

ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, JUNE 13, 2022

9:30 A.M. – 4:00 P.M.

[Microsoft Teams Meeting Link](#)

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Materials</u>
9:30 am	1. Land Acknowledgement	Standing	
	2. Noting Members Present	Standing	
	3. Declaration of Conflict	Standing	
	4. Approval of Agenda	For Approval	Agenda
9:35 am	5. Chair's Opening Remarks 5.1 Chair's Report for June 2022 Board • Introduction of Shenda Tanchak, Registrar and CEO • March 2022 Board Meeting Evaluation • 2022 Skills Inventory Results	For Information	Appendix 5.1
9:55 am	6. Approval of Minutes 6.1 Minutes of March 21, 2022 Board Meeting 6.2 Minutes of April 27, 2022 Board Meeting	For Approval For Approval	Appendix 6.1 Appendix 6.2
	7. Matters Arising from Previous Meetings	Standing	
10:00 am	8. Q1 2022 College Performance Scorecard	For Information	Appendix 8
10:10 am	9. 2022 College Mid-year Risk Report	For Information	Appendix 9
10:20 am	10. Update on Policy 4.12 Investments	For Information	Appendix 10
10:30 am	11. OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses	For Approval	Appendix 11
10:55 am	12. 2022-2023 Board and Executive Committee Meeting Schedule	For Information	Appendix 12
11:00 am	----- 30 Minute Break -----		
11:30 am	13. Acting Registrar's Report June 2022	For Information	Appendix 13
12:00 pm	14. Practice Policies 14.1 Pharmacy Regulatory Authorities (PRAs) of Canada Cross-Jurisdictional Practice Agreement	For Approval	Appendix 14.1
	14.2 OCP Cross-Jurisdictional Pharmacy Services Practice Policy	For Approval	Appendix 14.2
12:30 pm	----- LUNCH Break -----		
1:30 pm	15. Risk Appetite Working Educational Session	For Information	
3:00pm	----- 30 Minute Break -----		
3:30 pm	16. In Camera - Personnel Matter		
4:00 pm	17. Meeting End		

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

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

TOPIC: Chair's Report for June 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 March 2022 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 and presentations I attended on behalf of the College during the reporting period.

College and Other Stakeholder Meetings:

- March 22, 2022 – Discipline Committee: Contested Motion
- March 23, 2022 – Registrar & CEO Search Committee Meeting
- March 24, 2022 – Registrar & CEO Search Committee Meeting
- March 25, 2022 – Registrar & CEO Search Committee Meeting
- April 6, 2022 – Registrar & CEO Search Committee Meeting
- April 8, 2022 – In Camera Executive Committee Meeting
- April 13, 2022 - Discipline Committee: Panel Deliberation
- April 21, 2022 - Registrar & CEO Search Committee Meeting
- April 27, 2022 - In Camera Board of Directors Meeting
- April 28, 2022 – OCP Staff Virtual Town Hall
- April 29, 2022 – Governance Committee Meeting
- May 4, 2022 – Finance and Audit Committee Meeting
- May 12, 2022 – NAPRA Annual Meeting of Members
- May 18, 2022 – Governance Committee Meeting
- May 25 – 27, 2022 - Discipline Committee: Contested Hearing
- May 30, 2022 – Executive Committee Meeting

March Board Meeting Evaluations

Attached to my report is a summary of the March 2022 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. Due to the fact that meetings are moving back to in-person for June and September meetings, we will revisit the need for having the virtual lunchroom.

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

Board Resumption Survey

We would like to thank the Board Directors for participating in the Board Resumption Survey. The results showed that most Directors (76.47%) were of the view that it was important for the Board to resume in-person meetings, albeit not necessary for all meetings. We did note however that Board Directors wish to have the option to attend virtually if necessary and the technology is in place for that to happen. This also means that members of the public will be able to join as observers in-person or virtually.

September's Board meeting will also be in-person, starting with a reception on the Sunday evening. After that we will consider holding every second Board meeting virtually unless there is a specific reason to require in-person participation.

2022 Skills Inventory Results

Thank you all for participating in the 2022 Skills Inventory survey. In accordance with Board Policy 3.3 the skills assessment is run annually to allow the Board to understand its own strengths, gaps and opportunities for improvement.

Attached to this report is a briefing note along with a summary of the results. Following the meeting each Director will receive a copy of their own results along with the aggregate results from the full Board. If you have any questions about your results, you can reach out to myself or David Breukelman, the Chair of the Governance Committee.

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

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

TOPIC: March 2022 Board Meeting Evaluation

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

BACKGROUND:

At the conclusion of the March 2022 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 18 Board Directors responded to the survey and a summary of the input is being provided to the Board for information.

1. Meeting Materials

Answer Choices	Yes	No
Were you able to access all of the materials in sufficient time for you to prepare for the meeting?	18	0
Were relevant materials provided?	18	0
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	18	0

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

YES = 18

NO = 0

Comments:

- I felt the approach to CPMF was well done. It provided the right level of detail for the Board.
- This was a meeting with less participation than others however given the subject matter and the excellent state of preparation, that could be expected.
- There are a few Directors (fortunately) who feel that have to speak on every matter, sometimes several times on the same issue. They need counseling.
- Relevant comments were made.

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

YES = 18

NO = 0

Comments:

- Yes and this is mainly due to Billy making our board more cohesive with each passing meeting resulting by fostering an environment that considers varying and divergent viewpoints.

- This Board and the OCP staff are very aware of the need to be considerate and encouraging.

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

YES = 18

NO = 0

Comments:

- Yes Billy, was very good at encouraging all views to be heard by offering reflections and acknowledgments effectively.
- Billy continues to do a great job as Chair - allowing all views to be heard, not cutting off discussion, keeping the meeting flowing appropriately.
- Billy is an unusually good Chair. He should be Chair for life.
- Billy managed the discussion very well.
- The Chair does an excellent job ensuring that all views are heard as well as encouraging that all views be expressed.

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

YES = 18

NO = 0

Comments: none

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

YES = 2

NO = 16

Comments:

- Since we transitioned to a smaller board; I have never seen this happen.

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

YES = 17

NO = 0

Comments:

- I do not know.
- All key issues were addressed, discussed and voted on.

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

YES = 18

NO = 0

Comments:

- There was good discussion on the 2022 Performance Measures Scorecard

9. Meeting Process Evaluation

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

Comments:

- I am a public director and sometimes feel as if the College treats us as second class citizens. I had trouble getting in to the in camera session and had to join bytelephone.
- I look forward to getting together in person for upcoming board meetings. Technology has allowed us to continue to meet but does restrict full participation at times. Some directors appear to be off-camera for long periods of time. This wouldn't occur in person as we would all be in the room together.
- Having access to the CPMF report a little earlier to fully review and "digest" would have been helpful.

10. Did you use the virtual lunch room?

YES = 4

NO = 14

Comments:

- I nobody present when I accessed it.
- There was no need.
- I used the time to have lunch on my own and have some down time.
- On this day, it was not the highest and best use of time for me.
- Had to stretch and not to stare at monitor.

- My view is that virtual meetings have been critically important to carry on the necessary business of the OCP Board during the pandemic. However, it is clear that virtual meetings are less ideal from a human perspective than in-person meetings. Virtual participants need time away from their screens throughout the course of the meeting, to refresh and to fully engage in the next session.
- I had to check in with work over lunch to put out some fires.
- Could not gain access to it.
- Had to attend to other matters.
- I had other responsibilities for work to take care of during the lunch break (unfortunately).
- Previous engagements at that time.
- I had some other tasks that had to be completed during the lunch break.
- I did not have the link to join.

11. If you did use the virtual lunch room, how satisfied were you with the lunch room experience?

Very Bad	Bad	Ok	Good	Very Good	N/A	Total
0	0	1	3	0	9	13

12. While the college is hopeful that in-person board meetings will resume, if meetings remain virtual, do you have suggestions on how to make the virtual lunch room better?

- It's a good idea if there is a topic to be discussed however if we do not need to continue a discussion on a particular topic the lunch break is a welcome respite from the day's proceedings
- It was challenging for some people to turn on their audio, camera, or even enter the room. Having someone assigned to support the room would be helpful. Perhaps IT could stagger their lunch period to monitor?
- Perhaps a \$10 DoorDash or UberEats certificates offered to participants?
- I would continue to make it available to allow directors to get used to the virtual lunch room if they have time to take advantage of it.
- Maybe suggest that people join 15 minutes before the board meeting resumes?

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

- The presentations by the Executive Leadership Team on the results of the 2021 Scorecard and 2022 targets were excellent - very helpful to the Board in terms of understanding the outcomes - what worked well, what didn't reach the target, etc. Well done!
- The Chair's A+ performance makes our Board meetings a pleasure to attend.
- Some of the materials were not available until mere days before the meeting. With the meeting immediately following March Break, it made it challenging to review all the materials.
- I would hope that in person meetings would occur before next year.
- Overall the meeting went very well.

Respectfully submitted,

Billy Cheung, Board Chair

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Billy Cheung, Board Chair and David Breukelman, Chair, Governance Committee

TOPIC: 2022 Skills Inventory

ISSUE: The results of the 2022 Skills Inventory are being shared with the Board for Information

PUBLIC INTEREST RATIONALE: The annual skills inventory is used to objectively assess the collective skills and experience of the Directors on the Board against the competencies set out in the College by-laws. The purpose of the inventory is to determine where the Board could be strengthened through targeted recruitment/selection of elected and appointed members and through training opportunities. The skills inventory results provide insights into the degree to which the Board's strengths support their mandate to provide oversight and set strategy for the College. Through this process the public can have confidence that the Board is comprised of a group of competent individuals who collectively possess the necessary skills and experience.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The process for assessing and reporting on the Board's skills relates to the College's 3rd strategic priority to "strengthen trust and confidence in the College's role as a patients-first regulator."

BACKGROUND:

- In 2020, as part of the Governance reform initiative, the Board approved by-law amendments that enabled the Board to implement screening for competency against a list of desired skills and competencies required of Board Directors.
- Following the approval of the by-laws in 2020, prospective Board applicants were asked to self-identify their level of competence against the prescribed skills and competencies using an arbitrary 5-point scale.
- In 2021, the College introduced the skills inventory survey to provide structured, clear, universally applicable criteria upon which Directors could objectively assess their level of expertise or exposure on each competency.
- The 2021 skills inventory survey results were used to develop two unique Director profiles for the 2021 Board Election, with one seat reserved for registrants with experience serving patients in remote and northern regions, and the other openings emphasizing competencies where gaps were evident.
- In response to feedback from the independent consultants who perform the initial screen of Board Applicants for election, the skills inventory survey was further refined in 2022 to address perceived bias toward incumbent applicants.
- The purpose and process for the annual skills inventory survey is set out in Board Policy 1.4 - Board Competencies, Skills, and Experience Inventory (Appendix 1).

ANALYSIS:

- The 2022 skills inventory survey results are being shared with the Board for information (Appendix 2). In addition, each Board member will receive a report reflecting their own competency profile in relation to the collective board competency profile.
- The results indicate that while collectively all competencies are effectively represented on the Board, a couple of the competencies are concentrated in a low number of Directors. The preference would be to have broader representation to provide a balanced consideration of issues.
- In addition to emphasizing the competencies where additional strength would be desired in the [2022 Director Profile](#) for election, the College will communicate the desire to the Public Appointments Unit for consideration in future appointments to the Board.
- Information gathered from the survey has also been used to identify training for the Board in relation to risk and financial oversight.

NEXT STEPS:

- Following the meeting each Director will be receiving an individual report.

ATTACHMENTS:

- Policy 1.4 - Board Competencies, Skills, and Experience Inventory
- 2022 Skills Inventory Results

Purpose:

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

Application:

This process applies to:

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

Process:

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

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

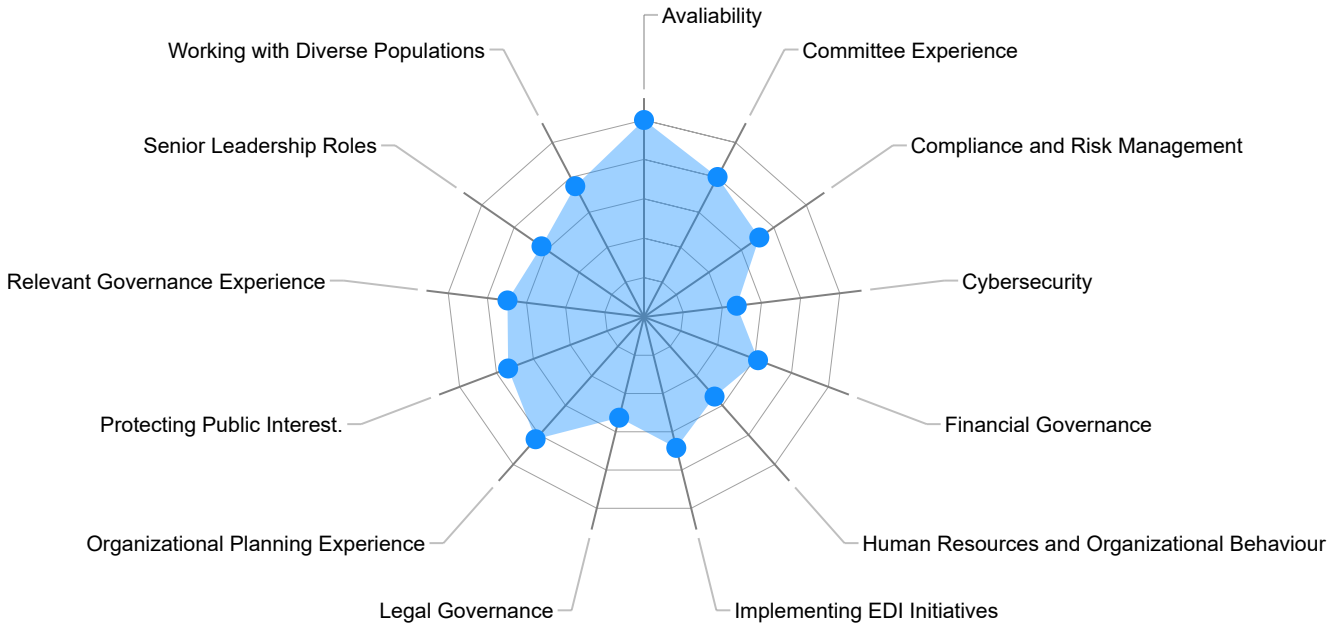
The Governance Committee will also use the results of the inventory to assist in building Board member and Board capacity in governance or other areas, as identified by the Board from time to time.

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

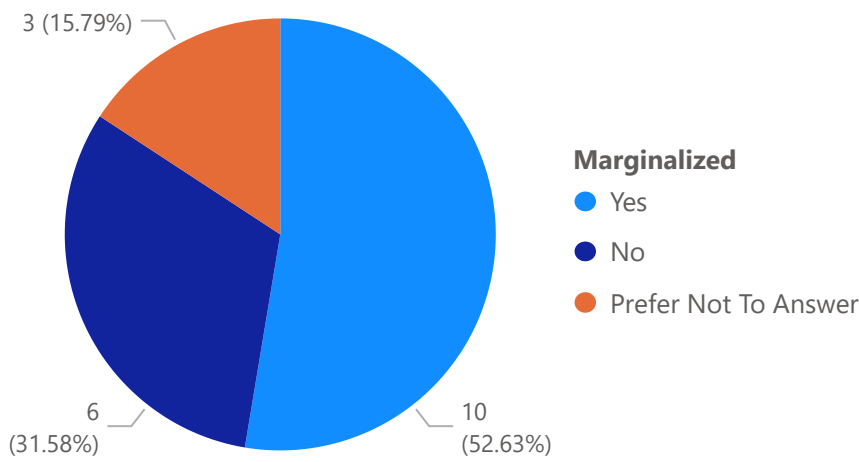
¹ *The Skills Inventory is not a public document*

2022 OCP Board of Director Competencies

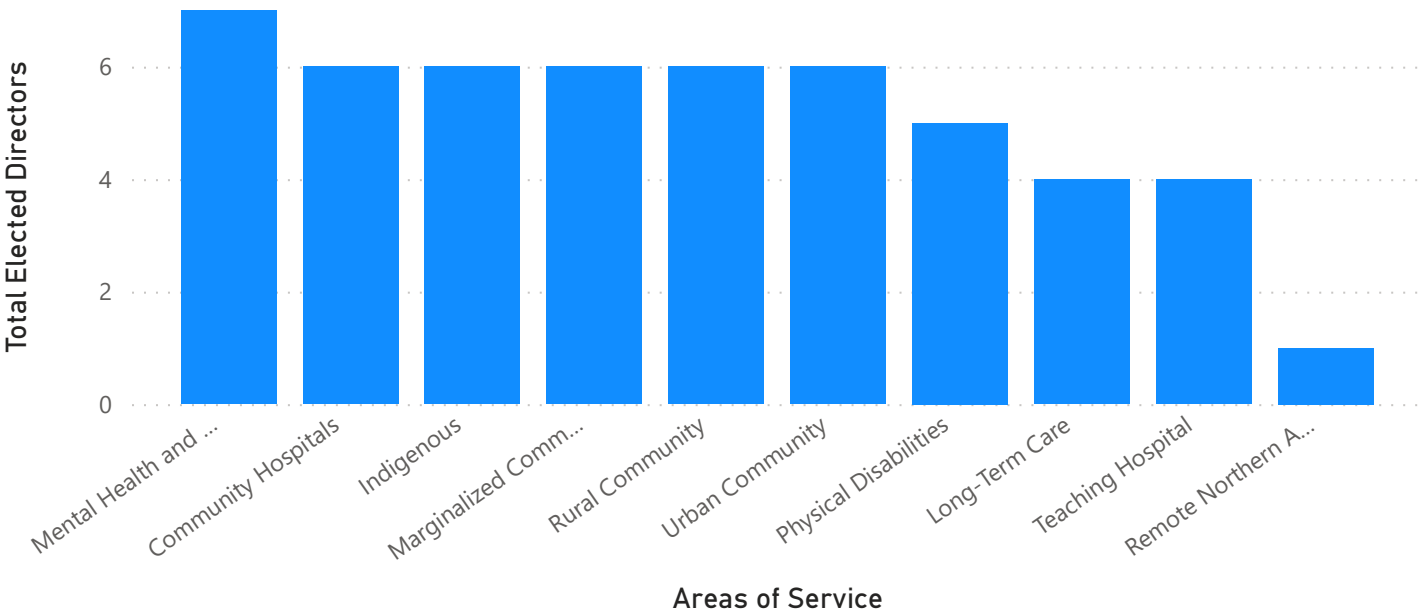
Totals by Qualifications



Diversity on the Board



Patient Populations Served by Elected Directors





**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
MARCH 21, 2022**

DRAFT

Agenda – March 21, 2022

- 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 March 2022
 - December 2021 Board Meeting Evaluation
- 6. Approval of Minutes of Previous Meeting**
 - 6.1. Minutes of December 13, 2021 Board Meeting
- 7. Matters Arising from Previous Meetings**
- 8. 2021 Audited Financial Statements**
- 9. 2021 College Performance Measurement Report (CPMF)**
- 10. Performance Scorecard**
 - 8.1. 2021 Q4 Scorecard
 - 8.2. 2022 Scorecard with targets
- 11. Acting Registrar's Report**
- 12. Governance Reform and Regulatory Modernization**
- 13. Equity, Diversity & Inclusion (EDI) – Commitment Statement**
- 14. Screening Committee Appointment**
- 15. Model National Standards of Practice (NAPRA)**
- 16. Personnel Matter – Staffing Update – *In Camera***
- 17. Adjournment**

**MONDAY, MARCH 21, 2021 – 9:00 A.M.
HELD VIA VIDEOCONFERENCE**

Attendance

Elected Members

Mr. Douglas Brown, Port Perry
Mr. Billy Cheung, Markham
Ms. Sara Ingram, North York
Mr. James Morrison, Burlington
Mr. Goran Petrovic, Kitchener
Ms. Tracey Phillips, Westport
Ms. Ruth-Ann Plaxton, Owen Sound **(Regrets)**
Mr. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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

Members Appointed by the Lieutenant-Governor-in-Council

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

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

Mr. Dale Tinkham, Tinkham LLP Chartered Professional Accountants
Ms. Nupur Poddar, EDI Strategic Policy Advisor
Ms. Vivian Ng, Manager, Strategic Policy & Analytics
Mr. Todd Leach, Manager, Communications

The meeting was called to order at 9:01 a.m. The Chair welcomed all Directors, staff and observers and reminded the Directors that the virtual lunchroom would again be available during the break and at lunch.

