



ONTARIO COLLEGE OF PHARMACISTS

BOARD MEETING AGENDA

MONDAY, SEPTEMBER 12, 2022

9:30 A.M. – 5:00 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
9:45 am	5. Chair's Opening Remarks 5.1 Chair's Report for September 2022 Board • June 2022 Board Meeting Evaluation • Welcome to new Board Directors	For Information	Appendix 5.1
9:55 am	6. Approval of Minutes 6.1 Minutes of June 13, 2022 Board Meeting	For Approval	Appendix 6.1
10:00 am 10:05 am 10:40 am	7. Registrar's Report on Election of Board of Directors 8. Election of the Executive Committee 9. Past Chair's Award	For Information For Approval For Information	Appendix 7 Appendix 8
10:45am	----- 30 Minute Break & Board Group Photo -----		
11:15am	10. Overview of Committees, Regulatory Programs and Committee Reports	For Information	Appendix 10
12:30 pm	----- LUNCH Break ----- Governance Committee meets to adjust Committee Slate		
1:30 pm	10. Overview of Committees, Regulatory Programs and Committee Reports (cont.)	For Information	Appendix 10
3:30pm	----- 30 Minute Break -----		
4:00pm	10. Overview of Committees, Regulatory Programs and Committee Reports (cont.)	For Information	Appendix 10
5:00 pm	11. Meeting Ends		

**ONTARIO COLLEGE OF PHARMACISTS
BOARD MEETING AGENDA**

**TUESDAY, SEPTEMBER 13, 2022
9:30 A.M. – 5:00 P.M.**

[Microsoft Teams Meeting Link](#)

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Materials</u>
9:30 am	12. Introductions & Remaining Overview of Committees, Regulatory Programs and Committee Reports Questions <ul style="list-style-type: none"> Noting Members Present Reminder of Declaration of Conflict Governance Committee Overview 	For Information For Information	Appendix 10g
9:40 am	13. 2022-2023 Committee Slate Approval	For Approval	Appendix 13
9:50 am	14. Registrars Report	For Information	Appendix 14
10:00 am 10:10 am 10:20 am	15. Appointment of the Auditor 16. Q2 2022 College Performance Scorecard 17. 2023 Operational Plan	For Approval For Information For Approval	Appendix 15 Appendix 16 Appendix 17
10:50 am	----- 30 Minute Break -----		
11:20 am 11:35 am	18. Pharmacy 5 in 5 Update Presentation 19. Practice Policy Updates <ul style="list-style-type: none"> 19.1 Medication Safety Standards 19.2 Pharmacy Safety Initiative 	For Information For Information For Information	Appendix 19.1 Appendix 19.2
12:15 pm	----- LUNCH Break -----		
1:15 pm 3:15 pm 3:30 pm	20. Risk Appetite – Proof of Concept ----- 15 Minute Break ----- 21. OCP Employee Engagement Results Presentation	For Approval For Information	
4:15 pm	22. Motion to go in Camera pursuant to the Health Professions Procedural Code, subsections 7(2)(b)(d) and (e)	For Approval	
5:00 pm	23. Meeting Ends		

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY: Billy Cheung, Board Chair

TOPIC: Chair's Report for September 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 June 2022 Meeting. In addition to regular meetings and phone calls with the Registrar and CEO, listed below are the meetings, conferences and presentations I attended on behalf of the College during the reporting period.

College and Other Stakeholder Meetings:

- June 24, 2022 – Discipline Committee Meeting
- June 27, 2022 – Discipline Committee: Panel Deliberation
- June 29, 2022 – Discipline Committee: Panel Meeting
- June 30, 2022 – Registrar and CEO Goal Setting Meeting
- July 27, 2022 – Executive Committee Meeting
- August 15, 2022 – Governance Committee Meeting
- August 18, 2022 – Finance and Audit Committee Meeting
- September 1, 2022 – Governance Committee Meeting
- September 7, 2022 – OCP Board Orientation

June Board Meeting Evaluations

Attached to my report is a summary of the June 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 and indicated that the Board would support the opportunity for workshops or generative discussion at most meetings.

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

Past Presidents Dinner

It has been decided to discontinue the bi-annual Past President dinners in order to keep with some of the other modernization activities, and this no longer is considered best way to deliver on our mandate – we look forward to other ways to engage.

THANK YOU

This is my final report to the Board as Chair. Thank you to my fellow Board Directors for the opportunity to provide leadership in this role over the past two years. And thank you for your active contributions and engagement in the many important decisions we made as a board. I also must thank the entire team at the OCP for their invaluable and tremendous support. It has been both interesting and challenging during my term, and I'm pleased we were able to navigate our work through this pandemic effectively, successfully, and even virtually!

Congratulations and welcome to our recently elected Board directors, Connie, Andrea and Jennifer; and of course, welcome back James! I look forward to working with you and your contributions to our discussions!

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Billy Cheung, Board Chair

TOPIC: June 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 June 2022 Board meeting, the Board Directors were polled for feedback on the meetings and proceedings. 14 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?	14	0
Were relevant materials provided?	14	0
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	14	0

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

YES = 14

NO = 0

Comments:

- 2 or 3 people spoke much too often, sometimes about irrelevant matters. They do at most meetings and should be counselled.

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

YES = 14

NO = 0

Comments:

- Always
- I was very pleased to note the participation of all Board Directors during the meeting.
- The Board and all participants were courteous; probing questions were considered and responded to respectfully and fully.

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

YES = 14

NO = 0

Comments:

- Yes, the Chair handles the meeting well, allowing everyone the opportunity to speak, and gently limiting those who want to speak frequently. Billy continues to do a great job as Chair - allowing all views to be heard, not cutting off discussion, keeping the meeting flowing appropriately.
- The Chair, and all participants seemed pleased to be in an in-person Board meeting. The Chair, skilled and experienced, was very effective in leading the Board; he ensured that all questions were answered, while ensuring that the Board's work would be completed on time.
- He was pretty good, but occasionally let irrelevant comments go on too long.
- Thank you for everything Billy. You really have struck a great balance in bringing everyone together and to feel more free to speak up and not feel shy.
- Billy is always on top.

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

YES = 14

NO = 0

Comments: none

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

YES = 0

NO = 14

Comments:

- No. When there was a chance the conversations might lead there the chair was effective in redirecting courteously.

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

YES = 13

NO = 0

Comments:

- I am not certain what the goals were.

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

YES = 14

NO = 0

Comments: none

9. Meeting Process Evaluation

Answer Choices	Agree	Disagree
Today's meeting started on time.	14	0
I had a clear understanding of the objectives for today's meeting.	13	1
Agenda topics were appropriate (i.e. aligned with the College's legislative and regulatory responsibilities)	14	0
Adequate background information was provided for each agenda item.	14	0
The time spent on each item was appropriate.	14	0
I felt supported and valued as a member of this Board.	13	0
I felt comfortable and encouraged to discuss and share my opinions openly.	13	0
Disagreements were handled openly, honestly, directly and respectfully.	13	0
The Chair kept discussions on track.	13	1
The Chair was prepared for the meeting.	14	0
My peer participants appeared to be prepared for the meeting.	14	0
Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned.	13	0
Overall, we accomplished our objectives for this meeting.	13	0

Comments:

- See comments above.

10. How did you attend today's meeting?

In Person = 11

Virtually = 3

11. If you attended virtually please answer the following questions:

How was the audio for the meeting?

Very High Quality	High Quality	Neither High Nor Low Quality	Low Quality	Very Low Quality	Total
3	3	0	0	0	6

How was the video in regards to the presentation?

Very High Quality	High Quality	Neither High Nor Low Quality	Low Quality	Very Low Quality	Total
3	3	0	0	0	6

How was the video in regards to seeing the Directors attending in person?

Very High Quality	High Quality	Neither High Nor Low Quality	Low Quality	Very Low Quality	Total
3	1	1	1	0	6

12. For those attending virtually - were there any barriers to you being able to participate fully in the meeting?

- It seemed that those speaking sometimes were not visible on camera. And of course there was the glitch at the start of the day.
- I am very grateful for Sarah De Sousa and her tech abilities in fixing everything and getting everything organized.
- Audio glitch at the beginning hearing us, but fixed, then the odd member in-person forgetting to open their mic. In camera apparently virtual members were loud.

13. If attendance was in person – were there any barriers to interacting with the individuals who attended remotely?

- Minor tech glitches which were handled
- Aside from the audio glitches at the beginning, it seemed to work reasonably well. I thought that the occasional tech glitches were dealt with very effectively.
- These issues are to be expected; kudos to the OCP tech team.
- None
- Except for the slight audio glitch at the beginning, there were no barriers and the blending of the 2 formats seemed seamless.
- No - just the usual technical glitches.
- No
- There were a few technical issues but all were resolved quickly and did not impact the ability to communicate in the discussions.
- Not particularly. Just the usual issues with technology.
- No
- Sound was a little too loud.

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

- My first in person meeting and was wonderful to actually meet the members after working with them for over a year.
- I think that the more Board members who can attend in person, the better, since the hybrid model is awkward at best. It was great to have Shenda at the meeting and offering her insights.
- Overall, an excellent mixed first in-person and virtual OCP Board meeting. I think this meeting may serve as a useful precedent for future meetings.
- I really enjoyed the session on risk appetite. It was very interesting and got all Board members participating.
- Billy does a good job chairing difficult meetings. He should be Chair for life. The lunch meal was magnificent.
- It was great to be back in person and great to know there is a good virtual option. I truly appreciate the difference and greater effectiveness of the in person meeting option. Thank you all for putting it together so seamlessly.
- During my time at OCP I have seen many chairs and presidents and Billy C stands out so much. He is amazing. OCP is very fortunate to have someone like him on board.
- Risk management exercise was effective, but ran over allotted time.
- Staff were great and went out of their way to be helpful.

15. How satisfied were you with the quality of the risk appetite presentation provided?

Very satisfied	Satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Dissatisfied	Very dissatisfied	Total
6	3	3	0	2	0	0	14

- An interesting and thought-provoking exercise. Well done!
- Many thanks to OCP's new Registrar and the College officials who arranged for this excellent, informative presentation to the Board.
- I thought the presentation was a waste of time. In addition, the speaker told us at least 3 times that he would finish in 10 minutes but did not do so.
- The moderator I thought was quite effective.
- It was a bit rushed but I understand that this is just the introduction to this important exercise.
- Some items would have been better if broken down into multiple surveys.
- It was hard to understand the questions and I found a bit rushed to vote.

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

Yes = 12

No = 1

- My first in person meeting and was wonderful to actually meet the members after working with them for over a year.
- I think that the more Board members who can attend in person, the better, since the hybrid model is awkward at best. It was great to have Shenda at the meeting and offering her insights.

17. What do you think were the strengths or weaknesses of the presentation (content, format and delivery by presenters, etc.)?

- None
- I think that the online voting method to tease out opinions was effective and kind of fun too.
- The presenter was excellent. The involvement of essentially every Board Director was a positive sign that this was an interesting presentation. The presenter's acknowledging that some questions were a bit broad, and his skillful handling of those issues, demonstrated to me that he was listening to the Board's concerns, and adapting his presentation.
- I thought it was well laid out with clear objectives and lots of support documentation to fall back on while voting and deliberating.
- I think the questions needed more honing to accurately reflect the risk decisions relevant to the College.
- The strength of this workshop was that it brought all the board members together despite differing viewpoints. It encouraged working together and a respect for those differing views.
- The interpretation of the questions being presented required some important clarification. and in doing so the presentation felt rushed.
- It was very dry and the presenter at times seemed frustrated with the group.
- Very interactive discussion. Presentation went over allotted time.
- Were all fairly strong.
- I found it very hard to follow and have a good understanding. If you don't have a good understanding then voting made no sense.
- Overall a solid presentation.

18. Would you support the opportunity for workshops or generative discussion at every meeting, time permitting?

- Absolutely
- Yes, or at least every other meeting.
- If they are of equal caliber to the presentation given on June 13th, yes, absolutely.
- Maybe not every meeting but certainly frequently.
- Yes
- No
- Yes
- Yes. It will only bring together the board further and encourage collegiality.
- If time permits yes, even if it is just on a topic like review of a practice assessment that would provide additional context to the discussions.
- Yes, they are beneficial.
- Yes
- Yes
- Generative discussion and if we could keep the workshops for a separate meeting.
- Yes

Respectfully submitted, Billy Cheung, Board Chair



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
JUNE 13, 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 June 2022 Board
 - Introduction of Shenda Tanchak, Registrar and CEO
 - March 2022 Board Meeting Evaluation
 - 2022 Skills Inventory Results
 - 5.2 Board Election Update**
- 6. Approval of Minutes of Previous Meeting**
 - 6.1. Minutes of March 21, 2022, Board Meeting
 - 6.2. Minutes of April 27, 2022, Board Meeting
- 7. Matters Arising from Previous Meetings**
- 8. Q1 2022 College Performance Scorecard**
- 9. 2022 College Mid-year Risk Report**
- 10. Update on Policy 4.12 Investments**
- 11. OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses**
- 12. 2022-2023 Board and Executive Committee Meeting Schedule**
- 13. Acting Registrar's Report**
- 14. Practice Policies**
 - 14.1. Pharmacy Regulatory Authorities (PRAs) of Canada Cross-Jurisdictional Practice Agreement
 - 14.2. OCP Cross-Jurisdictional Pharmacy Services Practice Policy
- 15. Risk Appetite Working Educational Session**
- 16. Personnel Matter – *In Camera***
- 17. Adjournment**

MONDAY, JUNE 13, 2021 – 9:30 A.M.
COUNCIL CHAMBERS & VIDEOCONFERENCE

Attendance

Elected Members

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

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

Members Appointed by the Lieutenant-Governor-in-Council

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

Staff present

Ms. Shenda Tanchak, Registrar and CEO
Ms. Susan James, Director, Quality
Ms. Connie Campbell, Director, Corporate Services
Ms. Angela Bates, Director, Conduct
Ms. Sarah MacDougall, Governance Coordinator
Ms. Stephenie Summerhill, Executive Assistant to the CEO & Registrar

Guests

Mr. Rob Quail, Risk Specialist, Rob Quail Consulting

The meeting was called to order at 9:33 a.m. The Chair welcomed all directors, staff and observers and provided some technical guidance on the first hybrid meeting to ensure smooth functioning.

