Committee Orientation Town Hall Rehearsal
- January 20, 2022 – 2021-2022 Committee Orientation Town Hall
- January 21 – OCP Board Drop-in Session #2 - Registrar & CEO Search
- January 28, 2022 – Registrar & CEO Search Committee Meeting
- February 7, 2022 – Video Film Session (Digital Brief) - Registrar & CEO Search
- February 10, 2022 – Governance Committee Meeting
- February 23, 2022 – Governance Committee Meeting
- March 3, 2022 – Finance and Audit Committee Meeting
- March 4, 2022 – Registrar & CEO Search Committee Meeting
- March 8, 2022 – Discipline Committee Oral Reprimand
- March 9, 2022 – Executive Committee Meeting
- March 11, 2022 – Acting Registrar and Interim Chief Operating Officer Performance Appraisals
- March 18, 2022 – New Director Board Orientation Session

December Board Meeting Evaluations

Attached to my report is a summary of the December 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.

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.

2022 Skills Inventory Survey

Following the March Board meeting along with the regular meeting evaluation survey, you'll be receiving the revised 2022 Skills Inventory and the Chair's semi-annual evaluation for completion. Based on feedback, the Governance Committee has reviewed and revised the skills inventory for this year to improve objectivity by removing the bias towards incumbents or those with regulatory experience.

Similar to last year there is a scale from 5-1 under each competency and Directors should reflect on their level of experience and education as they cascade through the levels. Individuals who score 5 on the scale would be considered rare and would include some of the leaders in industry across Canada. Those who score 1 are considered novice in that particular area. The intent is not to imply that only those who may score highly are desired or competent but instead that the Board will be made up of a collection of individuals who bring different strengths to the table.

The results of the skills inventory will be used to draft the 2022 Director Profile or profiles to highlight the gaps in skills and experience which will be sought in the upcoming Board recruitment as well as in the development of educational opportunities for the Board.



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
DECEMBER 13, 2021**

Agenda – December 13, 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 December 2021
 - September 2021 Board Meeting Evaluation
- 6. Approval of Minutes of Previous Meeting**
 - 6.1. Minutes of September 21, 2021 Board Meeting
 - 6.2. Minutes of September 29, 2021 In Camera Board Meeting
 - 6.3. Minutes of 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
- 7. Matters Arising from Previous Meetings**
- 8. Performance Scorecard**
 - 8.1. 2021 Q3 Scorecard
 - 8.2. 2022 Scorecard without targets
- 9. Risk Management**
 - 9.1. 2021 Retrospective Risk Report
 - 9.2. 2022 Risk Register
- 10. 2021 College Performance Measurement Report**
- 11. 2022 Budget Approval**
- 12. Acting Registrar's Report**
- 13. Presentation - Indicators for provider experience**
- 14. Personnel Matter – Employee Engagement Survey Results – *In Camera***
- 15. Adjournment**

**MONDAY, DECEMBER 13, 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 **(Regrets)**

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
Ms. Sharlene Rankin, Executive Assistant to Directors

Guests

Ms. Vivian Ng, Manager, Strategic Policy & Analytics
Ms. Anisa Shivj, Strategic Policy Advisor
Ms. Penny Galanis, Manager, Human Resources
Mr. Karim Sabayon, McLean & Company
Mr. Greg Barnes, McLean & Company

The Chair called the meeting to order at 9:05 a.m. Directors were informed that two 30-minute breaks were added to the agenda and a new “virtual lunchroom” was being piloted for the Board of Directors to use during breaks and lunch to allow for informal discussion and to connect. Mr. Cheung shared with the Board a picture of the plaque the College received with gratitude from the Pharmacy Examining Board of Canada (PEBC), the national certification body for the pharmacy profession, in recognition of the College’s 150th Anniversary.

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

The Chair noted for the Board’s information that the meeting agenda had been reformatted and topics were now grouped to improve the flow during the meeting. Feedback on the agenda’s format will be sought in the meeting evaluation.

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

5. Chair’s Opening Remarks

5.1 Briefing Note – Chair’s Report for December 2021

- **September 2021 Board Meeting Evaluation**

The Chair noted his activities since the last Board meeting and indicated that there was a search committee meeting held on December 8, 2021, which was not reflected on his report.

The Chair noted the resignation of Public Director Ms. Tammy Cotie and expressed his gratitude for her dedication and contribution during her time at the College. Following her resignation and in order to have the committees properly constituted as per the by-laws, Mr. Cheung informed the Board that Ms. Cindy Wagg had been appointed to the Quality Assurance Committee.

Board Directors were informed that a 90-minute orientation session would be held in January for Committee Appointees and that Directors would be welcome but not obligated to attend as much of the information provided would have been covered in the orientation during the September 2021 Board meeting.

Following the Chair’s opening remarks and review of the goals of the meeting, **the briefing note was received for information.**

6. Approval of Minutes of Previous Meeting

- 6.1 Minutes of September 20-21, 2021 Board Meeting
- 6.2 Minutes of September 29, 2021 In Camera Board Meeting
- 6.3 Minutes of 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

It was noted that Cindy Wagg was in attendance at the September 20-21, 2021 Board meeting, and that a correction to this effect should be made on the minutes.

A motion to approve the minutes as circulated including the amended minutes from September 2021 was moved and seconded. **The motion CARRIED.**

7. Matters Arising from Previous Meetings

Ms. Susan James reported that there were no matters arising.

8. Performance Scorecard

8.1 2021 Q3 Scorecard

Ms. Campbell presented the 2021 Q3 College Performance Scorecard for the Board's information and discussed the visual representation of the College's performance to target; those that are meeting or exceed target are green, within range are yellow and below target are red. The Board was informed that these indicators are derived from detailed departmental and management scorecards that the College uses to monitor performance.

Upon completion of Ms. Campbell's presentation there was a discussion and questions followed in respect of the College's method of setting targets, and the development of regulatory benchmarks as part of the College Performance Measurement Framework (CPMF), which, in its second year is still collecting baseline data from all 26 health regulatory colleges.

8.2 2022 Scorecard without targets

Ms. Campbell introduced the 2022 College Performance Scorecard that is proposed without indicator targets. She presented on the indicators and milestones that fell under the corporate services division, Ms. James presented on the indicators and milestones in the quality division and Ms. Bates presented the indicators and milestones in the conduct division. The Board's feedback was requested to ensure that the indicators as presented were clear and that information and data reported on the scorecard would provide the Board with meaningful information to support its oversight role.

It was discussed that the risk register along with the mitigation activities for the year are also presented twice annually to the Board and efforts are made to not duplicate the information on the scorecard and risk register. The Board discussed that regular quarterly review of the

scorecard will allow the Board to be informed of any unforeseen circumstances that could negatively affect timelines. The Board offered suggestions for other possible indicators relating to the hiring of a new Registrar, social media engagement, success of practice assessments and medication incident tracking relating to near misses. The Board was informed that these additional indicators are monitored via the risk register, departmental scorecards or are not elements of the College's performance and it was determined that no changes to the scorecard indicators were recommended at this time.

A motion to approve the 2022 College Performance Scorecard as presented was moved and seconded. **The motion CARRIED.**

9. Risk Management

9.1 2021 Retrospective Risk Report

Ms. Campbell presented the 2021 College Risk Report to the Board, which reflected all mitigation strategies outlined at the start of the year, as well as the impact of the mitigation activity on the risk rating throughout the year. She noted the risks were ranked as low, medium or high through an informal process adapted from the Healthcare Insurance Reciprocal of Canada (HIROC) standardized scoring matrix at the start of the year, and re-assessed through a more robust, codified risk ranking process at the end of the year.

9.2 2022 Risk Register

The Chair indicated to the Board that the 2022 Risk Register is coming forward as a matter for review and discussion to determine if the risk and mitigation strategies as presented reflect the appropriate organizational risks, impacts and mitigation strategies to support the Board's oversight role. The Chair called upon Ms. Campbell to present the briefing note, and called upon Ms. Bates to lead the Board through a risk assessment exercise to gain a deeper understanding of the risk management program.

Ms. Campbell reviewed the proposed risk register, noting that new risks may evolve throughout the year or the risk ranking may change and the register would be updated accordingly. The register is meant to be a dynamic living document, monitored in-depth by staff, and reviewed by the Finance and Audit Committee prior to coming to the Board.

Ms. Bates discussed the College's methodology for development of the risk register, ratings scale and heat map, and led the board through an exercise to validate the risk rating of a sampling of the risks on the register. The Board discussed adding a risk related to the perception of risk at the board level and determined that it was already covered under the governance related risk on the register.

A motion to approve the 2022 College Risk Register as presented was moved and seconded. **The motion CARRIED.**

10. 2021 College Performance Measurement Report (CPMF)

Ms. Campbell provided information to the Board regarding the outcome of the inaugural CPMF submission in 2021. The Board was provided with an update on the College's efforts to complete the 2022 submission due March 31, 2022. The Chair noted that the Board should review the documents once available to understand the Ministry's strategy in determining how best to track regulatory performance.

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

11. 2022 Budget Approval

Mr. Cheung advised that the Finance and Audit Committee was bringing forward the 2022 Operating Budget for approval. Ms. Campbell presented a high-level overview of the budget to the Board. Ms. Campbell noted that projected revenue and expenses by year end indicate a surplus of \$1.36M. For 2022, the budget assumes resumption of in-person meetings by the second quarter leading to increased travel and accommodation costs. Ms. Campbell noted that staffing would increase by seven full-time-equivalents (FTE) to bring the total FTE count to support attainment of the goals set in the 2022 operating plan. She added that an allowance of 4% was provided for merit and cost of living salary increases and that fees will increase by 4.4%, equivalent to the CPI for Ontario as of September 30, 2021.

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

A motion to approve the 2022 Operating and Capital Budget was moved and seconded. **The motion CARRIED.**

12. Acting Registrar's Report

The Chair requested that Susan James present the Acting Registrar's Report. Ms. James presented the report, and discussion ensued on several topics included in the report.

In response to questions, the Board discussed that the College does not have the authority to mandate vaccination for registrants and that guidance to registrants had been provided regarding the signage required for the management of individuals going to community pharmacies for symptomatic testing.

Upon the conclusion of discussion and questions, **the report was received for information.**

13. Presentation – Indicators for Provider Experience

The Chair requested that Ms. James introduce the OCP Policy Staff that will be presenting to the Board. Ms. James introduced Vivian Ng and Anisa Shivji who presented on the Indicators for Provider Experience.

Discussion and questions followed. Regarding a question directed to the confidentiality of the process, it was confirmed that the program is entirely anonymous.

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

Mr. Cheung then advised all in attendance that the Board of Directors would be continuing the meeting *in camera* to discuss a personnel matter and advised that the Board will reconvene on March 21, 2022 or at the call of the Chair.

14. Personnel Matter - Employee Engagement Survey Results – *In Camera*

A motion to move the meeting to *in camera* at 2:50 p.m. was moved and seconded. **The motion CARRIED.**

Susan James, Connie Campbell and Penny Galanis, attended a portion of the in-camera meeting to hear a presentation by McLean & Co. on the results of the Employee Engagement Survey. Staff then left the meeting to provide the Board an opportunity to seek additional insight from McLean & Co. No items were provided by the Chair for inclusion in the minutes. Notes of discussions and recommendations will be kept by the Board Chair and maintained separately.

15. End of Meeting

There being no further business, **at 2:50 p.m. the meeting ended.**

Stephenie Summerhill
Executive Assistant, CEO/Registrar

Billy B. Cheung
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Audited Financial Statements

ISSUE: Approval of 2021 Audited Financial Statements

PUBLIC INTEREST RATIONALE: The Finance and Audit Committee engages external auditors to assess and test the College's internally produced financial statements, significant accounting policies, management judgements and estimates, and the internal control environment to obtain reasonable assurance about whether the financial statements are free from material misstatement.

BACKGROUND: The audit was conducted by a team of auditors from Tinkham LLP Chartered Professional Accountants. Prepared as a result of the audit, the Audited Financial Statements comprise the College's statement of financial position as of December 31, 2021 including the statement of operations, 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.

The statements reflect the adjustments to the reserve values, with funds allocated to the investigations and hearings reserve fund based on an estimation of files for which external prosecution is expected. A significant portion of the surplus from 2021 will be retained in unrestricted reserves to cover the budgeted shortfall of revenue over expenditure for 2022. The remaining surplus has been allocated to the contingency reserve, raising the reserve to 90% of the target value.

ANALYSIS: The Finance and Audit Committee reviewed the Auditor's Report and the internal controls, and met in camera with the auditors both before and after the audit, and is satisfied that the financial reporting risks outlined in the audit planning letter are being appropriately addressed.

The opinion of the auditor is that the financial statements present fairly, in all material respects, the financial position of the College as of December 31, 2021, its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for not-for-profit organizations.

RECOMMENDATION: That the Board of Directors approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2021 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants.

ONTARIO COLLEGE OF PHARMACISTS

Financial Statements

December 31, 2021

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Statement of Changes in Net Assets	5
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Ontario College of Pharmacists

Opinion

We have audited the financial statements of the Ontario College of Pharmacists (the "College"), which comprise the statement of financial position as at December 31, 2021, and the statements of operations, 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 College as at December 31, 2021, and its results of operations 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 College 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 organizations 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 College'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 College or to cease operations, or has no realistic alternative but to do so.

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

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 College'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 doubt on the College'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 College 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.

TORONTO, Ontario
DATE

Licensed Public Accountants

ONTARIO COLLEGE OF PHARMACISTS

Statement of Financial Position

As at December 31	2021	2020
Assets		
Current		
Cash	\$ 5,723,733	\$ 415,312
Investment (note 4)	7,000,000	10,000,000
Accounts receivable (note 3)	276,953	384,877
Prepaid expenses	327,644	309,054
	13,328,330	11,109,243
Property and equipment (note 5)	4,233,545	4,426,758
	\$ 17,561,875	\$ 15,536,001
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 2,224,619	\$ 1,733,785
Deferred revenue	5,413,124	5,149,147
	7,637,743	6,882,932
Net assets		
Internally restricted (note 6)	9,100,000	8,650,000
Unrestricted	824,132	3,069
	9,924,132	8,653,069
	\$ 17,561,875	\$ 15,536,001

Commitments (note 7)

Approved on behalf of the Board of Directors

ONTARIO COLLEGE OF PHARMACISTS

Statement of Operations

Year ended December 31	2021	2020
Revenues		
Registrant fees - Pharmacists	\$ 12,697,722	\$ 12,163,503
- Pharmacy technicians	2,734,284	2,530,400
Community pharmacy fees	6,144,322	5,949,870
Hospital pharmacy fees	1,028,891	1,037,679
Registration fees	930,508	502,661
Discipline cost recoveries	442,890	336,000
Investment income	97,542	190,539
	24,076,159	22,710,652
Expenses		
Board and committee expenses (schedule I)	583,326	593,477
Personnel (schedule II)	16,432,633	15,903,307
Regulatory programs (schedule III)	3,214,947	3,701,266
Operations (schedule IV)	2,152,907	1,794,460
	22,383,813	21,992,510
Excess of revenues over expenses from operations for the year before amortization	1,692,346	718,142
Amortization	421,283	448,391
Excess of revenues over expenses for the year	\$ 1,271,063	\$ 269,751

See accompanying notes to the financial statements.