The Mr. Cheung informed the Board that Ms. Adrienne Katz had been newly appointed as a Public Director and he invited Ms. Katz to introduce herself to the Board.

Mr. Cheung continued his opening remarks by acknowledging March as Pharmacy Appreciation Month and took the opportunity to recognize and express appreciation for pharmacy professionals. As the regulator of pharmacy professionals and pharmacies, Mr. Cheung formally recognized the contributions registrants make to the health and well-being of patients across the province and on behalf of the Board of Directors, the leadership and staff of the College and all Ontarians, he extended the warmest thanks to all pharmacy professionals for their commitment to patients and dedication to quality, ethical and safe pharmacy care.

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 declared.

4. Approval of Agenda

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 March 2022

- **December 2021 Board Meeting Evaluation**

The Chair reviewed his activities since the last Board meeting as well as the results of the December Board Meeting Evaluation and noted that participation in the evaluation was lower than usual. He reminded the Board of Directors that the feedback collected by the survey is valuable to the College to ensure the meetings are effective and to understand the opportunities for improvement. The Board was informed that in addition to the meeting evaluation, the Board Chair evaluation would be circulated following the meeting as well as the annual skills inventory questionnaire for which completion is mandatory for all Board Directors. He informed the Board that the Governance Committee had updated the questions from last year to improve objectivity. The results of the survey are used to guide the annual Board recruitment and to identify the training needs for the existing Board.

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 December 13, 2021 Board Meeting

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. 2021 Audited Financial Statements

Mr. Dan Stapleton, Chair of the Finance & Audit Committee (FAC) informed the Board that the FAC had reviewed the internal controls questionnaire prepared by the College in preparation for the audit, as well as the auditor's report and met with the auditor in camera without Management. The FAC was satisfied with the auditor's assessment and that the financial reporting risks are being appropriately addressed. 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.

Mr. Dale Tinkham of Tinkham LLP Chartered Professional Accountants was present at the meeting to support the discussion of the audit findings and answer questions from the Board. He expressed his gratitude in working with the FAC and College for another year.

There was a question regarding a reference to a redemption of an investment and it was explained that a short term GIC had matured. Ms. Campbell informed the Board the investments policy is currently being reviewed by the FAC. The Board discussed the impact of staff turnover in the conduct division and the increase in spending for external prosecutorial costs. The amount in reserves had been increased accordingly to be able to manage any additional costs while the new staff is onboarded.

The Board provided anecdotal information that the number of Pharmacist Technicians registering with the College is somewhat stagnant and that the College could consider additional engagement opportunities to highlight the benefit to the profession in registering with the College.

A motion to approve the 2021 Audited Financial Statements as presented was moved and seconded. **The motion CARRIED.**

9. 2021 College Performance Measurement Report (CPMF)

Ms. James and the leadership team provided an update on the status of the draft 2021 College Performance Measurement Framework report. Initiated in 2020, this is the second iteration of the Ministry developed report to enable a standardized approach to annual reporting on the performance of Ontario's Health Regulatory Colleges to protect the public.

The leadership team informed the Board that the College in 2021 fully met 42 of the 52 requirements. Four requirements were partially met with a plan in place to fully meet those in 2022, and four requirements have not been met with a plan in place to meet the requirement in the future. Two requirements have not been met and there are no plans to meet the requirement as the College is of the opinion that its current processes meet or exceed the intent of the standard.

The full report will be sent to the Ministry and posted publicly on the College's website by the end of the month. The Board inquired about the impact of not meeting all of the requirements and was informed that the communication from the Ministry regarding the framework to date is that they are gathering information to develop future benchmarks and standards that could be used to measure performance. The overall focus of the reporting is on the performance of the regulatory system, as opposed to the performance of each individual college. It highlights opportunities for colleges to learn from each other and to continue to build a foundation towards regulatory excellence.

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

10. Performance Scorecard

10.1 2021 Q4 Scorecard

Ms. Campbell presented the 2021 Q4 College Performance Scorecard for the Board's information and discussed the progress to date on the key performance indicators (KPIs) and milestones and summarized the College's performance for the last quarter of 2021.

The Board commented on the amount of interaction from the profession on reporting to the AIMS (Assurance and Improvement in Medication Safety) program for the year and questioned the College's plans to increase reporting significantly over 2022. Ms. James confirmed that the College was optimistic and had added additional internal resources, engaged the profession and is working with system partners to increase reporting. It was noted that KPI #13 missed meeting target by 1%. A correction will be made to the scorecard by staff.

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

10.2 2022 Scorecard with targets

Ms. Campbell introduced the finalized 2022 College Performance Scorecard with targets and provided the background on the indicators and milestones within the corporate services division. Ms. James presented on the targets for the indicators and milestones in the quality division and Ms. Bates presented on the targets for the conduct division. The Board's feedback was requested to ensure that the targets and rationale proposed met expectations and provided the necessary information to fulfill their responsibility in performance oversight.

The Board discussed several of the initiatives and voiced their support for the targets proposed and noted that improvement efforts seemed balanced and measured. The Board discussed the target for the length of time for Registrar's Inquiries and it was noted that due to the increase in complexity of the cases and the impact of staff turnover, the College felt the need to be conservative in its target. The Quality Assurance (QA) target for reassessment remained stable for 2022 and the Board discussed increasing the target due to the impact to patient safety. In response, Ms. James

informed the Board that the College had carefully considered that target and determined that due to the recent improvement efforts to which resulted in major changes to the QA program more individuals are requiring reassessment but that this is just one element of a multi modal program and that a more aggressive target could be considered in future years.

he Board offered suggestions for other possible scorecard indicators such as onboarding 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 either via the risk register or departmental scorecards and the Board concluded that no further 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.**

11. Acting Registrar's Report

The Chair requested that Ms. 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 jurisdiction to mandate masking in pharmacies, but that messaging will be sent out to recommend that pharmacies consider themselves health care settings as they provide care to vulnerable patients and would therefore be subject to the extended masking mandates provided by the provincial government.

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

12. Governance Reform and Regulatory Modernization

Ms. James informed the Board that the Ministry issued a request on February 4, 2022, to the Health Profession Regulators of Ontario (HPRO) organization for consultation on elements of governance reform and regulatory modernization. Health regulatory colleges attended a preliminary meeting with the Ministry on February 8, 2022, and a response to the consultation was due by February 23, 2022.

The governance changes proposed included many elements of governance reform that had been previously supported by the Board in the June 2021 OCP submission to the Ministry and that many of the governance changes had already been made to the extent possible under the current legislation, such as smaller board size and separation of Board and Committees.

The governance reform efforts proposed included the elimination of elections in favour of competency-based appointments for the professional directors. In the response letter to the Ministry, the College requested competency screening be extended to include all Directors, both professional and public.

Other elements of the regulatory modernization consultation were discussed such as the proposed inclusion of oversight from the Attorney General and Patient Ombudsman, as well as having the Colleges be subject to the *French Language Services Act*. Ms. Bates provided that while the College agrees that oversight could be streamlined, the response to the Ministry from both the College and via HPRO indicated that a staged approach would be preferred and that cost impacts to colleges should be factored into the decision.

Ms. James informed the Board the registration changes proposed were not of material impact to the College and that the current labour mobility agreements in place include language proficiency across Canada. The leadership team is committed to continuing to work with the Ministry and indicated they would inform the Board of any developments but that it was unlikely that major changes would be implemented prior to the impending provincial election.

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

13. Equity, Diversity & Inclusion (EDI) – Commitment Statement

Ms. James introduced OCP Policy Staff, Ms. Vivian Ng and Ms. Nupur Poddar, who then presented the proposed commitment statement on equity, diversity, and inclusion (EDI) to the Board.

Discussion and questions followed. It was determined that the statement proposed be amended to:

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 including 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.

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

14. Screening Committee Appointment

Mr. Cheung reviewed the process in selecting the Screening Committee and the proposed committee composition:

- Chair of Governance – David Breukelman
- One Public Director – Gene Szabo
- One Elected Director – Tracey Phillips
- Lay Committee Appointees – Megan Sloan and David Collie

A motion to approve the Screening Committee appointments as presented was moved and seconded. **The motion CARRIED.**

15. Model National Standards of Practice (NAPRA)

Ms. Susan James presented the briefing note for Model National Standards of Practice (NAPRA). The Board was informed that the College intends to move to public consultation on the newly published model standards of practice for pharmacy professionals in Canada. Following the consultation, the College will come back to the Board with a summary of the feedback and a

recommendation to adopt or to adapt the standards depending on how they align with Ontario standards and the jurisdictional needs. In response to a question Ms. James indicated that the follow up to the Board would include recommendations on implementation.

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

16. Personnel Matter – Staffing Update – *In Camera*

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 June 13, 2022, or at the call of the Chair.

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.

17. End of Meeting

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

Stephenie Summerhill
Executive Assistant to the Registrar and CEO

Billy B. Cheung
Board Chair



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF A MEETING
OF BOARD OF DIRECTORS**

APRIL 27, 2022

6:00PM

- 1. Noting Members Present**
- 2. Declaration of Conflict**
- 3. Approval of Agenda**
- 4. Appointment of Registrar and CEO– *In Camera***
 - 4.1 - Search Committee Terms of Reference – November 2021
 - 4.2 - Registrar & CEO Job Description – February 2022
 - 4.3 - Boyden Report – Recruitment Process
 - 4.4 - Candidate Resume – to be posted 30 minutes before the meeting
 - 4.5 - Candidate Self-Assessment – to be posted 30 minutes before the meeting
 - 4.6 - Communication Brief respecting announcement of appointment
- 5. Adjournment**

**WEDNESDAY, APRIL 27, 2022 – 6:00 P.M.
HELD VIA VIDEOCONFERENCE**

Elected Members:

Mr. Douglas Brown, Port Perry
Mr. Billy Cheung, Markham
Ms. Sara Ingram, North York
Mr. James Morrison, Burlington
Mr. Goran Petrovic, Kitchener
Ms. Tracey Phillips, Westport
Ms. Ruth-Ann Plaxton, Owen Sound
Mr. Siva Sivapalan, Burlington
Mr. Wilfred Steer, Sudbury

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

Members Appointed by the Lieutenant-Governor-in-Council:

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

Staff present:

Ms. Susan James, Acting Registrar & Director, Quality
Ms. Connie Campbell, Interim Chief Operating Officer & Director, Corporate Services

Guests:

Mr. Michael Naufal, Boyden Executive Search and Consulting
Mr. Collin Ritch, Boyden Executive Search and Consulting

1. Noting Members Present

Member attendance was noted.

2. Declaration of Conflict

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

3. Approval of Agenda

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

4. Appointment of Registrar and CEO – *In Camera*

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

MOTION 1:

That the Board of Directors approve the appointment of Shenda Tanchak as Registrar and CEO of the Ontario College of Pharmacists effective May 30, 2022.

This motion was moved and seconded. The motion CARRIED.

MOTION 2:

That, effective May 30, 2022, the Acting Registrar appointment for Susan James, is rescinded.

This motion was moved and seconded. The motion CARRIED.

MOTION 3:

That, effective May 30, 2022, the Interim Chief Operating Officer appointment for Connie Campbell is rescinded.

This motion was moved and seconded. The motion CARRIED.

5. Adjournment

There being no further business, **at 7:34 p.m., a motion to adjourn the meeting was moved and seconded. The motion CARRIED.**

Billy B. Cheung
Board Chair

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Connie Campbell, Director of Corporate Services

TOPIC: Q1 2022 College Performance Scorecard

ISSUE: Review performance against targets for key performance indicators (KPIs) and key project/initiative milestones in the first quarter of 2022.

PUBLIC INTEREST RATIONALE: As Ontario's pharmacy regulator with a mandate to protect the public and a responsibility to drive quality and safe pharmacy care and improved patient outcomes, the scorecard is posted and presented at each Board meeting to report on the College's performance on key indicators and initiatives over the last quarter. The scorecard is aligned to domains and standards set out by the Ministry's Health College Performance Framework (CPMF).

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Maintaining and reporting on performance aligns with two of the College's strategic priorities: to "strengthen trust and confidence in the College's role as a patients-first regulator," and to "enhance capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."

BACKGROUND:

- Each year the College performance scorecard is developed and approved by the Board to enable the Board provide insight to monitor College performance on key indicators and projects/initiatives aimed at advancing the College's strategic priorities and regulatory responsibilities for the year.
- Description of the KPIs, project and core initiative milestones are available in the Indicator and Milestone Definitions document which accompanies the presentation of the scorecard. This document explains the rationale behind each KPI and milestone measure along with the assumptions and targets set for the year.
- The Board is engaged quarterly to review performance which is indicated using colour coding based on the traffic light system (green, yellow, and red). The colour coding corresponds to a predefined performance range for each target that has been set for the measure.
- The Performance Summary/Improvement Strategies report highlights the College's accomplishments towards targets and milestones and sets out strategies underway to address obstacles that may impede attainment of stated objective.

ANALYSIS:

- The 2022 College performance scorecard has 16 Board-monitored measures distributed across the 7 CPMF domains; 10 are KPIs and 6 are project or initiative milestones.
- 6 of the 16 Board-monitored measures are proceeding per plan or have met target.

- Of the 6 project or initiative milestones:
 - o 1 milestone has been completed as of March 31, 2022.
 - o 3 milestones are green or proceeding per plan.
 - o 2 milestones were categorized as yellow or at “potential risk” to the project's target timeline due to a realization that higher quality deliverables will take longer. Refer to Attachment 2, Q1 2022 Performance Summary/Improvement Strategies.
- Of the 10 KPI's, 4 have targets which can be measured year to date quarterly, 4 have only a year-end evaluation and 2 KPIs are new and collecting baseline data so no target has been set.
 - o 2 of 4 KPIs measured quarterly were green and have met target.
 - o 1 of 4 KPIs is yellow and is within 25% to the target with detailed rationale available in Attachment 2, Q1 2022 Performance Summary/Improvement Strategies.
 - o 1 of 4 KPIs is red and is more than 25% below target. This was expected in Q1 and is likely to continue into Q2 with forecasted recovery by Q3. A detailed explanation of the rationale is available in Attachment 2, Q1 2022 Performance Summary/Improvement Strategies.

ATTACHMENTS:

Attachment 1 - Q1 2022 College Performance Scorecard

Attachment 2 - Q1 2022 Performance Summary/Improvement Strategies

Attachment 3 - 2022 Indicator and Milestone Definitions

2022 College Performance Scorecard

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				03/31/22
Domain 2: Resources										
3			✓	-5.7%	Variance of operating annual budget to year-end actuals	Annual Report January 2023				+/- 5%
4			✓	58%	Employee engagement (Culture subset)	Scheduled for June 2022				≥ 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	77% (10/13)				≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)				≥ 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	19% (6/31)				≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)				≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)				≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a				Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%				≥ 80%
Domain 7: Measurement, Reporting & Improvement										
15		✓	✓	n/a	Risk appetite determination for two core regulatory activities (M)					06/30/2022
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance	39%				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

Scorecard Measure	Q1 2022 Performance Summary / Improvement Strategies
#1 <i>Impart the governance philosophy into a standardized committee orientation (M)</i>	Proceeding as planned.
#2 Review and amend the Board's skills inventory to improve objectivity (M)	This milestone was completed in March 2022.
#3 % Variance of operating annual budget to year end actuals	Results will be available for Q4 reporting.
#4 % Employee engagement (culture subset)	Results will be available for Q3 reporting.
#5 <i>Publicly report on pharmacy provider experience data (M)</i>	Proceeding as planned.
#6 <i>Launch of the data strategy for the organization (M)</i>	Proceeding as planned.
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	This KPI attempts to measure the College's impact of QA coaching on success of reassessments. Success on reassessments can be impacted by several factors, including a change in practice setting. In this quarter, two of the three pharmacists that were unsuccessful had practice disruptions or changes.
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Achievement of target expected at year end.
#9 Development of Equity, Diversity & Inclusion and Indigenous Cultural Competency Strategic Plan (M)	The completion of the EDI strategic plan is likely to be delayed to March 31 st , 2023. By adopting a collaborative approach during data collection and strategic plan development, which will include involvement and feedback from multiple internal and external stakeholders, there is an anticipated delay in achieving this milestone.
#10 High and Moderate risk Complaints disposed of within 150 days	There were 31 total high and moderate risk complaints disposed of by ICRC in Q1, 6 of them within 150 days (19%). Staff turnover and shortages on the Complaints Team led to a backlog of aging files at the complaints processing end due to large individual caseloads. This was expected for Q1 and is likely to continue into Q2. With full staffing recently in place, timelines should improve by Q3.