Mr. Cheung welcomed Shenda Tanchak, OCP's newly hired Registrar and CEO, and marked this as her first official board meeting in her new role.

1. Land Acknowledgement

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

Before beginning the formal part of the meeting, Mr. Cheung took the opportunity to also recognized June as National Indigenous History Month and Pride Month. The Board was welcomed to join in and celebrate our diversity, together, by learning, understanding, listening and doing our part to contribute to a more inclusive Canada

2. Noting Members Present

Member attendance was noted as well as those attending virtually. Regrets were sent from Lisa Dolovich, Andrea Edginton and Elnora Magboo.

3. Declaration of Conflict of Interests

Tracy Phillips and James Morrison declared a conflict of interests on agenda Item 14 – regarding Cross Jurisdictional Practice. They noted that they would recuse themselves during the discussion for this agenda item.

4. Approval of Agenda

At the request of the Chair, agenda item 5.2 Board Election Update was added to the agenda.

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

The motion CARRIED.

5. Chair's Opening Remarks

5.1 Briefing Note – Chair's Report for June 2022

- **Introduction of Shenda Tanchak, Registrar and CEO**
- **March 2022 Board Meeting Evaluation**
- **2022 Skills Inventory Results**

The Chair began his opening remarks thanking Susan James and Connie Campbell for stepping into their interim roles while the search for a new Registrar and CEO was underway. Ms. Tanchak was invited to address the Board.

Mr. Cheung then provided an opportunity for the four departing Directors to address the Board as this was their last meeting. Stephen Adams, Tracy Phillips, Ruth-Ann Plaxton and Goran Petrovic addressed the Board, and all were thanked for their dedication and service.

The Chair reviewed his activities since the last Board meeting as well as the results of the March Board Meeting Evaluation and the Board Chair mid-year evaluation.

The 2022 Skills Inventory Results were presented and summarized. The purpose of the Skills Inventory is to ensure there is a broad compliment of Board members that can provide a balanced set of competencies. Gaps in the competencies would inform the Board recruitment process for elected and appointed members as well as training requirements for Board members. Some areas of improvement and training were identified in the current Board cohort, but overall the Skills Inventory demonstrated that the Board has the desired competencies.

Following the review of the meeting goals, the Chair informed the Board of recent adjustments to the committees: Regis Vaillancourt has stepped down as Chair of the Accreditation/DPP due to a new employment opportunity, and Tracy Wiersema has agreed to step in as Chair for the remainder of the Board year and Randy Baker has been appointed to the Fitness to Practice Committee.

Mr. Cheung the addressed the Board on this being his last meeting as Chair and provided his gratitude to the Directors and College staff for their assistance over the last two years.

1.1 Election Update

The Board was informed that the 2022 Board election will be for two pharmacists and two pharmacy technicians and will open July 13th and close August 3rd. The results will be announced on August 4. Wayne Hindmarsh and Zubin Austin have agreed to serve as scrutineers for the election.

2. Approval of Minutes of Previous Meeting

2.1 Minutes of March 21, 2022 Board Meeting

2.2 Minutes of April 27, 2022 Board Meeting

A motion to approve the minutes from March and April 2022 was moved and seconded.

The motion CARRIED.

3. Matters Arising from Previous Meetings

Ms.Tanchak reported that there were no matters arising.

4. Q1 2022 College Performance Scorecard

Ms. Campbell presented the Q1 2022 College Performance Scorecard, discussed the progress on the key performance indicators (KPIs) and milestones, and summarized the College's performance for the first quarter of 2022. Ms. Campbell drew attention to a new section added to all briefing notes regarding how the initiative contributes to the College's strategic priorities or regulatory process as required by the College Performance Measurement Framework (CPMF).

Leadership noted four indicators are not performing to target and the rationale for why and what the plans are to get to the target by the end of the year was discussed.

5. 2022 College Mid-year Risk Report

Ms. Campbell presented the 2022 mid-year Risk Report for the Board's information and discussed status of the risks identified to date. All but four of the mitigation strategies are moving forward with some scheduled to begin later in 2022.

6. Update on Policy 4.12 Investments

The Chair requested that Dan Stapleton, Chair of the Finance & Audit Committee present Briefing Note 10 - Update on Policy 4.12 Investments to the Board for information.

Mr. Stapleton updated the Board on the recent hiring of Mercer Investment Consulting to manage the College's investments. The Board was informed that there will be future updates on the progress and the investment policy will be amended and brought for approval.

7. OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses

Mr. Stapleton presented the OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses briefing note to the Board. He highlighted that over the last year the costs for fuel and food have risen significantly and are not anticipated to lower soon. Accordingly, the Finance and Audit Committee proposes increases to the rate paid for mileage and food allowances for Board Directors and Committee Appointees.

Additionally, the proposed policy changes included a clause to allow for the consideration of the expectational circumstances where the current *per diem* allowances could be increased for time spent on Board or Committee activities with approval.

A motion to approve the OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses as presented was moved and seconded.

The motion CARRIED.

8. 2022-2023 Board and Executive Committee Meeting Schedule

Mr. Cheung presented the dates selected for the 2022-2023 Board year.

9. Acting Registrar's Report

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

The Board discussed the new clinical knowledge assessment within the Quality Assurance (QA) program and the recent success of the pilot. Clarification was requested regarding other aspects of the QA program. Ms. James offered that practice assessments of competence are also completed routinely and assess a pharmacy professional's practice based on the core standard of practice domains.

The Board also asked how many pharmacies had completed the pharmacy medication safety self-assessment which was due Jan 1, 2022. Ms. James indicated that roughly 40% had completed it and many more had initiated it but were unable to indicate completion due to the identification of action items for follow-up. Of more concern, were pharmacies that appeared to not have started the assessment. In these cases, College staff are reaching out to the designated manager to understand the barriers to completion.

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

10. Practice Policies

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

Ms. James presented the briefing note relating to the Cross-Jurisdictional Practice Agreement for PRA's and clarified that the Board was not being asked to approve the Agreement but to agree be a signatory on the agreement once finalized.

The Board asked if the Agreement would extend to all cross-border pharmacies and it was clarified that the Agreement would only apply to the Canadian provinces and territories that would be signatories. It was also noted some of the jurisdictions would require government approval before signing on.

The Board questioned which jurisdiction would take precedence if concerns were raised about a registrant and Ms. James clarified that it will be the jurisdiction of the regulatory authority the professional is registered in, as opposed to the jurisdiction where the patient lives.

The Board questioned the implications to workload or financial impact of the Agreement on the College and it was explained that the College doesn't anticipate much of an impact as there are no operational or database changes needed and it is expected the agreement will lead to an expectation that registrants become registered in other jurisdictions in order to offer patient care.

A motion to approve that the Ontario College of Pharmacists be a signatory on the Pharmacy Regulatory Authorities of Canada Cross-Jurisdictional Practice Agreement was moved and seconded.

The motion CARRIED.

10.2 OCP Cross-Jurisdictional Pharmacy Services Practice Policy

Ms. James presented the briefing note for Pharmacy Regulatory Authorities (PRAs) of Canada Cross-Jurisdictional Practice Policy. The policy supports the Cross-Jurisdictional Practice Agreement and Board outlines the expectations for provision of care across jurisdictions.

The Board questioned whether the NAPRA standards of practice were applicable in all other Canadian jurisdictions and Ms. James clarified that for the most part the standards have been adopted across Canada. Where there are deviations for a particular jurisdiction, this is made clear by that jurisdiction.

A motion 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 was moved and seconded.

The motion CARRIED.

11. Risk Appetite Working Educational Session

Mr. Rob Quail, Risk Specialist Consultant, lead the Board through a risk appetite training session. The Board solicited their feedback on a series of scenarios and their tolerance to risk regarding the scenario. The Board was informed that the Executive Committee will be considering the Board's feedback and will bring proposed risk appetite statements to the September Board for consideration.

12. Personnel Matter– *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 September 12, 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.

13. End of Meeting

There being no further business, **at 4:24 p.m. the meeting ended.**

Stephenie Summerhill
Executive Assistant to the Registrar and CEO

Billy B. Cheung
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY: Shenda Tanchak, Registrar and CEO

TOPIC: Registrar's Report on Election of Board of Directors

ISSUE: Election Results for 2022

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

BACKGROUND:

- Per the by-laws, elections were opened on July 13, 2022 and closed on August 3, 2022 at 5:00pm.
- There were 9 candidates for two available Pharmacists seats.
- There were 3 candidates for two available Pharmacy Technician seats.
- The Scrutineers' Report and Poll results are attached for Board's Information.

RECOMMENDATION: Receive the election results for information

August 4, 2022

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

We, the undersigned scrutineers, hereby certify that we observed commencing at 9.00 a.m. on Thursday, August 4, 2022, and verified the votes in the elections for Board for 2022.

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

Pharmacists

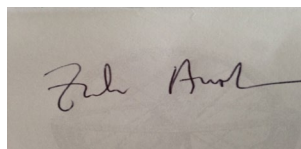
Term	Name
3 year	James Morrison
3 year	Andrea Fernandes

Pharmacy Technicians

Term	Name
3 year	Connie Beck
1 Year	Jennifer Antunes



Dr. K. Wayne Hindmarsh
Scrutineer



Dr. Zubin Austin
Scrutineer



Poll Result

2022 Board Elections

Report date: Wednesday 03 August 2022 17:05 EDT

Pharmacist (2 seats)

Poll ID: 174807

As at Poll close: Wednesday 03 August 2022 17:00 EDT

Number of voters: 2941 · Group size: 22388 · Percentage voted: 13.14

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

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16149362	James Morrison	1,133	38.52
2	16149695	Andrea Fernandes	795	27.03
3	16149366	Michael Heffer	761	25.88
4	16149369	Tom Kontio	561	19.08
5	16149364	Azhar Jiwa	508	17.27
6	16149367	Mike Hannalah	460	15.64
7	16149363	Anmol Soor	427	14.52
8	16149368	Simon Boulis	397	13.50
9	16149365	Karim Ragheb	330	11.22

Pharmacy Technician (2 seats)

Poll ID: 174808

As at Poll close: Wednesday 03 August 2022 17:00 EDT

Number of voters: 2941 · Group size: 22388 · Percentage voted: 13.14

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

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16149370	Connie Beck	1,852	62.97
2	16149371	Jennifer Antunes	1,737	59.06
3	16149372	Amber Farhat	1,463	49.74

Results generated by [BigPulse Online Voting](#)

BOARD BRIEFING NOTE
MEETING DATE: SEPTEMBER 2022**FOR DECISION**

INITIATED BY: Governance Committee

TOPIC: 2022 – 2023 Executive Committee

ISSUE: Election of the Executive Committee

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

BACKGROUND:

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

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

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

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

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

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

ANALYSIS:

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

Chair: James Morrison

Vice Chair: Sara Ingram

CANDIDATES FOR ELECTION (to the Executive Committee):

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

Public Directors: Christine Henderson
Dan Stapleton

Elected Director: Connie Beck
Doug Brown
Siva Sivapalan

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



Accreditation Committee September 2021 to September 2022

Committee Role:

The Accreditation Committee, typically working in panels, considers matters relating to the operation of pharmacies in Ontario including new applications and renewals of certificates of accreditation as well as operational issues noted during the pharmacy operations assessment process.

Issuances and Renewals of Certificates of Accreditation

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

Operational Assessments

The Accreditation Committee also considers operational assessment results of pharmacies referred by the operations advisor due to potential public safety concerns. When reviewing assessment results, the committee may choose one of the following outcomes:

- **Conclude**
This occurs when the committee is of the view that the pharmacy has appropriately addressed the operational issues identified.
- **Re-assessment**
The committee will direct staff to conduct a re-assessment when they are not assured that the operational issues identified have been addressed. College by-laws require that pharmacies pay a fee for most re-assessments required by the Accreditation Committee. Results of the re-assessment are returned to the committee for further review.
- **Undertaking**
In certain circumstances, the Committee may request that a Designated Manager and/or Director Liaison enter into an undertaking with the College on behalf of the pharmacy and the corporation that owns the pharmacy. An undertaking is a promise by a registrant to the College to do certain things or refrain from doing certain things.
- **Referral to the Discipline Committee**
Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the *Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4* (the "DPRA") and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the committee may refer the person who has been issued a certificate of accreditation, the Designated Manager of the pharmacy, or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee.