ONTARIO COLLEGE OF PHARMACISTS

Statement of Changes in Net Assets

Year ended December 31

	Internally Restricted (note 6)	Unrestricted	2021 Total	2020 Total
Balance, beginning of year	\$ 8,650,000	\$ 3,069	\$ 8,653,069	\$ 8,383,318
Excess of revenues over expenses for the year	-	1,271,063	1,271,063	269,751
	8,650,000	1,274,132	9,924,132	8,653,069
Inter-fund transfers representing:				
Fee stabilization fund:				
Inter-fund transfer	-	-	-	(350,000)
Investigations and hearings reserve fund:				
Inter-fund transfer	-	-	-	(1,000,000)
Transfer from unrestricted net assets	400,000	(400,000)	-	-
Contingency reserve fund:				
Inter-fund transfer	-	-	-	1,350,000
Transfer from unrestricted net assets	50,000	(50,000)	-	-
Balance, end of year	\$ 9,100,000	\$ 824,132	\$ 9,924,132	\$ 8,653,069

See accompanying notes to the financial statements.

ONTARIO COLLEGE OF PHARMACISTS

Statement of Cash Flows

Year ended December 31	2021	2020
Cash flows provided from (used in) operating activities		
Excess of revenues over expenses for the year	\$ 1,271,063	\$ 269,751
Item not requiring a cash outlay		
Amortization	390,067	374,007
Loss on disposal of capital assets	31,216	74,384
	1,692,346	718,142
Changes in non-cash working capital balances:		
Accounts receivable	107,924	31,507
Prepaid expenses	(18,590)	(2,796)
Accounts payable and accrued liabilities	490,834	40,321
Deferred revenue	263,977	285,559
	2,536,491	1,072,733
Cash provided from (used in) investing activities		
Redemption (purchase) of investments (net)	3,000,000	(900,000)
Purchase of equipment	(223,272)	(562,209)
Building renovations	(6,123)	(177,841)
Proceeds from disposals of equipment	1,325	-
	2,771,930	(1,640,050)
Change in cash during the year	5,308,421	(567,317)
Cash, beginning of year	415,312	982,629
Cash, end of year	\$ 5,723,733	\$ 415,312

See accompanying notes to the financial statements.

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2021

1 Organization

The Ontario College of Pharmacists (the "College") regulates pharmacy to ensure that the public receives quality services and care. The vision of the College is to lead the advancement of pharmacy to optimize health and wellness through patient centered care.

The College is the registering and regulating body for pharmacy in Ontario. All persons within Ontario who wish to dispense prescriptions and sell products defined as drugs to the public must first have met the professional qualifications set by the College, and be registered as a pharmacist or pharmacy technician. Likewise, all pharmacies must meet certain standards for operations and be accredited by the College. In addition to setting initial standards, the College ensures ongoing adherence to the professional and operational standards.

The College is a not-for-profit organization, incorporated as a non-share corporation in 1871 under the laws of Ontario and, as such, is exempt from income taxes.

2 Significant accounting policies

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

a) Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all financial assets and financial liabilities at amortized cost.

b) Property and equipment

Property and equipment are recorded at cost. Amortization is provided over the estimated useful lives of the assets at the following annual rates:

Buildings	4% declining balance
Furniture and equipment	15% declining balance
Computer equipment	straight line over 3 years
Computer software	straight line over 2 years

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2021.

c) Revenue recognition

i) Fees

The College's principal source of revenue is registrant and pharmacy fees which are recognized as revenue in the period to which these fees relate. Registrant and pharmacy fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the statement of financial position and will be accounted for in income in the year to which they pertain.

ii) Investment income

Investment income consists of interest and is recognized as earned.

iii) Discipline cost recoveries

Discipline cost recoveries are recognized in the year in which the fees have been settled and costs have been awarded.

iv) Other revenues

All other revenues being registration and other fees, rental income and other miscellaneous income are recognized as revenue when services are provided or as earned.

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2021

2 Significant accounting policies continued

d) Management estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, accounts receivable valuation, useful lives for amortization of property and equipment and other assets and liabilities valuation. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis.

3 Accounts receivable

As at December 31	2021	2020
Accounts receivable and cost recoveries from registrants	\$ 633,602	\$ 593,091
Allowance for impaired receivables	(465,478)	(346,978)
Net	168,124	246,113
Accrued interest receivable	41,849	81,693
HST receivable	63,654	43,884
Other receivables	3,326	13,187
	\$ 276,953	\$ 384,877

4 Investment

As at December 31	2021	2020
Guaranteed investment certificate		
0.80%, maturing May 3, 2022, not redeemable before maturity	\$ 7,000,000	\$ -
1.22%, matured April 30, 2021, cashable without penalty	-	10,000,000
	\$ 7,000,000	\$ 10,000,000

5 Property and equipment

As at December 31	2021		2020	
	Cost	Accumulated amortization	Cost	Accumulated amortization
Land	\$ 363,134	\$ -	\$ 363,134	\$ -
Buildings	6,738,547	3,468,763	6,732,424	3,332,649
Furniture and equipment	721,405	289,687	943,705	421,639
Computer hardware	698,853	549,204	539,339	425,613
Computer software	507,973	488,713	478,257	450,200
	\$ 9,029,912	\$ 4,796,367	\$ 9,056,859	\$ 4,630,101
Net book value		\$ 4,233,545		\$ 4,426,758

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2021

6 Net assets - internally restricted

The Board of Directors of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Board.

As at December 31	2021	2020
Investigations and hearing reserve fund	\$ 1,900,000	\$ 1,500,000
Contingency reserve fund	7,200,000	7,150,000
	\$ 9,100,000	\$ 8,650,000

a) Investigations and hearings reserve fund

The Investigations and Hearings Reserve Fund is designated to cover external legal costs for the conduct of inquiries, discipline hearings, fitness to practice hearings and appeals which exceed annual budget provisions for those activities.

b) Contingency reserve fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Board of Directors.

7 Commitments

a) The College entered an agreement with Pharmapod Canada Limited in December 2020 for a term of five years to provide a medication incident reporting system. The annual future payments, contingent on attaining annual performance targets, are estimated to be \$1,300,000.

b) The College has indemnified its past, present and future directors, officers and volunteers against expenses (including legal expenses), judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding, subject to certain restrictions, in which they are sued as a result of their involvement with the College, if they acted honestly and in good faith with a best interest of the College. The College has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits and actions, but there is no guarantee that the coverage will be sufficient should any action arise.

In the normal course of operations, the College has entered into agreements that include indemnities in favour of third parties, either express or implied, such as in service contracts, lease agreements and purchase contracts. In these agreements, the College agrees to indemnify the counterparties in certain circumstances against losses or liabilities arising from the acts or omissions of the College. The terms of these indemnities are not explicitly defined and the maximum amount of any potential liability cannot be reasonably estimated.

ONTARIO COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2021

8 Credit facility

The College has a credit facility available in the amount of \$1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2021, the facility had not been drawn upon.

9 Financial instruments

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

General objectives, policies and processes

The Board of Directors has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash, investment, and accounts receivable and cost recoveries from registrants.

Accounts receivable from registrants are generally unsecured. This risk is mitigated by the College's requirement for registrants to pay their fees in order to renew their annual license to practice. The College also has collection policies in place.

Credit risk associated with cash and investment is minimized by ensuring that these assets are invested in financial obligations of a major Canadian financial institution. All funds are held by one major Canadian financial institution and therefore a concentration risk exists. Balances exceed the maximum insured amount.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

Liquidity risk is affected this year as the investment held at December 31, 2021 is not redeemable prior to maturity however the increase in liquidity risk related to the investment is offset by the increase in cash held.

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 is comprised of currency risk, interest rate risk and equity risk.

The College is not exposed to currency or equity risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investment and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested and achieves a satisfactory investment return giving consideration to risk.

Changes in risk

There have been no significant changes in risk exposures from the prior year.

ONTARIO COLLEGE OF PHARMACISTS**Schedule I****Board and Committee Expenses**

Year ended December 31	2021	2020
Board of directors	\$ 51,943	\$ 46,070
Committees		
Accreditation	5,135	9,721
Discipline	329,079	330,032
Drug preparation premises (DPP)	2,114	1,201
Executive	8,340	9,401
Finance and audit	3,635	1,032
Fitness to practice	7,908	4,586
Governance and screening committees	20,284	23,469
Inquiries, complaints and reports (ICRC)	88,466	86,930
Patient relations	21,901	26,051
Quality assurance	11,710	17,984
Registration	32,811	37,000
	\$ 583,326	\$ 593,477

Schedule II**Personnel**

Year ended December 31	2021	2020
Salaries	\$ 13,614,339	\$ 13,195,349
Benefits	2,545,818	2,436,877
Personnel costs - other	272,476	271,081
	\$ 16,432,633	\$ 15,903,307

ONTARIO COLLEGE OF PHARMACISTS
Schedule III
Regulatory Programs

Year ended December 31	2021	2020
Association fees - NAPRA	\$ 132,769	\$ 132,769
Communication initiatives	57,544	99,313
Consulting - regulatory	-	769
Donations, contributions and grants - partnership	2,000	-
DPP inspection	-	490
Election expenses	5,287	6,597
Examinations, certificates and registrations	217,364	147,238
Health inquiry / investigation & intake	57,571	20,539
Legal - conduct external	1,224,819	1,440,861
Legal - regulatory	71,851	65,607
Practice assessment of competence at entry	79,767	61,673
Practice input initiatives	1,132,273	1,531,992
Professional development / remediation	1,693	4,517
Professional health program	92,394	85,558
Quality assurance - program administration	139,615	103,343
	\$ 3,214,947	\$ 3,701,266

Schedule IV
Operations

Year ended December 31	2021	2020
Association fees - general	\$ 12,435	\$ 13,474
Audit	26,300	26,400
Bank / credit card charges	547,324	552,891
Consulting - operations	143,644	107,641
Courier and delivery	1,496	4,933
Donations and contributions - others	1,100	250
Information system maintenance	510,757	382,999
Insurance - errors and omissions	6,761	6,301
Legal - operations	316,487	5,161
Niagara Apothecary Expenses	17,769	17,736
Office services equipment leasing and maintenance	13,762	25,184
Postage	14,092	17,384
Property:		
Expenses	308,455	427,366
Rental income	(114,287)	(182,499)
Publications - annual report and Pharmacy Connection	24,679	38,276
Subscriptions	17,962	18,212
Supplies and stationery	15,280	21,202
Telecommunications	184,966	194,489
Travel	103,925	117,060
	\$ 2,152,907	\$ 1,794,460

BOARD OF DIRECTOR BRIEFING NOTE

MEETING DATE: MARCH 2022

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Connie Campbell, Interim COO & Director, Corporate Services

TOPIC: 2021 College Performance Management Framework (CPMF) Report

ISSUE: Receive for information the 2021 CPMF Report prepared by staff for submission to the Ministry of Health and posting on the College's website

PUBLIC INTEREST RATIONALE: The College Performance Management Framework (CPMF) was developed by the Ministry of Health (Ministry) in collaboration with the regulatory colleges, the public and experts to enable a standardized approach to annual reporting on the performance of Ontario's regulatory colleges. It supports the Ministry in their oversight role and encourages system-wide quality improvement. Publication of the annual CPMF report provides the public with information to help assess how well the College is performing against the mandate to act in the public interest, provides awareness on plans to improve performance and aligns with the Colleges' commitment to transparency and accountability.

BACKGROUND:

- The CPMF supports an increased understanding of the role and activities of health regulatory colleges in the province, and highlights where colleges are collectively performing well, potential areas for system improvements and commitments that colleges have made to improve their performance.
- All provincial health regulatory colleges are required to complete and submit the CPMF report to the Ministry by March 31, 2022 and make their reports publicly available through their websites.
- The CPMF consists of seven domain measures: 1) Governance, 2) Resources, 3) System Partners, 4) Information Management, 5) Regulatory Policies, 6) Suitability to Practice, and 7) Measurement, Reporting and Improvement. Each domain sets out specific standards, along with required evidence to support college achievement and planned improvement activities.
- The Ministry consulted with the health colleges following the 2020 reporting cycle and incorporated feedback in the 2021 CPMF reporting tool, FAQs and technical specifications.
- Following receipt of all submissions, the Ministry will compile the results, compare practices, and if applicable, formulate new standards and best practices to enhance service quality and provide guidelines for the colleges to meet their public mandate in time. Eventually, the framework will be used to establish performance targets against which the Ministry, the College and the public can assess and compare the performance of health colleges in the province, similar to the fair registration practices reports submitted annually to the Office of the Fairness Commissioner.

ANALYSIS:

- The CPMF reporting template is divided into two parts:
 - Part one consists of the measurement domains noted above. The domains relate to Ontario's health regulatory colleges' key statutory functions and key organizational responsibilities.
 - Part two consists of context measures where the College is required to provide statistical data to add context relating to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
- While the CPMF standards were unchanged from 2020, a number of standards required net new evidence and additional information in 2021. For example:
 - Information on Board of Director training
 - Formal risk management approaches
 - Diversity, Equity and Inclusion (DEI) policies and program
 - Scheduled review of the College's data and technology plan
- Under the seven domain measures noted above, there are 14 standards (Attachment 1), some of which are further broken down into sub-standards with required evidence for which the College must respond as either having met, partially met or not met, for a total of 52 responses.
- As of the end of 2021, 42 of the 52 requirements have been met, four have been partially met and four have not been met as of the 2021 submission. For the standards reported as partially met and not met, we have noted a plan for improvement and incorporated activity into the 2022 operational plan. In two instances, the College has indicated that there are no plans to meet the standard and provided rationale to support our position.
- The College continues to showcase our commitment to high-quality services with planned improvements in all seven measurement domains, including those where standards have already been met.
- OCP's 2021 CPMF report will be submitted to the Ministry and posted on the College's website by the March 31, 2022 deadline.

Figure 2: 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.

BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION

FOR INFORMATION

X

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

TOPIC: 2021 Q4 College Performance Scorecard

ISSUE: Review achievement against targets for key performance indicators and project/initiative milestones on the 2021 College 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) and project/initiative milestones
- Engaging the Board in regular assessment of progress against objectives and outcomes
- Reporting the performance results to the public

BACKGROUND:

- As reviewed at the December 2021 Board meeting, a Performance Scorecard for monitoring at the Board level 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.
- 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 and the parameters of the data used to calculate the targets, along with other relevant details.
- Performance scorecards are reported to the Board quarterly along with a Performance Summary/Improvement Strategies report, highlighting accomplishments against targets and milestones and strategies to address obstacles that may impede attainment of stated goals.
- Performance of KPIs and milestones on the scorecard are colour-coded based on the traffic light system (green, yellow and red). Each colour corresponds to a predefined range in the performance of the measure to the target.

ANALYSIS:

- Of the 20 Board-monitored measures on the 2021 College performance scorecard, seven were project/initiative milestones and 13 were KPIs;
 - One of the milestone measures was achieved in Q1, two were achieved in Q3, three were achieved in Q4 and one milestone was not met due to shifting community practice pressures due to the pandemic.
 - Seven of the 13 KPIs were green, meaning they met the target set for the year.
 - Five of 13 KPIs were yellow and performed within 25% of the fiscal targets, with detailed rationale for their variance explained in the attached Q4 2021 Performance Summary/Improvement Strategies report.
 - One of the 13 KPIs, percentage of community pharmacies entering safety events in the AIMS (Assurance and Improvement in Medication Safety) Ontario-wide database, was red and performed below 25% from the fiscal target. Pandemic related pressures contributed to this outcome. In December, a dedicated College resource was on-boarded to mitigate current challenges and improve performance in 2022.

Attachments:

1. Q4 2021 College Performance Scorecard
2. Q4 2021 Performance Summary/Improvement Strategies
3. 2021 Indicator and Milestone Definitions

Q4 2021 College Performance Scorecard

No.	Strategic Alignment			2020 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2021 YTD (year-to-date)				2021 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
Domain 1: Governance										
1		✓	✓	n/a	Implement new board orientation program centered on approved Board Policies (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			-5.7%	+/- 5%
3		✓		n/a	% Engagement drivers, Work Life Balance Subset	Scheduled for the fall			55%	≥ 62%
Domain 3: System Partner										
4		✓		n/a	Implement diversity & Indigenous cultural competency awareness strategies (M)				12/01/21	12/01/21
5	✓			n/a	Community Practice Environmental Initiative implementation plan developed (M)				11/30/2021	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	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	399	≤ 352 days
10		✓		18%	% of High and Moderate risk Complaints disposed of within 150 days	26% (11/43)	26% (32/123)	24% (44/188)	27% (61/227)	≥ 25%
11		✓		744	90th percentile working days to dispose Registrar's Inquiries	706	687	672	657	≤ 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)	43% (64/148)	≥ 36%
13		✓		88%	% HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	100% (3/3)	90% (9/10)	89% (16/18)	87% (26/30)	≥ 88%
14		✓		497	90th percentile working days to dispose uncontested hearings	513	513	502	491	≤ 497 days
15		✓		80%	% of Decisions for uncontested hearings issued within 60 days	72% (8/11)	81% (17/21)	79% (19/24)	79% (22/28)	≥ 80%
16		✓		n/a	90th percentile working days to dispose contested hearings	561	884	864	833	≤ 674 days
17	✓			47%	% of Community pharmacies entering events on AIMS platform (year-end)	25%	34%	43%	51%	≥ 80%
18	✓			n/a	% of Pharmacist practice assessments completed (year-end)	35% (299)	63% (543)	89% (764)	111% (964)	100% (861)
19	✓			n/a	% of Pharmacy Technician practice assessments completed (year-end)	15% (46)	47% (140)	81% (242)	110% (332)	100% (300)
Domain 7: Measurement, Reporting & Improvement										
20	✓	✓	✓	n/a	Risk management program Phase One - Governance and Reporting (M)				12/31/21	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



















Scorecard Measure	Q4 2021 Performance Summary / Improvement Strategies
#1 <i>Implement new board orientation program centered on approved Board Policies (M)</i>	This milestone was completed in September 2021.
#2 % Variance of operating annual budget to year end actuals	As reported throughout the year, many initiatives planned for 2021 were deferred due to the pressures of the pandemic. Costs associated with on-site meeting attendance and limited business travel as well as significant staff shortages also contributed to the underrun in expenses compared to budget. Despite the reduced spending, the majority of performance targets were met.
#3 % Engagement drivers, Work Life Balance (subset)	Work Life Balance survey result is 55% and below industry benchmark by 7% (benchmark is 62%). As a result of employee feedback, changes have been implemented in some programs to improve flexibility and operational plans and associated targets have been reviewed and adjusted. Review of programs and policies to address employee feedback continues.
#4 <i>Implement diversity & Indigenous cultural competency awareness strategies (M)</i>	This milestone is proceeding as planned.
#5 <i>Community Practice Environment Initiative implementation plan developed (M)</i>	The milestone was completed in November 2021, with updates and changes being made as a result of a shifting community practice environment due to the pandemic. There is also an opportunity to include results from the provider experience indicator survey, which would inform and update the implementation plan.
#6 <i>Implementation of updated privacy & information management protocols with training (M)</i>	This milestone was completed in August 2021.
#7 <i>Development of Practice Support Tools for Minor Ailments (M)</i>	This milestone was completed in December 2021.
#8 <i>New regulation re COVID vaccine for BOD approval (M)</i>	This milestone was completed in January 2021.
#9 90 th percentile working days to dispose Complaints	The total number of complaints this represents in Q4 is 39. The decisions backlog was cleared entering into Q4, resulting in a lower average time for these decisions to be issued, though complaint investigation lengths and the volume of files ready to be disposed continues to be affected by staff turnover.
#10 % of High and Moderate risk Complaints disposed of within 150 days	Meeting target.
#11 90 th percentile working	Meeting target.

days to dispose Registrar's Inquiries	
#12 % of High and Moderate risk Registrar's Inquiries disposed of within 365 days	Meeting target.
#13 % HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#14 90th percentile working days to dispose uncontested hearings	Meeting Target
#15 % of Decisions for uncontested hearing issued within 60 days (within 60/total hearings)	Three out of four decisions met the target in Q4, with an average of 34 days, which is well within the target. The decision that did not meet the target took significantly longer to be released and impacted the overall average for this quarter (99 days total average). As with the decisions in Q1 and Q3 that were outliers, this decision was delayed due to pandemic and other issues that affected the Panel. Despite some outliers, 78% of uncontested hearing decisions released in 2021 met the target.
#16 90th percentile working days to dispose contested hearings	Q4 YTD includes eight contested or partially contested hearings: Four in Q1, 1 in Q2, two in Q3, and one in Q4. 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 and another took 712 days to resolve due to multiple referrals being joined into a single hearing and scheduling challenges. The single hearing in Q4 took over 800 days and involved multiple referrals against the same member and time required to negotiate an ASF and allow all the referrals be joined.
#17 % of Community pharmacies entering events on AIMS platform	Recording rates remain low however have improved 16% over last year). Given the pandemic and added pressure on the profession, this may persist until the environment stabilizes. In December a dedicated staff resource was onboarded to support pharmacy engagement with the AIMS platform and attainment of the targets.
#18 % of Pharmacist practice assessments completed	Meeting target.
#19 % of Pharmacy Technician practice assessments completed (pending Regulation)	Meeting target.

<p>#20</p> <p><i>Risk management program: Phase One – Governance and Reporting (M)</i></p>	<p>This milestone was completed in December 2021.</p>
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LEGEND	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target $\leq 25\%$	Potential Risk
Beyond Target $> 25\%$	Risk/Roadblock

2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 <i>Implement new board orientation program centered on approved Board Policies (M)</i>	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:  0%- 5%  3.7% – 6.3%  <3.7% or >6.3%
#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:  ≥ 62%  46% - 61%  ≤ 45%
#4 <i>Implement diversity & Indigenous cultural competency awareness strategies amongst Board, staff & registrants (M)</i>	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 <i>Community Practice Environmental Initiative implementation plan developed (M)</i>	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 <i>Implementation of updated privacy & information management protocols with training (M)</i>	This milestone measures the implementation of the updated privacy and management protocols and the completion of the associated mandatory staff training.	Milestone set based on approved project schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock

2021 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#7 <i>Development of Practice Support Tools for Minor Ailments (M)</i>	This milestone measures the development of strategies that will support registrants with the expanded scope for minor ailment prescribing.	Milestone set based on approved project schedule.	Milestone is: <div> <div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div> </div>
#8 <i>New regulation re: COVID vaccine for Board approval (M)</i>	This milestone measured the approval of the regulatory authority for vaccine administration by all pharmacy professionals.	Milestone set based on approved project schedule.	Milestone is: <div> <div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div> </div>
#9 90th percentile working days to dispose complaints	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 complaints are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set at 5% improvement to 2020.	Number of days is: <div> <div>≤ 352</div> <div>353 – 440</div> <div>≥ 441</div> </div>
#10 % High and Moderate risk complaints disposed of within 150 days.	Indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent. This change in focus from all complaints to high and moderate risk complaints is consistent with the ministry's CPMF mandate and risk-based regulation. (Note: Indicator revised since Dec 7 th , 2020 board meeting)	Shifted focus to high and moderate risk complaints as per College's goal towards risk-based regulation. Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).	% Complaints is: <div> <div>≥ 25%</div> <div>19% – 24%</div> <div>≤ 18%</div> </div>
#11 90th percentile working days to dispose Registrar's inquiries	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 Registrar's inquiries are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set at 5% improvement to 2020.	Number of days is: <div> <div>≤ 707</div> <div>708 – 883</div> <div>≥ 884</div> </div>

2021 Indicator 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. <i>(Note: Indicator revised since Dec 7th, 2020 board meeting)</i>	Shifted focus to high and moderate risk RI's as per College's goal towards risk-based regulation. Target will be set based on 2019 performance data (as 2020 performance was affected by other factors, e.g., clearance of backlogs).	% Registrar's inquiries is: <div> ≥ 36% 27% – 35% ≤ 26% </div>
#13 % HPARB complaint decisions confirmed	Indicator measures the % of HPARB (Health Professions Appeal and Review Board) reviews of ICRC complaints investigations and decisions, requested by either party, that are confirmed by HPARB.	Monitoring indicator. Target set to 2020 performance.	% Complaints is: <div> ≥ 88% 66% – 87% ≤ 65% </div>
#14 90th percentile working days to dispose uncontested Hearings	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 uncontested Hearings are disposed, with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set to 2020 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.	Number of days is : <div> ≤ 497 498 – 621 ≥ 622 </div>
#15 % Decisions for uncontested hearings issued within 60 days	Indicator measures % of written "decisions" for uncontested hearings that are issued within 60 days of the hearing, beginning from the last day of the hearing to the day the written "decision" is released to the registrant and complainant. Total number of uncontested written "decisions" issued for the quarter is shown in brackets.	Monitoring indicator. Target set to 2020 performance.	% Decisions is: <div> ≥ 80% 60% – 79% ≤ 59% </div>
#16 90th percentile working days to dispose contested Hearings	Indicator measures the maximum amount of time (in working days) in which 9 out of 10 contested Hearings are disposed (the day a written decision is released), with only 1 out of the 10 taking longer.	New CPMF reporting indicator. Target set to 2019 baseline. Monitor. No reductions expected in 2021 due to steadily increasing referrals and staffing, resource and panel constraints.	Number of days is: <div> ≤ 674 675 – 843 ≥ 844 </div>

2021 Indicator 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: <div> <div></div> ≥ 80% <div></div> 60% – 79% <div></div> ≤ 59% </div>
#18 % of Pharmacist practice assessments completed (year-end)	Indicator measures the % of the 861 planned initial community and hospital pharmacist practice assessments completed. Note the introduction of a new assessment model (separation of practice and operational assessments) in 2018 resulted in smaller specialized teams and correspondingly fewer assessments compared to prior years. Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is: <div> <div></div> 100% (861) <div></div> ≥ 75% (646 – 860) <div></div> < 75% (645 or less) </div>
#19 % of Pharmacy technician practice assessments completed (year-end)	Indicator measures the % of the 300 planned initial community and hospital pharmacy technician (voluntary) practice assessments completed. Performance flag applies to number of completed assessments at year end.	Target set to 2021 planned assessments based on resource capacity and assessment complexity.	% of assessments is: <div> <div></div> 100% (300) <div></div> ≥ 75% (225 – 299) <div></div> < 75% (224 or less) </div>
#20 <i>Risk management program: Phase One - Governance and Reporting (M)</i>	This milestone measures the implementation of a structured review and reporting process for prospective risks and the education of the Board on their role on risk oversight. <i>(Note: Nomenclature of the indicator changed from integrated risk management to risk management program since March 22nd Board meeting)</i>	Milestone set based on approved project schedule.	Milestone is: <div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>

LEGEND

(M) represents measurement against a milestone

Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

BOARD BRIEFING NOTE

MEETING DATE: MARCH 2022

FOR DECISION

X

FOR INFORMATION

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

TOPIC: 2022 College Performance Scorecard Measures

ISSUE: To evaluate and provide feedback on the targets set for the 2022 indicators on the Board monitored College 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) and Initiative/project milestones
- Engaging the Board in regular assessment of progress against objectives and outcomes
- Reporting the performance results to the public

BACKGROUND:

- At the December 2021 Board meeting, the Board reviewed and approved the 2022 key performance indicators (KPIs) and initiative/project milestones to be monitored at the Board level to track key priorities and core regulatory performance in the fiscal year.
- Following the Board meeting, historical data pertaining to the KPIs was analyzed for quarterly trends, data variations and year-over-year progress in order to forecast attainable targets for the current fiscal year.
- Targets for KPIs are derived from analysis of past performance while also taking into account the required resource allocation and constraints in order to balance the optimal achievement of the College's strategic priorities and core regulatory requirements.
- New KPIs will not have a target set for the first year to allow for collection of data and analysis of the baseline performance.
- Projects and initiatives do not have KPIs, but rather have set milestones which are based on significant achievement points on the detailed work plans, which take into account resource availability and external stakeholder schedules.
- Performance of KPIs and milestones on the scorecard are colour-coded based on the traffic light system (green, yellow and red). Each colour corresponds to a predefined range in the performance of the measure to the target.

ANALYSIS:

- Detailed descriptions of the 10 KPIs and six milestones approved for the 2022 College Performance Scorecard are available in the 2022 College Scorecard Indicator Definitions. This document provides the specific success criteria of each measure, rationale behind the target selection and the colour-coding that correspond to the individual range of the KPI/Milestone targets.
- Targets for 2022 are set using the S.M.A.R.T. (Specific, Measureable, Attainable, Realistic and Timely) principles and anticipates that past performance improvements are sustained.
- Of the 10 KPIs:
 - Three KPI targets are set for improvement compared to 2021 performance
 - Four KPI targets were unchanged from 2021
 - Baseline data will be collected on two new KPIs
 - The target for the other new KPI, Practice Policy/Guideline review, was set based on internal capacity
- Of the six milestones targets, three are targeted for completion in Q4 and one milestone will be reached in each of Q1, Q2 and Q3.