Scorecard Measure	Q1 2022 Performance Summary / Improvement Strategies
#11 High and Moderate risk Registrar's Inquiries disposed of within 365 days	Meeting target.
#12 HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#13 Judicial review applications dismissed by the courts	New indicator, collecting baseline. (There were no applications in Q1)
#14 Community pharmacies entering events on AIMS platform	Achievement of target expected at year end.
#15 <i>Risk appetite determination for two core regulatory activities (M)</i>	Based on input from an external consultant contracted to provide the Board Risk Appetite training, the training will commence at the June meeting and conclude at the September meeting as opposed to being completed in June.
#16 Proportion 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

2022 Indicator and Milestone 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 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#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%; background-color: #92d050;"></div> ≥ 75% <div style="width: 60%; background-color: #ffff00;"></div> 56% - 74% <div style="width: 55%; background-color: #ff0000;"></div> ≤ 55% </div>
#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%; background-color: #92d050;"></div> On Track <div style="width: 80%; background-color: #ffff00;"></div> Potential Risk <div style="width: 60%; background-color: #ff0000;"></div> Risk/Roadblock </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 are: <div> <div style="width: 30%; background-color: #92d050;"></div> ≥ 30% <div style="width: 22%; background-color: #ffff00;"></div> 22% - 29% <div style="width: 21%; background-color: #ff0000;"></div> 21% ≤ </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 are: <div> <div style="width: 46%; background-color: #92d050;"></div> ≥ 46% <div style="width: 34%; background-color: #ffff00;"></div> 34% - 45% <div style="width: 34%; background-color: #ff0000;"></div> ≤ 34% </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 are: <div> <div style="width: 88%; background-color: #92d050;"></div> ≥ 88% <div style="width: 66%; background-color: #ffff00;"></div> 66% - 87% <div style="width: 65%; background-color: #ff0000;"></div> ≤ 65% </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 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#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.	% Pharmacies are: ■ ≥ 80% ■ 60% - 79% ■ ≤ 59%
#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: ■ On track ■ Potential Risk ■ Risk/Roadblock
#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

(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: JUNE 2022

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

TOPIC: 2022 College Mid-year Risk Report

ISSUE: Exercise the Board's role in risk oversight through receipt and review of the mid-year risk report.

PUBLIC INTEREST RATIONALE: Ensuring risks to the organization are appropriately identified and managed enables the College to effectively carry out its duty to serve and protect the public interest. The College uses a risk register to monitor and report on key risks that may impact the ability of the College to fulfill its mandate and strategic objectives. Staff administer the Risk Management Program to identify, assess and manage key risks through the implementation of targeted risk management activities. The mid-year risk report highlights the progress OCP has made towards the mitigation strategies set out on the 2022 Risk Register. The Board's role in risk oversight is set out in [Board Policy 4.4 - Board's Oversight Role in Risk Management](#).

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

Ensuring risks to the College's ability to fulfill its mandate are managed effectively aligns with two of the College's strategic priorities: "strengthening trust and confidence in the College's role as a patients-first regulator," and "enhancing capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."

BACKGROUND:

- The College's risk management philosophy, as set out in the 2015 Risk Management Plan, is to embrace risk in a collaborative, strategic manner working across the organization to address and mitigate identified risk.
- Since 2020, the College has been reporting on the top organizational risks and the respective mitigation strategies through an annual Risk Register.
- Risks reported in the register are ranked based on OCP's Risk Assessment Scale of likelihood and potential impact to arrive at a risk rating (Attachment 2).
- In support of the Board's oversight role in risk management, risk education sessions and risk management presentations are scheduled throughout the year.
- Mitigation strategies set out in the Risk Register are executed throughout the year by assigned risk owners and monitored by a Risk Steering Committee, comprised of senior staff.
- The College continues to evolve the Risk Management Program and integrate risk concepts into its operational planning throughout the organization. The Program is supported by the tools and expertise of the Healthcare Insurance Reciprocal of Canada (HIROC).

ANALYSIS:

- To date, 80% or 16 of the 20 mitigation strategies on the 2022 Risk Register (Attachment 3) are underway, with the remaining strategies scheduled for the latter half of this year.
- Upon review of the risk mitigation activity to date and the current environment, no changes to the risk ratings are proposed. One remains high, with the remaining risks rated medium.
- The Risk Steering Committee will continue to work with risk owners and support them with adequate resources and review control measures frequently.

NEXT STEPS:

- Undertake additional Board training on key risk concepts.
- Evolve the understanding and integration of the Risk Program and tools with management and staff to proactively identify and manage potential risks.

ATTACHMENTS:

- Attachment 1 - 2022 College Mid-year Risk Report
- Attachment 2 - OCP Risk Assessment Scale
- Attachment 3 - 2022 College Risk Register

2022 COLLEGE MID-YEAR RISK REPORT

STATUS

2022 Organizational Risks	Start of Year Risk Rating ¹	Mid-Year Risk Rating	Mitigation Strategies (20)	Implemented	Underway	Yet to start
R1. Business Continuity (People and Process)	High (12)	High (12)	5	5		
R2. Cyberattacks on OCP information, data and financial assets	Medium (8)	Medium (8)	5	3	2	
R3. Governance Effectiveness	Medium (6)	Medium (6)	5	3	2	
R4. Resourcing of core regulatory functions and mandate	Medium (6)	Medium (6)	2	2		
R5. IT Infrastructure Disruption/Failure	Medium (6)	Medium (6)	3	3		

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

SUMMARY



- ✓ Effects of the mitigation activity to date do not merit a change to risk ratings at this time
- ✓ Most strategies are on-track and making good progress
- ✓ Continue to monitor & review organizational risks throughout the year



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

1. Likelihood Scale (1-5)

Dimension	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Broad descriptors	<ul style="list-style-type: none">Will probably never occur/recur	<ul style="list-style-type: none">Do not expect it to happen/recur but it is possible	<ul style="list-style-type: none">Might happen or recur occasionally	<ul style="list-style-type: none">Will probably happen/recur	<ul style="list-style-type: none">Will undoubtedly happen/recur, possibly frequently
Time-frame	<ul style="list-style-type: none">Not expected to occur for years	<ul style="list-style-type: none">Expected to occur at least annually	<ul style="list-style-type: none">Expected to occur at least monthly	<ul style="list-style-type: none">Expect to occur at least weekly	<ul style="list-style-type: none">Expect to occur at least daily
Probability	<ul style="list-style-type: none"><0.1%	<ul style="list-style-type: none"><0.1-1%	<ul style="list-style-type: none">1-10%	<ul style="list-style-type: none">10-50%	<ul style="list-style-type: none">>50%

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

2. Potential Impact Scale (1-5)

Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Quality	Public Safety (Outcome)	<ul style="list-style-type: none">Minimal harm caused by registrant, no/minimal practice change or no need for investigation	<ul style="list-style-type: none">Minor harm or illness caused by registrant, minor practice change or no investigation and prosecution	<ul style="list-style-type: none">Moderate harm caused by registrant, major practice change and need for investigation and prosecution	<ul style="list-style-type: none">Major harm caused by registrant leading to long-term incapacity disability	<ul style="list-style-type: none">Incident may lead to death caused by registrant or multiple permanent instances of harm, irreversible health effects
	Effectiveness (Process)	<ul style="list-style-type: none">Insignificant effect/ impact on delivery of regulatory programs (Registrant services, assessments, investigation, hearings, etc.)	<ul style="list-style-type: none">Minor effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	<ul style="list-style-type: none">Moderate effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	<ul style="list-style-type: none">Significant effect/impact on delivery of regulatory programs (Registrant services, assessments, investigations, hearings, etc.)	<ul style="list-style-type: none">Zero ability to deliver regulatory programs (Registrant services, assessments, investigation, hearing, etc.)

Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
	Timeliness	<ul style="list-style-type: none"> Insignificant delay in the delivery goals & focus areas on the strategic framework 	<ul style="list-style-type: none"> Minor delay in the delivery goals & focus areas on the strategic framework strategic goals & focus Small number of strategic focus areas not met 	<ul style="list-style-type: none"> Moderate delay in the delivery goals & focus areas on the strategic framework strategic goals & focus Some number of strategic focus areas not met 	<ul style="list-style-type: none"> Significant delay in the delivery goals & focus areas on the strategic framework strategic goals & focus A few strategic goals not met 	<ul style="list-style-type: none"> One or more strategic priorities not met on the strategic framework A few strategic goals not met under more than one strategic priority
Regulation and Compliance (Statute, Regulations, By-laws, Best Practices, Policies, etc.)	Responsibility as regulator (RHPA)	<ul style="list-style-type: none"> Minor non-compliance to statutory duty 	<ul style="list-style-type: none"> Single failure to meet legislations, regulations, by-laws and ministry guidelines or follow protocol Recommendations to comply with external agency 	<ul style="list-style-type: none"> Repeated failures to meet legislations, regulations, by-laws and ministry guidelines Orders issued, report required by external review or government agencies Operation under surveillance internally 	<ul style="list-style-type: none"> Multiple statutory breaches or non-compliance with legislations, regulations, by-laws and ministry guidelines Prolonged delay to report on ministry mandates or response plan to significant findings Cessation to operate by the ministry 	<ul style="list-style-type: none"> Gross failure to meet legislations, regulations, by-laws and ministry guidelines Maximum fines Criminal code violation Impact on affiliation agreements Legal and/or regulatory ramifications
Reputation	Registrant-services	<ul style="list-style-type: none"> Incidences of distrust/question of legitimacy 	<ul style="list-style-type: none"> 1-2 isolated incidences with zero to low impact to the registrant 	<ul style="list-style-type: none"> 3+ incidences of distrust with moderate impact on the registrant 	<ul style="list-style-type: none"> Upward trend (7+) incidences of distrust The professional association is mobilizing on behalf of the registrant 	<ul style="list-style-type: none"> 10+ incidences of distrust The professional association is mobilizing on behalf of the registrant or registrants
	Public/government	<ul style="list-style-type: none"> Rumours 	<ul style="list-style-type: none"> Local media coverage (short-term) 	<ul style="list-style-type: none"> Local media coverage (sustained) 	<ul style="list-style-type: none"> National media coverage (short-term) 	<ul style="list-style-type: none"> National media coverage (sustained) Political intervention, up

Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
		Potential stakeholder concern	<ul style="list-style-type: none"> Elements of stakeholder expectation not being met 	<ul style="list-style-type: none"> Short-term reduction in stakeholder confidence 	<ul style="list-style-type: none"> Potential for political involvement Longer-term reduction in stakeholder confidence 	<ul style="list-style-type: none"> to appointment of Supervisor Sr. leader termination Long-term reduction in stakeholder confidence
	System partners	<ul style="list-style-type: none"> Potential partner concern, impact on specific partnership activity 	<ul style="list-style-type: none"> Heightened potential for reduced system partner loss of confidence in role 	<ul style="list-style-type: none"> Reduction in confidence in College's ability to fulfill mandate Heightened potential concern about impact on partnership activity and implications for other partners 	<ul style="list-style-type: none"> Reduction in confidence among partners widening (system level) Partners concerned about the implications on individual or system priorities Partners concerned about potential rub-off effect on their reputation 	<ul style="list-style-type: none"> Partners disengage from the College Partners lose faith in leadership or ability of College to fulfill mandate without intervention
People and Culture	Staff well-being	<ul style="list-style-type: none"> Low-level of reported incidences No time-off work 	<ul style="list-style-type: none"> Reported incidences occurring but not in large numbers Periodic time-off work related to incidents 	<ul style="list-style-type: none"> Reported incidences show an increasing pattern Patterned time-off work Low staff morale 	<ul style="list-style-type: none"> Reported incidences are increasing and more pervasive Extensive time-off work Low staff morale leading to time-off 	<ul style="list-style-type: none"> Reported incidences triggers external counsel, and/or independent review Loss of several key staff
Finance and Efficiency	Financial Instruction and Control	<ul style="list-style-type: none"> Small loss 	<ul style="list-style-type: none"> 1% of budget 	<ul style="list-style-type: none"> 1-2% of budget 	<ul style="list-style-type: none"> 2-5% of budget 	<ul style="list-style-type: none"> >5% of budget

Risk Categories	Sub-Categories	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Information and Communication	Business Continuity	<ul style="list-style-type: none">• Interruption of less than 1 hour• Modest resources need to be committed to internal service issue• Insignificant operational inefficiency	<ul style="list-style-type: none">• Interruption of between 1 and 8 hours• Escalation of resources needed to address service issue• Minor operational inefficiency	<ul style="list-style-type: none">• Interruption greater than 1 business day• Escalating internal and/or external resources need to be committed to address operational challenge	<ul style="list-style-type: none">• Interruption greater than 1 week• Significant internal and/or external resources need to address service issues	<ul style="list-style-type: none">• Permanent loss of service• Widespread or long-term shut down of operations• Inability to regulate the profession and their place of practice

2022 College Risk Register

LEGEND

RISK RATING:

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

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

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

Risk Level:

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

RISK NAME:

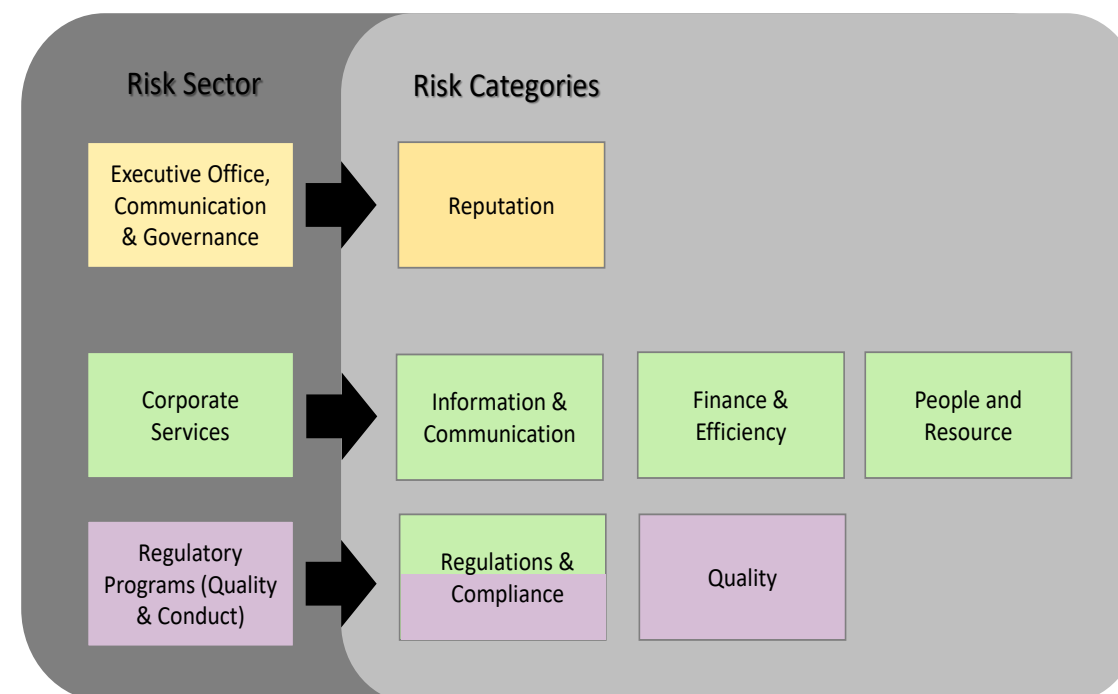
An umbrella term that speaks to the event of the risk, “Cyberattack, Plane Crash, Flood, etc.”

RISK DESCRIPTION and POTENTIAL IMPACT:

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

RISK SECTOR and RISK CATEGORY:

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



RISK MITIGATION:

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

MONITORING ACTIVITIES and INDICATORS:

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

GAPS and CONSTRAINTS:

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

BACKGROUND:

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

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

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

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
1	HIGH (Score: 12) Likelihood: 4 Impact: 3	Business Continuity (People and Process)	<p>The College is experiencing high staff turnover and disengagement.</p> <p>Vacancies add additional burden on existing staff compounding work pressures.</p> <p>Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult.</p> <p><u>Potential Impacts</u></p> <ul style="list-style-type: none">○ Employee turnover and disengagement overloads staff and affects ability to deliver on objectives○ Insufficient and inefficient transfer of institutional knowledge affects work execution○ Ineffective transition with staff turnover affects work execution○ Inconsistent and inefficient processes affect work execution	People & Resources Information & Communications Finance & Efficiency	1. Address employment engagement areas for improvement and to promote a culture of trust	Regular and timely communication with staff, and interactive feedback from staff meetings. Monitor turnover rates. Expand HR measures to include annual new hire and exit interview summaries to provide greater understanding for management. Ongoing recognition and appreciation. Annual employee engagement pulse survey (2022 to capture impact of change of leadership).	Sufficient resources to execute on improvements. Market forces and other external trends.
					2. Career Development & Professional Training to provide growth opportunities (internal mobility)	Internal filled positions vs. external filled. Consistent training plans during operational planning across the organization. Number of individual and corporate training activities.	Appropriate budget for development and training.
					3. Strategies to differentiate employer of choice and attract the right talent	Analysis of attraction/sourcing of applicants Revamp OCP external career site.	Need to dedicate resources to operationalize. Availability dependent on demands on HR.