The Accreditation Committee also has the authority to impose an interim order directing the Registrar to suspend, or to impose terms, conditions or limitations on a certificate of accreditation, if it is of the opinion that the conduct or operation of a pharmacy is likely to expose a patient, or a member of the public, to harm or injury.

Members:

- Chair: Regis Vaillancourt (until May 10, 2022)
- Interim Chair: Tracy Wiersema
- Public Directors:
 - Elnora Magboo
 - Gene Szabo
- Professional Committee Appointees:
 - Lori Chen
 - Agatha Dwilewicz
 - Nadia Filippetto
 - Frank Hack
 - Chintan Patel

Committee Statistics:

Meetings

Virtual Meetings Panels of the Accreditation Committee meet via videoconference for 1-3 hour meetings to review pharmacy case files	8 ¹
Business Meetings A business meeting is held for orientation and discussion topics relevant to the full committee	1

Accreditation Committee Activity²

Pharmacy Case Files Reviewed Pharmacy assessment results where the Accreditation Committee has reviewed the matter and rendered an outcome. Pharmacies may be reviewed multiple times within the same Board year depending on timelines for any re-assessments required.	23
Conclude	5
Re-assessment	9
Defer for Undertaking	4
Defer for Legal Advice	3
Refer to Discipline	2

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

One of the key ways the College protects the public is by conducting routine assessments of pharmacy operations to ensure compliance with established standards. The process for escalation for pharmacies with operational deficiencies results in pharmacies with significant issues to be referred to the Accreditation Committee. The committee makes decisions geared

¹ Includes 1 additional meeting scheduled before the end of the Board year

² As of the date of this report, August 22, 2022

towards ensuring that the pharmacy's operational standards comply with the legislative requirements, thus enhancing public safety.

For the issuance/renewal of certificates of accreditation, the Accreditation Committee decides whether the past and present conduct of each applicant/director affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty, and integrity and in accordance with the law. Where they do not believe this is the case, the committee will direct the Registrar to refuse, or to impose terms, conditions or limitations on the certificate of accreditation.

Key Highlights:

- Accreditation Committee meetings continued to take place virtually, including a virtual business meeting of the full committee. Several topics were covered at the business meeting including: a review of the discipline process; recent trends observed in assessments and re-assessments; and a review of committee options when reviewing pharmacy case files.
- The committee's written decisions were standardized to align committee concerns with operational standards that were partially met or not met during the assessment.
- An Assessment Overview was developed to be included in pharmacy case files reviewed by the committee, displaying a side-by-side comparison of the operational standards met, partially met, and not met at each assessment in the current cycle.
- The Accreditation Committee approved its Renewal Administrative Policy for the 2021-2022 Board year, which authorizes the Registrar to use the authority of the Accreditation Committee in certain circumstances to renew certificates of accreditation for pharmacies where there is concern about the past and/or present conduct of an owner.

Challenges:

Due to the nature of assessment cycles being reviewed multiple times by the Accreditation Committee, continuity and consistency of panels is important; constituting panels has, on occasion, been a challenge.

Ongoing Initiatives:

- In 2022, key performance indicators began to be monitored related to Accreditation Committee activity.
- The College's Legal Conduct department is cultivating in-house legal expertise related to Accreditation Committee matters.

Future Considerations:

- The Accreditation Committee will explore using the College's file sharing platform to begin deliberating on matters online in advance of panel meetings in alignment with other College committee processes.
- The Accreditation Committee does not have any matters that it wishes to bring to the Board's attention at this time.

Discipline Committee

September 2021 – September 2022

Committee Role:

Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against registrants, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. Most matters are resolved by way of an uncontested hearing in which the registrant admits to the allegations and the supporting facts, and the registrant and College make joint submissions as to the appropriate sanction.

If there is a contested hearing the College is required to prove its case by presenting evidence to the panel, following which the panel makes a decision in relation to each allegation. If the panel makes a finding or findings of professional misconduct or incompetence against a registrant, the panel may make an order to:

- Revoke or suspend registrant's Certificate of Registration or the corporation's Certificate of Accreditation;
- Impose terms, conditions or limitations on the registrant's Certificate of Registration or the corporation's Certificate of Accreditation;
- Order payment of a fine;
- Order payment of all or part of the College's costs and expenses respecting the investigation and the hearing;
- Order reimbursement of funds paid by the College for therapy and counselling in sexual abuse matters; and/or
- Reprimand the registrant.

Information about any current allegations or previous findings of professional or proprietary misconduct or incompetence relating to a registrant are outlined on the College's [Public Register](#), including any terms, conditions, or limitations imposed on a registrant's Certificate of Registration. Hearings are open to the public and information can be found on the [College's website](#).

Members: Christine Henderson (Chair), Stephen Adams (until July 1, 2022), Chris Aljawhiri, Jennifer Antunes, Randy Baker, Ramy Banoub, Susan Blanchard, David Breukelman, Doug Brown, Billy Cheung, Tammy Cotie (until September 28, 2021), Dina Dichek, Jillian Grocholsky, Sara Ingram, Adrienne Katz (commencing May 4, 2022), Chris Leung, Beth Li, James Morrison, Sylvia Moustacalis, Goran Petrovic, Rick Phillips (until October 28, 2021), Tracey Phillips, Ruth-Ann Plaxton, Karen Riley, Zahra Sadikali, Mark Scanlon, Jeannette Schindler, Connie Sellors, Siva Sivapalan, Leigh Smith, Dan Stapleton, Wilf Steer, Cindy Wagg, Devinder Walia, Laura Weyland, David Windross

Committee Statistics:

- 2 full Committee meetings
- 71 pre-hearing conferences
- 21 case management conferences
- 52 motions, consisting of:
 - 24 motions in writing

- 16 at the commencement of the hearing
- 12 oral motions independent of the hearing
- 21 uncontested hearings
- 9 contested hearings
- 4 partially contested hearings

For statistics relating to Discipline Committee proceedings, please refer to the College's Annual Report.

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The overarching goal of Discipline Committee proceedings is protection of the public, and as such, all decisions are made with this at the forefront. When determining an appropriate sanction, panels will consider a number of factors including the primary consideration of what is required to ensure protection of the public. Often orders following findings of misconduct or incompetence will include a remedial requirements to ensure that the registrant can return safely to practice, and in rare instances where this is not possible, revocation of the registrant's Certificate of Registration can be ordered.

Key Highlights:

The Discipline Committee held two meetings this year. The meetings provide opportunities for the Committee to meet as a whole to receive training from Independent Legal Counsel, discuss issues of common concern, and share best practices.

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

Challenges:

Constituting panels for discipline hearings, and making appointments for pre-hearing conferences, continues to be a challenge due to the number of referrals to the Discipline Committee, the increasing complexity of matters, and the statutory requirements for panel composition and quorum.

Ongoing Initiatives:

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

A working group was struck with the goal of implementing a more robust and effective case management process for matters referred to the Discipline Committee, with a particular focus on pre-hearing conferences. The working group is comprised of the pre-hearing conference Chairs and the Discipline Committee Chair, with support and guidance provided by hearings staff. The case management project was temporarily put on hold due to resource constraints and is expected to recommence in 2023.

The Committee will also prepare for the resumption of in-person proceedings, and will evaluate the procedures for electronic and written hearings, which are expected to continue in the future.

Future Considerations:

The Committee does not have any matters that it wishes to bring to the Board's attention at this time.



Drug Preparation Premises Committee

September 2021 – September 2022

Committee Role:

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

Members:

- Chair: Regis Vaillancourt (until May 10, 2022)
- Interim Chair: Tracy Wiersema
- Public Directors:
 - Elnora Magboo
 - Gene Szabo
- Professional Committee Appointees:
 - Lori Chen
 - Agatha Dwilewicz
 - Nadia Filippetto
 - Frank Hack
 - Chintan Patel

Committee Statistics:

Meetings

Virtual Meetings The DPP Committee meet via videoconference for 1-3 hour meetings to review DPP case files	4 ¹
Business Meetings A business meeting is held for orientation and discussion topics relevant to the full committee	1

DPP Committee Activity²

DPP Case Files Reviewed DPP assessment results where the DPP Committee has reviewed the matter and rendered an outcome. All DPPs are typically assessed once per year and the DPP committee reviews all assessment results. DPPs may be reviewed multiple times within the same Board year depending on the result of the previous assessment.	6
Pass	3
Pass with Conditions	2
Fail	0
Defer	1

¹ Includes 1 additional meeting scheduled before the end of the Board year

² As of the date of this report, August 22, 2022

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The College has regulatory oversight of DPPs via Part IX of the general regulation under the *Pharmacy Act, 1991, S.O. 1991, c. 36*. The DPP Committee makes decisions on assessment outcomes by comparing the assessment with the accepted standards of practice, in alignment with the DPP Framework, which promotes patient safety.

Key Highlights:

- DPP Committee meetings continued to take place virtually, including a virtual business meeting of the full committee.
- The DPP Framework, published in February 2022, was presented to the committee. The framework provides three guiding principles that DPPs and registrants should adhere to: (1) patient-centred outcomes; (2) safety-centred care; and (3) professional accountability. The framework's purpose is to clarify the College and DPP Committee's oversight of DPPs and the legislative and practice requirements for DPPs.

Challenges:

The committee membership of the DPP Committee is the same as the Accreditation Committee in accordance with College by-laws, however, while legislation allows the Accreditation Committee to meet in panels, the DPP Committee cannot. As a result, a majority of the members of the DPP Committee must be present at a meeting to constitute quorum; this can result in challenges constituting the committee for meetings.

Ongoing Initiatives:

Efforts continue to align DPP Committee processes (including orientations, training, timelines, and reports) with other committees supported by the Conduct Operations department for increased efficiency and consistency.

Future Considerations:

The DPP Committee does not have any matters that it wishes to bring to the Board's attention at this time.



Executive Committee

September 2021 – September 2022

Committee Role:

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

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

Members: Billy Cheung (Chair), James Morrison (Vice Chair), Christine Henderson, Sara Ingram, Dan Stapleton.

Meetings Held: November 29, 2021, March 9, 2022, May 30, 2022, July 27, 2022, August 24, 2022.

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The Regulated Health Professions Act (RHPA) establishes the requirement for the College to have an Executive Committee to be available to meet between Council (Board) meetings and notes that the Committee has all the powers of the Council (Board) with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law and it establishes that If the Executive Committee exercises a power of the Council (Board) it shall report on its actions to the Council (Board) at the next Board meeting.

The College Bylaws establish that the Executive Committee has the following duties in addition to its role as a substitute for the Board in emergencies

- to consider matters related to staff compensation
- to appoint the Screening Committee and
- to manage Registrar and CEO performance

Key Highlights:

In November 2021 the Committee discussed and endorsed the establishment of a dedicated Search Committee for the recruitment of a new Registrar and CEO and discussed the preparations for the December 2021 Board meeting with the newly appointed Acting Registrar and Interim Chief Operating Officer.

In March 2022 the Committee endorsed the staff recommendation for the Screening Committee composition and provided feedback for consideration for next year's process.

In April 2022 the Committee met to finalize the plans for the announcement of the new Registrar and CEO.

In May 2020 the Committee met to review the plans for the June Board meeting and discussed proposed changes to the Board and Committee remuneration policy and the plans for the upcoming Risk Appetite workshop.

In July 2022 the Committee invited Mr. Rob Quail, a consultant who hosted the Risk Appetite workshop held in June to attend the meeting to revisit the Board's feedback on the various risk categories discussed in preparation for presentation to the Board in September.

In August 2022 the Committee met to discuss the upcoming September Board meeting and the new Registrar and CEO's goals for the year.

Challenges:

The Committee met in-camera through the summer and fall of 2021 to consider a personnel matter. Overall the Committee has also continued to focus on meeting efficiencies and ensuring all work and discussions related to duties and responsibilities set out in by-laws or as necessary to ensure effective debate and decision making by the Board.

Ongoing Initiatives:

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



Finance and Audit Committee

September 2021 – September 2022

Committee Role:

The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations to the Board regarding College assets and liabilities, as well as additions or improvements to property owned or operated by the College. The Committee reviews and recommends to the Board the annual operating budget prepared by staff, monitors and reports on the College's financial status, and directs the audit process. The Committee also recommends any changes to applicable by-laws, policies (e.g., reserve funds, execution of contracts), and standards.

The Finance and Audit Committee engages external auditors to assess and test the College's internally produced financial statements, significant accounting policies, management judgements and estimates, and the internal control environment to obtain reasonable assurance about whether the financial statements are free from material misstatement. The Committee recommends the appointment or reappointment of the auditor each year and meets with the auditor before and after the audit.