Attachments:

1. 2022 College Performance Scorecard
2. 2022 College Scorecard Indicator Definitions

RECOMMENDATION:






















That the Board review and provide feedback on the proposed targets on the 2022 College Performance Scorecard to determine if the targets and rationale provided meets the Board's expectations in order to fulfill their responsibility in performance oversight, and if so, that the Board approve the performance targets as presented or amended.

2022 College Performance Scorecard Measures

No.	Strategic Alignment			2021 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2022 YTD (year-to-date)				2022 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
Domain 1: Governance										
1		✓	✓	n/a	Impart the governance philosophy into a standardized committee orientation (M)					09/30/22
2		✓	✓	n/a	Review and amend the Board's skills inventory to improve objectivity (M)					03/31/22
Domain 2: Resources										
3			✓	-5.7%	Variance of operating annual budget to year-end actuals	Annual Report January 2023				+/- 5%
4			✓	n/a	Employee engagement (Culture subset)					≥ 64%
Domain 3: System Partner										
5	✓	✓		n/a	Publicly report on pharmacy provider experience data (M)					12/01/22
Domain 4: Information Management										
6		✓	✓	n/a	Launch of the data strategy for the organization (M)					12/31/22
Domain 5: Regulatory Policies										
7	✓		✓	82%	Rate of success of community pharmacists following Quality Assurance (QA) reassessment					≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline					≥ 75%
9	✓	✓	✓	n/a	Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)					12/31/22
Domain 6: Suitability To Practice										
10		✓	✓	27%	High and Moderate risk Complaints disposed of within 150 days					≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days					≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)					≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts					Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform					≥ 80%
Domain 7: Measurement, Reporting & Improvement										
15		✓	✓	n/a	Risk appetite determination for two core regulatory activities (M)					6/30/2022
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance					Collecting Baseline

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

2022 College Scorecard Indicator Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 <i>Impart the governance philosophy into a standardized committee orientation (M)</i>	This milestone measures the delivery of a standardized framework that imparts the governance philosophy into the committee orientation programs.	Milestone set based on timing for next board/committee year as set out in the by-laws.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#2 <i>Review and amend the Board's skill inventory to improve objectivity (M)</i>	This milestone measures the completion of the updating of the skills survey questions to improve objectivity.	Milestone set based on approved core initiative schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#3 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%  +/- 5.1% – 6.0%  +/- 6.1% or more
#4 Employee engagement (Culture subset)	Indicator measures the % of staff engagement relating to the Culture section of the employee survey. Two pulse surveys planned for 2022; one just prior to start date for new Registrar/CEO to establish benchmark, one approx. six months after start date. Reporting of results will be dependent on hire date.	Target based on a 10% improvement over 2021 Culture subset survey result	% Engagement is:  ≥ 64%  48% - 63%  ≤ 47%
#5 <i>Publicly report on pharmacy provider experience data (M)</i>	This milestone measures the completion of the posting of pharmacy provider experience indicator data to OCP public website.	Milestone set based on approved core initiative schedule.	Milestone is:  On Track  Potential Risk  Risk/Roadblock
#6 <i>Launch of the data strategy for the organization (M)</i>	Implementation of data strategy for OCP to assist teams on why, what, who and where to access data.	Milestone set based on approved project schedule.	Milestone is:  On track  Potential Risk  Risk/Roadblock
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	Indicator measures the % of community pharmacists that pass the practice re-assessment, following peer coaching	Maintain 2021 performance. New cut scores introduced in Q4 of 2020.	% success is:  ≥ 82%  61% - 81%  ≤ 60%

2022 College Scorecard Indicator Definitions

#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Indicator measures the completion rate of the review of (eight) selected practice documents by year end	Target based on the current practice environment as it relates to the policy review process and supporting resources	% completion is: <div> <div style="width: 75%;"></div> <div style="width: 60%;"></div> <div style="width: 55%;"></div> </div>
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Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#9 <i>Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)</i>	The milestone measures the completion of EDI focused data collection from registrants followed by the development of a strategic plan to be implemented in 2023 that may include training, policies and practices to facilitate EDI competencies among registrants.	Milestone set based on approved project schedule.	Milestone is: <div> <div style="width: 100%;"></div> <div style="width: 80%;"></div> <div style="width: 60%;"></div> </div>
#10 High and moderate risk complaints disposed of within 150 days.	Indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent.	Target based on a 11% improvement over 2021 performance	% Complaints is: <div> <div style="width: 30%;"></div> <div style="width: 25%;"></div> <div style="width: 20%;"></div> </div>
#11 High and moderate risk Registrar's Inquiries disposed within 365 days.	Indicator measures the % of high and moderate risk Registrar's Inquiries (RI's) (s. 75(1) (a) investigations) disposed within 365 days from date of filing to date the ICRC decision is sent.	Target based on a 7% improvement over 2021 performance	% Registrar's inquiries is: <div> <div style="width: 46%;"></div> <div style="width: 40%;"></div> <div style="width: 34%;"></div> </div>
#12 % 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.	Target carried over from 2021 as performance was not achieved	% Complaints is: <div> <div style="width: 88%;"></div> <div style="width: 76%;"></div> <div style="width: 65%;"></div> </div>
#13 Judicial review applications dismissed by the courts	This indicator measures the % of Judicial Reviews of Conduct related applications that were dismissed by the Divisional Court.	New indicator. Collecting baseline.	

2022 College Scorecard Indicator Definitions

#14 Community pharmacies entering events on AIMS platform	Indicator measures the % of community pharmacies actively recording events (incidents & near misses) on the AIMS (Assurance & Improvement in Medication Safety) platform out of the total accredited pharmacies. Performance flag applies to % active at year end.	Target set to the terms in the contractual agreement with vendor.	% of pharmacies is: <div> ≥ 80% 60% - 79% ≤ 59% </div>
#15 <i>Risk appetite determination for two core regulatory activities (m)</i>	The milestone measures the Board's determination of risk appetite statement on two core regulatory activities linked to the 2022 risk register.	Milestone set based on approved project schedule.	Milestone is: <div> On track Potential Risk Risk/Roadblock </div>
#16 Proportion of Board meeting time dedicated to oversight of College performance	Indicator measures the % of Board meeting time dedicated to oversight of College performance.	New indicator. Collecting baseline.	

LEGEND	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock

BOARD BRIEFING NOTE

MEETING DATE: MARCH 2022

FOR DECISION

FOR INFORMATION

X

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

TOPIC: Acting Registrar's Report March 2022

ISSUE: 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.

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.

BACKGROUND: Further to the January 2022 update to the Board between quarterly meetings, the Acting Registrar respectfully submits this report on the activities that have taken place since the December 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.

Covid-19 Pandemic Update

The College continues to support the profession through the pandemic. Despite the January 31, 2022 reopening, we will continue to be sensitive to the pressures and demands faced by the profession in scheduling assessment and investigation activities. We acknowledge that activities within hospital settings remain quite restricted and will remain that way most likely until admissions drop significantly.

While the presence of COVID-19 is on a downward trend in the community, and the government continues to move forward with its Reopening Ontario plan, pharmacy professionals and pharmacies continue to be engaged in the provision of vaccinations and testing, including test kit distribution. The College continues to monitor the impact of these efforts, and the accumulative contribution over the last two years, on the practice environment. We will continue to inform registrants of the resources available to them through public health and on the College website.

The College has also received information about the significant contribution that pharmacy students are making to the pandemic response regardless of where they are in their program (academic semester, rotations, co-op). As reported by the University of Waterloo, an informal poll of third year students in October 2021 showed that the cohort of 120 have given at least 50,000 COVID shots since March 2021. This example reinforces the important role of all pharmacy professionals in serving the needs of the Ontario public.

Emergency Assignment (EA) Registration Certificates

The College, in conjunction with the Ministry, has once again renewed EA certificates for an additional 60 day period (from March 22 through to May 21, 2022).

As noted above, the College continues to monitor the practice environment and is aware that demand on the pharmacy workforce continues, and like other healthcare professionals, the pharmacy workforce is affected by absenteeism and continues to struggle with burnout. The College believes that there is an ongoing benefit in maintaining access to EA registration at this time, however looking forward, as demand for pharmacy services stabilizes, we envision a gradual reduction in access to EA, starting with no new applications after May 21st, and no renewals after July 21, 2022.

Ministry/Government Activities

College staff continue to meet with representatives from the Ontario Public Drug Programs and Health Workforce and Regulatory Oversight Branches of the Ministry to discuss matters of common interest including drug preparation premises oversight, scope of practice for pharmacy professionals, pharmacy participation in the government's response to COVID-19 and Roadmap to Reopening. In addition, the College has continued to support the Ministry of Colleges and Universities in their work to revise the Pharmacy Technician Educational Outcomes for publically funded pharmacy technician programs. The College assisted with a gap analysis comparison between the existing program standards and NAPRA's Model Standards of Practice for Pharmacists and Pharmacy Technicians. This analysis will inform the next step in the Ministry's consultation process.

Point of Care Testing in Pharmacy

On May 30, 2019, the Board Chair received a [letter](#) from the Minister of Health requesting a number of expanded scope of practice changes, including authorizing pharmacy professionals to perform certain point of care tests for certain chronic conditions. To enable this expanded scope, [regulations](#) under the [Laboratory and Specimen Collection Centre Licensing Act](#) (LSCCLA) required amendments, of which the Ministry of Health has oversight. In anticipation of LSCCLA regulatory changes, the College proposed enabling amendments to General Regulation 202/94 under the *Pharmacy Act*, to allow for point of care tests, in addition to other expanded scope changes submitted to the Ministry on November 30, 2019.

Discussion with the College and Ministry of Health has continued over the last two years and on January 31, 2022 the College received a letter indicating the approval of the amendments to O. Reg. 202/94 (General) made under the *Pharmacy Act, 1991*, thus enabling pharmacist interns, pharmacy technicians, and registered pharmacy students to perform select point-of-care tests (POCT). This regulation change comes into force on July 1, 2022 and has been published in the [Ontario Gazette](#). Registrants were notified of this regulatory amendment through [e-Connect](#) on February 4, 2022.

College Performance Measurement Framework

The College is in the final stage of preparation of the 2021 College Performance Measurement Framework (CPMF) reporting tool. A briefing note is included in the Board meeting package, which will be supplemented with a discussion of the 2021 CPMF highlights and ongoing improvement efforts. The College will submit this year's CPMF report to the Ministry by March 31, 2022 and will post it online under the Performance and Accountability section of our public website, followed by additional communication to our stakeholders through our standard channels.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

HPRO Board of Directors meetings were held on December 14, 2021 and February 28, 2022. In addition to general business items, updates from the HPRO Anti-BIPOC Racism Working Group and the disclosure of information sub-group were presented, and work in each of these areas will be ongoing and continue to be discussed at future meetings.

Anne Coghlan, Executive Director and CEO of the College of Nurses (CNO) also provided a presentation to the Board on her insights following 22 years in the role of Registrar. Anne will retire from the CNO at the end of March 2022.

HPRO continues to serve as an important conduit for information sharing with the Ministry of Health and provides a platform for sharing information related to the College Performance Measurement Framework, Governance Reform and Regulatory Modernization, and Equity, Diversity and Inclusion initiatives, as well as issues related to the continued regulatory response to the pandemic.

Pharmacy Stakeholders

National Association of Pharmacy Regulatory Authorities (NAPRA)

The NAPRA Board of Directors met on January 25, 2022 and continued to review the recommendations and opportunities for improvement following a recent governance assessment. These discussions have resulted in re-examination of the value proposition for NAPRA members, considered necessary to inform future work plans and priorities. The Board also approved the proposed Principles of Professionalism document, which was a strategic priority to support restoration of a culture of professionalism within pharmacy practice. Unlike other documents published by NAPRA, this document will be used to stimulate discussion and engage pharmacy stakeholders to promote uptake of the principles across the profession. NAPRA plans to host a multi-stakeholder meeting later in 2022 to initiate this effort. The College will also consider how this work aligns with our Community Practice Environment work and the accountability principles.

NAPRA members also met on February 13, 2022 to review revisions to the proposed Cross Jurisdictional Agreement. Although discussions have progressed well and there is consensus on most aspects of the Agreement, a few issues of concern remain for some members, resulting in a delay in finalizing the Agreement. The next step, once NAPRA approves a final draft, will be for each Regulatory Authority to sign off on the agreement. It is anticipated the Agreement will be ready for Board review and approval for the next Board meeting, along with the final draft of the College's Cross Jurisdictional Policy, which is closely aligned to the National Agreement.

Pharmacy Associations

Information sharing meetings between College staff and representatives from pharmacy associations continue. On January 21st executive staff from the Ontario Pharmacy Association met with College executive staff for a regularly scheduled quarterly meeting to discuss current practice issues including the challenges of the current work environment and continued efforts to support implementation of the expanded scope of practice, including the addition of point of care testing.

Regulatory Activities

Quality Assurance Program – New Knowledge Assessment

The *Regulated Health Professions Act* requires all regulated health professions in Ontario to have a quality assurance (QA) program. As described in the legislated objects of the College, the purpose of the QA program is not only to assure the public that healthcare professionals are competent to provide patient care, but also to contribute to individual and system-wide continuous quality improvement.

As described in a recent [Pharmacy Connection](#) publication, OCP's QA program is grounded in current best practice which indicates that multiple yet complementary assessment modalities employed on different occasions in the practitioner's practice is the best approach.

A new knowledge assessment, part of the College's multi-modal approach to QA, has been adopted for pharmacists in all practice settings. Knowledge assessments are designed to ensure core current knowledge for those providing patient care. Implementation of the knowledge assessment is consistent with our right-touch, risk based approach and our current practice assessment model. It is an open-book, online, unproctored assessment that will help pharmacists either validate their knowledge or identify learning needs.

In 2022, OCP will be evaluating the knowledge assessment for all Part A pharmacists by inviting pharmacists to participate in a pilot sitting of the exam in order to gather input and inform future changes. Pharmacists who participate this year will not be randomly selected to participate in the coming four years.

Community Practice Environment (CPE) Implementation

The Community Practice Environment (CPE) implementation plan initiatives are evolving to reflect the changes in the practice environment over the past year, and to include current data from practicing pharmacy professionals. For example, the collection of Provider Experience Indicator data will inform the CPE implementation plan as it relates to key accountability principles, which will support understanding and improving the experience of pharmacy professionals. Next steps include re-engaging the Community Practice Environment Advisory Group on these initiatives.