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
			<ul style="list-style-type: none">Inconsistent data capture undermines ability to leverage data			Increase the promotion of opportunities via LinkedIn by management and other staff.	
					4. Roll-out of OCP policy and procedure project to document standard operating procedures (SOPs), standardize documentation and retain institutional knowledge	Completed SOP documentation and SOP governance framework. Processes are regularly reviewed, and improvements made.	Business staff time and availability.
					5. Minimize staff over-load through consistent, robust workforce planning. Implement a Resource Planning tool to help monitor and ensure staff have a good work life balance.	Departments have a frequent, structured approach to review staff workload and the health of the operation. Departments have identified key measures and are monitoring adequate resources to mitigate staff burnout.	
2	Medium (Score: 8) Likelihood: 2 Impact: 4	Cyberattacks on OCP information, data and financial assets	Cyberattacks (e.g., ransomware, malware, fraud, phishing attacks and breaches) have increased by 400% during the pandemic.	Information & Communication Reputation Finance & Efficiency	1. Awareness training for existing and new staff re: online data security and fraud detection paired with scheduled simulated phishing attempts to gauge uptake.	100% of staff complete semi-annual security awareness training. 90% pass rate of automated simulated phishing attacks used gauge staff's knowledge uptake.	
			<u>Potential impacts</u> <ul style="list-style-type: none">Financial lossConfidentiality breachesBusiness disruptionsLiabilityReputational damage		2. Array of internal IT controls aligned to best practices.	Identification of net new industry trends and assess risk to the College. On-time monthly maintenance and 100% of updates and patches applied. Implementation of Microsoft Intune to manage all OCP hardware both PC and Mobile phones.	

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
					3. Identify weakness in current infrastructure through third party audits and penetration testing based on the latest cyberattack trends	A plan is put in place to address all vulnerabilities in a timely fashion.	
					4. Test the cybersecurity response plan to mitigate the effect of any successful cybersecurity attack(s)	Testing will be done via a mock attack by a third-party company.	
					5. Review the College's cybersecurity insurance to ensure adequate funds are allocated.	Annual assessment of allocation amount with insurance provider.	
3	MEDIUM (Score: 6) Likelihood: 2 Impact: 3	Governance Effectiveness	Board’s execution of its oversight responsibilities as set out in statutes, regulations, By-laws and policies and further articulated in the CPMF <u>Potential impacts</u> <ul style="list-style-type: none">○ Reputational damage○ Loss of confidence from the Government and/or the public in the College’s ability to self-regulate○ Disconnect between the Board’s strategic intention and the Committees’ application of authority○ Liability	Regulation & Compliance Reputation Quality	1. Improve opportunities for the Board to consider strategic issues.	Revised structure and content of briefing notes. Measure and monitor the Board’s response to material presentation.	
					2. Review and enhance strategies for ensuring robust communications between the Board and Committees.	Updated Committee orientation program facilitates alignment with the Board’s strategic direction and Governance Principles.	
					3. Review and revise the Registrar / CEO performance evaluation framework	Defined process for CEO & Registrar performance planning and evaluation, including independent facilitation and 360-degree feedback.	
					4. Expand Board training on core competencies	Source and deliver effective training programs on 1-2 core competencies throughout the year. Board Minutes restructured to demonstrate effective challenges and diligence in decision making. Follow up items tracked separately.	

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
					5. Internal review of the College’s Governance Framework	Annual Governance Checklist is reviewed to determine the completeness of the current framework. Deficiencies and opportunities to be tracked with a completion plan. Board work plan to be posted in every meeting package.	
4	MEDIUM (Score: 6) Likelihood: 3 Impact: 2	Resourcing of core regulatory functions and mandate	Failure to properly resource core regulatory operations (i.e., ensure that the necessary resources are engaged in appropriate work with an acceptable workload), resulting in increased organizational risk. <u>Potential impacts</u> <ul style="list-style-type: none">○ Negative impact on work execution○ Public harm due to delays○ Reputational damage and loss of confidence in the College○ Legal challenges and liability	Quality Regulation & Compliance Reputation	1. Continue to develop broad suite of activity/workload reporting and dashboards, including integration of KPIs and CPMF metrics and adapt operational planning as needed to accommodate demands of core regulatory operations.	Additional range of activity and workload reports and dashboards are available to staff and management. Reporting and analysis help understand how operational work is allocated and completed and whether targets are being met.	Limitations of systems
					2. Application of risk-based, right-touch regulation principles to key activities such as practice and pharmacy assessments.	Resource allocation is monitored, adapted and optimized, e.g., resources are shifted as needed and data-supported business cases are developed if new staffing or technology resources are required to ensure operational work is completed. Practices and operations determined to be higher risk are prioritized for assessment. Practice documents are reviewed and updated in a timely manner.	Budgetary considerations

RISK ID	RISK RATING	RISK NAME	RISK DESCRIPTION & POTENTIAL IMPACT	RISK CATEGORY	RISK MITIGATION	MONITORING ACTIVITIES & INDICATORS	GAPS & CONSTRAINTS
5	MEDIUM (Score: 6) Likelihood: 2 Impact: 3	IT Infrastructure Disruption/Failure	Current IT infrastructure does not support high availability, ease of maintenance and scalability to meet the growing needs of the College. <u>Potential impacts</u> <ul style="list-style-type: none">○ Delaying work impedes work processes and efficiencies, data quality and management, information security○ Replacements/upgrades likely to require significant investment of financial and staff resources○ Problems with adoption and compliance with new systems	Information & Communication Quality	1. Execute on Technology Roadmap to uplift current IT infrastructure and increase stability and security and improve collaboration across functions.	First phases of Technology Roadmap are executed.	
					2. Create a cross company focus group to assess current CRM (Customer Relationship Management) system and determine if replacement is required.	Development and monitoring the CRM work plan to ensure scope and deliverables are met timely	
					3. Implement a phased data migration strategy from on-premises software to cloud-base infrastructure.	Reduction of files stored on OCP on-premises hardware. Move files to Cloud environment for increased collaboration, ease of accessibility and increased security.	

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Finance and Audit Committee (FAC)

TOPIC: Update on review of Board Policy 4.12 – Investments Policy

ISSUE: Prior to proposing amendments to the policy for Board approval, the Finance and Audit Committee (FAC) is seeking input from an investment consultant to support the development of a long-term investment strategy for the College's reserve funds.

PUBLIC INTEREST RATIONALE: In accordance with Standard 4 of the College Performance Framework (CPMF), the College must demonstrate that it is a responsible steward of its financial resources, including setting out a reserve policy which builds and maintains a level of reserves that covers operations should unforeseen circumstances arise. The investment policy will consider how those reserve funds should be prudently invested with recognition to market conditions including inflation and market risk.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Maintaining sound policies for internal operations is aligned with the College's 3rd strategic priority, "to enhance capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."

BACKGROUND:

- The College's investment policy was last reviewed by Council (now Board) in 2018 and was scheduled for review in 2021.
- The current policy requires investments to be contained to vehicles that preserve capital. Accordingly, investments to date have been very conservative and earnings are low relative to inflation.
- The FAC monitors the College's investments as part of their oversight responsibilities as set out in the by-laws. The Board receives a report on the status of investments as part of the quarterly internal financial statements and variance reporting, and at the end of each fiscal year through the audited financial statements.
- The FAC proposed amending the policy to permit investment of some portion of the reserve values in longer term, higher yield vehicles to increase earnings and hedge against inflation.
- Engagement of the Board in discussions to determine the Board's risk appetite respecting investment of the College's reserve funds was deferred in September 2021. The discussion was brought back to the FAC for further development. The FAC determined that an independent advisor should be sought to inform the Committee on various investment vehicles prior to proposing revisions to the investment policy for the Board's approval.
- Two reputable investment consultants referred by known contacts were invited to present to the FAC on their approach to supporting the College.

ANALYSIS:

- Both consultants demonstrated knowledge of a range of investment vehicles and had a track record and experience with not-for-profit agencies including foundations.
- One consultant proposed to work with the College independent of any specific investment choices to assist the College in understanding their specific risk tolerance, needs and incorporating that into an investment policy statement.
- Fees for this service are estimated to be between \$16,000-\$22,000 and would involve:
 - Working with the Committee and Board to review and revise investment objectives and foundational beliefs.
 - Developing a current strategy with up to four asset mixes.
 - Revision of the investment policy statement to be approved and implemented.
- An investment manager would need to be sought for ongoing management of the investments. As the meeting was introductory and exploratory, process fees and next steps via a delegated or advisory approach would need to be determined at a later time.
- After careful consideration of the two presentations and the merits of each approach, the Committee opted to proceed with the independent consultant, Mercer Investment Consulting, as this approach would provide the most benefit to the College in the long term. By guiding the Committee and Board through the development of an investment policy statement, Directors will gain the confidence and the knowledge needed to fulfill their oversight role relating to the investment of reserve funds.
- The proposed consulting fee which is not currently provided for in the budget was considered by the Committee, and it was determined that the fee is nominal in relation to the value of the reserves and the potential for increased earnings.

NEXT STEPS:

- FAC to conduct initial work with Mercer and bring the issue back to the Board at a future meeting.

ATTACHMENT:

4.12 Council Policy - Investments

4.12 Council Policy - Investments

(On the recommendation of the Finance and Audit Committee)

Policy Statement:

In accordance with the College By-law, surplus funds, including those allocated to a reserve fund, may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered bank, trust company or other financial institution in investment vehicles that do not present undue risk to the principal.

September 2014 (replaces December 1996 & February 1998 policy statement); FAC reviewed 2018; next review 2021

Procedure:

1. The Council may establish reserve funds as required. At the end of each fiscal year an allocation from any excess of revenue over expenses shall be made to maintain the reserve funds as established by the Council.
2. The **reserve funds** may be invested in short-term or long term instruments, with terms of up to 10 years as appropriate to the need for liquidity of the specific funds. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield.
3. **Surplus funds** not needed to meet the College's operating expenses during the immediate 12-month period, may be invested in short-term or long-term instruments with terms of up to 10 years. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield.
4. Any **other funds** may be invested only in short-term instruments with a term of 0 days to 365 days, or in a pool of such investments. The primary objectives of such investments, in order of importance, shall be preservation of capital, maintenance of liquidity, and yield.
5. The Director of Finance & Administration (DFA) is responsible for the administration of the College's investments.
6. Acceptable Investments:
 - **Debt obligations issued or guaranteed by the Government of Canada or its agencies or Crown Corporations or managed pools of such instruments.** The College may invest in individual instruments or a managed portfolio of Government of Canada guaranteed securities.
 - **Debt obligations issued or guaranteed by Canadian, provincial or territorial governments, banks listed in Schedule I or Schedule II under the Bank Act (Canada), or Canadian corporations or managed pools of such instruments.** The College may invest in high quality debt obligations issued or guaranteed by Canadian, provincial or territorial governments, and banks incorporated in Canada or Canadian corporations, or in a managed fund of such securities. All investments will be with

issuers who have a long term credit rating of at least AA low (Dominion Bond Rating Service) or its equivalent or a short term credit rating of R-1 Mid (DBRS) or its equivalent. A maximum of 10% of the investments will be securities from any one issuer, other than government issuers.

- **Short-term corporate paper or managed pools of such instruments** – The College may invest in individual instruments or in a managed fund that includes high quality short-term corporate paper and fully collateralized loans on call. All investments in the fund will be with issuers who have a credit rating of at least R-1 Mid (DBRS) or its equivalent. Each investment in the fund will have a maximum term to maturity of one year. The average term of the entire fund will generally range from seven days to 90 days. All securities will be marketable. A maximum of 10% of the investments will be securities from any one issuer, other than government issuers.

Related Policy: Reserve Funds

Under review

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION	X	FOR INFORMATION
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INITIATED BY:	Finance & Audit Committee (FAC)
TOPIC:	OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses
ISSUE:	For the Board to consider amendments to the remuneration policy regarding the rates for mileage, meals and the addition of an exceptional circumstances provision.

PUBLIC INTEREST RATIONALE: The College's remuneration policy is aligned with the Ministry of Health's Remuneration Framework for Public Appointees to Ontario's health regulatory colleges. The College's policy reflects remuneration for elected Board Directors, Professional Committee Appointees (PCAs) and Lay Committee Appointees (LCAs) and ensures that there is clarity on the application of the policy and the allowable expenses.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The proposed amendments to this policy align with the College's strategic priority to "enhance capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence." These changes help to ensure that qualified and competent individuals are willing to serve on the Board and committees as they are provided with reasonable remuneration and coverage for expenses related to serving in the public interest.

BACKGROUND:

- In September 2019, the Council (now Board) approved that Elected Directors and Committee Appointees would begin to receive a taxable honorarium for time spent on college work and be reimbursed for expenses incurred.
- In March 2020, the Board approved the Remuneration Policy and Summary of Allowable Expenses with a plan to make it effective in September 2020. Due to the pandemic and the need to provide compensation for meetings in a virtual format, the policy became effective immediately.
- The College's Remuneration Policy and Summary of Allowable Expenses is modeled after the Ministry of Health's (MOH) Remuneration Framework. This policy is used by Committee Appointees, Elected Board Directors, and College staff to clarify the parameters for payment of per diem honoraria and allowable expenses for reimbursement for performing the business of the College.
- Fuel prices have risen significantly, as have the cost of food and meals over the past six months prompting a review of the rates in this policy.
- Regarding the addition of an exceptional circumstances provision, there have been recent instances where the limitations on claimable time for preparation, deliberation and/or decision writing have resulted in significant non-compensable time being committed to produce the quality output expected for matters relating to Discipline, special or ad hoc committees.

ANALYSIS:

Rates for Mileage and Meals

- In 2014, the FAC directed that mileage rates should not be raised again unless the price of gasoline exceeded and remained above \$1.50 per litre for a minimum of three months. This position was arrived at following two successive rate increases that reacted to temporary gas price increases.
- [Fuel prices](#) have risen sharply since January 2022 and the cost of vehicle maintenance and repairs as well as financing have also risen significantly since 2014. They continue to be subject to inflationary pressures, although depreciation/residual value has a counterbalancing impact. Accordingly, an adjustment to the mileage reimbursement rate would be appropriate, irrespective of fluctuation in fuel costs.
- Anecdotal feedback from staff and Board/Committee members over the years, indicates that the \$50 per day allowance (breakfast \$10, lunch \$15 and dinner \$25) is insufficient to cover meals with tax and tip in Toronto and prices for food have risen dramatically in 2022.
- Recognizing that while Board and Committee meetings continued to be held virtually, business travel for staff attending pharmacies for assessments or investigations was increasing. Accordingly, a temporary increase of 20% of allowable reimbursement rates for mileage and meals was instituted for eligible staff expenses in February 2022. This temporary increase remains in place pending further review.
- Over the past month, staff conducted a review of the mileage and meal reimbursement rates at other colleges and organizations across the province. It should be noted that none of the comparator rates have changed since the recent fuel cost increases.
- The analysis supports an increase in rates for both mileage and meals in order to bring the College into the mid-range of rates paid by similar organizations. It should be noted that Public Appointees to the Board will continue to be paid in accordance with Ministry guidelines.
- The FAC will continue to monitor the situation and propose changes to the Board if appropriate.
- Given the limited expectation for in-person meetings for the remainder of the year, the proposed increase in the rates is unlikely to have a significant impact on expenses against budget.

Honoraria Claims for Exceptional Circumstances

- In response to inquiries by Public Appointees assigned to a special committee, the College recommended that remuneration for preparation time be sought under a provision in the Ministry's Remuneration Framework which reads as follows:

Appointees to Ontario's regulated Health Colleges must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Framework are expected to be infrequent. Deviation from the parameters of this Framework cannot be approved on a sustained/long-term basis. Any request for remuneration which exceeds the parameters of this Framework must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Ministry (Manager, Health Boards Secretariat).

- It was noted that the College's own remuneration policy should mirror the Ministry's Framework and include an additional provision that would enable consideration of claims for exceptional circumstances. For example, requests could be made under that provision for the following scenarios:
 - Payment for preparation for an ad hoc committee meeting requiring review of a significant number of documents prior to the meeting.
 - Payment for protracted amounts of deliberation time or decision-writing time for complex or lengthy Discipline hearings.

RECOMMENDATION:

Mileage Rates

Current	Proposed Change
Reimbursement for using your own car is \$0.45/kilometer for the first 25,000 km and \$0.35/km thereafter.	Reimbursement for using your own car is \$0.54/kilometer for the first 25,000 km and \$0.35/km thereafter.

Meal Expenses

Current	Proposed Change
Reimbursement for meal expenses incurred is subject to a daily maximum of \$50.00 based on submitted receipts. <ul style="list-style-type: none"> • Breakfast \$10 • Lunch \$15 • Dinner \$25.00 	Reimbursement for meal expenses incurred is subject to a daily maximum of \$70.00 based on submitted receipts. <ul style="list-style-type: none"> • Breakfast \$15.00 • Lunch \$20.00 • Dinner \$35.00

Exceptional Circumstances (preparation, deliberation and/or decision writing)

Addition of the following provision:

Individuals must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent. Deviation from the parameters of this Policy cannot be approved on a sustained/long-term basis. Any request for remuneration which exceeds the parameters of this Policy must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Governance Coordinator, who shall report exceptions to the Registrar & CEO and Chair of the Board.

MOTION: That the Board approve the amendments to the OCP Board and Committee Remuneration Policy, and Summary of Allowable Expenses as presented.

ATTACHMENTS:

- OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses (amended with track changes)



Ontario College
of Pharmacists

Putting patients first since 1871

Remuneration Policy & Summary of Allowable Expenses

Effective ~~June 13, 2022~~ March 23, 2020

*Applicable to Elected Directors of the Board of Directors, Professional, Lay
Committee Appointees and Working Group Members*

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Introduction

Application and Scope

This Remuneration Policy (“Policy”) is intended to apply to

- **Board Directors:** individuals who are elected to the Board of Directors at the Ontario College of Pharmacists; and
- **Committee Appointees:** professional (registrants) and lay (non-registrant) members appointed to committees, working group and task forces by the Board of Directors.

Purpose

This Policy is intended for use by individual Directors and appointees, and the College to clarify the parameters for payment of per diem honoraria for performing the business of the of the College. This Policy also addresses reimbursement for eligible expenses.

Effective Date

This Policy is effective for work conducted beginning **September 19, 2020** and replaces all previous practices relating to reimbursement and may be subject to change pursuant to OCP Board of Director approval. Supplementary policy statements, guidelines or amendments may be issued.

Conditions of Election to the Board and Committee Appointment

Acceptance of election or appointment indicates acceptance of the conditions of remuneration Policy and summary of allowable expenses. Conditions, including those relating to financial compensation, if any, are subject to change pursuant to the resolution of the Board of Directors of the Ontario College of Pharmacists.

All elected and appointed positions to the Board and Committees are part-time. Remuneration paid to part-time positions are made on a per diem basis. The Ontario College of Pharmacists is responsible for paying honoraria and expenses for Board Directors and committee appointees, pursuant to the applicable statutory provisions and the resolution established by the Ontario College of Pharmacists, including the policies set out in this Policy.