Members serving on this Committee also serve on the Board. The work of this Committee supports the Board in financial oversight and risk management as set out in [Board Policies](#) 4.4, 4.5, 4.6, 4.7 and 4.10.

Members: Daniel Stapleton (Chair), Stephen Adams, Doug Brown, Sara Ingram, James Morrison, Siva Sivapalan, Billy Cheung

Meetings Held:

Date	Key Highlights
Oct 22, 2021	Orientation session (attended by new committee members)
Nov 23, 2021	Review and recommendation of 2022 budget to Board for approval 2021 risk report, 2022 risk register, discussion of risk appetite respecting investment of reserve funds Audit planning, in camera session with auditor
March 3, 2022	Review and recommendation of 2021 Audited Financial Statements to Board for approval In camera session with auditor
May 4, 2022	Review and recommendation of Board and Committee reimbursement (mileage, meals, and preparation, deliberation, and decision-writing) for Board approval Following presentations by two firms, the Committee selected an external investment consultant to support revision of College's Investment Policy Suggested Board financial literacy training was reviewed and supported

Aug 18, 2022	Pre-budget planning Appointment of auditors Considered a proposed Asset Mix for investment of reserve funds in accordance with Board's defined risk appetite rating
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How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

- In accordance with Standard 4 of the College Performance Management Framework ([CPMF](#)), the College must demonstrate that it is a responsible steward of its (financial and human) resources.
- Financial literacy training is planned for this fall to support the financial oversight role of the Committee and Board.
- The Committee is reviewing the investment strategy and will recommend a revised Investment Policy for Board approval later this year.
- The Committee liaises directly with the external auditor prior to and after the audit process to discuss financial and or control matters that should be brought to the Board's attention.
- The Committee considers the appropriate reserve values to be maintained with consideration to the specific and future anticipated expenditures, specifically in relation to technology replenishment.
- The Committee reviews the annual operating budget developed by staff prior to consideration by the Board for approval. The budget is tied to the operating plan and performance targets and sets out the staffing complement needed to be successful and sustainable. This process is outlined by Board Policy [4.7 Budget Approval](#).

Challenges:

- Continuing to build financial literacy within the Board and Committee
- Building understanding of risk appetite in respect of investment of reserve funds
 - The organizational risk appetite activities undertaken by the Board helped inform the Committee's decision-making regarding revision of the Investment Policy.

Ongoing Initiatives:

- Board Financial Literacy Training - November 3, 2022
- Revision of the Investment Policy for approval by the Board

Future Considerations:

The Committee's work is quite cyclical. The following happens each year:

- Recommendation for appointment of the auditor for approval by the Board.
- Recommendation of the budget for approval by the Board.
- Recommendation of the audited financial statements for approval by the Board.
- Review of quarterly internal financial statements, reporting of any significant deviations from the budget to the Board.

Additionally, this year the Committee will:

- Undertake a scheduled review and recommend revisions to applicable Board and Committee financial related policies.
- Select an external investment manager following agreement on the Investment Policy and approach by the Board.



Fitness to Practice Committee September 2021 – September 2022

Committee Role:

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

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

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

In instances where the College and the registrant do not reach an agreement regarding the issue of incapacity and/or the appropriate order to be made, the Fitness to Practise Committee may hold a hearing to determine whether a registrant is incapacitated, and if so whether terms, conditions or limitations should be placed on the registrant's Certificate of Registration, or whether the registrant's Certificate of Registration should be suspended or revoked.

When an incapacity matter is referred to the Fitness to Practise Committee, the fact of the referral is available to the public through the Public Register. At the end of the Fitness to Practise process, only the information necessary to protect the public is available through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

Members: Jeannette Schindler (Chair), Stephen Adams (until July 1, 2022), Randy Baker (commencing May 27, 2022), Dina Dichek, Jillian Grocholsky, Karen Riley, Zahra Sadikali, Devinder Walia

Committee Statistics:

- 1 Committee meeting held
- 1 pre-hearing conference held
- 4 consent order reviews completed
- 1 contested hearing held

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The overarching goal of Fitness to Practise Committee proceedings is protection of the public, and as such, all decisions in incapacity proceedings are made with this at the forefront in order to ensure that registrants are practising safely.

Key Highlights:

At its annual meeting, the Committee received training from Independent Legal Counsel regarding the Fitness to Practise process. A member of the OPHP gave a presentation regarding addiction and mental health, and the services provided by the OPHP Program. Committee members also participated in additional training regarding contested incapacity hearings.

Challenges:

Constituting panels for consent order reviews and hearings has on occasion been a challenge.

Ongoing Initiatives:

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

Future Considerations:

The Committee does not have any matters that it wishes to bring to the Board's attention at this time.

Governance Committee

September 2021 – September 2022

Committee Role:

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

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

Members: David Breukelman (Chair), Goran Petrovic, Siva Sivapalan and Devinder Walia.

Meetings Held: December 8, 2021, February 10, 2022, February 23, 2022, April 29, 2022, May 18, 2022, August 15, 2022, and September 1, 2022

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The Governance Committee is a group of individuals tasked with ensuring there is a clear and usable framework of defined roles and responsibilities in place so that the College's Board of Directors can function appropriately and efficiently.

Key Highlights:

The Governance Committee began meeting in December with an orientation and discussion of the work of the Committee over the year. The Committee also discussed the impact of conflict-of-interest management and the opportunity to continue to educate Directors and Committee appointees regarding affiliation with professional associations during and after their time serving the College.

In February, the Committee was informed that the Ministry of Health had requested consultation from the 26 health regulators in Ontario through the Health Profession Regulators of Ontario (HPRO) organization regarding changes to the Regulated Health Professions Act (RHPA). The changes included elements of governance reform previously supported by the Board, such as smaller board size, elimination of the Executive Committee and separation of Board and Committees. Other changes proposed included the elimination of elections and competency appointments for the Professional Directors. The Committee was informed that the College intended to reply in support of the changes and further request that competency screening be extended to include all Directors, both professional and public.

The Committee then turned their attention to updating the 2022 skills inventory questions to improve objectivity and remove biases. The updated survey was circulated to understand what skills may be lacking and could be filled through targeted recruitment of new Directors and through ongoing Board training.

For 2022 some areas of improvement and training were identified in the current Board cohort, but overall, the Skills Inventory demonstrated that the Board had the desired competencies reflected and determined that the approach for 2022 would be to invite Board applications from Registrants with a variety of skills and competencies without restriction. In May the Committee endorsed Financial Literacy training sourced by staff and endorsed by the Finance and Audit Committee.

In September 2022, the Committee reviewed and considered the competencies of the individuals who had expressed interest in serving as Chair, Vice Chair and on the Executive Committee prior to making the recommendations to the Board.

The Committee also created the proposed slate of individuals for Committee Appointment and ensured that those who had expressed interest in Chairing Committees were qualified. As well the Committee was informed of the orientation plans of an overview of Committees, Regulatory Programs and Committee Reports coming to the Board during the September Board meeting.

Challenges:

Some of the challenges the Committee faced was maintaining synchronicity between the By-laws and Board Policies in the process of review as well as the Board and College policies and always striving to be mindful to not stray into the land of unintended consequences.

Ongoing Initiatives:

- Over the year the Committee reviewed, discussed, and approved several Board policy revisions which will come to the Board for approval in late 2022.
- In August 2022 the Committee discussed activities which may result in a conflict of interest for individuals who hold roles on the Board and/or Committees to bring clarity and consistency to decision making when considering how best to manage the situations that arise. Once finalized the updated guidelines will be brought to the Board and included in the Board Policies.

Future Considerations:

- No further movement from the Ministry on the proposed regulations for Governance Modernization has been forthcoming.



Inquiries, Complaints and Reports Committee (ICRC)

September 2021 to September 2022

Committee Role:

The Inquiries, Complaints and Reports Committee ("ICRC") is a screening committee that oversees all investigations into a registrant's conduct, competence, and/or capacity. Meeting in small groups (or panels), the committee reviews all complaint investigations, Registrar's investigations, and health inquiries. Panels consider the facts of each case, review submissions from the registrant and complainant (if applicable), and consider relevant records and documents related to the case to determine an outcome.

Depending on the nature of the investigation, a panel of the ICRC can choose one or more of the following outcomes:

- **Take no action**
This occurs when the ICRC is of the view that the registrant's conduct and/or actions comply with the standards of practice of the profession and other relevant laws and regulations. This can also be the outcome if there is insufficient information for the ICRC to take action.
- **Issue Advice/Recommendation to the registrant**
The ICRC can provide written advice and/or recommendations to the registrants if they are of the view that the registrant would benefit from having a particular policy or standard of practice highlighted.
- **Require the registrant to complete a Specified Continuing Education or Remediation Program (SCERP)**
The ICRC can require a registrant to take specified remedial courses to address practice concerns. Remediation required by the ICRC is tailored to address concerns about the registrant's practice.
- **Issue a caution to the registrant**
Registrants may be required to appear before a panel of the ICRC to receive a caution where the committee would like an opportunity to have a "face to face" discussion with the registrant about the concerns relating to their practice and to hear from them about the changes they will make to avoid a similar incident from occurring in the future.
- **Accept an Undertaking**
The ICRC can decide to take no action on the basis that the registrant has promised (or undertaken) to do certain things (e.g. resign their certificate of registration) with the understanding that if they do not do so, the Registrar can initiate a fresh investigation.
- **Refer the registrant to another panel of the ICRC for health inquiries**
Where the investigation reveals that the registrant's conduct may be caused by an illness (e.g. substance use disorder), the panel may refer the matter to another panel of the ICRC to conduct health inquiries.

- **Refer the registrant and specified allegations of professional misconduct or incompetence to the Discipline Committee**

A small fraction of investigations that are reviewed by the ICRC are referred to the Discipline Committee (approx. 5-10%). These investigations usually involve serious matters where the panel is of the view that the registrant may have been dishonest, in breach of trust, appears to show a willful disregard of professional values, and/or appears to be unable to practice professionally or competently.

- **Take other action consistent with the *Regulated Health Professions Act (RHPA)*, 1991**

The ICRC can take other action it considers appropriate as long as it is consistent with the RHPA.

If a registrant is required to complete a SCERP or appear before a panel of the ICRC to be cautioned; or if specified allegations of professional misconduct or incompetence are referred to the Discipline Committee for a hearing, information regarding these outcomes will be posted on the College's public register.

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

Members:

- Chair: Aska Patel
- Public Directors:
 - Stephen Adams (until July 1, 2022)
 - Randy Baker
 - David Breukelman
 - Tammy Cotie (until October 4, 2021)
 - Adrienne Katz (as of March 23, 2022)
 - Elnora Magboo
 - Richard Phillips (until October 28, 2021)
 - Dan Stapleton
 - Gene Szabo
 - Cindy Wagg
 - Devinder Walia
- Professional Committee Appointees

○ Elaine Akers	○ Chris Leung	○ Sachi Sharma
○ Derek Antwi	○ Jon MacDonald	○ Ian Stewart
○ Tanisha Campbell	○ Stephen MacInnis	○ Frank Tee
○ Nneka Ezurike	○ Dean Miller	○ Tirath Thakkar
○ Sajjad Giby	○ Chintan Patel	○ Nisha Varughese
○ Bonnie Hauser	○ Ranvir Rai	○ Tracy Wiersema
○ Michael Heffer	○ Stephanie Rankin	○ Lisa-Kaye Williams
○ Wassim Houneini	○ Saheed Rashid,	○ Ali Zohouri
○ Saliman Joyian	○ Fatema Salem	
○ Elizabeth Kozyra	○ Veronica Sales	
○ Kimberley Lamont	○ Kaivan Shah	
○ Janet Leung	○ Niki Shah	

Committee Statistics:

Meetings

Virtual Meetings Panels of the ICRC meet via videoconference for half-day sessions to dispose of completed investigation files	55 ¹
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings	4
Oral Caution Meetings Separate half-day sessions are scheduled for panels to deliver oral cautions to registrants where a panel of the ICRC has issued a caution	32 ²
Business Meetings A business meeting is held at the beginning of the Board year and halfway for all members of the Committee for orientation and discussion topics relevant to the full committee	2

ICRC Activity³

Files Reviewed Complaints, Registrar's investigations, and health inquiries where the ICRC has reviewed and rendered an outcome	518
Take No Action	272
Advice/Recommendation	107
Advice/Recommendation + SCERP	43
Oral Caution	8
Oral Caution + SCERP	62
Undertaking to Restrict/Resign	2
Refer to Discipline	22
Refer to Fitness to Practise	2
Investigator Appointments Complaints or Registrar's investigations where the ICRC requests/approves an appointment of investigators	113
Oral Cautions Delivered	118

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

One of the key ways the College protects the public is by investigating complaints and other concerns about registrants. As the screening committee responsible for reviewing all public complaints, the ICRC makes decisions using a thorough decision-making process. Where gaps in practice are identified, the ICRC makes decisions geared towards improving registrant conduct and thus, enhancing public safety.