Quality Indicators for Pharmacy

The Provider Experience Indicators were presented to the Board for information in December 2021. These indicators were established by a Working Group comprised primarily of pharmacy professionals, patients and data experts. Data collection for the Provider Experience Indicators commenced in January 2022 through the registrant annual renewal, which concluded in early March. As of March 11, there were 2,030 complete responses to the [Provider Experience Indicators Survey](#), which is a 9% response rate based on the number of registrants who have completed their annual renewal application.

The 2022 OPEN Research Summit, is being jointly hosted by the Ontario Pharmacy Evidence Network and the Centre for Practice Excellence at U of T and will include a presentation from members of our policy team about the Quality Indicators Initiative.

One of the main goals of the Quality Indicators for Pharmacy is to publicly report on indicator data. Data for the appropriateness of dispensed medications, medication-related hospital visits and transitions of care indicators has been available on the College's website since late 2020. Updated data has been obtained for these indicators for the year 2020, and will be available on the [College website](#) in March 2022.

AIMS (Assurance and Improvement in Medication Safety) Program

While awareness and engagement with AIMS and the medication safety reporting platform continues to build over previous years, the College, in collaboration with Pharmapod, developed an anonymous survey for all registrants to complete which was designed to identify barriers and opportunities to enhance engagement with the platform and reporting of medication incidents and near misses. The results will be used to make system enhancements and develop future strategies that will assist the College in supporting registrants.

As part of the College's commitment to transparency and efforts to encourage data driven quality improvement, data for the AIMS program has been available on the College's website since 2020. Updated aggregate AIMS data for 2019-2021 will be available on the [College website](#) in March 2022.

Pharmacy Appreciation Month

March is Pharmacy Appreciation Month and the College recognizes the month as another opportunity to acknowledge and extend thanks to pharmacy professionals throughout the province not just for their dedication to combatting the pandemic, but also for their resilience and their continued commitment to providing quality care to communities throughout the province. Building off of last year's message, shared by the College from the Minister of Health, this year the College will join organizations including other regulators, associations and schools in sharing important messages, principally in social media, to draw attention to the contributions of pharmacy professionals to our health system and to the safety and wellbeing of Ontarians, and to the regulation of pharmacy in Canada's most populous province.

Annual Report

In addition to the completion of the 2021 CPMF reporting tool, the College is also preparing to publish its latest annual report, which will highlight key overall accomplishments from this past year. The report will be made available to the Board in its entirety following the approval of the audited financial statements and will also be communicated to stakeholders following the Board meeting and posted online. The College will continue to evolve the approach to the annual report as the CPMF process matures over time, strengthening the alignment between these two important performance reporting mechanisms.

University of Ottawa, Doctor of Pharmacy program

Representatives from the University of Ottawa Doctor of Pharmacy francophone program report that plans for the first intake of students in fall 2023 are on target having been advised recently that the Ontario Universities Council on Quality Assurance have approved the new PharmD program. In preparation for the program opening College staff met with program representatives on February 10, 2022 to discuss registration requirements for program graduates, including language proficiency and agreed that there are opportunities for future collaboration to support delivery of College services and programs in French.

Pharmacy Safety Initiative

Over the last several months the College has become aware that the occurrence of robberies in pharmacies seems to be escalating, and in many cases the reports indicate the perpetrators are much more brazen, with more robberies occurring during the day, and often times by two or more people together.

Given this trend, the College has re-engaged with the Ontario Association of Chiefs of Police (OACP), to determine their interest and capacity to revitalize the Pharmacy Safety Initiative that the College supported in 2018. The Community Safety and Crime Prevention Committee of the OACP met on March 2, 2022 and we await the outcome of their discussions. We are hopeful they will be ready to move this work forward, and expect that, as proposed previously, the OACP will provide leadership for this initiative and the College will engage in partnership with other pharmacy stakeholders.

BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Executive Leadership Team

TOPIC: Governance Reform and Regulatory Modernization Consultation

ISSUE: Informing the Board of the College's response to the request for feedback on proposed governance reform and regulatory modernization.

PUBLIC INTEREST RATIONALE: Regular review and modernization of the legal framework that underlays the regulation and oversight of health professions is critical to ensure that regulators' structures and activities effectively evolve with societal expectations and maintain public trust. Open collaboration and engagement with the Ministry and other regulatory partners and stakeholders on regulatory frameworks is necessary to ensure the reforms are workable and ultimately result in increased confidence in professional regulation by the public.

BACKGROUND:

- Since 2017, Ontario's health regulatory colleges have expressed interest in governance reform to increase efficiency and responsiveness and align with best practices in health regulation around the globe. Our College has made submissions in support of proposed legislation that would bring about reform on several occasions, the most recent being in June 2021. (Attachment 1)
- In the fall of 2021, as part of the Government's Red Tape Reduction initiative, the government signaled their intention to consult on proposed governance reforms as well as the intention to designate colleges as public service agencies under the French Language Services Act.
- On January 26, 2022, the Ministry sought insights and feedback on reforms that the Ministry was considering for government approval through the Health Regulatory Professions of Ontario (HPRO). In addition to the previously communicated governance reforms and inclusion as a public service agency under the French Language Services Act, the consultation introduced regulatory modernization through new oversight authorities. The first of these is oversight of financial management and value for money by the Auditor General and the second relates to the Patient Ombudsman reviewing complaints and discipline decision-making processes. Additionally the Ministry proposed some registration related changes, which the Ontario Fairness Commissioner had previously noted as barriers to fair registration practices. Feedback on the proposed changes was requested by February 23rd, 2022. (Attachment 2)
- HPRO commissioned a legal review of the proposed changes and convened a meeting of members to consider the reactions of the colleges in preparation for a meeting between HPRO and Ministry representatives on February 8th, 2022 at which the colleges would have the opportunity to seek clarification on the proposed reforms. Following the meeting, HPRO submitted a letter to the Ministry in response to the request for consultation. (Attachment 3)
- The College, guided by previous decisions of the Board and insights of external counsel and the College's leadership team, submitted a letter to the Ministry on February 23rd, 2022 offering feedback on the reforms proposed and the potential impacts to the College. (Attachment 4)

ANALYSIS:

Governance Reform

The College was pleased to see that the proposed governance reforms are reflective of the Board's feedback to the earlier consultation in June 2021 and in alignment with the governance changes already implemented by the College. The College is in support of the proposed changes to the legislation. However, the College emphasized the need for regulations on committee composition to be in place to effect separation of Board and committee membership prior to enactment of the proposed reforms, and that clear expectations for transition be articulated to ensure continuity of committee and panel decision-making. Similarly, the College supports competency-based selection for both Board and Committee members but believe that the competencies used to assess Board members should be applied equally to public and professional members.

Regulatory Modernization

The proposal of three new oversight mechanisms: the Auditor General to oversee the Colleges' financial management, the proposal to have the Colleges designated as public service agencies under the French Language Services Act, and the provision to allow the Patient Ombudsman to review complaints and discipline decision-making processes was new to the College. The response from both HPRO and the College articulate our willingness to participate in enhanced streamlined oversight of the Colleges, and highlight the need for more discussion regarding the oversight mechanisms being proposed. As with HPRO, the College feels discussion is required regarding the goals of the new oversight mechanisms, and introduction of the mechanisms themselves should be held in abeyance to allow governance reform, housekeeping changes, and the CPMF to have the opportunity to achieve their desired outcomes. In its letter to the Ministry, the College provided additional feedback around the possibility of duplicative or conflicting oversight efforts that may serve to divert College resources from the core mandate work.

Registration

Most of the proposed changes to reduce barriers to registration were not new to the College, as the Ontario Fairness Commissioner has consistently expressed concern about these practices in the past, and most regulators, including the College, have addressed them under the requirements of the Fair Access to Regulated Professions legislation. The Ontario Human Rights Commission has also supported removal of Canadian work experience requirements in policy for several years, which in part, triggered the College's shift from the structured practical training program to the existing assessment of competence at entry to practice. The proposal to standardize requirements for demonstration of language proficiency is a newer concept, introduced by the Ontario Fairness Commissioner in recent consultations, and while the College supports standardization, our response noted the importance of considering the potential for inconsistency with national language proficiency requirements, which could impact the ease of labour mobility.

NEXT STEPS:

The College will monitor the issue and respond as required.

BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION **X**

FOR INFORMATION

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

TOPIC: Equity, Diversity and Inclusion (EDI) Commitment Statement

ISSUE: The first step of this initiative is the development of a Board-approved Commitment Statement that would broadly express to stakeholders the College's intent related to EDI and relevance of this work to the College's public interest mandate.

PUBLIC INTEREST RATIONALE: As a regulator and an employer, the College's policies and practices affect its staff, registrants and the public. The EDI Commitment Statement acknowledges and communicates the College's focus on EDI to promote learning and inclusive experiences of its staff, pharmacy professionals and patients to further fulfill its mandate of serving and protecting the public interest.

BACKGROUND:

- Health disparities that existed, and continue to exist, in modern society have become more apparent since the start of the COVID-19 pandemic. Systemic discrimination has resulted in health disparities amongst different groups in the Ontario healthcare system and these disparities continue to widen with the impact of the global pandemic.
- Recognizing its role as the provincial pharmacy regulator and the role that pharmacy professionals can play in addressing these disparities, the College is well positioned to help drive positive change in collaboration with the profession, to support the delivery of more equitable healthcare in our province.
- Recent research provides additional evidence that pharmacy professionals play a significant role in improving health equities among patients. It is therefore important for the College to play a role in educating, supporting and encouraging registrants to improve healthcare for marginalized groups.
- The College also recognizes that its own policies and programs, as well as its own internal practices, can be evaluated through an EDI lens with a view to eliminating potential barriers to inclusive and equitable delivery of its statutory and regulatory programs and legislated objects.
- Over the past two years the College has identified and participated in a number of opportunities to address EDI, recognizing that a more formal strategy would be required to guide the College's focus in this area. Attachment 1 provides an overview of EDI-related activities to date, as well as examples of how other Ontario health regulators have approached EDI within their respective organizations and mandates.

ANALYSIS:

Overview of the Areas of Engagement on EDI

Considering the preliminary efforts related to EDI at the College, and given the ongoing importance to address EDI within the health regulation context, it was determined there were multiple areas of engagement in which the College could focus its EDI efforts. As EDI opportunities are multifaceted and are expected to have an impact on many aspects of our role as a regulator and as an employer, the College is structuring these opportunities in three different yet inter-related streams of work:

Staff:

- As a corporation and employer, the College's internal EDI work is aimed at identifying and adopting strategies that would enhance the experiences of employees, their satisfaction and productivity.
- The College has already gathered employee data via survey and focus groups that will be used to inform its policies, practices and strategies. The training and learning opportunities on diversity and inclusion and Indigenous cultural competency for staff members continues to remain a focus to respect the original commitment supported by the Board in 2019.
- Any EDI strategy that is internally focused is also likely to have an impact on and support regulatory programs with registrants.

Regulatory Functions and Pharmacy Practice:

- The development of a comprehensive EDI strategy aligns with the Principle of Respect for Persons/Justice as defined in the [College's Code of Ethics](#). Pharmacy professionals play a role in acknowledging and addressing social determinants of health, which makes it crucial for the College to establish policies and standards to create an equitable environment for all.
- The EDI work related to regulatory functions and pharmacy practice aims at strengthening the College's regulatory approach by identifying the programs and policies that have the greatest opportunity for improvement. The work will involve engaging stakeholders in data collection to identify their expectations and barriers.
- Involvement of pharmacy professionals and patients in an advisory group will help to inform the College's strategic direction and build an implementation plan. The focus on enhancing Indigenous cultural competency of registrants would also remain a part of these broader EDI strategies.

Governance:

- The EDI strategy will also be relevant to the Board and Committees by initially offering training to enhance the general understanding of information on diversity and inclusion.
- The by-law update in June 2021 included the addition of a Board Director competency with a strong grasp of issues related to diversity and inclusion.
- The College will continue to work with the Board to identify a plan of action for integrating EDI within its own policies and processes and lead by example as the governing body for the profession.

The project plan in Attachment 2 outlines the key steps identified for moving the overall EDI work forward.

Commitment Statement

- An EDI Commitment Statement communicates the importance of EDI for the organization and the profession and, following its initial participation in EDI related activities, is one of the first formal steps being taken in the College's broader EDI journey. The statement would also clearly acknowledge the importance of all three streams of this work in the development of a comprehensive EDI strategy.
- The statement is important to communicate the role of the College as a regulator and employer in promoting an equitable environment for all. It is also important for building trust between the College, its staff and registrants and for further guiding the College's strategic actions and plans.
- Regulators across Ontario such as [CPSO](#), [College of Physiotherapists of Ontario](#) and [Registered Nurses' Association of Ontario](#) have communicated brief or extended commitment statements to publicly acknowledge their work towards promoting EDI.
- The proposed Commitment Statement can be further changed and/or enhanced to broaden its scope as further EDI strategies are developed and adopted.

RECOMMENDED COMMITMENT STATEMENT:

"The Ontario College of Pharmacists recognizes the important role we play as an employer and as a regulator that serves and protects the public interest to help build a better health system and society.

We commit to promoting equity, diversity and inclusion (EDI) with our Board and staff, in our regulatory approach and philosophy, with the profession and with pharmacy patients. We aim to enhance cultural safety and Indigenous cultural competence in an effort to minimize systemic inequities, in collaboration with registrants and stakeholders, in order to contribute to the creation of an inclusive and equitable environment for all.

As we do, we will strive to listen, reflect, learn and take actions and will continue to communicate our progress along this journey."

RECOMMENDATION:

MOTION: That the Board approve the recommended Commitment Statement, which formally and publicly acknowledges its dedication to the development of an overall EDI strategy for the College.

NEXT STEPS:

The next steps in the EDI work include publicly sharing the Commitment Statement and the development of a comprehensive communication plan to convey this commitment along with the work throughout the journey to develop the EDI strategy.

The work will progress in 2022 with data collection from registrants to identify priority areas for improving their experiences in the profession and their abilities to provide improved healthcare. Progress and updates on the work will be communicated regularly to the Board.