College Contacts

Completed and signed honoraria and expense claims, along with any required receipts, should be submitted to the designated College staff person for verification of attendance and submission to accounting. Individuals are required to use the most current version of the electronic claim form, and, where payments are to be made, receive payment by electronic funds transfer.

Any questions regarding the remuneration policy should be directed to the Governance Coordinator, Sarah MacDougall at (416) 847-8243 or smacdougall@ocpinfo.com.

Remuneration Policy

General

The basis of serving on the College's Board of Directors or Committees, working group or task forces is to uphold the mandate of protecting the public and should be viewed as public service. Therefore, any remuneration that may be paid is not expected to be competitive with the marketplace or the individual's usual occupational compensation.

Basis of Remuneration

In general, such functions or tasks are those which are performed within the context of formal meetings of the Board of Directors or Committees, or a statutory hearing or review conducted by an adjudicative Committee. Where applicable, preparation time and the writing of decisions are included. However, depending on the mandate of the College, such "business" may also include attending conferences or public forums which are directly related to the business of the College and the individual's assigned functions or tasks.

Eligible Payments

Eligible payments to individuals have been established in this Policy in accordance with College by-law No. 6. They include a per diem honorarium and reimbursement of necessary and reasonable expenses actually incurred in conducting the *business* of the College, such as travel costs, accommodation, and meals.

Government Taxes

Honoraria paid is taxable under the *Income Tax Act*. Thus, in order to receive remuneration (honoraria and/or expenses); individuals are required to provide their Social Insurance Number to the College by completing a TD1/TD1ON form. Reimbursement for expenses incurred is not generally subject to taxation.

The CRA has determined that, for *tax purposes*, remuneration received is considered income from employment. This means that:

- At the end of the calendar year, you will receive a T4 slip issued by the College.
- Remuneration is provided to the individual only and not to an incorporated company or charity.
- You will be required to provide the College with your social insurance number.
- All members are required to complete a TD1/TD1ON form for the purposes of withholding tax.
- Your services are not considered to be taxable supplies and you should not charge Harmonized Sales Tax (HST) on your services.

Assignment of Honoraria

Honoraria is payable **only** to the individual; it may not be directly "assigned" to a third party, that is, to another individual or a business or corporate entity. However, should an individual wish to do so, they are at liberty to donate any honoraria payable or received to a charitable organization of their choice and receive a tax receipt, as applicable.

Honoraria

Remuneration for part-time Directors and appointees must be on a per diem basis. Per diems are generally based on 7 hours of work. A per diem is the amount that is payable for conducting the formal business of the College (e.g., attending a meeting or hearing). When less than three hours of work is involved, one half of the established per diem rate will be paid. **Only one per diem payment can be made for a calendar day.**

Attendance Honoraria - Board of Directors, Statutory and Standing Committees

Position	Criteria	Per Diem Rate	
Elected Members of Board of Directors or Committee Appointees	Applicable when conducting the business of the College.	1 Day:	\$260
		<3 hours:	\$130

Where a single-day proceeding concludes earlier than its scheduled duration, individuals may be remunerated equal to the scheduled duration.

Honoraria may be claimed for attendance, preparation, decision-writing and/or deliberation time for meetings of the Board of Directors and Committees. Specific conditions apply to remuneration for preparation, decision-writing, and deliberation time, which are outlined in subsequent sections. In general, honoraria may be claimed for the activities listed in **Chart 1**.

Chart 1 Claims for Honoraria

Committee	Attendance	Preparation	Decision Writing/Review	Deliberation
Board of Directors	✓	✓		
Inquiries, Complaints and Reports Committee (ICRC)	✓	✓	✓	
Executive Committee	✓	✓		
Fitness to Practice Committee	✓	✓	✓	
Patients Relations Committee	✓	✓		

Quality Assurance Committee	✓	✓		
Registration Committee	✓	✓	✓	
Accreditation Committee	✓	✓		
Discipline Committee Meetings	✓	✓		
Discipline Committee Hearings	✓	✓	✓	✓
Standing Committees	✓	✓		
Ad-Hoc Committees and all other meetings	✓			

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in educational seminars, workshops and conferences is remunerated on the basis of the standard rate of **\$260.00 per diem**.

Electronic Meetings

From time to time, for reasons of economy and/or timeliness, Colleges may hold meetings via interactive electronic communication media (e.g., by telephone or videoconference). As long as such electronic meetings represent a duly constituted meeting of Board of Directors or a committee or representing the College on official College business the attending or participating individual may request payment of attendance honorarium.

The amount payable for "attendance" at electronic meetings is based on the applicable per diem rate for the member and Committee. **No payment, other than the applicable honorarium may be claimed in respect of electronic meetings.** Where any expenses are incurred in respect of electronic meetings (such as personal long-distance telephone, or internet charges), such expenses are the responsibility of and reimbursable by the College upon presentation of the required documentation.

Preparation, Decision-Writing, Deliberation and Cancellation Honoraria

Preparation Time

While being fully prepared to conduct College business is a normal requirement and expectation payment for time is not an entitlement. However, the College recognizes that, in some instances (such as, multi-day meetings or when dealing with highly specialized, technical information), a Board, Committee or panel member may be required to dedicate more time than usual to prepare properly to discharge her or his duty.

In all cases, preparation time is remunerated based on the standard per diem rate (**\$260.00 per diem**).

Individuals may request honoraria for preparation time for meetings of the College's Board of Directors and committees.

For budgetary reasons, honoraria is not available for preparation time for other committees or activities at this time. With the exception of preparation time for the Inquiries, Complaints and Reports Committee meetings and Discipline Committee *Hearings*, individuals may request honoraria for the amount of preparation time actually undertaken, as set out in **Chart 2**.

Chart 2: Preparation Honoraria

Meeting of:	Meeting Duration	Remuneration Rate
Board of Directors and all statutory and standing Committees EXCEPT the Inquiries, Complaints and Reports Committee and Discipline Committee <i>Hearings</i>	For each scheduled half- meeting day (up to 3 hours)	Up to one-half (50%) per diem
	For each scheduled full meeting day (greater than 3 hours)	Up to one (100%) per-diem

Inquiries, Complaints, and Reports Committee (ICRC)

Determination of the amount of preparation time claimable by ICRC members is based on Committee workload data, specifically, the number of matters considered. The committee staff support is required to confirm the number of inquiries, complaints and reports considered at each meeting on your claim. The remuneration rate is outlined in **Chart 3**.

Chart 3: Inquiries, Complaints and Reports Committee – Preparation Honoraria

Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

Preparation is not generally required for Discipline Committee Hearings. The College recognizes, however, that there are specific circumstances when members of a Discipline Committee panel are required to prepare for a hearing (i.e. in advance of motions, review of transcripts prior to a continuation, etc.). Where applicable, preparation for Discipline Committee Hearings may be payable up to a maximum of one per Diem, per matter.

Decision Writing

To facilitate effective decision writing, the College, at its discretion, compensates individuals appointed to adjudicative committees or panels dealing with matters of professional misconduct, proprietary misconduct, incompetence or incapacity for decision writing.

Remuneration for the time required to prepare, review and draft decisions is available only to individuals who are:

- assigned to committees which are statutorily mandated to adjudicate matters (complaints, allegations or charges) relating to the professional misconduct, incompetence or incapacity of College registrants; and
- assigned the responsibility of preparing and drafting the Committee's decision by the Committee chair.

Remuneration is not available for time required to draft or type Committee reports or minutes, regardless of the nature of the committee, or for drafting or editing College newsletters, communiques or other publications.

Decision writing time is compensated at the standard rate **(\$260.00 per diem)**. Individuals may request honoraria for decision writing time actually undertaken, as applicable, **up to a maximum of one per diem per matter**. "Per matter" is interpreted as per file and not based on duration.

Deliberation

Compensation for time required to deliberate following completion of a statutory hearing of the Discipline Committee may be claimed only if the panel of the Committee conducting a statutory hearing is required (by the length of the hearing day or need to review complex and lengthy submissions) to schedule additional meeting time on a different day to complete the statutory hearing process. In claiming honoraria for deliberation time, the individual must specify the hearing or hearings involved (such information is public information).

Deliberation time is compensated at the standard rate (\$260.00 per diem). Individuals may request honoraria for deliberation time actually undertaken, **up to a maximum of one per diem per matter**. "Per matter" is interpreted as per file and not based on duration.

Exceptional Circumstances (preparation, deliberation and/or decision writing)

Individuals must be recompensed in a consistent manner. As such, exceptional circumstances requiring diversion from the parameters of this Policy are expected to be infrequent. Deviation from the parameters of this Policy cannot be approved on a sustained/long-term basis.

Any request for remuneration which exceeds the parameters of this Policy must be accompanied with a written explanation of the exceptional circumstances involved from the Chair of the Committee to the Governance Coordinator, who shall report exceptions to the Registrar & CEO and Chair of the Board.

Cancellation of Scheduled Hearings and Meetings

In general, payment of honoraria is contingent upon attendance for the purposes of College business. The College recognizes, however, that from time to time, individuals may suffer a loss of income or the opportunity to earn income, as well as an off-setting per diem, as a result of having made a commitment and arranged one's activities to attend a meeting or hearing which is subsequently cancelled at short notice or adjourned/terminated in process.

While attempting to mitigate such situations, the College reminds individuals that they should not expect to be fully compensated for all loss of income and inconvenience arising from the cancellation of a scheduled meeting. It is expected that upon notification of a cancellation, all reasonable attempts will be made to mitigate against the loss of income and expenses for that period. Individuals are also encouraged to consider waiving the cancellation honoraria where there has been no actual loss of either income or opportunity to earn income.

Where the individual is requested and makes arrangements to attend a meeting of the College a review or hearing of a statutory committee for which an honorarium is normally payable, and such meeting, review or hearing is cancelled by the College, the individual may request payment of honoraria on the basis outlined in **Chart 4**.

In all cases, cancellation payments will be made at the standard member rate (\$260 per diem).

If an individual has received remuneration from some other source (e.g., salaried employment) during the period for which the cancellation honorarium would have been claimed, she/he shall neither request nor receive any payment for cancellation.

Individuals who have made unchangeable travel arrangements and, thereby, have incurred non-refundable travel costs, will be reimbursed for out-of-pocket expenses.

Preparation Time for Cancelled Meetings

In general, if an individual has undertaken and would normally claim for preparation time with respect to a meeting that is cancelled, she or he may request payment for such preparation time with respect to the original scheduled meeting date or with respect to the date of the rescheduled review/hearing, **but not both**, if the meeting is rescheduled for a date within 30 days of the original cancellation date.

In cases where a hearing or review is adjourned to be continued at a later date for the purposes of securing more information and/or reviewing new information or submissions, it may be appropriate to request additional preparation time.

However, such requests must be accompanied by a written explanation.

Chart 4: Cancellation Honoraria

Meeting	Condition of Cancellation	Allowable Claim
Board of Directors Meetings	<ul style="list-style-type: none"> • Notice of meeting published to public; and • Meeting cancelled three (3) or less business days prior to published start date. 	Max of one (1) per diem.
Statutory adjudicative committees except Discipline Committee Hearings	<ul style="list-style-type: none"> • Formal notice of meeting issued by College; and • Meeting cancelled three (3) or less business days prior to scheduled start time. 	Max of one (1) per diem.
Discipline Committee Hearings	<ul style="list-style-type: none"> • Formal notice of Hearing was issued to parties; and • Hearing cancelled/ adjourned three (3) or less business days prior to schedule start time. 	Max of one (1) per diem. Hearing must be identified on the claim.
	<ul style="list-style-type: none"> • Hearing adjourned in-process and no other business can be substituted. 	The per diem that would have been payable for the adjourned day. If multi- day hearing was scheduled, up to one (1) additional per diem.
Other Statutory and Standing Committees, excluding electronic meetings	<ul style="list-style-type: none"> • Formal notice of meeting was issued by the College; and • Meeting is cancelled three (3) or less business days prior to scheduled start time. 	Max of one (1) per diem.
Electronic (such as teleconference) meetings or ad-hoc	<ul style="list-style-type: none"> • Not applicable. 	No claim allowed.

Expenses

Summary of Allowable Expenses

This section is intended for use by Directors, Appointees and staff to clarify expectations for submission and verification of expense claims

Where applicable, the College will reimburse for authorized, necessary and reasonable expenses actually incurred in the course of carrying out College business. Reimbursement is based on the amount actually expended up to any maximum allowed for a specific type of expense under the guidelines provided herein.

The guiding principles for reimbursement include:

- Fiscal responsibility – ensure registrant dollars are used prudently and responsibility with a focus on accountability and transparency;
- Expenses for travel, meals and hospitality support the College's objectives; and
- Plans for travel, meals, accommodation and hospitality are necessary and economical with due regard for health and safety.

Claimants must:

- Complete the most current version of the claim form electronically
- Submit receipts with all claims. Where the receipt is not available, a written explanation must be provided to explain why the receipt is unavailable and a description itemizing and confirming the expenses must be provided;
- Submit the claims promptly after the expense is incurred; claims must be submitted within four (4) months after the meeting/hearing to be eligible for reimbursement;
- Submit claims for expenses before leaving the position within the organization.

Approvers must:

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

Transportation

Individuals are required to choose the most efficient, effective and/or economical mode of transportation to and from meetings. While modes of transportation other than the most economical may be used for reasons of personal convenience, reimbursement will be based on the most economical and practical mode of transportation. Time of travel is expected to be arranged within a reasonable timeframe of scheduled College meetings.

When rail or air travel is required for meetings which are regularly scheduled, or scheduled for enough in advance to allow it, individuals are encouraged to pre-book their travel to take advantage of discount or excursion fares.

- **Public Transit:** Local public transportation including hotel/airport shuttles (such as the Union-Pearson Express) is strongly encouraged and should be used wherever possible.

- **Train:** Travel by train is permitted when it is the most practical and economic way to travel. A coach class economy fare is standard.

Only in limited circumstances is business class travel acceptable, any only with prior approval¹, such as:

- The need to work with a team;
- Choosing a travel time that allows you to reduce expenditures on meals or accommodation (e.g. compare an economy (coach) class ticket plus a meal, with the cost of the ticket for VIA1, where the meal is included);
- Accommodation requirements; and/or
- Health and safety considerations.

Where a business class ticket is more economical than the economy fare, a copy of the economy fare to substantiate claim of the fare should be provided.

Where possible, individuals should book or reserve seats in advance to take advantage of lower fares.

Taxis / Ride Sharing Apps (Uber, Lyft)

Prior approval¹ to use a taxi or ride sharing should be obtained whenever possible. These may be justified in cases where:

- Group travel is more economical than the total cost of having individuals travel separately by public transit or shuttle; or
- Taking a car allows you to meet an unusually tight schedule for meetings.

Taxis or ride sharing may not be used to commute to work or home except under exceptional circumstances; for instance:

- Weather; health or safety conditions indicate it is the best, appropriate option; or
- Transport of work related baggage or parcels is required.

The use of airport limousines should be avoided in place of regular city taxis, ride sharing and airport shuttles.

Air Travel

Air travel is permitted if it is the most practical and economical way to travel. Economy (coach) class is the standard option for ticket purchase.

Toronto is served by two major airports: Toronto Pearson (YYZ) and Billy Bishop (YTZ). Individuals are encouraged to ensure that their air travel is purchased at the most economical rate with consideration to transportation changes/distance to the College.

¹ Prior approval should be sought from the staff resource to the Committee or the Chair or the Committee.

Rental Cars

When renting a vehicle, a compact model or its equivalent is required. Any exceptions must be:

- Documented and approved prior to the rental if possible; and
- Guided by the principal that the rental vehicle is the most economical and practical size, taking into the business purpose, number of occupants and safety (including weather) considerations.

Luxury and sports vehicles are prohibited. To avoid higher gasoline charges, refuel your rental car before returning it.

Personal Vehicles

Where a personally owned vehicle is used, the individual will be reimbursed at the mileage rates established, providing that the radius of the distance between the individual's residence and the meeting site exceeds 40 km (i.e. is greater than 40 km one-way). Lesser distances are considered to be travel undertaken as part of a normal day's work. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College.

The College assumes no financial responsibility for personal vehicles. The College will, however, pay the kilometric rate if you are using your own vehicle for College business.

If you will be driving more than 200 kilometers in a day, you should consider using a rental vehicle. If you are going to drive your personal vehicle for more than five days within a single calendar month - even if you are not exceeding 200 kilometers in a single day - you should consider lower cost options, such as vehicle rental or audio or video conferencing.

Reimbursement for using your own car is ~~\$0.54 45/kilometer for the first 25,000 km and \$0.35/km thereafter.~~ (Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle.) The College reserves the right to review the cost effectiveness of this model of reimbursement.

Parking & Tolls

Reimbursement is provided for necessary and reasonable expenditures on parking, as well as for tolls for bridges, ferries and highways, when driving on College business. Parking expenses will be reimbursed at the most economical available rate (valet parking is not generally permitted). Parking costs incurred as part of a regular commute will not be reimbursed.

Traffic Violations, Insurance & Vehicle Repair

There is no reimbursement for traffic or parking violations. Under no circumstances will individuals be reimbursed for the cost of vehicle repairs incurred as a result of vehicle breakdowns or accidents which occur while travelling on College business. Individuals using personal vehicles for College business are responsible for ensuring that their insurance coverage includes business use of the vehicle. Car insurance expenses are not reimbursable.

Accommodations

Individuals who are required to travel out of town and overnight to attend to College business may be accommodated in a hotel for the duration of the trip. However, hotel accommodation is not generally provided to individuals who reside within a radius of 40 km of the meeting site. Individuals who reside in the Greater Toronto Area (GTA) are encouraged to use available public transit to travel to and from the College without the need for overnight accommodation.

Hotels

Individuals travelling on College business are encouraged to stay at a College recommended hotel where favourable corporate rates have been negotiated. A list of favorable corporate rates is available on the *Board Portal*. When booking please quote the Ontario College of Pharmacists in order to be eligible for these rates. The College's usage will be tracked and the rates will be renegotiated at the end of the year, based on that usage.

Many hotels in Toronto offer preferential rates for frequent travelers and you may wish to investigate these when making your reservations. As well, there are many websites that offer last-minute discounts and you may sometimes get a better rate simply by booking on-line. In all cases, reimbursement will be made for single accommodation in a standard room rate.

Individuals choosing to stay at other Toronto hotels will only be reimbursed for a maximum of \$240 per night.