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to refer a registrant for incapacity proceedings, complaint decisions are reviewable by the Health Professions Appeal and Review Board (HPARB). A key performance indicator monitored by the College's Board includes complaint decisions confirmed by HPARB. When reviewing a complaint decision, HPARB considers whether the investigation was adequate and whether the ICRC decision was coherent and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process. In 2021, 87% of HPARB decisions issued confirmed the ICRC's decision. In 2022 to date, 93% of decisions received were confirmed.

¹ Includes 3 additional meetings scheduled before the end of the Board year

² Includes 3 additional meetings scheduled before the end of the Board year

³ As of the date of this report, August 22, 2022

Key Highlights:

- ICRC meetings continued to take place virtually, including two virtual business meetings of the full committee.
- The ICRC also continued to deliver oral cautions virtually. Due to the COVID-19 pandemic, the delivery of oral cautions was temporarily put on hold throughout various points in 2020 and 2021, resulting in a backlog of cautions to be delivered to registrants. In the 2021-2022 Board year, ICRC panels delivered 118 cautions (to date), a 145% increase from the cautions delivered yearly, prior to the pandemic.
- The ICRC covered several topics at their orientation and business meetings including: a review of the discipline process; a review of recent HPARB and judicial review cases; remediation options and tools used when requiring SCERPs; and initial results of the ICRC's Shadow Panel Initiative, a project to test inter-rater reliability between ICRC panels. Initial analysis demonstrated that ICRC panels made the same or similar disposition in 73% of cases tested.
- The ICRC continued to collect data during each panel meeting with respect to gaps in practice; this data is used by the Professional Development and Remediation team when conducting post-remediation follow-up, an initiative that has been in development for several years – post-remedial assessments began in early 2022.

Challenges:

- The size of the committee and volume of meetings required (90+ a year) is logistically challenging; the volume of files ready for review by the ICRC ebbs and flows over the course of a year and sometimes results in cancelling meetings or a high volume of files awaiting ICRC review.
- Virtual meetings run efficiently, however, ICRC members have sometimes experience technology challenges, particularly with slow internet or extremely large files to accessed on the College's file sharing platform.

Ongoing Initiatives:

- Shadow Panel Initiative – continued analysis of data gathered is underway with respect to ICRC dispositions, reasons, and gap analysis. A report will be presented to the ICRC in the upcoming Board year, with recommendations for areas of improvement in ICRC decision-making.
- Remediation Follow-up – aggregate results of initial post-remedial follow-up assessments conducted will be presented to the ICRC in the upcoming Board year.

Future Considerations:

- The ICRC will receive introductory training on trauma-informed approaches in the upcoming Board year. Other orientation and training topics will be identified based on 2022-2023 committee member needs.
- The ICRC does not have any matters that it wishes to bring to the Board's attention at this time.



Patient Relations Committee

September 2021 – September 2022

Committee Role:

The Patient Relations Committee advises the Board with respect to the Patient Relations Program defined as “a program to enhance relations between members (registrants) and patients.” This includes implementing measures for preventing and dealing with sexual abuse of patients as well as the provision of funding for therapy and counselling for patients who have alleged to have been sexually abused by a registrant. As part of its role and as defined under By-Law #6, the Committee may be required at the Board’s discretion to recommend changes to applicable statutes, regulations, by-laws, College policies and standards of practice as well as provide guidance to the Board on matters concerning patient relations.

Members:

- Professional Committee Appointees:
 - Ali Hussain
 - Kshitij Mistry (Chair)
 - Adam Silvertown
- Lay Committee Appointees:
 - Melissa Sheldrick
 - Jennifer Shin
 - Ravil Veli
 - Saeed Walji

Committee Statistics:

- Two (2) four-hour meetings hosted virtually and attended by the full Committee
- Three (3) feedback activities conducted offline to secure additional feedback on various policy and communications matters in follow up to meetings

How did the Committee’s work contribute to the mandate of public protection and/or regulatory or strategic objectives?

Through their contributions to administrative and practice-related policies, the Committee continues to maintain the prevention of sexual abuse by regulated health professionals as a top priority and will continue to be engaged as new opportunities are identified. Conversations with the Committee have identified an opportunity to ensure that eligible patients continue to be encouraged to take advantage of the funding available to them under regulations, and that the College explore how it can provide public/patient-related information in different languages. The Committee has also continued to contribute to ongoing quality improvement efforts internally to ensure that the experience of sexual abuse complainants considers their trauma and the need for clear, empathetic and timely information throughout their engagement with the College.

By providing input into various policy and communications initiatives, Committee members were able to influence, improve or reinforce the implementation of the next phase of the quality indicators initiative aimed at contributing to continuous quality improvement in pharmacy, the rollout of our open consultation strategies to help attract more participation from our key stakeholders, and important communication considerations as the College prepares for pharmacists to be able to prescribe for certain minor ailments starting in January 2023. These and other insights are critical to helping the College ensure that policies are effective, relevant and practical and that communication with registrants, the public and stakeholders promote safe, quality pharmacy care and patient experiences.

Key Highlights:

- Reviewed, revised and approved an amended administrative policy related to the provision of funding for therapy and counselling for patients. The policy streamlines the approval process and delegates certain duties to staff when eligibility for funding is established under the *Regulated Health Professions Act* (RHPA). The updated policy now provides greater clarity on the role of staff and the Committee when considering eligibility under alternative provisions in the *Pharmacy Act*.
- Reviewed and provided feedback on the College's Boundary Violation and Sexual Abuse Policy which reinforces the College's expectations for maintaining appropriate boundaries and the legislative provisions forbidding sexual abuse of a patient and strengthens the zero-tolerance philosophy when it comes to the sexual abuse of patients by regulated healthcare professionals.
- Provided meaningful input on:
 - Continuous quality improvement efforts regarding the experience with college processes by patients who have made allegations of sexual abuse against a registrant. This has included a focus on trauma-informed approaches to communication and program delivery within the College's Conduct division, leading to scheduled training for select staff and committees and the drafting of simplified website information to help guide complainants through the intakes and investigation processes.
 - Strategies to better promote and encourage greater participation in the College's open consultations amongst registrants and the public.
 - Ideas and opportunities on the collection of patient-experience information involving community pharmacies as part of the next phase of the College's Quality Indicators initiative.
 - The development of the College's equity diversity and inclusion (EDI) strategy including providing input on potential practice and training priorities for consideration and expressing its ongoing support to promote improved Indigenous cultural competency and related activities.
 - Communication considerations for registrants and the public regarding pharmacist minor ailment prescribing which will come into effect as of January 1, 2023.

Challenges:

- The Committee has hosted just two formal meetings within each of the last three Board years. With four members of the public and three professionals on the Committee, there is an opportunity to consider how to fully maximize the insights of Committee members and explore other meaningful relevant priorities within the Committee's mandate.

Ongoing Initiatives:

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

Future Considerations:

- The Committee continues to support College efforts aimed at equity, diversity and inclusion, including promoting Indigenous cultural competency, as well as translation of information for patients/public on the College's website.



Registration Committee

September 2021 – September 2022

Committee Role:

As set out in the **Objects of the College**, the College, through the Registration Committee, is responsible for developing, establishing and maintaining standards of qualification for persons to be issued certificates of registration.

The role of the Committee is defined in the *Regulated Health Professions Act, 1991 (RHPA)* and the *General Regulation* under the *Pharmacy Act*. The legislation also sets out requirements that the **Office of the Fairness Commissioner (OFC)** oversees for the purpose of ensuring registration practices are transparent, objective, impartial and fair for anyone applying to practice their profession in Ontario.

Within these parameters, the Registration Committee oversees the development of registration requirements and related policies and makes recommendations to the Board on changes to these requirements. An overview of core registration requirements is provided in the table below:

Requirements for All Classes	Additional Requirements for Pharmacists and Pharmacy Technicians (Non-exemptible)
Language Proficiency	Education
Good Character -Police Background Check	Pharmacy Examining Board of Canada (PEBC) Qualifying Exam
Canadian Citizen or appropriate status	OCP Jurisprudence Exam
Personal Professional Liability Insurance	OCP Practical Training Practice Assessment of Competence on Entry (PACE) for pharmacists Structured Practical Training (SPT) for pharmacy technicians
Required Fees Paid	

Note: There are four permanent classes of registration and two temporary classes (emergency assignment) of registration. The requirements for each are posted on the College website.

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

Members:

Lay Committee Appointee: Sylvia Moustacalis (Chair)

Public Members: Randy Baker; Gene Szabo

PCAs: Andrea Fernandes; Danielle Garceau; Jane Hilliard; Edward Odumodu; Ken Potvin

Deans: Lisa Dolovich; Andrea Edginton

Pharmacy Technician Educator: Angela Roach

Committee Statistics:**Registration Panel Requests and Outcomes for 2021**

Requests considered	223
Outcome – fully granted	177
Outcome – partially granted	25
Outcome – deferred	11
Outcome – withdrawn	5
Outcome - denied	5

Additional statistics regarding the number of new registrations, registrant renewals, Jurisprudence assessments, PACE assessments and SPT training are provided in the supplement to the annual report. (<https://www.ocpinfo.com/wp-content/uploads/2022/04/Supplementary-Data-2021-Annual-Report.pdf>)

OCP received successful outcomes from the recent Office of the Fairness Commissioner Risk-informed Compliance Framework assessments, which include historical performance and forward-looking risk factors:

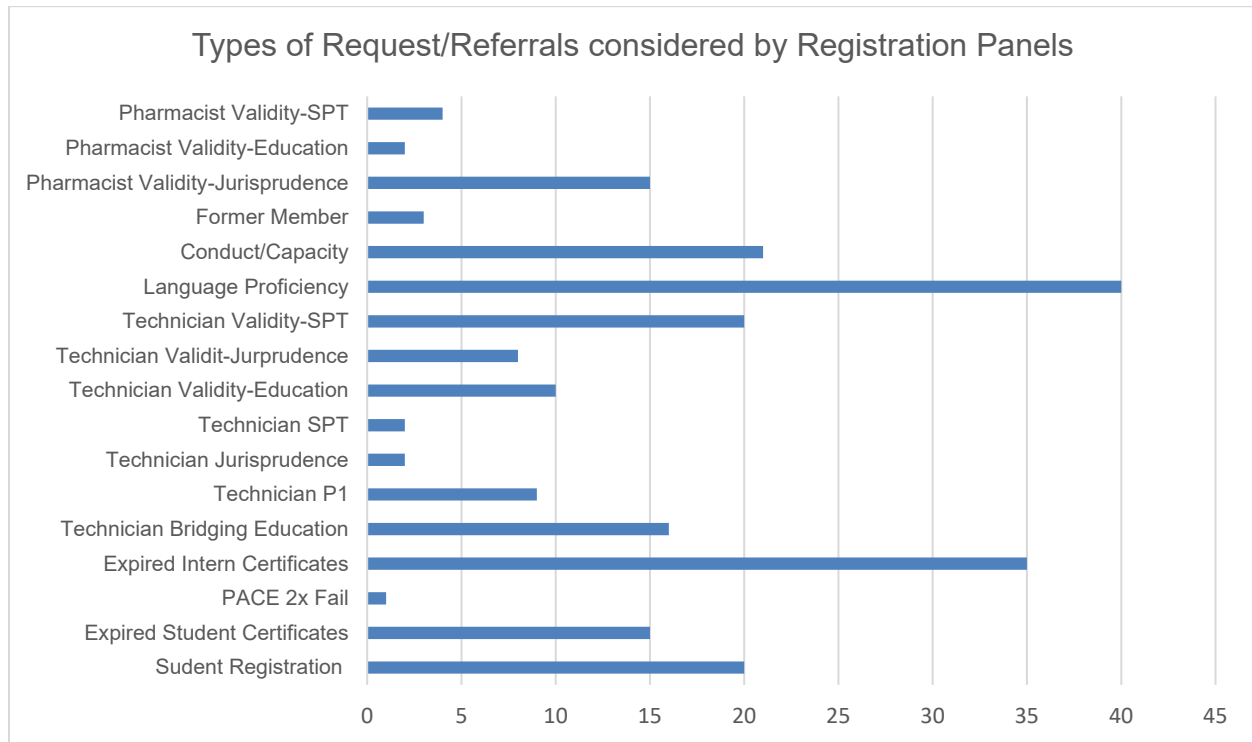
- OFC Provisional Compliance Rating – full compliance (fall 2021)
- OFC Cumulative Risk Rating – low-risk (spring 2022)

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

The new competency-based Jurisprudence, Ethics and Professionalism (JEP) Exam Blueprint was reaffirmed in preparation for implementation, as it continues to reflect current pharmacy practice expectations with greater emphasis on scope, ethics and professionalism. Recent changes to the scope of practice and professional expectations due to current health care issues emphasizes the need for pharmacists and pharmacy technicians to make sound ethical decisions and practice pharmacy in the best interest of patients. The JEP blueprint was approved with the addition of sub-topics to highlight what is assessed under each key topic area. This adds clarity to the key topics being assessed on the exam for greater transparency and fairness for candidate assessment. A new JEP policy was also approved to support the implementation of the new blueprint in 2023.