ATTACHMENT 1: EDI Initiatives by the College and other Regulators

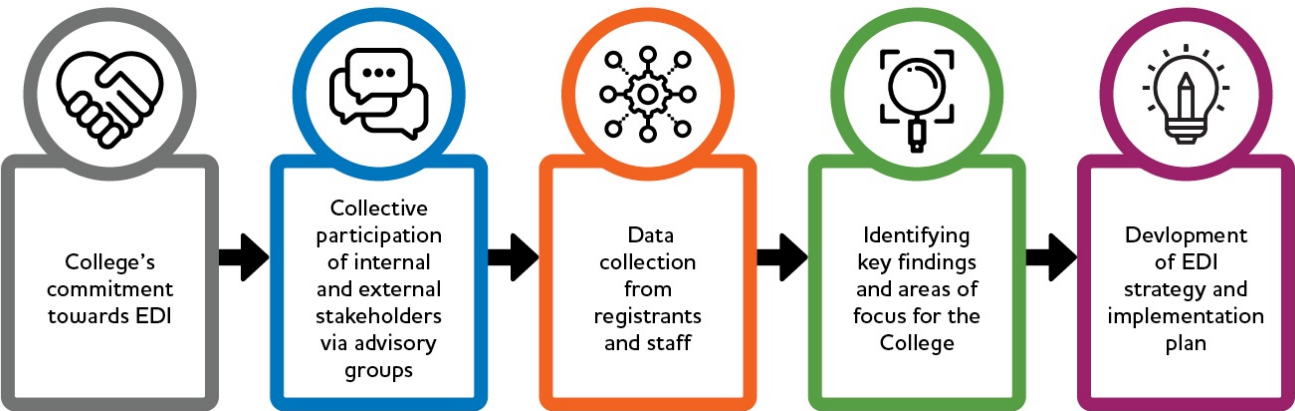
Ontario College of Pharmacists EDI Initiatives from 2019-2021

- In 2019, the Board endorsed a commitment to promote Indigenous cultural competency, following which the College has offered specialized learning materials to [staff members](#) and [registrants](#). Since then, the College has supported internal staff growth in building awareness of anti-Indigenous discrimination and the experiences faced by Indigenous peoples throughout Canada, often shared by Indigenous speakers. Just as the Board adopted the use of land acknowledgements at the start of every Board meeting, College staff are encouraged to adopt the use of [personalized land acknowledgements](#) during meetings with internal and external stakeholders as a part of their journey towards Truth and Reconciliation.
- The College and the Board have previously recognized the need to address anti-BIPOC racism and discrimination of all forms.
- Unconscious Bias and D&I Fundamental training opportunities have been provided to the Board and staff members, respectively.
- The College's participation in HPRO's (Health Profession Regulators of Ontario) working group on anti-BIPOC racism has further informed its focus, relevance and significance of this work as a health regulator. The College continues to contribute to the HPRO group in the development of common solutions that can be adopted by regulators throughout the province.
- In 2021, the College invested in establishing dedicated resources with expertise and focus on EDI to guide the advancement of EDI related activities, and an overall strategy, at the College.

Ontario Health Regulatory Colleges & EDI Initiatives - Examples

- More than half of healthcare regulators in Ontario including the College of Physicians and Surgeons of Ontario ([CPSO](#)), the College of Psychologists ([CPO](#)), and the Ontario College of Social Workers and Social Service Workers ([OCSWSSW](#)) have integrated EDI as a strategic focus. These Colleges have invested in initiatives and priorities aimed at advancing EDI within their mandates and have broadly expressed their commitment with registrants, stakeholders and the public.
- A key focus for regulators remains on collecting data and insights from registrants and the public to ultimately help identify and address experiences such as discrimination, regulatory barriers and health inequities. The increasing focus on registrant and public informed strategic decision making establishes it as an important area of interest among regulators.
- Some regulators have adopted the following EDI initiatives:
 - Provision of training to staff members, Board and Committee appointees and registrants.
 - Defining EDI as a core competency of their registrants.
 - Leveraging multiple channels for communicating their EDI work and progress to registrants, public, and other stakeholders.

ATTACHMENT 2: OVERVIEW OF THE PROJECT PLAN



BOARD BRIEFING NOTE

MEETING DATE: MARCH 2022

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: 2022 Screening Committee

ISSUE: Appointment of the Screening Committee to screen for competence of individuals seeking to run for election to the Board and appointment to Committees for the 2022 - 2023 Board year.

PUBLIC INTEREST RATIONALE: Governance best practice supports competency-based selection and appointment of Board and Committee participants. Ensuring there are robust and transparent governance practices setting out the process for screening candidates, including external unbiased individuals versed in governance principles, provides protection against perceived bias.

BACKGROUND: Annually in advance of the Board election cycle, the Board appoints a Screening Committee to undertake the process of screening applicants for competency prior to running for election to the Board and being appointed to College Committees. As per the by-laws, the Committee is comprised of a mix of Board Directors – both public and elected, and two Lay Committee Appointees with an understanding of regulatory governance.

The composition of the Screening Committees set out in By-Law No. 6b below.

Composition of the Screening Committee

The Screening Committee shall be composed of:

- Chair of the Governance Committee;
- Two (2) additional Directors, one or more of whom shall be a Public Director; and
- Two (2) or more Lay Committee Appointees.

ANALYSIS:

To provide continuity during these formative years with the new governance structure, the Lay Committee Appointees appointed in 2020 and 2021 are recommended for reappointment.

To minimize the potential for conflict of interest, elected Directors whose terms are expiring, and are both eligible and intending to run for election in 2022 are excluded from appointment to the Screening Committee. Likewise, aside from the cross-appointment of the Chair of the Governance Committee as provided in by-law section 9.23, appointees to the Governance Committee are not recommended.

RECOMMENDATION:

That the Board approve the appointments of the Screening Committee as follows:

- Governance Committee Chair – David Breukelman
- One Public Director – Gene Szabo
- One Elected Director – Tracey Phillips
- Lay Committee Appointee – David Collie, President and CEO, The Electrical Safety Authority
- Lay Committee Appointee – Megan Sloan, Project Coordinator of the Children's Hospital of Eastern Ontario (CHEO) & former President of the College of Nurses of Ontario.

BOARD BRIEFING NOTE

MEETING DATE: MARCH 2022

FOR DECISION	FOR INFORMATION	X
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INITIATED BY:	Susan James, Acting Registrar & Director, Quality
TOPIC:	Consultation on the new National Association of Pharmacy Regulatory Authorities (NAPRA) <i>Model Standards of Practice (MSOPs) for Pharmacists and Pharmacy Technicians in Canada (2022)</i>
ISSUE:	The Model Standards of Practice serve as the foundational platform for pharmacy professionals to provide safe, appropriate and ethical pharmacy care to patients in Ontario. Drawing on the significance of these standards and implications on the delivery of patient-centered pharmacy care in Ontario, the College is planning a broad public consultation to help inform the decision to adopt or adapt the revised MSOPs.

PUBLIC INTEREST RATIONALE: Setting standards for pharmacy practice is a core regulatory function of the College. Standards help to define a consistent approach that a member of the public can anticipate when receiving pharmacy care in any pharmacy setting in Ontario. Therefore, in the interest of patient safety and optimizing patient care, it is paramount that the standards truly reflect, and protect, the public's interest and expectations related to the quality of pharmacy care that is delivered across Ontario. In addition to providing guidance to the profession, standards serve as a benchmark against which the conduct of the individual pharmacist is evaluated.

BACKGROUND: The NAPRA Model Standards of Practice outline the minimum standards that all registered pharmacists and pharmacy technicians must demonstrate in practice. Regardless of a practitioner's position or practice environment, when a pharmacist or pharmacy technician performs a specific role, they must perform it to the level specified in the Standards of Practice and meet all of the standards associated with that role.

The current MSOPs, were adopted by the College more than a decade ago and continue to govern the practice of pharmacy in Ontario. These MSOPs are two separate and distinct documents, developed at different times, one for each profession:

- [Model Standards of Practice for Canadian Pharmacists](#) (March 2009)
- [Model Standards of Practice for Canadian Pharmacy Technicians](#) (November 2011)

In September 2019, NAPRA began work on revising the MSOPs for Pharmacists and Pharmacy Technicians with the intention to modernize both documents. Given the significant change in practice since publication of the existing standards, a robust review process ensued, facilitated by an external consultant, involving a working group consisting of 7 PRA representatives (including OCP), 2 practicing pharmacists and 2 practicing pharmacy technicians.

As part of the development process, registrars and working group members provided direction and support for a new approach for the revised MSOPs, with a goal to create a single document for the profession. In addition, an environmental scan was completed, including review of current MSOPs used in Canada and other countries with similar scope, along with a gap analysis with current documents and identification of opportunities for improvement. The comprehensive review further

supported a new approach and framework for the MSOPs, resulting in one document articulating the standards for pharmacists and pharmacy technicians.

An overview of the changes resulting from the revised approach include:

- removal of the prescriptiveness of the current MSOP documents to enable professional judgment by pharmacy professionals and focus on an outcomes-based approach,
- re-organization of the current MSOP documents into a modernized domain-based framework
- highlighting and separating indicators to provide greater context about the differences in expectations for each profession, particularly in the patient care domain
- standardization of terminology such as the use of the term 'patient'

At the November 2021 NAPRA Board of Directors meeting the revised MSOPs for Pharmacists and Pharmacy Technicians (Attachment 1) were approved.

CONSULTATION APPROACH:

As with all NAPRA documents, these standards of practice serve as a model, which can be adopted or adapted for implementation, as seen fit by the pharmacy regulatory authority (PRA) in each province or territory, based on the needs in that jurisdiction. It is important to note that the College has the ability to supplement guidance to the profession through the use of policies and guidelines for any specific area that requires additional detail or clarification.

College staff are in the process of finalizing a consultation approach for the MSOPs that is aligned with the College's consultation principles. As part of the process, a thorough review will be undertaken to compare the current MSOP documents with the revised MSOPs to identify any changes or opportunities that require attention through an alternative mechanism. This review will also help inform the future decision about adopting or adapting the new MSOPs.

As part of our commitment to accountability and transparency, College staff are planning an active and broad public consultation to ensure the standards are aligned and reflective of current practice. The extensive change to the framework of the MSOP resulting in a single document representing joint standards vs individual standards for each profession is a significant change for consideration. Additionally, the current strain on the pharmacy environment as a result of the pandemic, coupled with registrant burnout is another variable the College is cognizant of while preparing the consultation. As a result of these additional factors, a longer consultation period is planned to enable stakeholders the opportunity to provide their input and feedback.

NEXT STEPS:

The NAPRA *Model Standards of Practice for Pharmacists and Pharmacy Technicians* (2022) will be posted on the College's consultation page and shared through standard communication channels throughout the consultation period. Additionally, active outreach will occur with various association groups, corporate stakeholders and public members. A consultation report, including a summary of feedback, recommended action and implementation plan will be presented to the Board for consideration later this year.

Attachment 1



National Association of Pharmacy Regulatory Authorities[®]
Association nationale des organismes de réglementation de la pharmacie

Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada



Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada

Approved by the National Association of Pharmacy Regulatory Authorities' (NAPRA) Board of Directors November 2021, published February 2022.

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Introduction

Pharmacy professionals include pharmacists and pharmacy technicians. Together, they play a critical role in the Canadian healthcare system.

Pharmacists collaborate with patients, their caregivers, and other health professionals to provide safe, appropriate, and ethical pharmacy care that benefits the health of the Canadian population. While there may be slight differences in the pharmacist scope of practice in each province and territory, the core role of the pharmacist is the same across Canada. Pharmacists use their medication expertise to provide care that promotes the optimal use of medications to achieve the patient's overall health goals. Examples of the care provided by pharmacists include completing clinical/therapeutic assessments; preparing individualized care plans; prescribing new medications; making changes to existing therapy; dispensing, administering, and compounding drug preparations; and providing general advice and education.

Pharmacy technicians also play a vital role in pharmacy care. While their scope of practice may vary slightly by jurisdiction, their core role is to provide the technical aspects of pharmacy services to support optimal pharmacy care for patients. Examples of the types of activities performed by pharmacy technicians include verifying the technical aspects of new and refill prescriptions, compounding drug preparations, gathering information, teaching patients how to use medical devices, completing documentation, completing medication histories, and performing other tasks to support pharmacists, such as preparing and/or administering injections.

Educators, pharmacy regulators, pharmacy professionals, and the public all benefit from a common understanding of professional practice standards, which articulate what can be expected of a pharmacy professional. To this end, the National Association of Pharmacy Regulatory Authorities (NAPRA) has developed model standards of practice for pharmacy professionals (MSOPs) that can be applied in all settings across Canada. As with all NAPRA documents, these standards of practice serve as a model, which the pharmacy regulatory authority (PRA) in each province or territory can adopt or adapt for implementation as they see fit, based on the needs in that jurisdiction. No matter how each jurisdiction chooses to use the MSOPs, having a common national document helps to harmonize the standard of pharmacy care across Canada to ensure patients receive quality pharmacy care regardless of their location.



Format of the document

Content organization

The model standards of practice are organized as follows:

- Foundations of practice – these underlie every activity of a pharmacy professional
- Domains – categories of activities
- Standards – statements of the minimum expectations for performance of activities
- Indicators – several examples for each standard are provided as indicators of what a person would expect to see if the standard is being met

These standards use the term *patient* or *patients* to refer to those with whom the pharmacy professional interacts. Throughout the document, this term applies equally to a patient's legally recognized representatives or decision-makers.

Foundations of practice

The foundations of the practice of pharmacy are the themes that underlie all aspects of pharmacy practice. Pharmacy professionals are expected to apply these concepts in all their day-to-day activities.

Patient-centred care

The needs of the individual or group seeking health care are the priority of all pharmacy professional activities. This means that in every aspect of the provision of pharmacy care, patients are shared decision-makers, and pharmacy professionals consider the overall needs and expectations of patients, respect their personal health goals, and treat patients with respect and dignity.

Continuous quality improvement

Pharmacy professionals are committed to continuous and ongoing efforts to achieve measurable improvements in safety, efficiency, effectiveness, performance, and patient outcomes in all aspects of their practice. All activities undertaken by a pharmacy professional are subject to ongoing analysis for the purpose of identifying risks and planning and implementing improvements to ensure that the professional provides the best care possible. Further details can be found in the *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* on the NAPRA website.

Format of the document

Domains

Pharmacy professional practice standards can be grouped together by category, based on the knowledge that they require or the activities themselves. In this document, these groupings are called domains. There are five domains that provide an organizational framework for the standards, and this structure may help readers to locate the standards for which they are looking.

Providing care

Pharmacy professionals partner with the patient to provide safe and appropriate care that meets the patient's unique needs, goals and preferences.



Knowledge and expertise

Pharmacy professionals keep their knowledge and skills up to date and provide quality care based on best available evidence and the application of professional judgment.



Communication and collaboration

Pharmacy professionals demonstrate sensitivity, respect, empathy, and inclusion, and ensure effective communication and collaboration with patients, the pharmacy team, other health professionals, and other stakeholders.



Leadership and stewardship

Pharmacy professionals demonstrate leadership in accordance with their particular role, by taking responsibility for their actions, providing appropriate support to colleagues, being accountable to the regulatory authority, and acting as role models. Pharmacy professionals also have a duty to preserve and support community and population health and the overall healthcare system in Canada.



Professionalism

Pharmacy professionals work with patients to prioritize their needs and earn the trust of the public through their actions, regardless of practice setting. For pharmacy professionals, there is an expectation that professionalism permeates all of their day-to-day activities and that they will strive to continually align their individual practice with the principles of professionalism for the profession of pharmacy.¹ Over and above this, there are specific standards that must be met to preserve professionalism.