Chart 5: Maximum Hotel Reimbursement Amounts (taxes included)

Season	Rate
October to April	\$240.00
May to September	\$240.00

Under no circumstances will travel agent fees be paid.

Hotel internet charges (such as WiFi or network charges) are to be incurred only where required to conduct College business.

Airbnb or other Peer-to-Peer Rentals

Use of Airbnb lodging is strictly at the discretion of the Board Directors and Committee members and is at your own risk. The College doesn't assume any responsibility for the individual's decision to use these services.

Accommodation expenses

Under no circumstances will individuals be reimbursed for the cost of entertainment (alcohol, videos or pay movies), or for personal services (dry cleaning, personal grooming items, etc.). Such items should be deducted from hotel bills prior to submission for payment.

Private Homes

Private stays with friends or family are acceptable and encouraged. A cash payment or gift may be provided to the friends or family:

- A maximum of \$30 per night is allowed for accommodation including any meals with friends or family, in lieu of commercial accommodation. Instead of a receipt, you must submit a written explanation describing the purpose of the trip, identifying the host and the number of days you stayed.
- The \$30 value may be given in the form of a small gift (which must be accompanied by a receipt) or by cash or cheque.

Meals

Individuals may be reimbursed for the meal expenses incurred while engaged on College business, providing the individual is away from her/his residence or place of employment; on College business; and the meal (or meals) are not already provided as a part of the business process or transportation. Reimbursement for meals is an expense and not an additional allowance or stipend. Receipts are not required to be submitted/retained for meal claims.

Reimbursement is for restaurant/prepared food only. Reimbursement for groceries must have prior approval and a written rationale must be submitted with the claim.

Reimbursement will not be provided for meals consumed at home or included in the cost of transportation, accommodation, seminars, or conferences.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if the individuals are required to depart their residence 2-hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required to attend the College for a full-day. The College will generally provide a catered lunch if you attend the College for a full-day meeting.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and when the return trip from a meeting usually exceeds two (2) hours.

Reimbursement for meal expenses incurred is subject to a daily maximum of ~~\$70.00~~ ~~50.00~~ based on submitted receipts. The chart below can be used as a guide. These rates include taxes and gratuities.

Meals	Guideline
Breakfast	\$10.00 15.00
Lunch	\$15.00 20.00
Dinner	\$25.00 35.00

The rates are not an allowance. They are for individual meals - you must have eaten the meal to be able to submit a claim for reimbursement.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense. There are no exceptions to this rule.

Other Expenses

Personal phone calls

Wherever possible, individuals are expected to use the least expensive means of communication, such as a personally owned mobile device with a long-distance plan. If you are away on College business, reimbursement will be made for reasonable, necessary personal calls home for each night away.

Tips/Gratuities

You may be reimbursed for reasonable gratuities for porter, hotel room services, and taxis. Keep a record of gratuities paid.

Examples of reasonable amounts for gratuities include:

- 15% on a restaurant meal
- 10% on a taxi fare
- \$2-\$5 for housekeeping for up to two nights in a hotel, up to \$10 for a longer stay
- \$2-\$5 per bag for a porter.

Claiming Honoraria and Expenses

Timing of Claims

Individuals are asked to submit their claims for honoraria and expenses within five (5) business days of the event (meeting, panel hearing or other). In any case, the claim must be submitted for payment **no later than four (4) months after the meeting/hearing, etc. to be eligible for reimbursement.** The College will not consider claims received after this period for retroactive payment.

All claims relating to the period immediately before the end of the College's fiscal year (**December 31st**) must be submitted within two weeks of that date so that they are eligible for payment out of that fiscal year's allocation.

Claim Forms

Claims for honoraria and expenses must be submitted on the appropriate form (see **Appendix 1**) to the College directly. **Claim forms must be completed electronically** and electronically signed by the individual and must have a copy of receipts (please retain your original receipts for reference if needed). Failure to use the required form and attach required receipts will delay processing.

Please note that the claim form is periodically updated. Current claim forms will be available on the electronic Board Portal, Boardvantage.

Receipts

Reimbursement will be made only for expenses actually incurred. Therefore, it is essential that receipts are submitted along with your claim forms.

Claim Processing

Where the College's accounting staff have all necessary approved claims and receipts, staff will process completed claims. The College provides remuneration payments in accordance with the bi-weekly pay schedule. Reimbursement is made via electronic funds transfer directly to the individual.

Electronic Funds Transfer (EFT)

Payment is made only by Electronic Funds Transfer (Direct Deposit). See Appendix 2 for the EFT application.

Appendix 1: Per Diem Report Claim Form



**Ontario College
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Putting patients first since 1871

Remuneration and Expenses Form

Fields marked with an asterisk (*) are mandatory. Please refer to the Remuneration Policy for further details and guidelines for reimbursement. Only claims submitted within four months from the meeting date are eligible for reimbursement. Please complete one form per meeting.

Please complete this form electronically, and submit it via email within one week following the meeting date.

Contact Information

Last Name* First Name* OCP Number* (if applicable)

Honoraria

Subtotal:

Per Diem Rate (Length)	Please complete one line per date.
(1) 1 day: \$260	If you are claiming for Preparation time for a meeting, please enter it as a separate line.
(0.6) <3 hours: \$130	If you are claiming for Decision Writing /Review or Deliberation, please include the file name in the comments box.
	Please refer to the remuneration policy for further details.

Meeting Date (yyyy-mm-dd)	Committee	Activity Type	Length	Comments	(For office use only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Meeting Attendance Expenses (receipts must be provided)

Subtotal:

Public Transit (Air/Train/Taxi)

Personal Vehicle

Kms driven

@ \$0.45/km

Parking & Tolls

(If commuting more than 40 km each way)

Accommodation

Nights

Total Amount

(Up to a maximum of \$240 per night)

Meals

Breakfast
(Guideline: \$10)

Lunch
(Guideline: \$15)

Dinner
(Guideline: \$25)

(Up to a daily maximum of \$50.00)

Miscellaneous

Amount

Comments

(See Policy for details)

Total:

Approval (for office use only)

Approved by Name Date Signature


Date Paid Cheque No Charge to

Accounting Use

OCP Remuneration and Expenses Form v1.2 (2020-05-01)

Appendix 2: EFT Sign-Up

Payment is made only by Electronic Funds Transfer (EFT, or Direct Deposit). Below is an example of the application that must be submitted to have EFT initiated. This form is periodically updated; please contact the College for a copy of the latest version.



**Ontario College
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Direct Deposit Authorization Form

Fields marked with an asterisk () are mandatory.*

Contact Information

Last Name*	First Name*	OCP Number	
Address (line 1)*	Address (line 2)	City*	Postal Code*
Email*	Phone #*		

(payment advice will be sent to this email address)

Bank Account Details


****Please attach a copy of void cheque****

Bank Name*			
Bank Address (line 1)*	Address (line 2)	City*	Postal Code*
Institution#*	Transit#*	Account#*	

This is an amendment to direct deposit information previously submitted. Yes ☐ No ☐

Authorization

I authorize the Ontario College of Pharmacists to make all payments by direct deposit into the above account.

Name*	Signature*	Date*
		

2022-2023 Board and Executive Committee Meeting Schedule

Executive Monday, March 6, 2023

BOARD Monday, March 20, 2023

Executive Monday, May 29, 2023

BOARD Monday, June 12, 2023

Executive Monday, August 28, 2023

BOARD Monday, September 11, 2023

Tuesday, September 12, 2023

Executive Monday, November 27, 2023

BOARD Monday, December 11, 2023

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Susan James, Director, Quality (& previously Acting Registrar)

TOPIC: Acting Registrar's Report June 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 May 2022 update to the Board between quarterly meetings, the Acting Registrar (effective to May 30, 2022) respectfully submits this report on the activities that have taken place since the March 2022 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

College office return to normal onsite operations

Throughout the pandemic, the College has followed the requirements set out by government and public health authorities in making decisions about important infection prevention and control measures to be put in place at the office and generally for College employees. This resulted in a suspension of onsite meetings and restrictions placed on employees working from the office. As these requirements are being lifted across the province including those related to businesses and employers, the College has considered the importance of returning to normal operations including the resumption of in-office activities.

In line with the ending of public health requirements and understanding that any risk associated with such activities is no greater than that of most other business or organizations that interact with the public, the College is moving forward with its own onsite reopening plan. Therefore, as of May 30, 2022 staff and visitors wishing to come to the office are now able to do so and onsite meetings of any kind are now permitted. It is up to individual groups, such as Committees, to determine whether to meet in-person or continue to meet fully virtually. For meetings hosted in-person, participants will have the opportunity to join meetings virtually if they choose to do so.

Masking, proof of vaccination and physical distancing are not required onsite. However, all of those who come to the office will be strongly encouraged to use hand sanitizers or wash hands frequently, must avoid coming to the office for any reason if they have symptoms of COVID-19 or any other communicable disease, and must continue to follow all current public health guidance and isolation procedures related to COVID-19 exposure and test positivity until further notice.

Vaccination Authority for Pharmacy Professionals

Authority for pharmacy professionals to administer the COVID-19 vaccine was set to expire on June 30, 2022, however with vaccinations continuing as an important public health measure for the ongoing management of COVID-19, Regulation 356/22, amending the Controlled Act regulation under the *Regulated Health Professions Act*, 1991 was approved, resulting in an extension through to June 30, 2023.

Emergency Assignment (EA) Registration Certificates

EA Registration has been renewed for an additional 60-day period (from May 22, 2022 to July 21, 2022). As of May 6, 2022, there were 251 active EA registrants, 197 EA pharmacists and 54 EA pharmacy technicians. Of the EA pharmacists, 111 have a confirmed workplace and of EA technicians, 37 have a confirmed workplace.

The College continues to monitor the practice environment and is aware that demand and strain on the pharmacy workforce continues. Pharmacy professionals are now involved in the distribution of nirmatrelvir/ritonavir (Paxlovid) and in some settings continue to be redeployed to support other service delivery such as public health and mass vaccination clinics. Pharmacy teams continue to provide vaccinations to children and booster immunizations, in addition to providing the public with access to other pharmacy services across the province. As with other healthcare professionals, the pharmacy workforce also continues to be affected by absenteeism. Although we had envisioned a gradual reduction in access to EA, (starting with no new applications after May 21, 2022, and no renewals after July 21, 2022) at this point, demand for pharmacy services and workforce availability remains destabilized. As such, there is an ongoing benefit in maintaining access to EA registration.

Ministry/Government Activities

College staff continued to meet with representatives from the Ontario Public Drug Program and Health Workforce and Regulatory Oversight Branches of the Ministry over the last few months. Throughout April, several meetings were necessary to finalize the draft regulations associated with prescribing for minor ailments, which have now been approved and filed, with implementation set for January 1, 2023. Additionally, the College continues to discuss the oversight model for Drug Preparation Premises (DPPs), with the intention of ensuring a sufficiently robust model to support the College's oversight of these practices.

Medical Assistance in Dying (MAiD) Oversight Modernization

On May 16, 2022, College staff met with the Chief Coroner and the Ministry of Health (MOH) to discuss an approach to modernize oversight, investigations and reporting processes for the MAiD death review process. The changes do not directly affect pharmacy professionals but will streamline the approach for reviewing MAiD cases. There has been an increase in demand for MAiD as well as increased case complexity. The College will continue to work collaboratively with the Office of the Chief Coroner (OCC), MOH, the College of Physicians and Surgeons (CPSO) and the College of Nurses (CNO) to ensure safe access to medications required for MAiD.

On May 26, 2022, Health Canada held a technical briefing on the proposed amendments to the federal *Regulations for the Monitoring of MAiD*. The proposed regulations will come into effect on January 1, 2023. The College will continue to be engaged and monitor impact on the profession.

Regulatory Organizations

Health Professional Regulators of Ontario (HPRO)

The College continues to participate in regular bi-weekly information-sharing sessions with the other health regulators to discuss operational and regulatory matters of common interest. On March 29, 2022 Assistant Deputy Minister Sean Court and other Ministry staff met with members of HPRO to discuss Bill 106, *Pandemic and Emergency Preparedness Act*. As noted in the last Board update, this Act primarily serves to increase healthcare human resource capacity to help Ontario respond to, and recover, from the pandemic, and as part of that effort, includes provisions to reduce barriers for applicants seeking

registration with health colleges in Ontario. HPRO is in the process of reviewing the Act and proposed regulations to determine whether a response to the Ministry as part of the current consultation is warranted. A College response is also under consideration.

On June 1, 2022, HPRO hosted its Annual Meeting where they held the election of HPRO Officers, discussed the work underway to develop HPRO's response to Bill 106, their CPMF Working group, and Anti-BIPOC Racism Project. In addition, they hosted a presentation by David Wright, Chair of the Ontario Physicians and Surgeons Discipline Tribunal. Experience gained from this new approach to the processing of disciplinary matters is of interest to the College and other regulators as it will help to inform further regulatory reforms being considered by government.

Pharmacy Stakeholders

National Association of Pharmacy Regulatory Authorities (NAPRA)

There have been several meetings with the NAPRA Board of Directors this spring, some for regularly scheduled Board meetings and others with external stakeholders.

Board meetings have been held on March 29, April 12, May 10, 11 and 12, along with a roundtable discussion on April 26, 2022. These meetings have allowed for some focused discussions on specific initiatives related to fulfillment of goals under NAPRA's current strategic plan. These include review of the new governance structure, NAPRA's document development process, matters related to the national licensing model and consideration of long-term plans for the Program to Prepare for Practical Training (P4T), which is currently a pilot program funded by Employment and Social Development Canada. Many of these discussions will continue over the course of the year as NAPRA prepares for a strategic planning session in early 2023, in preparation for a new plan to be introduced in 2024. A common theme embedded in each of these meetings has been consideration of the value proposition of NAPRA for its members. This topic was also addressed, with a facilitated discussion, during NAPRA's Annual General Meeting with the Board and its Members on May 12, 2022. Information gathered during the meeting will be considered further in upcoming Board meetings this fall.

On April 5, 2022, NAPRA co-hosted a bi-lateral meeting of the Board along with Health Canada representatives from the Health Products and Food Branch. Topics of discussion included: risk management plans for licensing of health products, Canada Vigilance Adverse Reaction online database, and transparency initiatives for finding prescription information for pharmaceuticals. These meetings also provided an opportunity for roundtable discussions with general information sharing between the regulators and Health Canada.

On April 11, 2022 the NAPRA Board met with representatives from the Canadian Council of Accreditation of Pharmacy Programs (CCAPP) for an annual meeting to share information and discuss any issues with the implementation of the Memorandum of Understanding between the two organizations. During this meeting CCAPP reviewed the process for development of accreditation standards for educational programs in Canada.

NAPRA working groups

The College is actively participating on numerous national working groups that NAPRA established in 2019 to move their strategic plan forward. The key initiatives are well-aligned with needs that Ontario has identified. The following working groups have recently been added:

- **NAPRA Competencies Working Group**

The objective of this working group is to update NAPRA's competency documents. The focus will be on revising the entry-to-practice (ETP) competencies for pharmacists and pharmacy technicians and aligning them with the recently published Model Standards of Practice. They will

also revise and align the Supplemental Competencies on Injection and, at the end of the project, will make any small adjustments needed to the Compounding Competencies to align them with the new ETP competencies once complete.

➤ NAPRA Language Proficiencies Working Group

The objective of this working group is to update NAPRA's language proficiency requirements which were last published for pharmacists in 2006 and for pharmacy technicians in 2009. This work is in the early stages of development and will continue through the remainder of the year.

NAPRA Model Compounding Competencies

The NAPRA Board of Directors approved the *Model Compounding Competencies for Pharmacists and Pharmacy Technicians in Canada* at the March 29, 2022 meeting. The purpose/objective of the document is to provide competencies against which educational programs can be mapped to ensure that individuals taking the educational programs will be able to meet the NAPRA Model Standards for Pharmacy Compounding. The NAPRA Board hired an external consultant to develop competencies that encompasses all three NAPRA Model Standards for compounding. The process included reviewers from provincial regulatory authorities (PRA), subject matter experts (SME) and external stakeholders.

The document is currently being prepared for translation and publication. NAPRA staff will be reaching out to the Canadian Council on Continuing Education in Pharmacy (CCCEP) regarding the publication of the competencies and the possibility of CCCEP competency-mapped accreditation for compounding education programs.

The College will be reviewing the document to determine if any changes to our assessment documents are required.

Health Canada Risk Management Plans

The Marketed Health Products Directorate (MHPD) of Health Canada held an informational webinar on *The Role of Health Canada and Risk Management Plans (RMPs) in the Product Lifecycle* on May 4, 2022. The goal of the webinar was to provide a better understanding of Risk Management Plans, their purpose, and the role of Health Canada in these risk mitigation measures over the product lifecycle.

This will be followed up with a bilateral engagement session facilitated by NAPRA with some PRA representatives (including OCP) to be held on June 22, 2022 to provide Health Canada with information including concerns and challenges identified by pharmacy regulators in implementing RMPs on pharmacy professional practices.

Pharmacy Associations

Information sharing meetings between College staff and representatives from pharmacy organizations continue. On April 29, 2022, College staff met with representatives from the Canadian Society of Hospital Pharmacists, Ontario Branch (CSHP, OB) and the Ontario Pharmacists Association (OPA) for a regularly scheduled semiannual meeting to discuss current practice issues including, Quality Assurance, Minor Ailments and Paxlovid prescribing. Challenges and morale in the workplace were also discussed.

Regulatory Activities

Drug Preparation Premises (DPP) Framework

The College developed a [framework for DPPs](#) to provide clarity on expectations for registrants engaging in this practice setting as well as for individuals purchasing preparations from these sites. The framework focused on three guiding principles: 1. Patient-centered outcomes 2. Safety-centred care and 3.

Professional accountability. The DPP framework posted in February 2022 was followed up with an [article](#) in Pharmacy Connection on March 16, 2022 to raise awareness about the College's oversight model of DPPs within the profession.

Hospital Accreditation

The College was given oversight of hospital pharmacies on August 1, 2016 and has been assessing these sites every one to two years. The [iterative assessment process](#) has been posted on the College website to ensure clarity and transparency in the process. Outcomes leading to referral to the accreditation committee are clearly identified.

Quality Assurance Program – New Knowledge Assessment

The Knowledge Assessment for Part A pharmacists, which was initiated in May 2022, is part of the multi-modal approach to QA that has been adopted for pharmacists in all practice settings. Knowledge assessments are designed to ensure core current knowledge for those providing patient care. Grounded in the principles of QA and continuous professional development, knowledge assessments promote life-long learning which is important to helping maintain competency throughout a registrant's career.