The Registration Committee approved the competency framework and bridging program for internationally educated pharmacy technician applicants, in January. The bridging program meets the requirements of the Board resolution as a program “whose graduates should possess knowledge, skill and judgement at least equivalent to a current graduate of a program” referred to in the Registration Regulation. Both the competency framework and the bridging program are being evaluated to ensure that the learning needs are aligned.

Key Highlights:



Challenges:

With recent legislative changes to the *RHPA*, Canadian experience may no longer be included as a registration requirement. This includes practical training programs, such as OCP's SPT program. For pharmacist applicants, OCP has already transitioned to PACE. For pharmacy technician applicants, the transition to PACE is planned for 2024. Part of the challenge making this transition is the delay in establishing an intern class for pharmacy technician applicants and as a result, the inability of pharmacy technician applicants engaging in controlled acts / full scope after they graduate from educational programs. OCP submitted new Registration / QA regulations to the Ministry of Health in 2018 which included an intern technician class; however, these regulations have not yet been approved by government.

Ongoing Initiatives:

As described above, the transition to PACE for pharmacy technicians is an ongoing initiative and will be managed in conjunction with related regulation changes.

Future Considerations:

Any necessary changes to the registration regulations as a result of the recent legislative changes will need to be addressed by the Board.

Screening Committee

March 2022 – August 2022

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

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

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

Meetings Held: June 29, 2022, August 5, 2022

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

Registrants interested in serving on the Board of the College must complete an application confirming their eligibility and practice experience. Governance best practice supports competency-based selection and appointment of Board and Committee participants. Ensuring there are robust and transparent governance practices setting out the process for screening candidates, including external unbiased individuals versed in governance principles, provides protection against perceived bias.

Key Highlights:

In June 2022, the Committee met to consider the eligibility of the ten pharmacists and three pharmacy technicians that had been screened. The Committee received the report of the independent consultant to review, rate and rank the qualifications of the candidates. Eleven candidates were approved to run for election and one candidate was encouraged to seek other opportunities for involvement with the College, or in governance capacities within other organizations, to better prepare to reapply for a Director role in the future.

In August 2022, the Committee met to review the Professional Committee Appointee (PCA) and Lay Committee Appointee (LCA) applications received by the College. The College's Human Resources team reviewed, rated, and ranked the applicants and provided a report for the Committee's consideration. All eight PCA candidates and both LCA candidates were deemed qualified for the Governance Committee's consideration for appointment to a Committee as needed.

Ongoing Initiatives: The Committee supported the circulation of a redacted version of the report drafted by the independent consultant to the Governance Committee as it offered some recommendations for improvement to the process of recruiting and screening potential Directors.

Challenges:

The Committee continues to evaluate its practice of using a combination of screening reports, applications, resumes and interviews, as necessary. This is to ensure that candidates are screened fairly and in accordance with the competencies necessary to stand for election or appointments, and not just in relation to other applicants. This means that interviews will be used to make a confident determination when written information is not enough. Communication around the purposes of the interview was important, particularly given that this was the first year interviews were used as part of the screening process.



Quality Assurance Committee September 2021 – September 2022

Committee Role:

The Quality Assurance Committee oversees the College's Quality Assurance program which helps ensure the continuing competency of pharmacists and pharmacy technicians to protect the public.

As described in the legislated **Objects of the College**, the purpose of the QA program is not only to assure the public that healthcare professionals are competent to provide patient care, but also to contribute to individual and system-wide continuous quality improvement.

OCP's QA program is grounded in current best practice which indicates that multiple yet complementary assessment modalities employed on different occasions in the practitioner's practice is the best approach. OCP's QA program includes the following QA activities: self-assessment, practice assessment, and the new knowledge assessment.



Each of these activities provide feedback that either validates the practitioner's current practice or identifies learning opportunities. In this way, each of these activities feed into determining the ongoing professional development that is required.

The QA Committee oversees the development of QA requirements and related policies and makes recommendations to the Board regarding regulatory changes. In addition, the Committee appoints quality assurance assessors annually.

Panels of the QA Committee review practice and peer assessment reports and require those individuals whose knowledge, skill and judgement have been assessed and found to have fallen below a cut score (based on the Standards) to participate in remediation. Such remediation focuses on the individual practice competence of the registrant, rather than broader topic remediation required by other statutory committees.

The Committee can also direct the Registrar to impose terms, conditions, or limitations for a specified period on the certificate of registration of a registrant whose knowledge, skill and judgement has been assessed or reassessed and found to have consistently fallen below standards, or who has been directed to participate in specified education or remediation and has not completed those programs successfully. The Committee may sit as a panel to consider any matter arising out of a practice assessment, clinical knowledge assessment or any matter relating to the imposition of terms, conditions, or limitations on a registrant's certificate.

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

Committee Statistics:

Types of Files considered	Count
• Registrants who did not pass a practice reassessment and underwent a QA assessment	15
• Registrants referred due to Self Assessment Tool not completed	5
• Registrants referred due to assessment deferrals beyond 1 year	8
Outcomes:	
• Remediation required	12
• Remediation recommended	1
• No remediation required or recommended	2
• Last opportunity granted to complete SAT without consequence	5
• Deferrals for assessment granted	8

Additional statistics relating to QA Committee considerations in the 2021 calendar year are provided in the College's 2021 [annual report](#) (pages 16, 18).

Full Committee Meetings Held Remotely:

- November 16, 2021 (Orientation):
 - Received orientation to the Quality Assurance Program and the role of the Committee
 - Received training from external legal counsel on responsibilities of the Committee
 - Received training on reviewing and making decisions on Quality Assurance matters using mock cases
- June 22, 2022 (Midyear):
 - Reviewed and approved updates to existing QA Policies
 - Approved the Appointment of the QA Assessors for June 2021-June 2022
 - Received an update presentation regarding the May rollout of the QA unproctored Knowledge Assessment
 - Reviewed and approved two new QA Policies:
 - Deferrals – Knowledge Assessment
 - Practice Assessment Review and Update:
 - The Ontario Ministry of Health's College Performance Measurement Framework (CPMF) requires Colleges to have processes and policies in place outlining how areas of practice that are evaluated in QA assessments are identified to ensure the most impact on the quality of a registrant's practice.
 - To meet the above requirement, the new QA Practice Assessment Review and Update Policy reviewed and approved by the Committee represents the policy to support the periodic review and update the practice assessment tools to ensure the most impactful areas of a registrant's practice are assessed.
 - Discussed what has been working well and opportunities for improvement regarding panel meetings

Panel Meetings Held Remotely: September 21, 2021, October 21, 2021, November 23, 2021, December 21, 2021, January 18, 2022, March 15, 2022, April 19, 2022, May 17, 2022, and June 21, 2022

- The cases of 28 registrants were considered during the 9 panel meetings

How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

Please see Committee Role section on page 1

Key Highlights:

- The Committee reviewed and approved new QA Practice Assessment Review and Update Policy to enable the College to meet the requirement of the Ontario Ministry of Health's College Performance Measurement Framework (CPMF) of having processes and policies in place outlining how areas of practice that are evaluated in QA assessments are identified.
- With ongoing practice change, a systematic approach to review and update assessment tools and processes was reviewed and approved to ensure alignment with patient needs and evolving practice to ensure the most impact on the quality of a registrant's practice.

Challenges:

While the Committee has continued to monitor the work in progress to update the existing assessment tools and processes that support the Quality Assurance program, the delay in receiving approval of the proposed changes to the QA regulation under the Pharmacy Act is a barrier to mandating participation of pharmacy technicians and enabling full implementation of the new QA model which allows for a right touch and risk-based approach.

Ongoing Initiatives:

Implementation of the proctored Knowledge Assessments for pharmacists will continue, along with ongoing monitoring, evaluation and updating of existing assessment tools and processes as necessary to reflect current scope and standards of practice.

Future Considerations:

In anticipation of approval of the proposed QA regulation changes, the Committee will continue to work with staff on further development of the new QA program model. The Board will be informed and/or consulted regarding these developments as they evolve.

I would like to acknowledge that all of the OCP staff supporting the QA committee who go above and beyond to make sure that our committee has to all of the required information that we need. Debra has also created some great tools to help us in our decisions and to also ensure continuity for our decisions.

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR DECISION

INITIATED BY: Governance Committee

TOPIC: 2022 – 2023 Committee Composition

ISSUE: Approval of the 2022/2023 Statutory and Standing Committees
Slate (excluding Executive and Screening)

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

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

ANALYSIS:

The proposed slate is developed considering the following considerations:

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

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

DRAFT COMMITTEE APPOINTMENTS FOR 2022-2023

New appointees are in red

*Committee are subject to change following the election to the Executive Committee

ACCREDITATION AND DRUG PREPARATION PREMISES

Public Directors:

Elnora Magboo
Gene Szabo

PCA:

H - Lori Chen
Agatha Dwilewicz
Nadia Fillippetto
Frank Hack **(Chair)**
Jon MacDonald (new to accred)
Chintan Patel
Tracy Wiersema
Staff Resource: *Katryna Spadafore*

DISCIPLINE

Elected Directors (all):

HT - Jennifer Antunes
T - Connie Beck (new since 2020)

Doug Brown
Billy Cheung
Andrea Fernandes (new)

Sara Ingram
James Morrison
Siva Sivapalan
Wilf Steer

Public Directors

Randy Baker
David Breukelman **(Chair)**
Christine Henderson
Adrienne Katz
Dan Stapleton
Devinder Walia
Cindy Wagg

PCA:

Chris Aljawhiri
Ramy Banoub
HT - Susan Blanchard
Dina Dichek
Jillian Grocholsky
Chris Leung
Beth Li

T - Cory McGill (new)
Tracey Phillips (new as PCA)

Karen Riley
Zahra Sadikali
~~Mark Scanlon~~
Jeannette Schindler
Connie Sellors
Leigh Smith
Laura Weyland
David Windross

Lay Committee Appointees:

Adita Agniotri (new)
Kim Lee (new)
Sylvia Moustacalis
Ravil Veli (new)
Staff Resource: *Angela Bates*

FITNESS TO PRACTISE

Public Directors:

Randy Baker
Gene Szabo

PCA:

Dina Dichek
Karen Riley
Zahra Sadikali
Jeannette Schindler **(Chair)**
Mary Ore Adegboyega (new)
Staff Resource: *Genevieve Plummer*

INQUIRIES, COMPLAINTS AND REPORTS (ICRC)

Public Directors (all – Accred):

Randy Baker
David Breukelman
Elnora Magboo
Adrienne Katz
Dan Stapleton
Gene Szabo
Devinder Walia
Cindy Wagg

PCA:

Elaine Akers
Derek Antwi
Simon Boulis (new)
T - Tanisha Campbell
Nneka Ezurike
Sajjad Giby
Bonnie Hauser
H -Michael Heffer
Aline Huynh (new)
Ali Hussain (new to ICRC)
Azhar Jiwa (new)
Saliman Joyian
Tom Kontio (new as PCA)

Elizabeth Kozyra
HT - Kim Lamont
Chris Leung
Janet Leung
Jon MacDonald
Dean Miller
Nikki Patel (new)
Chintan Patel **(Chair)**
Ranvir Rai
H- Stephanie Rankin
Saheed Rashid
Fatema Salem
HT - Veronica Sales
Sachi Sharma
Kaivan Shah
Ian Stewart
Frank Tee
Tirath Thakkar
Tracy Wiersema
Lisa-Kaye Williams
Ali Zohouri
Staff Resource: *Katryna Spadafore*

PATIENT RELATIONS

PCA:

Kshitij Mistry **(Chair)**
Adam Silvertown
Max Yaghchi

Lay Committee Appointees

Melissa Sheldrick
Jennifer Shin
Ravil Veli
Saeed Walji
Staff Resource: *Todd Leach*

QUALITY ASSURANCE

Public Directors (2):

Elnora Magboo
Cindy Wagg
PCA:
H - Annie Brooks
H - Shelley Dorazio
T- Amber Farhat (new)
Mona Hamada
Deena Hamzawi
Eric Kam
Karen Riley **(Chair)**
Staff Resource: *Susan James*

REGISTRATION

Public Directors:

Randy Baker
Devinder Walia
PCA:
Kenny Chong (new)
HT - Danielle Garceau
H - Jane Hilliard
Edward Odumodu
Kenneth (Ken) Potvin

Dean:

Lisa Dolovich and/or Andrea Edginton
Ontario Pharm Tech Program Rep:
T- Angela Roach
Lay Committee Appointee
Sylvia Moustacalis **(Chair)**
Staff Resource: *Sandra Winkelbauer*

EXECUTIVE (5 PEOPLE)

Elected Directors:

(Chair) – James Morrison
(Vice Chair) – Sara Ingram

Public Directors:

#1 – Christine Henderson
#2 – Dan Stapleton

Fifth Person

Staff Resource: *Shenda Tanchak*

FINANCE AND AUDIT

Elected Directors:

Doug Brown*
Sara Ingram
Siva Sivapalan
Wilf Steer

Public Director:

Adrienne Katz
Dan Stapleton **(Chair)**
Staff Resource: *Connie Campbell*

GOVERNANCE COMMITTEE (4 PEOPLE)

Elected Directors:

Connie Beck
Doug Brown

Public Director

David Breukelman **(Chair)**
Devinder Walia
Staff Resource: *Sarah MacDougall*

SCREENING (APPOINTED IN MARCH)

Elected Directors:

Public Directors:

Lay Committee Appointees:

Staff Resource: *Sarah MacDougall*

Legend:

T = Technician
H = Hospital
HT = Hospital Technician

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY: Shenda Tanchak, Registrar and CEO

TOPIC: Registrar's Report September 2022

ISSUE: The Registrar and CEO provides an update on operational activities at every Board meeting. Shenda Tanchak assumed the position on May 30, 2022 and this is her first report.