¹ At the time of the publication of this document, NAPRA was leading work to develop principles of professionalism for the profession of pharmacy. This document is expected to be published on the NAPRA website once complete. Readers are referred to this document for a more in-depth discussion of professionalism and the expectations surrounding it.

Format of the document

Standards

Standards for pharmacy professionals describe the minimum expectations for the delivery of quality pharmacy care. The standards are set by considering the best interest of patients and the public in the context of what pharmacy professionals are trained and able to do. Information on what pharmacy professionals are trained and able to do can be found in the *Professional Competencies for Canadian Pharmacists at Entry to Practice* and *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* documents on the NAPRA website.

While compliance with the standards is mandatory for those performing the activities the standards address, not all pharmacy professionals will perform all activities. Individuals may engage in different elements of practice depending on their own competencies, their practice environment, the nature of their practice, and their authorized scope of practice. Whenever an activity is performed by a pharmacy professional, it must be performed to the level set out in the standard. If the pharmacy professional delegates or assigns the activity to another individual such as a pharmacy assistant, the pharmacy professional must ensure appropriate supervision in accordance with regulatory requirements and remains responsible for ensuring that the activity is performed to the level set out in the standard.

Once the standards are implemented in a particular jurisdiction, compliance with them is mandatory. However, the standards are only one component of an overarching framework that governs the practice of pharmacy professionals. Additionally, pharmacy professionals are subject to laws, regulations, codes of ethics, and other rules that apply to their practice and to the operation of pharmacies. It is the duty of every pharmacy professional to be aware of their responsibilities. Readers can find more information about such additional responsibilities on the website of the pharmacy regulatory authority of each jurisdiction.



Format of the document

Indicators

Each standard includes indicators of what one would expect to see when the standard has been met. It is important to note that the indicators do not address every situation; pharmacy professionals may use the information and examples provided in this document to support their own professional judgment in decision-making in all situations.

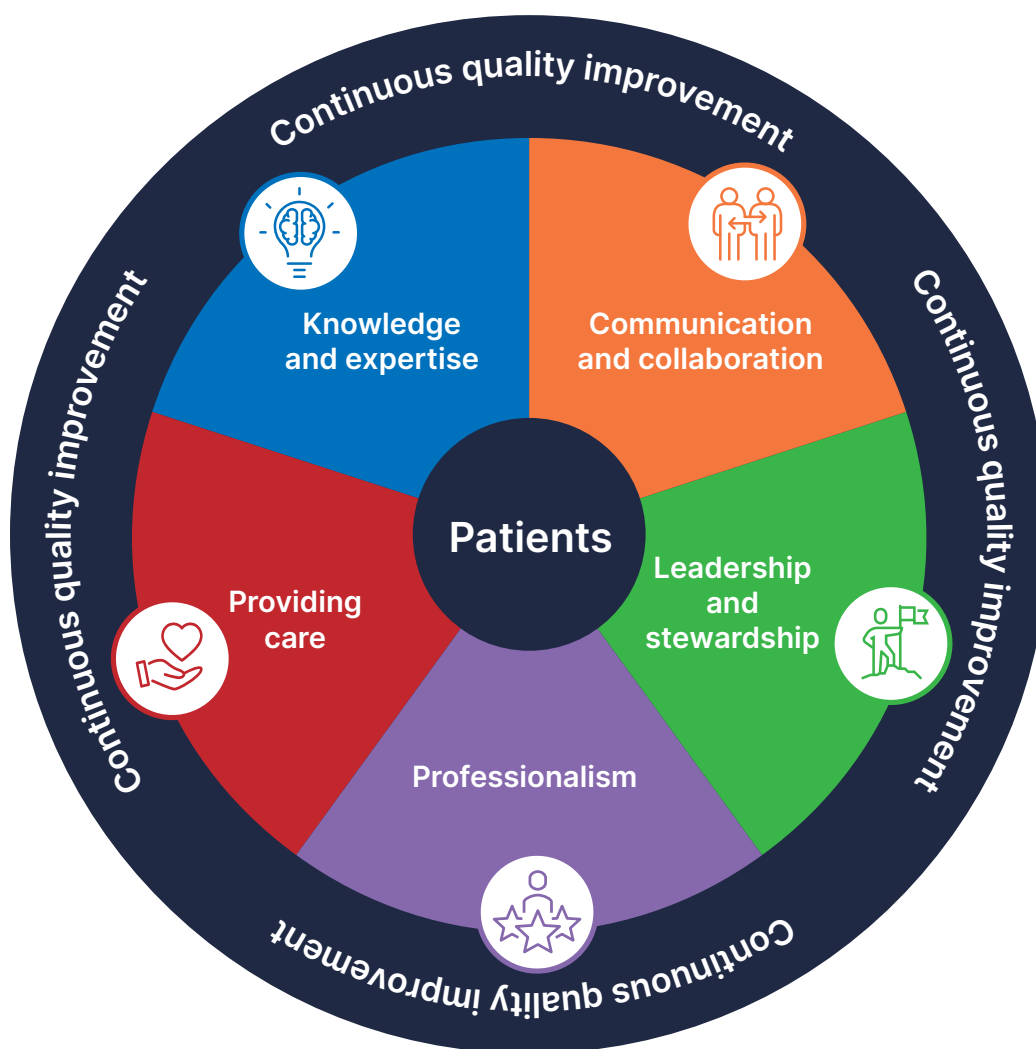
When the expected behaviour for pharmacists and pharmacy technicians is generally the same for both professions, the indicator is listed once under *pharmacy professionals*, indicating that it applies to both professions. However, the indicators must always be read within the context of the scope of practice of each profession.

When the expected behaviours are significantly different for pharmacy technicians versus pharmacists or when a behaviour is expected of only one or the other profession, the indicators have been separated into those for pharmacists and those for pharmacy technicians. It is important to note that the indicators listed for pharmacy technicians are technically also within the scope of practice of pharmacists but are written to be specific to the role of the pharmacy technician. The corresponding indicator for pharmacists includes broader expectations.

The standards and indicators are grouped together for ease of reading but are not listed in any specific order of priority, hierarchy, workflow, or sequence.

Format of the document

The following diagram illustrates the foundations and domains of pharmacy professional practice.



Glossary

Circle of care²

The group of health professionals and patient caregivers who require information to ensure that the patient receives optimal care.

Evidence-based information

Information that is based on patient-centred research from credible and unbiased sources that is applicable to the particular problem or situation being considered.

Evidence-informed³

The ongoing process that incorporates best available evidence from research findings, clinical expertise, patient preferences, and other available resources to inform decisions that are made about patients.

Medication therapy needs^{4,5}

Those health needs of a patient that have some relationship to medication therapy and for which the pharmacist is able to offer professional assistance. A medication therapy need includes the following circumstances in relation to a patient:

- Untreated condition: Requiring a drug but not receiving it
- Drug selection: Taking or receiving the wrong drug
- Sub-therapeutic dosage: Taking or receiving too little of the right drug
- Overdosage: Taking or receiving too much of the right drug
- Non-adherence: Failing to take or receive a drug, or taking or receiving a drug inappropriately
- Adverse reaction: Experiencing an adverse reaction to a drug
- Drug interaction: Experiencing a drug interaction including drug–drug, drug–food, drug–laboratory test, drug–disease, or drug–blood product
- No indication: Taking or receiving a drug for no medically valid indication or substance abuse

(Similar terms: drug therapy problem; drug-related problem)

Patient

The person receiving pharmacy care. For the purpose of this document, the term *patient* applies equally to a patient's legally recognized representatives or decision-makers.

Pharmacy professional

A person authorized to practise as a pharmacist or pharmacy technician by the pharmacy regulatory authority in one of the provinces or territories of Canada.

2 Definition derived from the report of the Virtual Care Task Force of the Canadian Medical Association, College of Family Physicians of Canada, and Royal College of Physicians and Surgeons of Canada (Virtual Care Task Force 2020).

3 Definition derived from a Canadian Nurses Association position statement (Canadian Nurses Association 2018).

4 Definition derived from *Pharmaceutical care practice: the patient-centered approach to medication management* (Cipolle et al. 2012).

5 List of circumstances derived from Alberta's *Standards of practice for pharmacists and pharmacy technicians* (Alberta College of Pharmacy 2020).

Glossary

Prescription⁶

An order given by an authorized prescriber directing that a stated amount of any drug, mixture of drugs, device, or other treatment specified therein be dispensed for the patient named in the order. (Also known as *order* or *medical order* in certain settings.)

Professional boundaries⁷

Limits that define the parameters of a safe and effective professional relationship between pharmacy professionals and patients.

Therapeutic knowledge

Knowledge required for the evaluation, selection, utilization, and monitoring of medication therapy and the provision of advice, education, and/or recommendations related to medication therapy that is:

- applied to the management of a particular patient's health and wellness, including disease states and symptoms; and/or
- applied to the identification, management, and/or resolution of medication therapy needs and other health needs for a particular patient.

Therapy

For the purpose of this document, the term *therapy* refers to both treatments and preventative therapies and includes prescription, non-prescription, and non-pharmacological therapies.



⁶ Definition derived from the *Food and Drug Regulations* (Minister of Justice).

⁷ Definition derived from the *Therapeutic relationships resource guide for Alberta physiotherapists* (Physiotherapy Alberta 2017) and the *CPSO – glossary of terms* (College of Physicians and Surgeons of Ontario n.d.).

Domain 1: **Providing care**



Pharmacy professionals partner with the patient to provide safe and appropriate care that meets the patient's unique needs, goals, and preferences.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



Domain 1: Providing care

1.1 Pharmacy professionals continuously assess the patient's unique needs, goals, and preferences related to health and well-being.

Pharmacy professionals

- 1.1.1 Gather all relevant information pertaining to a patient's health to inform the pharmacist's assessment of the appropriateness of care.
- 1.1.2 Complete best possible medication histories to support the decision-making of the pharmacy professional, the patient, and other health professionals upon request.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



Domain 1: Providing care

1.1 Pharmacy professionals continuously assess the patient's unique needs, goals, and preferences related to health and well-being. (cont'd)

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

- 1.1.3a Review the information in all of the patient's available health records when requested, to inform the pharmacist's assessment.
- 1.1.4a Identify the potential for inappropriate use of medications and other substances based on the patient's dispensed medication history to inform the pharmacist's assessment.
- 1.1.5a Respect the patient's health goals, taking into consideration their knowledge of their condition, any relevant cultural, social, or religious factors, and their preferred course of treatment.
- 1.1.6a Gather and document the results of relevant laboratory, point-of-care, and diagnostic tests and other clinical assessments in the patient profile to inform the pharmacist's assessment.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

- 1.1.3b Review the information in all of the patient's available health records when required to optimize care.
- 1.1.4b Determine whether the patient is using medications or other substances appropriately.
- 1.1.5b Identify and respect the patient's health goals, taking into consideration their knowledge of their condition, any relevant cultural, social, or religious factors, and their preferred course of treatment.
- 1.1.6b Order and/or interpret relevant laboratory, point-of-care, and diagnostic tests and other clinical assessments when required to optimize management of medication therapy.
- 1.1.7 Seek out clinical, evidence-based information, including guidelines or protocols, relevant to the patient's circumstances.
- 1.1.8 Assess the patient's health status and unique circumstances, including an assessment of the appropriateness of therapy, to determine and prioritize the patient's medication therapy needs and other health needs.



Domain 1: Providing care

1.2 In collaboration with the patient and their circle of care, pharmacy professionals use their professional judgment to make evidence-informed decisions that are based on the patient's unique needs, goals, and preferences.

Pharmacy professionals

- 1.2.1 Assess and reconcile all available information to form a professional judgment, including when there is divergent, conflicting, or insufficient information.
- 1.2.2 Accept and support the patient's right to make informed, autonomous decisions.
- 1.2.3 Seek to involve the patient, the patient's primary healthcare provider, the original prescriber, or anyone else in the circle of care, when it would improve the quality and safety of care.

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

- 1.2.4a Assist patients with selection of the most appropriate product when a diagnostic or monitoring test has been recommended by the pharmacist or other health professional and provide training on how to use the product.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

- 1.2.4b Determine whether testing and therapy are appropriate for the patient, including non-pharmacological therapy, prescription therapy, non-prescription therapy, and diagnostic and monitoring tests.
- 1.2.5 Use professional judgment to determine whether additional therapy or changes to therapy are required to address the patient's medication therapy needs and other health needs, and improve safety, efficacy, or adherence.
- 1.2.6 Work with the patient to develop a care plan to address their medication therapy needs and other health needs.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



1.3 Pharmacy professionals provide care and services that promote optimal outcomes that meet the patient's unique needs, goals, and preferences.

Pharmacy professionals

- 1.3.1 Supervise or perform the preparation of prescriptions, including computer processing, medication selection, counting, measuring, packaging, and labelling, to ensure the accuracy of dispensed prescriptions.
- 1.3.2 Adhere to supplemental standards of practice⁸ and other requirements when compounding medications to meet the patient's unique medication therapy needs.
- 1.3.3 Verify the technical aspects of prescriptions to ensure the authenticity, legality, integrity, and accuracy of dispensed prescriptions.
- 1.3.4 Release prescriptions to patients only after verifying the patient's identity and ensuring that the technical and clinical verifications and all required consultations have been completed to ensure that the right patient receives the right prescriptions and the right information.
- 1.3.5 Recommend care by another pharmacy professional, another health professional, or other services in the community when the patient requires care or services beyond what the pharmacy professional is competent or permitted to provide or where the individual might otherwise benefit from such a recommendation.
- 1.3.6 Respond appropriately to emergency medical situations in accordance with their training and environment.
- 1.3.7 Report uncommon or serious adverse drug reactions to the Canadian Adverse Drug Reaction Monitoring Program (CADRMP)⁹ and apply learnings about adverse drug reactions to improve care.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

⁸ Examples of supplemental standards of practice are the NAPRA *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations*, *Model Standards for Pharmacy Compounding of Non-sterile Preparations*, and *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*, or the compounding standards of practice in place in the pharmacy professional's jurisdiction.

⁹ Additional information can be found on the CADRMP section of Health Canada's website.