To evaluate this QA activity, pharmacists were invited to participate. Over 2800 pharmacists indicated interest and as of June 1, 2022, 2747 have completed the assessment. 99% were successful on their first attempt. Initial feedback indicates that pharmacists found the assessment useful in identifying learning opportunities and in validating core knowledge. Overall, the pilot was successful despite some challenges with the vendor following our communication protocols. The College will evaluate this first implementation and make any necessary adjustments to the process and/or the assessment tool.

AIMS (Assurance and Improvement in Medication Safety) Program

In February, in collaboration with Pharmapod, the College conducted an anonymous survey for all registrants which was designed to identify barriers and opportunities to enhance engagement with the platform and reporting of medication incidents and near misses. Using the information collected from registrants, the College analyzed the data and released a [report](#) of the survey results, immediate corrective actions and proposed long-term next steps. In April, the Pharmacy Safety Self-Assessment (PSSA) module was updated to enhance user experience and streamline completion based on feedback received from the survey. Additional platform enhancements and updates are being developed with Pharmapod that will support enhanced engagement and facilitate reporting.

Induction into the Profession of Pharmacy Ceremony

The College was invited once again to participate in the Induction into the Profession of Pharmacy Ceremony at both the Leslie Dan Faculty of Pharmacy Program at the University of Toronto and the School of Pharmacy at the University of Waterloo. As students embark on their professional journey, this symbolic ceremony marks their commitment to professionalism, the Code of Ethics and serves as a formal welcome into the professional community.

On March 23, 2022, Ms. Susan James, Acting Registrar and Director, Quality, had the opportunity to greet the First-Year students (Class of 2T5) and welcomed them to the profession on behalf of the College. On May 9, 2022, Ms. Jane McKaig, Manager, Community Practice attended and spoke at the Waterloo Pharmacy White Coat Ceremony for first year students (Class of 2025) and second year students (Class of 2024). Both events were well received, and the College looks forward to welcoming future registrants into the profession.

Pharmacy Safety Initiative

As reported previously, pharmacy robberies continue to be on the rise, warranting re-introduction of the Pharmacy Safety Initiative first introduced to the Board in 2019. The College is now actively engaged with the Ontario Association of Chiefs of Police (OACP), the Ontario Pharmacists Association (OPA) and other pharmacy regulators to revitalize this initiative. Future meetings with OACP, the College and other retail stakeholders are being planned to support collaboration across the retail sector to develop crime

prevention resource tools. Additionally, the College, in collaboration with the Peel Regional Police department, published an [article](#) for registrants developed by a police detective that identified strategies to help prevent pharmacies robberies.

Pharmacy Examining Board of Canada (PEBC)

The Annual PEBC Board Meeting summary report is included for information (Attachment 1).

Ontario Health

Since June 2021, the College has supported Ontario Health's messaging to invite pharmacies to sign-up for access to the provincial clinical viewer in their local regions. The viewer is a secure, web-based portal that provides real-time access to digital health records including dispensed medications, laboratory results, and hospital visits. To enhance pharmacy registration, College staff have been collaborating with Ontario Health and the Ontario Pharmacists Association to develop enrollment and communication strategies. Currently, as a result of this work, an updated communication message was developed, the application process was streamlined, and a registrant onboarding success story was published in April 2022. Collaboration remains ongoing.

Institute for Safe Medication Practice (ISMP)

The College has continued to maintain a collaborative relationship with ISMP, most recently through staff participation on an advisory panel to inform the updated version of the Medication Safety Self-Assessment (MSSA) for Community Pharmacy, which launched in April 2022. The program can be accessed from: <https://mssa.ismp-canada.org/comm-pharm-ii> (EN) and <https://mssa.ismp-canada.org/fr/pharm-comm-ii> (FR). This effort supports a consistent approach to medication safety programs across the country.

The College also received notice of ISMPs new strategic plan and a request to explore further opportunities for collaboration (Attachment 2).

Equity Diversity and Inclusion (EDI)

The College intends to inform the EDI work related to regulatory functions and the pharmacy profession with feedback and opinions of internal and external stakeholders. An internal working group, with representatives from across the College has been established and the [recruitment process](#) for an external advisory group launched on May 12, 2022 and received interest from 124 individuals, including registrants and members of the public. Final recruitment of the group is expected to be finished in June 2022.

As the development of the College's EDI strategy moves forward, the College will continue to participate in and consider the opportunities identified through the HPRO Anti-BIPOC Racism Working Group. This includes the sharing of best practices and participating in an upcoming project related to developing a framework for equity impact assessments for regulators.

Point of Care Testing (POCT) Implementation

In preparation for [O. Reg. 46/22](#) coming into force on July 1, 2022, the College is developing several implementation strategies, to ensure the delivery of safe and effective patient care. Strategies include updates where necessary to the Performing a Procedure on Tissue Below the Dermis Guideline, and the proposed creation of a dedicated webpage for POCT which will provide an overview of the expanded scope of practice. This webpage will also signpost registrants to resources for pharmacy e.g., links for accessing the provincial clinical viewers and relevant educational modules.

N E W S

L E T T E R

PEBC UPDATE

Vol. 26 No. 1 April 2022

2022 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its Annual Board Meeting on March 26, 2022 via videoconference. Standing committees met over the three days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, President Suzanne Len or the Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

New appointments to the Board, taking effect at the close of the Annual Board Meeting are:

Toni Cano – Canadian Pharmacy Technician Educators Association

2022 Executive Committee

President – Dr. Suzanne Len
Vice-President – Dr. Terri Schindel
Past-President – Melissa Benoit

Executive Members:

Harriet Davies
Gabriella Wong

2021 PEBC Statistics

PEBC Pharmacist Register:

There were 1937 names added to the Pharmacist Register as the result of examinations in 2021.

Pharmacist Qualifying Examination:

A total of 2551 candidates took the Qualifying Examination-Part I (MCQ) in 2021, compared to 2162 in 2020. A total of 2513 candidates took the Qualifying Examination-Part II (OSCE) including a total of 498 candidates who took a special administration of the OSCE in February 2021, compared to 975 in 2020.

There was a total of 16 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

A total of 1935 took the Pharmacist Evaluating Examination in 2021 compared to 1827 in 2020.

Pharmacist Document Evaluation:

A total of 2412 applicants in 2021 were ruled acceptable for admission into the Evaluating Examination, compared to 2464 in 2020.

PEBC Pharmacy Technician Register:

There were 733 names added to the Pharmacy Technician Register by examination in 2021, compared to 461 in 2020, bringing the total to 12,257 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 1180 candidates took the Qualifying Examination-Part I (MCQ) in 2021, compared to 716 in 2020 and 1136 took the Qualifying Examination-Part II (OSPE), compared to 673 in 2020.

PEBC UPDATE
The Pharmacy Examining
Board of Canada

Contributor:
J. Pugsley

Committee on Examinations

Virtual Performance Examination (VPE) Steering Committee

The Committee on Examinations received a report from the Virtual Performance Examination (VPE) Steering Committee. As a result of the pandemic, PEBC committed to exploring the possibility of administering virtual performance examinations for the OSCE and OSPE.

The VPE Steering Committee has recommended that PEBC conduct a pilot and advise on the appropriateness of a full-scale implementation. The Steering Committee is overseeing the research, development, and implementation of the pilot.

The pilot will focus on the functionality and the feasibility of the virtual format, and on its comparability with the in-person format. It will also examine the validity evidence of the VPE.

In preparation for the pilot study, PEBC released an RFP to companies offering virtual OSCEs for the selection of a platform for the use in the pilot. Fry-IT is the vendor that has been selected.

There are a number of challenges with respect to VPEs, and one of the most significant ones that PEBC faces is how to ensure the security of exam materials. Other challenges include the need for minimal levels of technology and relying on it functioning appropriately for large scale administrations.

To help move the pilot forward, PEBC has decided to recruit a project coordinator with performance exam experience to lead the implementation of the pilot. Once this individual has been recruited, PEBC will finalize the timelines for the pilot. Also, further work will be done with PEBC's Lead Psychometrician and external consultants to solidify the research

plan with details on pilot implementation and analyses to determine defensibility of the virtual modality of a PEBC OSCE.

Programmatic Review of the PEBC Certification Process

A strategic plan priority for 2021-2022 is to conduct a comprehensive review of PEBC's certification processes. The Committee on Examinations (COE) approved a proposal for a Programmatic Review (PR) of the PEBC Certification Process in March 2021. The review has sought to determine whether PEBC certification is a current and relevant registration requirement for candidates seeking registration as pharmacy professionals. The review will also identify any gaps in the certification process and propose enhancements.

An Advisory Committee, consisting of pharmacists, pharmacy technicians, and a physician with varied experience in regulation, education, accreditation, and entry-to-practice assessment was formed to guide the review process and to make recommendations to the COE.

The Dundee Consulting Group Ltd. served as consultants to conduct the background work for the Advisory Committee, including conducting stakeholder interviews, surveys and report writing under the guidance of the Advisory Committee.

Deliverables of this comprehensive PR included a summary of stakeholder interviews and surveys, a literature review / environmental scan of best practices for credential evaluations and competency assessments, and an evaluation of performance of candidates throughout the certification process.

The Committee on Examinations reviewed the initial findings of the PR and will consider the full report at the 2022 Mid-Year meeting.

Recommendations from the report will be made available after this meeting.

Overall, the PR found strong support for, and confidence in, PEBC and its credentialing and certification processes. Most informants indicated they believe that PEBC is effective in assuring, through its credentialing and certification processes, that certified pharmacy professionals have demonstrated their ability to practice safe and competent care at entry to practice. Stakeholders strongly identified the need for an arm's length evaluation, as conducted by PEBC to assure the competence of those seeking licensure. PEBC and its processes were commonly described by stakeholders as 'outstanding', 'trusted', 'objective', 'reliable', 'reproducible' and 'consistent'.

Public Relations Committee

The Public Relations Committee reviewed a report of public relations and website statistics.

Members of the Committee will work to identify stakeholder needs to better understand PEBC certification processes. The goal is to enhance existing materials and develop new educational materials for stakeholders.

PEBC has presented educational sessions and research at several conferences related to credential evaluation, Linear-on-the-Fly Test Delivery and Virtual OSCEs.

Board Meetings

The next Board Meeting and Committee Meetings will be held on October 20-22, 2022 (Mid-Year Meeting). The date of the next Annual Meeting is tentatively set for March 25, 2023, with Committee meetings preceding.

A Trusted Partner

Strengthening medication safety through timely learning, sharing, and acting to improve health care.

ISMP Canada is a national, independent, not-for-profit organization that purposefully partners with organizations, practitioners, consumers, and caregivers to advance medication safety in all healthcare settings.



ZERO Preventable Harm From Medications
Institute for Safe Medication Practices Canada

The Next Five Years 2022 - 2026



Purposeful Partnerships

Coordinate and take meaningful action on medication safety priorities.

- Collaborate and effect change with strategic partners, including establishing a joint partner action table.
- Establish and grow an information-sharing network with consumers, providers, and others.
- Implement targeted and innovative collaborative strategies for sustainable and successful growth.

Focus & Impact

Leveraging our strengths to drive improvement in health care in priority areas.

- Inform and spread medication safety improvements in the Long-Term Care sector.
- Continue to collaborate with First Nations, Inuit, and Métis communities to advance medication safety.
- Grow medication safety supports for those receiving care in the community, including at transitions in care.

Data Driven

Expanding our ability to turn data into actionable insights.

- Review and update our reporting and learning databases for incident reporting.
- Modernize our approach to data extraction and analysis.
- Grow and expand the National Incident Data Repository for Community Pharmacies (NIDR), a component of the Canadian Medication Incident Reporting and Prevention System (CMIRPS).

ismpcanada.ca

Institute for Safe Medication Practices Canada

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Susan James, Director, Quality

TOPIC: Pharmacy Regulatory Authorities (PRAs) of Canada Cross-Jurisdictional Practice Agreement

ISSUE: Approval for OCP to be a signatory on the PRAs of Canada Cross-Jurisdictional Practice Agreement

PUBLIC INTEREST RATIONALE: Pharmacy professionals must provide professional care and services in a manner that protects and serves patients and that addresses the complexity associated with the ongoing care required to assist a patient to achieve optimal health outcomes. With health care professionals increasingly using new technologies to provide health care to the public, delivery of services across jurisdictions is expected to increase. In anticipation of these shifts in practice, regulators need to ensure there are no gaps in accountability and that patients receive the full benefit of the protection of professional expectations and legal requirements, which may differ slightly between provinces/territories.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The information outlined below supports a decision and activity related to the College's first strategic priority, "enhancing system and patient outcomes through collaboration and optimization of current scope of practice."

BACKGROUND:

- The issue of cross-jurisdictional practices was first discussed by National Association of Pharmacy Regulatory Authorities (NAPRA) members in 2013, and in response, a working group was established to outline principles for a Pan-Canadian Agreement Governing Interprovincially Delivered Pharmacy Services. This work continued through to April 2016 at which time, due to numerous barriers, the work was prevented from moving forward.
- In March 2018, NAPRA members again discussed the issue of cross-jurisdictional practices and in May 2018 prioritized it as one of the goals for NAPRA's 2019-2023 Strategic Plan.
- In June 2019, a new cross-jurisdictional working group (including an OCP representative) was established to review the background information, identify known practices that occur across jurisdictions, review policies of other professional authorities in Canada and internationally, and identify issues to consider when assessing cross-jurisdictional practice.
- In February 2020, NAPRA hosted an in-person meeting to facilitate a discussion aimed at achieving a collective agreement on the legal issues associated with cross-jurisdictional practices. Attendees included members of the working group, PRA registrars, and their respective legal representatives. Input received during the meeting was used to guide further development of a draft framework.

- Between February 2020 and February 2022, a variety of meetings were held involving the working group, PRA registrars and/or PRA legal representatives to continue consideration of the issues associated with establishing a Canada-wide cross-jurisdictional practice framework.
- To inform discussions and assist with an assessment of the legal issues associated with the development of a national agreement, NAPRA sought a legal opinion/report regarding cross-jurisdictional pharmacy services in Canada in May 2021. The lawyer that provided the opinion subsequently attended meetings with the PRAs and their legal representatives to assist with drafting of the agreement.
- At the cross-jurisdictional meeting in February 2022, participants provided a strong commitment to find solutions to a few remaining issues to move the initiative forward. By late April, with only minor wording changes left to be confirmed, the PRAs were requested to seek approval as a signatory to the draft Cross-Jurisdictional Practice Agreement (Attachment 1) with their respective Council/Board. As of May 20, 2022, seven PRAs have secured approval, two are seeking approval by the Council/Board (including OCP), two require consideration by their government, two are under review and one has opted out.
- In anticipation of the national cross-jurisdictional agreement and to ensure alignment, the College delayed final approval of the cross-jurisdictional practice policy in 2021 and has since confirmed compatibility in preparation of the final draft of the policy, also being presented for Board approval.

ANALYSIS:

- As outlined in the draft Cross-Jurisdictional Practice Agreement, PRAs recognize that cross-jurisdictional practice exists and will likely increase given the expanded use and acceptance of electronic communication methods to provide health care and services to the public.
- Individual PRAs are best positioned to enforce the professional expectations and legal requirements in relation to registrants from within their jurisdiction and will benefit from a collaborative approach with other jurisdictions, in the event a registrant chooses to provide services to a patient in another province/territory where laws and practice expectations may differ.
- The draft Cross-Jurisdictional Practice Agreement has been prepared and includes language to promote cooperation and mutual respect between PRAs. It is not a contractual agreement and does not include sanctions against any signatory that does not fulfill the agreement. It serves as an important statement of intent, allowing signatories to formalize their commitment to the agreement, while permitting flexibility in the approach of each PRA's fulfilment of the expectations and recognizing that some aspects of the agreement may not be legally enforceable in all jurisdictions.
- As noted in the Cross-Jurisdictional Pharmacy Services Policy Briefing Note (14.2), once the practice policy is published the College will have met two of three core aspects of the agreement regarding communication of expectations for registrants, specifically for those registered in Ontario who choose to practice in another jurisdiction. Title protection, as referenced in the *Pharmacy Act*, 1991, sets out expectations for pharmacy professionals who are providing pharmacy services in Ontario to be registered with the College. The College will review and revise, if necessary, existing communication to ensure there is clear guidance regarding the regulatory laws and expectations for individuals registered in another jurisdiction who wish to provide pharmacy services to patients in Ontario.

- The *Regulated Health Professions Act*, 1991, Section 36.1.(c) provides the College with the authority to share information with a body that governs a profession outside of Ontario and therefore the College is currently able to meet part 4 of the agreement. However, in some other jurisdictions the regulator is prohibited from sharing information with us, making it difficult to collaborate on investigations. If approved, the agreement will serve to promote reciprocal information sharing among all signatories once each regulator has established mechanisms to fulfill this part of the agreement.

RECOMMENDATION: That the Board approve that the Ontario College of Pharmacists be a signatory on the Pharmacy Regulatory Authorities of Canada Cross-Jurisdictional Practice Agreement (attached).

NEXT STEPS:

- If approved, the College will become a signatory on the final Cross-Jurisdictional Practice Agreement and will continue to create policy documents or other instruments as appropriate to fulfill the expectations of the agreement.
- Communication of associated practice expectations of registrants and other pharmacy professionals seeking to provide pharmacy services within Ontario, will be communicated to all stakeholders following the College's usual methods of delivery (eConnect, website, Pharmacy Connection and social media).

ATTACHMENT:

- Pharmacy Regulatory Authorities of Canada Cross-Jurisdictional Practice Agreement

**Pharmacy Regulatory Authorities of Canada
DRAFT Cross-Jurisdictional Practice Agreement**

Note: This DRAFT version is prepared ahead of final confirmation of agreement from all PRAs, for the purpose of presentation to PRA Council/Boards.

[Insert any usual listing of parties, etc.]