PUBLIC INTEREST RATIONALE: To fulfill its mandate, the College must function well. The Board of Directors must ensure College operations effectively deliver on the statutory mandate and the direction of the Board. Since the Registrar is responsible for all College operations, the Board indirectly advances the public interest by ensuring that the activities are in keeping with its direction and quality expectations. The Registrar's Report is one source of information that assists the Board to fulfill its oversight role.

BACKGROUND: The items set out below are only those not otherwise reported at the Board meeting.

External Stakeholder Engagement

Shenda has been meeting OCP stakeholders since she started. For the most part these meetings are intended to set the stage for working together in future, although some have dealt with issues that have arisen.

The following meetings have taken place or are scheduled:

- June 20, 2022 – Meeting with Ontario Pharmacists Association (OPA)
- June 29, 2022 – Meeting with Royal College of Dental Surgeons of Ontario (RCDSO)
- July 13, 2022 – Meeting with College of Pharmacists of BC
- July 19, 2022 – Meeting with College of Physicians and Surgeons of Ontario (CPSO)
- August 18, 2022 – Meeting with Institute for Safe Medication Practices Canada (ISMP)
- August 22, 2022 – Meeting with Ontario Health
- September 6, 2022 – Meeting with Leslie Dan Faculty of Pharmacy
- September 26, 2022 – Meeting with Pharmacy Examining Board of Canada (PEBC)
- October 7, 2022 – Meeting with Ministry of Health
- October 12, 2022 – Meeting with Rexall
- October 17, 2022 – Meeting with Shoppers Drug Mart

Pharmacy Regulators and Related

On July 26, 2022, the Registrar attended her first National Association of Pharmacy Regulatory Authorities (NAPRA) Board of Directors' meeting and was appointed to the Board. The primary focus of discussion at this meeting was NAPRA governance matters and approval of National Drug Scheduling Advisory Committee¹ recommendations.

The Registrar was appointed to the NAPRA Governance and Nominating Committee

¹ The National Drug Scheduling Advisory Committee (NDSAC) reviews and analyzes submissions from sponsors requesting drug scheduling placements and conducts independent research about drug-related issues as needed.

Equity Diversity and Inclusion (EDI)

The Board has directed that a strategic plan related to EDI be developed by March 2023. The Registrar has assumed the role of Executive Lead on the EDI project.

In keeping with the original project plan, An EDI Advisory Group composed of pharmacy professionals and patients has been established following an open [recruitment process](#), and the first meeting was held in July. As the development of the College's EDI strategy moves forward, the EDI Advisory group will advise the College on opportunities for enhancing equitable, diverse, and inclusive regulatory approaches.

On August 2, 2022, the College's internal project steering group met to discuss what activities had already taken place in relation to the EDI project. Until that point, the EDI work at the College had been progressing in three different project areas: regulatory activity, governance, and human resources. The group identified an opportunity to approach the EDI project differently, reducing potential silos between operational areas and efficiencies in working together. Work continues developing a new project plan and identifying the appropriate leadership for the college-wide work.

People/Culture

The Registrar has met with 95% of college staff either remotely or in-person. Most staff have met with Shenda in small groups. The purpose of these meetings has been to get to know each other and ensure open communications. The meetings featured opportunities for staff to ask questions and offer advice to Shenda in the first few months of her leadership tenure.

Other opportunities for Shenda to engage in dialogue with staff have taken place at OCP's first in-person Social Committee event since the pandemic, three Town Hall meetings and in one-on-one "virtual coffee" meetings.

A strategy to increase employee engagement and organizational effectiveness is being developed and will be reported to the Board in greater detail at the December meeting.

Covid-19 Pandemic

As anticipated, the demand on the pharmacy workforce remains high due to ongoing service delivery needs to support the pandemic response and the resulting health care workforce challenges. As a result, the Registrar has once again extended Emergency Assignment (EA) registration certificates for an additional 60-day period (from July 22 to September 21, 2022) and continues to accept new EA registration applications.

The current demand and strain on the pharmacy workforce is expected to continue and while the College will monitor for any changes, access to EA registration is expected to continue throughout the fall.

Ministry/Government Activities

COVID Vaccination for Children 5 years of age and under

In response to Health Canada's approval of the COVID vaccine for children under 5 years, College and Ministry of Health staff met on June 16, July 6, and July 19 to discuss the regulatory implications.²

² Currently, pharmacy professionals are permitted to provide the influenza vaccine to patients 2 years of age and older based on previous scope expansions made within the *Pharmacy Act*. Unlike the authority to provide the flu vaccine, the amendment to [Ontario Regulation 107/96](#) which permits pharmacy professionals to administer coronavirus vaccines by injection does not contain an age restriction.

The provision of the coronavirus vaccine to children under two is a specialized practice area. To inform the requirements for implementation, the College assessed the environmental requirements, training considerations, practice expectations for pharmacy professionals and operational expectations for pharmacies. Staff also met with counterparts in other provinces and stakeholders representing physicians.

To support the delivery of safe and effective patient care, the College has updated existing practice guidance to acknowledge this specialized area of pharmacy practice:

- [Administration of COVID-19 Vaccine by Pharmacy Professionals](#) – Additional expectations for pharmacy professionals providing the vaccine to infants and young children include
 - assessing competence
 - accessing additional education and/or practical training, and
 - ensuring there is a private space with a flat stable surface to accommodate positioning.
- [Providing COVID-19 Services in Community Pharmacies](#) - Additional expectations for the physical space within the pharmacy, include
 - a segregated private space that protects the comfort and dignity of the patient and caregiver. This space must be able to accommodate a flat stable surface that is of sufficient size to accommodate positioning the patient.

This updated guidance has been shared with pharmacy professionals as well as the Ministry of Health, College of Physicians and Surgeons of Ontario, the Ontario Medical Association, the Ontario college of Family Physicians, and the Ontario Pharmacy Association.

Early insights from the Ministry of Health indicate that less than 5% of pharmacies have opted in to providing the coronavirus vaccine to patients under 5. Patients can identify which community pharmacies are providing vaccination to patients under 5 through the Ministry's [COVID-19 Website](#).

Health Canada

As noted in June, Health Canada initiated stakeholder meetings to provide a better understanding of Risk Management Plans (RMPs), their purpose, and the role of Health Canada in these risk mitigation measures over the product lifecycle.

On June 22nd, the Registrar attended a bilateral engagement session facilitated by NAPRA with representatives from many of the other Canadian Pharmacy Regulatory Authorities (PRAs) to provide Health Canada with information including concerns and challenges identified by pharmacy regulators in implementing RMPs on pharmacy professional practices

OCP also met with Health Canada staff on June 27, 2022 where the Registrar and other OCP staff were consulted on how to address a treatment/medication prescribing challenge they are experiencing in providing medical care to their diplomatic corps posted in Canada.

Other Regulators' Activities of Interest

The Alberta College of Pharmacists has elected a public member of its Council as President.

Health Professional Regulators of Ontario (HPRO) is developing a tool to evaluate EDI gaps for its regulatory members. The tool is expected to be ready for use by March 2023. It also continues to provide a valuable service in gathering perspectives when submissions to government are

required and for brainstorming responses to collective challenges (such as how best to respond to the College Performance Measurement Framework, for example).

Regulatory Activities

Minor Ailment Implementation Update

[O. Reg. 460/22](#) will allow pharmacists to prescribe for thirteen (13) minor ailments

- [allergic rhinitis](#)
- [candida stomatitis](#)
- [conjunctivitis \(bacterial, allergic, or viral\)](#)
- [dermatitis \(atopic/eczema, allergic or contact\)](#)
- [dysmenorrhea](#)
- [gastroesophageal reflux disease \(GERD\)](#)
- [hemorrhoids](#)
- [herpes labialis](#)
- [impetigo](#)
- [insect bites and urticaria](#)
- [tick bites, \(post-exposure prophylaxis to prevent Lyme disease\), musculoskeletal sprains and strains and \(uncomplicated\) urinary tract infections \(UTIs\).](#)

As part of the implementation plan, the College is currently reviewing and developing practice resources for registrants to support those who choose to prescribe for minor ailments to do so safely and in accordance with relevant legislation, standards of practice, policies, and guidelines. These include updates to the [Initiating, Adapting and Renewing Prescriptions Guideline](#) which contains recommendations for patient assessments, obtaining informed consent to treatment, preparing prescriptions (where appropriate), documentation and notification requirements

A Minor Ailments Treatment Overview for Pharmacists is currently being developed which illustrates how pharmacists may approach prescribing for minor ailments to meet expectations of [Patient Assessment](#), [Decision-Making](#), [Documentation](#) and [Communication](#).

Treatment algorithms which provide a systemic process for assessing and recommending therapeutic options for UTIs and tick bites have been co-developed with Public Health Ontario. Additional Ontario-specific algorithms are being developed in conjunction with the Canadian Pharmacists Association (CPhA) for the other eleven (11) minor ailments.

Additionally, the Minor Ailments Orientation Module is currently being finalized and will be available early this fall, well in advance of the scope expansion. It is a mandatory on-line module that provides registrants with an overview of the regulatory requirements and expectations to support pharmacists when prescribing for minor ailments. Registrants must complete the orientation module within one year of its availability, and before engaging in any prescribing of drugs for minor ailments. The College will confirm registrants have completed this requirement through attestation during the 2023 and 2024 annual registration renewal. Registrants are also being reminded of the expectation to self-assess their level of clinical competency prior to engaging in the new scope and to take one of the available clinical education programs, as necessary.

The College is currently developing a communication strategy to effectively share relevant information, resources, and tools, to support the implementation and ongoing learning.

Appointment of Inspectors

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

Date: September 13, 2022

To: Board of Directors

From: Shenda Tanchak, Registrar and CEO

RE: Appointment of Inspectors

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

Nicole Balan
Angela Bates
Lap Kei Chan
Judy Chong
Kelly Crotty
Peter Gdyczynski
Andrew Hui
Gurjit Husson
Robert Ip
Susan James
Andreea Laschuk
Jimmy Le
Shenda Tanchak
Rosamaria Torchia

Shelina Manji
Karen Matthew Tong
Jane McKaig
Michelle Nagy
Greg Purchase
Jessie Reid
Ruth Schunk
Brittney Shaw
Lisa Simpson
Sanjeet (Sonia) Sohal
Jovana Tomic
Kristin Reid
Braden Nguyen
Joshua Martell

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

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

BOARD BRIEFING NOTE**MEETING DATE: SEPTEMBER 2022****FOR DECISION****INITIATED BY:** Finance and Audit Committee**TOPIC:** Appointment of the Auditor

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

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

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The information outlined below supports activity related to the College's second strategic priority, "strengthening trust and confidence in the College's role as a patients-first regulator."

BACKGROUND:

- Tinkham LLP Chartered Professional Accountants were first appointed as auditors for the College in December 2017 and have been reappointed each year since.
- The Committee undertook a market review in 2021 to ensure the services provided are competitively priced and reflective of best practices.
- A request for proposal (RFP) process took place with five accounting firms with experience in the regulatory arena asked to make a proposal.
- The FAC recommended Tinkham based on cost/value for money, experience and satisfaction of services to date.

ANALYSIS:

- The Finance and Audit Committee continues to be satisfied with the services and advice provided by Tinkham and noted that their fees are reasonable in relation to other firms.

RECOMMENDATION:

That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2022.

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY:	Connie Campbell, Director, Corporate Services
TOPIC:	Q2 2022 College Performance Scorecard
ISSUE:	Review performance against targets for key performance indicators (KPIs) and key project/initiative milestones YTD ending June 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 College Performance Management 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 provide insight, enabling the Board to monitor performance on key indicators and projects/initiatives aimed at advancing the College's strategic priorities and regulatory responsibilities for the year.
- Descriptions of the KPIs, project and core initiative milestones are available in the Indicator and Milestone Definitions document which accompanies 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 seven CPMF domains; 6 are project or initiative milestones and 10 are KPIs. Eight (8) of the measures are proceeding per plan or have met target.

Status Year to Date

Measures	Meets or exceeds target	Approaching target < 25%	Beyond target > 25%	Measured at YE & Collecting Baseline
6 projects or initiatives	5	1	0	0
10 KPIs	3	0	1	6

Please refer to the rationale available in the Q2 2022 Performance Summary/Improvement Strategies for further information.