1.3 Pharmacy professionals provide care and services that promote optimal outcomes that meet the patient's unique needs, goals, and preferences. (cont'd)

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

- 1.3.8a Safely and effectively administer medications in a suitable environment, once the pharmacist has confirmed that it is appropriate to do so.
- 1.3.9a Safely and effectively perform point-of-care tests in a suitable environment, once the pharmacist has confirmed that it is appropriate to do so.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

- 1.3.8b Determine whether it is appropriate to administer a medication to a patient, and administer the medication safely and effectively in a suitable environment.
- 1.3.9b Determine whether it is appropriate to perform a point-of-care test for a patient, and perform the test safely and effectively in a suitable environment.
- 1.3.10 Ensure that prescriptions are therapeutically and clinically appropriate for the unique needs, goals, and preferences of the patient before release.
- 1.3.11 Appropriately modify, adapt, or extend existing medication therapy or prescribe new medications when required to ensure optimal medication therapy, or make such recommendations to another health professional when not authorized to do so independently.
- 1.3.12 Safely deprescribe or discontinue medication therapy when required to ensure optimal medication therapy, or make such recommendations to another health professional when not authorized to do so independently.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



1.3 Pharmacy professionals provide care and services that promote optimal outcomes that meet the patient's unique needs, goals, and preferences. (cont'd)

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

1.3.13a Assist the pharmacist in documenting and sharing information about changes in medication therapy with other health professionals.

1.3.14a Provide information that does not require clinical assessment, clinical analysis, or application of therapeutic knowledge and refer the patient to the pharmacist or another health professional in other instances.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

1.3.13b Communicate changes in medication therapy to the patient, their primary healthcare provider, the prescriber, and others in the circle of care when appropriate.

1.3.14b Provide appropriate and evidence-informed advice and information that is tailored to the patient's individual health needs regarding appropriate therapy and general health and wellness.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



1.4 Pharmacy professionals monitor patients and follow up with them to ensure that therapy continues to be optimal.

Pharmacy professionals

- 1.4.1 Follow up with patients they have referred to other services when possible and when it is in the patient's best interest.

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

- 1.4.2a Review the patient's dispensing history at each encounter and bring forward concerns about inappropriate use to inform the pharmacist's assessment.
- 1.4.3a Gather and document the results of relevant monitoring parameters in the patient profile to inform the pharmacist's assessment.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

- 1.4.2b Reassess the patient and their unique circumstances on an ongoing basis.
- 1.4.3b Determine and review monitoring parameters to support a patient's ongoing medication therapy.
- 1.4.4 Modify or suggest modifications to medication therapy when changes are indicated based on the patient's monitoring results, response to therapy, individualized follow-up plan, and overall health goals.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

Domain 2:

Knowledge and expertise



Pharmacy professionals keep their knowledge and skills up to date and provide quality care based on best available evidence and the application of professional judgment.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



Domain 2: Knowledge and expertise

2.1 Pharmacy professionals develop and maintain their professional knowledge and skills and practise within their own scope of practice and competence.

Pharmacy professionals

- 2.1.1 Facilitate continuity of care by referring patients or ensuring they receive care from another pharmacy professional, another health professional, or another service when the patient's needs fall outside of their personal level of competence or scope of practice.
- 2.1.2 Ensure optimal use of healthcare resources by providing care that falls within their personal level of competence and scope of practice to avoid unnecessary referrals.
- 2.1.3 Engage in regular self-assessment to inform the development and maintenance of a lifelong learning plan and seek out opportunities to continuously improve their personal practice and maintain up-to-date knowledge and skills.
- 2.1.4 Maintain training and practise the skills required to provide care in emergency situations that might arise within their practice.

2.2 Pharmacy professionals incorporate evidence-informed practice in all aspects of professional care.

Pharmacy professionals

- 2.2.1 Critically analyze information to ensure best available evidence is used to make all decisions or recommendations.
- 2.2.2 Use professional judgment to apply evidence-based information to each patient's unique circumstances and goals, to provide optimal, evidence-informed care.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

Domain 3:

Communication and collaboration



Pharmacy professionals demonstrate sensitivity, respect, empathy, and inclusion, and ensure effective communication and collaboration with patients, the pharmacy team, other health professionals, and other stakeholders.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



3.1 Pharmacy professionals communicate effectively.

Pharmacy professionals

- 3.1.1 Present medication and related information in a way that the intended recipient understands (e.g., using visuals or demonstrations, as required).
- 3.1.2 Demonstrate sensitivity, respect, empathy, and inclusion in all communications and interactions.
- 3.1.3 Manage conflict respectfully and collaboratively.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



3.2 Pharmacy professionals work in partnership with patients.

Pharmacy professionals

- 3.2.1 Develop and maintain an effective professional relationship with each patient, regardless of the model used to deliver care (in person, virtual, etc.).
- 3.2.2 Recognize and support the right of patients to have health beliefs and practices different from their own.
- 3.2.3 Facilitate or coordinate an effective transition of care when it is deemed necessary and appropriate to terminate a patient relationship.

Pharmacy technicians

These indicators are also within the scope of pharmacists, but they are written to be specific to the role of the pharmacy technician.

- 3.2.4a Assist patients to make informed choices and provide informed consent regarding selection of the most appropriate product when a diagnostic or monitoring test has been recommended by the pharmacist or other health professional, by identifying the options and explaining the benefits and risks of each option.
- 3.2.5a Ensure that patients are provided the opportunity to discuss their health condition, care plan, therapy, and required monitoring with the pharmacist.

Pharmacists

These indicators are expected of pharmacists only and are not within the scope of practice of pharmacy technicians.

- 3.2.4b Advise and assist patients to make informed choices and provide informed consent, by identifying the available options for testing and therapy and explaining the benefits and risks of each option.
- 3.2.5b Confirm that the patient understands their health condition, care plan, therapy, and required monitoring and provide additional information or referrals when required.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



3.3 Pharmacy professionals work in partnership with pharmacy colleagues, other health professionals, and other stakeholders.

Pharmacy professionals

- 3.3.1 Communicate information to other pharmacy professionals, other health professionals, members of the public, and other stakeholders clearly and objectively.
- 3.3.2 Collaborate to ensure appropriate use of healthcare resources and leverage the expertise and availability of other pharmacy professionals and other health professionals.
- 3.3.3 Establish and maintain professional relationships with other pharmacy professionals and other health professionals to support collaborative care and continuity of care.
- 3.3.4 Accurately and securely transfer care, including prescriptions, to other pharmacy professionals when requested by the patient or when the pharmacy cannot provide the required care.
- 3.3.5 Appropriately refer, delegate, or assign or accept referrals, delegation, or assignment of tasks in accordance with the relevant laws, regulations, practice environment, policies, and other guidelines.

3.4 Pharmacy professionals document care, actions, and decisions to enable collaboration and continuity of care.

Pharmacy professionals

- 3.4.1 Document in a timely and effective fashion, using recognized formats that are easily understood by pharmacy professionals and other health professionals, including:
 - a) decisions/recommendations and rationale
 - b) interactions with, and care provided to, patients
 - c) interactions with other health professionals

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



3.5 Pharmacy professionals maintain appropriate records to enable collaboration and continuity of care.

Pharmacy professionals

- 3.5.1 Ensure that records of care, actions, and decisions are documented in the patient record and indicate the pharmacy professionals involved, the nature of the care/action/decision, the evidence-informed rationale, the time and date, and the location, where appropriate.
- 3.5.2 Maintain a unique record for each patient to whom care is provided, including patient characteristics, health history, health status, care plans, monitoring parameters, and products, care, and services provided.
- 3.5.3 Update or provide information for the patient's health records as required to facilitate continuity of care.
- 3.5.4 Maintain other pharmacy records as required to ensure safe and quality care (inventory, medication incidents/near misses, etc.).
- 3.5.5 Ensure all pharmacy records are accurate, legible, complete, easily accessible, and maintained for the appropriate length of time.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

Domain 4:

Leadership and stewardship



Pharmacy professionals demonstrate leadership in accordance with their particular role, by taking responsibility for their actions, providing appropriate support to colleagues, being accountable to the regulatory authority, and acting as role models. Pharmacy professionals also have a duty to preserve and support community and population health and the overall healthcare system in Canada.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



Domain 4: Leadership and stewardship

4.1 Pharmacy professionals support colleagues and students and provide appropriate oversight, supervision, and leadership.

Pharmacy professionals

- 4.1.1 Contribute to and support opportunities for learning and improvement.
- 4.1.2 Supervise, monitor performance, and contribute to the performance assessments of others where appropriate.
- 4.1.3 Ensure individuals to whom they assign tasks are appropriately trained and supervised.
- 4.1.4 Accept responsibility for the safety and quality of care and services provided by themselves and those they supervise or to whom they have delegated or assigned activities.

4.2 Pharmacy professionals contribute to public and community health and safety.

Pharmacy professionals

- 4.2.1 Assist patients in accessing and receiving quality care and services in keeping with their health goals.
- 4.2.2 Use health resources responsibly and appropriately.
- 4.2.3 Provide consistent evidence-informed advice about the potential benefits and risks of preventative health activities.
- 4.2.4 Inform and advise patients about relevant resources relating to health and medications.
- 4.2.5 Engage in public and community health initiatives where possible.
- 4.2.6 Recognize and consider the effects of the social determinants of health on public and community health and safety.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

Domain 5:

Professionalism



Pharmacy professionals work with patients to prioritize their needs and earn the trust of the public through their actions, regardless of practice setting. For pharmacy professionals, there is an expectation that professionalism permeates all of their day-to-day activities and that they will strive to continually align their individual practice with the principles of professionalism for the profession of pharmacy.¹⁰ Over and above this, there are specific standards that must be met to preserve professionalism.



Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

¹⁰ At the time of the publication of this document, NAPRA was leading work to develop principles of professionalism for the profession of pharmacy. This document is expected to be published on the NAPRA website once complete. Readers are referred to this document for a more in-depth discussion of professionalism and the expectations surrounding it.



5.1 Pharmacy professionals practise in compliance with the code of ethics applicable in their jurisdiction and all relevant legislative and regulatory requirements.

Pharmacy professionals

- 5.1.1 Adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.
- 5.1.2 Adhere to the code of ethics applicable in their jurisdiction.
- 5.1.3 Stay informed about changes to legislation, regulations, policies, and other requirements and adjust their practice as required to remain current.
- 5.1.4 Avoid or manage any real, potential, or perceived conflicts of interest.

5.2 Pharmacy professionals maintain appropriate professional boundaries.

Pharmacy professionals

- 5.2.1 Do not engage in inappropriate relationships with patients, colleagues, students, or others connected with their practice.
- 5.2.2 Adhere to laws, regulations, policies, codes of ethics, and other requirements related to maintaining professional boundaries.
- 5.2.3 Do not provide pharmacy care or services for themselves or family members unless it is an emergency or when there is no other pharmacy professional readily available.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.



5.3 Pharmacy professionals respect and maintain the confidentiality and privacy of patients.

Pharmacy professionals

- 5.3.1 Ensure that access to personal information and personal health information is available only to those who are authorized to see it and is accessed only when required to provide or improve care.
- 5.3.2 Provide all care and services in an appropriate setting, minimizing interruptions and maintaining auditory and personal privacy.
- 5.3.3 Adhere to laws, regulations, policies, or other requirements related to maintaining confidentiality and privacy.

5.4 Pharmacy professionals promote and maintain a safe workplace environment.

Pharmacy professionals

- 5.4.1 Ensure that documented and retrievable policies and procedures are in place to ensure the safe provision of care and services.¹¹
- 5.4.2 Adhere to policies, procedures, standards of practice, and other requirements for the delivery of quality care.
- 5.4.3 Adhere to policies, procedures, standards of practice, and other requirements related to ongoing continuous quality improvement and medication incident reporting for pharmacy professionals.¹²
- 5.4.4 Make best efforts to ensure that the workplace environment supports physical, cultural, and emotional safety for patients, pharmacy team members, and others who use the space.

Specific rules and scopes of practice vary depending on the place the care is delivered. Each of the standards and the indicators provided must be taken within the context of the legislation, scope of practice, and other rules that apply in the particular jurisdiction and work environment.

See also 5.1.1. Pharmacy professionals adhere to the spirit and letter of laws, regulations, policies, and other requirements that pertain to practice in their jurisdiction.

¹¹ Pharmacy managers have the additional responsibility to develop, maintain, and enforce these policies.

¹² These may include the NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* or other standards and requirements in place in the pharmacy professional's jurisdiction.

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Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada:

Domains and Standards Quick Reference Guide

Domain 1: Providing care

Pharmacy professionals partner with the patient to provide safe and appropriate care that meets the patient's unique needs, goals, and preferences.

- 1.1 Pharmacy professionals continuously assess the patient's unique needs, goals, and preferences related to health and well-being.
- 1.2 In collaboration with the patient and their circle of care, pharmacy professionals use their professional judgment to make evidence-informed decisions that are based on the patient's unique needs, goals, and preferences.
- 1.3 Pharmacy professionals provide care and services that promote optimal outcomes that meet the patient's unique needs, goals, and preferences.
- 1.4 Pharmacy professionals monitor patients and follow up with them to ensure that therapy continues to be optimal.



Domain 2: Knowledge and expertise

Pharmacy professionals keep their knowledge and skills up to date and provide quality care based on best available evidence and the application of professional judgment.

- 2.1 Pharmacy professionals develop and maintain their professional knowledge and skills and practise within their own scope of practice and competence.
- 2.2 Pharmacy professionals incorporate evidence-informed practice in all aspects of professional care.



Domain 3: Communication and collaboration

Pharmacy professionals demonstrate sensitivity, respect, empathy, and inclusion, and ensure effective communication and collaboration with patients, the pharmacy team, other health professionals, and other stakeholders.

- 3.1 Pharmacy professionals communicate effectively.
- 3.2 Pharmacy professionals work in partnership with patients.
- 3.3 Pharmacy professionals work in partnership with pharmacy colleagues, other health professionals, and other stakeholders.
- 3.4 Pharmacy professionals document care, actions, and decisions to enable collaboration and continuity of care.
- 3.5 Pharmacy professionals maintain appropriate records to enable collaboration and continuity of care.



Domain 4: Leadership and stewardship

Pharmacy professionals demonstrate leadership in accordance with their particular role, by taking responsibility for their actions, providing appropriate support to colleagues, being accountable to the regulatory authority, and acting as role models. Pharmacy professionals also have a duty to preserve and support community and population health and the overall healthcare system in Canada.

- 4.1 Pharmacy professionals support colleagues and students and provide appropriate oversight, supervision, and leadership.
- 4.2 Pharmacy professionals contribute to public and community health and safety.



Domain 5: Professionalism

Pharmacy professionals work with patients to prioritize their needs and earn the trust of the public through their actions, regardless of practice setting. For pharmacy professionals, there is an expectation that professionalism permeates all of their day-to-day activities and that they will strive to continually align their individual practice with the principles of professionalism for the profession of pharmacy. Over and above this, there are specific standards that must be met to preserve professionalism.

- 5.1 Pharmacy professionals practise in compliance with the code of ethics applicable in their jurisdiction and all relevant legislative and regulatory requirements.
- 5.2 Pharmacy professionals maintain appropriate professional boundaries.
- 5.3 Pharmacy professionals respect and maintain the confidentiality and privacy of patients.
- 5.4 Pharmacy professionals promote and maintain a safe workplace environment.





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