WHEREAS

- The Pharmacy Regulatory Authorities of Canada (PRAs) regulate pharmacy professionals and pharmacies (Licensees/Registrants) within their province/territory in the public interest to ensure that each Licensee/Registrant provides professional care and services in accordance with the law applicable in that province/territory, ethically and safely.
- The PRAs recognize that Licensees/Registrants are increasingly using electronic communication methods to provide professional care and services to the public across provincial/territorial borders.
- It is essential that the PRAs act to protect and serve the public interest by cooperating to maintain clear standards and accountability for Licensees/Registrants engaging in cross-jurisdictional practice.
- Pharmacy professionals must provide professional care and services in a manner that protects and serves patients and that addresses the complexity associated with the ongoing care required to assist a patient to achieve health outcomes. This includes ensuring that the provision of professional care and services is suitable for the patient, is appropriate given the patient's unique circumstances (e.g., medical and health conditions, other medications, culture, costs, etc.), is correctly provided and recorded, and is accompanied by appropriate advice, counselling, and monitoring.
- The PRAs recognize that failing to undertake any of these aspects of professional care and services puts the patient at increased risk of their health being negatively impacted and/or at increased risk of failing to realize the benefit that drug therapy could have provided.
- To ensure that patients are protected, the PRAs recognize that a Licensee/Registrant providing professional care and services across provincial/territorial boundaries must act in accordance with professional expectations and legal requirements:
 - In their own jurisdiction; and
 - In the patient's jurisdiction

to ensure that there are no gaps in accountability and to ensure that the patient receives the full benefit of the protection of those professional expectations and legal requirements, which may differ slightly between provinces/territories.

- Each PRA can best enforce the professional expectations and legal requirements in relation to Licensees/Registrants licensed or registered with it.
- This cross-jurisdictional practice agreement between PRAs will facilitate their ability to ensure that Licensees/Registrants are professionally accountable and act in accordance with the professional expectations and legal requirements in their own, as well as the patient's, jurisdiction.

The PRAs therefore agree as follows:

1. The PRAs recognize that Licensees/Registrants registered with a PRA are governed by, and accountable to, that PRA for their conduct regardless of where they or their patients or other recipients or the conduits of their activities are locatedⁱ.
2. Each PRA will develop and publish a guideline, standard, by-law, regulation, statutory amendment, or other document (Instrument), whichever is most suitable in the circumstances, to address the responsibilities of Licensees/Registrants regardless of the location of their activities or of the recipients or the conduits of their activities. The Instrument will cover the following points:
 - a. The Licensee/Registrant is responsible to meet and comply with all professional expectations and legal requirements of the PRA and jurisdiction with which they are registered regardless of the location of their activities or of the recipients or the conduits of their activities;
 - b. The Licensee/Registrant is responsible to meet and comply with all of the professional expectations and legal requirements of the PRAs and jurisdictions in which any part of their activities or in which any of the recipients or the conduits of their activities are located; and
 - c. Failure of a Licensee/Registrant to comply with the professional expectations in the Instrument may be determined to be unprofessional conduct and reflect on the Licensees/Registrants' suitability to practise the profession (in whatever language the PRA's enabling legislation uses to describe those concepts).
3. Each PRA will also develop and publish an Instrument to address the responsibilities of Licensees/Registrants registered with other PRAs who are providing professional care and

ⁱ Decided cases in Canada consistently indicate that PRAs have jurisdiction over the conduct of their registrants regardless of the location of the conduct. However, not every Canadian jurisdiction has a precedent on this point.

services or whose recipients or conduits of their care and services are in the PRA's jurisdiction. The Instrument will cover the following points:

- a. The circumstances in which the Licensee/Registrant must obtain some form of registration with the PRA, if applicable;
 - b. The Licensee/Registrant is responsible to meet and comply with all professional expectations and legal requirements of the PRA and the jurisdiction, and whether there are any exceptions to doing so; and
 - c. The Licensee/Registrant is also responsible to meet and comply with all of the professional expectations and legal requirements of the PRA and jurisdictions with which they are registered.
4. To the extent it is permitted to do so by law and where appropriate, each PRA agrees to make reasonable efforts to cooperate with other PRAs where concerns or complaints arise about a Licensee/Registrant's conduct, competence, or capacity when providing services between jurisdictions. Where possible, cooperation will include sharing of information and coordination of investigations.
 5. To the extent feasible, each PRA agrees to work towards harmonizing the professional expectations upon Licensees/Registrants across all Canadian jurisdictions so as to simplify compliance with Instruments and to ensure the consistent protection of the public.

[insert suitable date and signature lines]

BOARD BRIEFING NOTE

MEETING DATE: JUNE 2022

FOR DECISION		FOR INFORMATION
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INITIATED BY: Susan James, Director, Quality

TOPIC: OCP Cross-Jurisdictional Pharmacy Services Practice Policy

ISSUE: Approval of the amended Cross-Jurisdictional Pharmacy Services Policy

PUBLIC INTEREST RATIONALE: Existing practice policies and resources are regularly reviewed as part of the College's policy review process to ensure they are up-to-date and provide registrants with a clear set of expectations that guide the practice of pharmacy in Ontario. The consistent delivery of pharmacy services across all Canadian jurisdictions ensures patients can access, receive and expect reliable and safe care from pharmacy providers. The Board's role in practice policy making can be found in [Board policy 4.3](#).

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The information outlined within this document supports a decision/activity related to the College's first strategic priority, "enhancing system and patient outcomes through collaboration and optimization of current scope of practice."

It also relates to the following Objects of the College as specified in the *Regulated Health Professions Act* (1991), specifically:

3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.

10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.

BACKGROUND:

- The revised Cross-Jurisdictional policy was first introduced to the Board in March 2021 (Attachment 2) and was approved to be posted for a 60-day public consultation.
- On March 23, 2021, the College posted the draft Cross-Jurisdictional Pharmacy Services Policy for public consultation. The consultation ended on May 24, 2021. The College received a total of 34 comments through the consultation. All consultation feedback is publicly available on the [consultation page](#) and a summary of the feedback was presented to the Board in June 2021 (Attachment 3).
- Most of the feedback from respondents and organizations requested significant changes be made to the Cross-Jurisdictional Pharmacy Services Policy to address concerns regarding potential unintended barriers to cross-jurisdictional care should the policy be implemented as written.
- NAPRA has recently completed a draft Cross-Jurisdictional Practice Agreement, outlining requirements for all the pharmacy regulatory authorities of Canada to provide guidance to

their registrants with regards to cross-jurisdictional practices. This revised draft of the College's practice policy is aligned with requirements in the Agreement.

ANALYSIS:

- A thematic analysis of qualitative data obtained from the open consultation was completed by the College. Since the open consultation, additional consultations with stakeholders were conducted to ensure clarity of feedback. A summary of the amended themes from both the open consultation as well as follow up stakeholder consultations is presented below.

Key Themes

i. Ensuring the policy reflects the importance of patient choice

Patients must be aware of their freedom to choose when it comes to the provision of pharmacy services. This discussion can take place while obtaining informed consent from the patient.

ii. Provision of more clarity around informed consent

The policy has been amended to provide further details around obtaining informed consent in various scenarios.

iii. Provision of more clarity around practices such as co-signing of prescriptions

The policy has been amended to reflect the definition of "co-signing" as well as expectations of registrants with regards to these practices.

iv. Ensuring alignment with the Draft Cross-Jurisdictional Pharmacy Services Policy and the Virtual Care Policy

The policy has been amended to ensure consistency with definitions, and expectations with all other College policies, including the [Virtual Care Policy](#).

v. Provision of more clarity around the use of technology in pharmacy care

The College has reviewed the scope of the Cross-Jurisdictional Pharmacy Services Policy and determined that this topic would benefit from a dedicated policy to address technology. This policy is in the process of being drafted as part of the College's regular policy review process.

vi. Identifying various scenarios to provide examples of delivery of appropriate cross-jurisdictional pharmacy services

The College will monitor the environment and registrant response to identify frequently asked questions. Frequently asked questions will be adapted into a Practice Resource which will be released to accompany the Policy and provide further specifics.

i. Outlining how registrants licensed in other provinces are to abide by this policy if they have legislative restrictions

NAPRA's Cross-Jurisdictional Framework is expected to be approved by each of the provincial regulatory authorities in Canada in 2022. The College has contributed to the development of this framework to ensure all provinces are aligned to the extent possible with regards to cross-jurisdictional care.

- Based on the analysis of the feedback, revisions to the draft Cross-Jurisdictional Pharmacy Services Policy have been made. Please see Attachment 1 for the amended final policy.

RECOMMENDATION: It is recommended that the Board approve the amended Cross-Jurisdictional Pharmacy Services Policy to outline the College's expectations for pharmacy professionals with regards to the provision of care across jurisdictions.

NEXT STEPS:

- Pending Board approval, the Cross-Jurisdictional Pharmacy Services Policy will be posted on the College's website and communicated broadly. All pharmacy professionals are currently expected to adhere to the NAPRA Model Standards of Practice. College practice and operational assessments will be updated to encompass requirements from the Cross-Jurisdictional Pharmacy Services Policy once the policy is in effect and further communication to inform application of the policy will be provided to registrants.

ATTACHMENTS:

Attachment 1 - Draft Cross-Jurisdictional Pharmacy Services Policy

Attachment 2 - March 2021 - Briefing Note regarding Cross-Jurisdictional Pharmacy Services

Attachment 3 - June 2021 - Briefing Note regarding Cross-Jurisdictional Pharmacy Services

Draft Cross-Jurisdictional Pharmacy Services Policy

PURPOSE:

This policy articulates the Ontario College of Pharmacist's (OCP) expectations for the provision of cross-jurisdictional pharmacy services regardless of the location of the registrant or their patients.

Additionally, for the provision of virtual care to patients located in another jurisdiction, OCP expects registrants to comply with this policy as well as the Virtual Care Policy.

DEFINITIONS:

Informed Consent: Consent to treatment is informed if, before giving it, the person received the information about the nature, expected benefit, potential risks or side effects, other options and consequences of not having the treatment (or any information that a reasonable person in the same circumstances would require in order to make a decision about the treatment) and the person received responses to their request for additional information (Health Care Consent Act, 1996, s.11(2)).

Practitioner: a person who is entitled under the laws of a province/territory to treat patients with a prescription drug, and is practicing their profession in that province/territory. (Food and Drug Regulations, C.R.C., c. 870, C.01.001 (1))

POLICY:

Registrants are required to comply with all professional expectations and legal requirements of OCP regardless of the location of the registrant or their patients. Registrants are also expected to adhere to the Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada, as applicable.

Registrants licensed in Ontario who are Providing Services across Canadian Jurisdictions

Registrants who provide services to patients who are located out of province/territory in another Canadian jurisdiction are expected to adhere to the professional expectations and legal requirements of both OCP and that of the province/territory in which the patient is located.

Informed Consent

Registrants who choose to provide pharmacy services to patients located in another Canadian jurisdiction must act in compliance with the *Personal Health Information Protection Act* (PHIPA) and the *Health Consent Act*. Registrants must obtain informed consent from the patient (or their substitute decision-maker), either orally or in writing, before delivering cross-jurisdictional pharmacy services. Informed consent must be documented whether it is obtained orally or in writing.

Dispensing for Canadian prescriptions

It is expected that Registrants will conduct due diligence and exercise professional judgement to establish that a sufficient patient/practitioner relationship exists in relation to any prescriptions being written out of jurisdiction.

Registrants are required to adhere to the NAPRA Model Standards of Practice when dispensing a prescription for a patient who is out of province/territory. For pharmacists, this includes, but is not limited to assessing the appropriateness of the prescription by collecting and interpreting relevant information to ensure there are no significant drug interactions, contraindications or adverse effects, the dose and instructions for use of the drug are correct, the drug is properly indicated and adherable, any red flag situations are addressed, and that the patient is

receiving appropriate monitoring for this drug and disease. For technicians, this includes reviewing prescriptions to confirm that they are complete, authentic and meet all current laws, regulations and policies.

Registrants can accept prescriptions, including refills for prescription drugs, if in the registrant's professional judgement the prescription is deemed legitimate and in dispensing the prescription continuity of care is maintained. Registrants must ensure the communication of relevant clinical information is shared with the patient's primary circle of care.

Registrants can accept prescriptions, including refills authorized by an out of province/territory practitioner who:

- a) Is entitled under the laws of their Canadian jurisdiction to treat patients with a prescription drug.
- b) Is practicing their profession in that same Canadian jurisdiction.
- c) Has an existing therapeutic relationship with the patient.

With regards to Controlled Substances (narcotics, controlled drugs, benzodiazepines and other targeted substances) there are no restrictions on accepting new prescription orders from other Canadian jurisdictions, provided registrants use professional judgement and practice due diligence in verifying the prescription's authenticity and appropriateness.

Registrants licensed in Ontario that are Providing Services to Patients outside of Canadian Jurisdictions

Registrants are permitted to provide care to patients where there is an existing therapeutic relationship, and the patient is temporarily located outside of Canada. In doing so, registrants must comply with the laws, regulations, standards and policies, and any other professional practice requirements as stipulated by the Ontario College of Pharmacists and the laws, standards and policies of where the patient is located to ensure continuity of care.

Out-of-Country Prescriptions

Dispensing for Out-of-Country Prescriptions

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

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

Co-signing of prescriptions refers to Canadian practitioners providing signatures to prescriptions issued by another prescriber not licensed in Canada, for the purposes of them being filled by a Canadian pharmacy. Registrants must not facilitate the co-signing of prescriptions authorized by practitioners not licensed in Canada.

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

Registrants not licensed in Ontario that are Providing Services to Ontario patients

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

- a) They hold a certificate of registration from another Canadian jurisdiction; and,
- b) They comply with the laws, regulations, standards and policies, and any other professional practice requirements as stipulated by their province of registration in addition to those of the Ontario College of Pharmacists and the NAPRA Model Standards of Practice for Canadian Pharmacists.

LEGISLATIVE REFERENCES:

[Healthcare Consent Act, 1996, s.11\(2\)](#)

[Drug and Pharmacies Regulation Act, 1990, s.1; s.158](#)

[Food and Drugs Act, 1985, Food and Drug Regulations, CRC, c870, C.01.001](#)

IMPLEMENTATION

Published:

Version #: 2.00

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1	2003; 2013	Out-of-Country prescriptions policy
2		Prescriptions – Out-of-Country policy updated to Cross-Jurisdictional Pharmacy Services policy



BOARD BRIEFING NOTE

MEETING DATE: MARCH 2021

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Susan James, Director of Quality

TOPIC: Draft Cross-Jurisdictional Pharmacy Services Policy

ISSUE: Approval to post for consultation a new draft policy that sets out expectations for the provision of pharmacy services to patients in jurisdictions outside of Ontario.

PUBLIC INTEREST RATIONALE: Setting standards for pharmacy practice is a core regulatory function of the College. The College publishes policies that provide registrants with direction regarding their practice, while reaffirming the values, principles and duties of the pharmacy profession. In addition to providing guidance to the profession, policies serve as a benchmark against which the conduct of the individual pharmacist is evaluated.

BACKGROUND: Existing policies and resources are regularly reviewed as part of the College's [policy review process](#) to ensure they are up-to-date and provide registrants with a clear set of expectations that guide the practice of pharmacy in Ontario.

The current '[Prescriptions - Out of Country](#)' policy was originally established in 2003 and stipulates that pharmacists must not facilitate the co-signing or re-writing of prescriptions by physicians for out-of-country patients if no physician/patient relationship exists. Since then, changes have been made to Canada's *Food and Drug Regulations* legislation which further clarify the criteria for being considered an authorized practitioner and these changes are reflected in the revised policy.

Additionally, the current '[Out of Province Prescriptions](#)' fact sheet addresses cross-jurisdictional practice matters by providing registrants with information on the application of Ontario's *Drug and Pharmacies Regulation Act, 1990*. The content of this fact sheet was included in this policy review.

Patients access healthcare services across Canadian jurisdictions. In order to facilitate access to pharmacy services across Canadian jurisdictions, NAPRA established a working group last year that has developed a framework to govern pharmacy practice of this nature. While further work continues on the development of this framework, the principles that guide it have informed the expectations set out in the draft policy.

In order to simplify and consolidate all of the expectations related to practice out of Ontario or across jurisdictions, a new Cross Jurisdictional policy is proposed (see Appendix A).

ANALYSIS: The policy review process identified opportunities to clarify existing requirements and update legislative references in the policy. There is also an opportunity to ensure that the College's policy expectations support access to pharmacy services to patients across Canadian jurisdictions, in alignment with NAPRA's draft pan-Canadian cross-jurisdictional framework.

Updates made in the draft policy are summarized below:

1. Facilitating pan-Canadian access to pharmacy services

- a. The physical location of the patient influences which legislative and regulatory frameworks are applicable to pharmacy practice. Pharmacy professionals must practice in accordance with the limits of their certificate of registration as well as the legal and regulatory requirements of the jurisdiction where the patient is physically located.
2. Legislative updates
- a. Canada's [*Food and Drug Regulations*](#) (*FDR*) definitions of 'practitioner', 'pharmacist', and 'pharmacy technician' were updated in 2013 to require that the professional must be entitled to practice their profession under applicable provincial laws, and be practising their profession in that province. Therefore a prescription is only valid if the prescriber has an established therapeutic relationship with the patient, and the prescriber is registered and actively practising their profession in a Canadian jurisdiction.
 - b. Ontario's [*Drugs and Pharmacies Regulation Act, 1990*](#) (*DPRA*) places limits on the conditions for dispensing a medication according to a prescription. Section 158 indicates that the pharmacist is to use their professional judgement to determine whether a patient who has presented a prescription from a prescriber outside of Ontario requires the drug to be dispensed by the pharmacy in Ontario.

As set out in the College's [policy review process](#), stakeholder consultation is an important step in the process in order to allow for feedback and consideration of additional perspectives which may impact the final policy direction.

RECOMMENDATION:

That the Board approve posting of the draft Cross-Jurisdictional Pharmacy Services policy for a 60-day public consultation.

NEXT STEPS: Subject to Board approval, the policy will be posted on the College's consultation page and shared through standard communication channels throughout the consultation period. A consultation report, including a summary of feedback and any recommended changes to the draft policy, will be presented to the Board for consideration at the June Board meeting, with the intent to approve the policy.



BOARD BRIEFING NOTE

MEETING DATE: JUNE 2021

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Susan James, Director of Quality

TOPIC: Draft Cross Jurisdictional Pharmacy Services Policy Consultation Feedback

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

PUBLIC HEALTH INTEREST RATIONALE:

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

BACKGROUND:

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

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

Open Consultation Feedback:

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

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

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

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

ANALYSIS:

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

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

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

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

NEXT STEPS:

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