- Staff vacancies due to resignations and challenges in recruitment are impacting production of core work and project completion.
- New leadership prompted a review of planned project deliverables resulting in modifications to improve the focus and output of the final deliverables. For example, the equity diversity and inclusion (EDI) and risk projects were reviewed and refined.

ATTACHMENTS:

Attachment 1 – Q2 2022 College Performance Scorecard

Attachment 2 – Q2 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)	83% (30/36)			≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)	13% (1/8)			≥ 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)	16% (16/98)			≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)	57% (28/49)			≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)	96% (23/24)			≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a	n/a			Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%	33%			≥ 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%	44%			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	Q2 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)	Presentation of results will be made to the Board in September; results will be reflected on Q3 scorecard.
#5 <i>Publicly report on pharmacy provider experience data (M)</i>	This project is progressing as planned. Due to a staff departure, we have contracted external expertise to provide further research analysis while recruitment for new staff is in process.
#6 <i>Launch of the data strategy for the organization (M)</i>	This project is currently on hold, due to resourcing issues.
#7 Rate of success of community pharmacists following Quality Assurance (QA) reassessment	Meeting target.
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Trending to be below target at year end; due to the complexity and comprehensiveness of the practice topics (e.g., technology), other emergent policy work (e.g. vaccination for children under 5) and recruiting challenges for maternity leave contract.
#9 Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)	The completion of the EDI strategic plan development is progressing and amended to March 31 st , 2023. By adopting a collaborative approach to information gathering 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 67 total high and moderate risk complaints disposed of by ICRC in Q2, 10 of which were disposed within 150 days (15%). More than double the number of complaints were disposed compared to Q1, but with an increased denominator of files older than 150 days, this KPI did not improve from Q1. This was expected due to staff turnover and high volumes; timelines are expected to improve towards Q3 and Q4 as staffing and caseloads are stabilized.

Scorecard Measure	Q2 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 Q2)
#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>	Proceeding as amended, draft risk appetite statements for all risk categories will be presented to the Board in September.
#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 $\leq 25\%$	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>≥ 75%</div> <div>56% - 74%</div> <div>≤ 55%</div> </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>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div> </div>
#10 High and moderate risk complaints disposed of within 150 days.	Indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent.	Target based on a 11% improvement over 2021 performance	% Complaints are: <div> <div>≥ 30%</div> <div>22% - 29%</div> <div>21% ≤</div> </div>
#11 High and moderate risk Registrar's Inquiries disposed within 365 days.	Indicator measures the % of high and moderate risk Registrar's Inquiries (RI's) (s. 75(1) (a) investigations) disposed within 365 days from date of filing to date the ICRC decision is sent.	Target based on a 7% improvement over 2021 performance	% Registrar's Inquiries are: <div> <div>≥ 46%</div> <div>34% - 45%</div> <div>≤ 34%</div> </div>
#12 % HPARB complaint decisions confirmed	Indicator measures the % of HPARB (Health Professions Appeal and Review Board) reviews of ICRC complaints investigations and decisions, requested by either party, that are confirmed by HPARB.	Target carried over from 2021 as performance was not achieved	% Complaints are: <div> <div>≥ 88%</div> <div>66% - 87%</div> <div>≤ 65%</div> </div>
#13 Judicial review applications dismissed by the courts	This indicator measures the % of Judicial Reviews of Conduct related applications that were dismissed by the Divisional Court.	New indicator. Collecting baseline.	

2022 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: ■ $\geq 80\%$ ■ 60% - 79% ■ $\leq 59\%$
#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	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target $\leq 25\%$	Potential Risk
Beyond Target $> 25\%$	Risk/Roadblock

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR DECISION

INITIATED BY: Shenda Tanchak, Registrar and CEO

TOPIC: 2023 Operational Plan

ISSUE: Priorities and Direction for 2023

PUBLIC INTEREST RATIONALE: In order to achieve its mandate, the College must have sound operations. The Board guides performance by setting the strategic direction and ensuring that resources are available to ensure delivery of strategic goals and the College's statutory mandate of public protection.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Ensuring that operations follow the Board's direction and are adequately funded supports the strategic plan and all regulatory activity.

BACKGROUND

The Board engages in planning each year in accordance with the timeline set out below:



Timelines for Operational Planning and Performance Monitoring

Board of Directors



While staff take responsibility for operations, the Board assists by ensuring that the plan is in keeping with its strategic direction and will support all statutory functions.

It is expected that in 2023, the Board will develop a strategic plan for 2024 forward. The current plan is set out below.



ANALYSIS:

Organized by strategic priority, the proposed focus for 2023 College activities is set out below.

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

- Continue to evolve AIMS data strategy through public reporting of program learnings
- Improve adherence to medication safety and compounding standards through reinforcement and education
- Implement and integrate an evaluation plan for the expanded scope of practice
- Continue to improve our focus on risk as the basis for practice and operational assessments
- Modernize and refresh our communications efforts to better engage stakeholders and improve knowledge translation for registrants

- Develop and begin to implement a strategy to reduce the negative impact of workforce challenges in the community practice environment

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

- Continue to streamline complaints management and reduce completion times by focusing on early complaints resolution
- Continue to improve disciplinary processes and efficiencies, including streamlining pre-hearing conferences and updating the Rules of Procedure
- Finalize development and begin implementation of a strategy to ensure equity, diversity, and inclusion in all College activity
- Establish a methodology to measure public/patient experience of their pharmacy interactions and provision of care

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

- Invest in additional and existing staff to ensure adequate resources and improve employee engagement and retention
- Continue to refine and document business processes to reduce the impact of staff departures and identify opportunities for process improvement
- Continue to evolve OCP's IT infrastructure to improve stability and security
- Invest in new technology for improved data capture, analytics and more efficient automated workflow
- Refresh the existing Data Strategy to ensure the appropriate foundation and infrastructure are in place to support and evolve data/evidence-based decision-making

Two budget areas will show significant increases to meet operational requirements and strategic priorities: the HR budget and the cost of a new Customer Relationship Management system ("CRM"), which is the database we use to store all registrant information and support regulatory activities.

Human Resources

At the time of writing, there remain many unfilled staff vacancies. We anticipate filling these by year end, although we anticipate further attrition between now and then.

We propose salary increases for 2023 commensurate with the Consumer Price Index.

We anticipate that we will require 20 new staff positions in 2023 (the current budget supports 152 full time employees). We do not propose to fill vacancies by contract, for the most part. Recruiting for contract positions is proving especially difficult in today's market. The budget will reflect staggered start times for the positions.

The need for new staff arises because of many factors, including past decisions not to increase staff in regulatory programs despite the growth in registrant population and issue complexity; the particular demands on staff imposed by the pandemic; and the circular effect of staff shortages in regulatory programs which have left some projects under resourced and somewhat behind. 2023 will also feature a uniquely high demand on staff as we develop, test and implement a new CRM.

We do not anticipate continued staff growth in the two to five years following 2023. The under resourcing that we currently experience has had a domino effect on culture and operational efficiency, and we anticipate managing staffing requirements by managing culture.

Once we have the staffing levels required to meet 2023 demands, we will be able to focus on improving the culture, which will lead to reduced staff turnover and operational efficiencies which, in turn, will reduce the staff: registrant ratio required in future. When we reach this point, by 2024, we hope, we expect to reduce the number of positions through attrition to ensure a match of resources to operational requirements.

The goal of transforming the culture is to build a stronger College for the future, including to support the next strategic plan. Through cultural transformation, we hope to reduce staff turnover and associated costs (including the costs of recruiting and onboarding new staff and especially work inefficiencies arising from knowledge loss); reduce work delays caused or exacerbated by lack of collaboration; reduce time to completion for some regulatory activities; free up staff time by reducing meeting and email time to restore work life balance and ensure time for quality improvement and innovation and create a workplace that people more greatly enjoy.

To propel the cultural transformation, and realize its benefits as soon as possible, we have engaged a consultant to work with the senior leadership team to develop and implement a college-wide transformation strategy to be completed by end of August 2023. The cost of the consultant for the balance of 2022 will come from the HR surplus related to unfilled vacancies. The costs for 2023 will be included in the 2023 budget.

CRM

We do not yet have a budget for acquisition of a new CRM. We are in the early stages of vetting proposals. The range of costs is .5 to 1.5 million.

Other Notes

Budgeting for a regulator requires tolerance for factors beyond control of the enterprise. These might include especially high costs associated with conduct matters (a sudden surge in discipline hearings or other legal costs) or significant directions from government (reshaping of our Board, for example or approval of outstanding Registration and Quality Assurance regulations).

College real estate remains significantly underutilized and the prospect of finding tenants for 2023 is not good. Office vacancy rates in downtown Toronto remain high.

The Board may be faced with a decision about whether to approve a deficit budget or raise registrant fees.

Decision Requested:

Does the Board confirm the priorities and direction for 2023 Operational Plan?

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY: Susan James, Director, Quality

TOPIC: Medication Safety Standards: Consultation on the new National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals (2021)

ISSUE: To inform the Board of the upcoming consultation on the NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals*

PUBLIC INTEREST RATIONALE: Continuous quality improvement and medication incident reporting is integral to the practice of pharmacy to ensure patient's health and wellbeing is safeguarded. Through the upcoming open consultation, the College will ensure the public interest is protected by confirming the new Standards are reflective of current practice, aligned with the current supplemental Standard and congruent with the existing mandatory Assurance and Improvement in Medication Safety (AIMS) program.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: The information outlined within this document supports a decision/activity related to the College's second and third strategic priorities: "strengthen trust and confidence in the College's role as a patients-first regulator" and "enhance capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence".

BACKGROUND:

- In 2018, the Board approved the *Supplemental Standard of Practice: Mandatory Standardized Medication Safety Program in Ontario Pharmacies* which was developed to provide clarity of the practice expectations for pharmacy professionals to meet the Safety and Quality domains of the previous NAPRA Model Standards of Practice.
- In 2018, the College also launched the AIMS Program which is a standardized medication safety program that supports continuous quality improvement and puts in place a mandatory consistent standard for medication safety for all pharmacies in the province. Its goal is to reduce the risk of patient harm caused by medication incidents in, or involving, Ontario pharmacies.
- In 2019, NAPRA identified the need for development of national standards of practice for reporting, analyzing, preventing, and learning from medication-related incidents that would facilitate continuous quality improvement and medication incident reporting across Canada.
- In May 2021, after completing a series of consultations, NAPRA approved the *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals*. Soon after, a voluntary national working group was established to support jurisdictions in creating an implementation plan for the Standards.

- In the Spring of 2022, College staff compared OCPs *Supplemental Standard of Practice: Mandatory Standardized Medication Safety Program in Ontario Pharmacies* and AIMS program requirements with the new NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* to identify any gaps or opportunities; the result leading to a determination that OCPs Supplemental Standard of Practice (2018) is outdated and redundant with the new Standards approved by NAPRA.
- Further, acting on registrant feedback and information gathered from other regulators, College staff considered the ideal frequency for completion of the Pharmacy Safety Self-Assessment (PSSA), a component of the AIMS program. Recognizing that today's rapidly changing pharmacy environment requires constant vigilance, and the PSSA is a critical tool for pharmacy teams to identify and proactively improve processes to prevent patient harm, the current frequency, every two to three years, is not well aligned with the College's strong patient safety mandate.
- Additionally, College staff have become increasingly aware of the quality improvement opportunities for pharmacy professionals, stemming from the shared learnings resulting from reporting of medication events in other jurisdictions into a national platform/database. Ontario is one of the only provinces that does not require pharmacies to report medication events into the National Incident Data Repository (NIDR). Sharing Ontario data would help to improve pharmacy practice in the best interest of the public.

ANALYSIS:

- As part of the planned consultation process, stakeholders will be engaged to provide feedback on the new Standards along with the ongoing need for the *Supplemental Standard of Practice: Mandatory Standardized Medication Safety Program in Ontario Pharmacies* (2018). Additionally, College staff will follow a right touch approach to determine the appropriate frequency of the PSSA completion, appreciating the competing demands on pharmacy teams while balancing the importance of utilizing patient safety tools.

NEXT STEPS:

- The NAPRA *Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals* (2021) will be posted on the College's consultation page and shared through standard communication channels throughout the consultation period. Additionally, active outreach will occur with association groups, corporate stakeholders, and public members. This consultation will be initiated following the current consultation on the Model Standards of Practice.
- College staff will continue to explore opportunities and implications for national reporting by community pharmacies. This work will help inform the future recommendation to the Board for adopting or adapting the new standard.
- A consultation report, including a summary of feedback, recommended action and an implementation plan will be presented to the Board for consideration.

ATTACHMENTS:

- Attachment 1 - Supplemental Standard of Practice: Mandatory Standardized Medication Safety Program in Ontario Pharmacies
- Attachment 2 - NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals



Supplemental Standard of Practice: Mandatory Standardized AIMS program in Ontario Pharmacies

Purpose

To provide further clarity regarding practice expectations for pharmacy professionals in Ontario, in order to meet the Standards as outlined under Section 3 (Safety and Quality) of the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice (for [pharmacists](#) and [pharmacy technicians](#)).

Introduction

The aim of the Ontario College of Pharmacists' AIMS program is to improve patient safety through the identification of medication incident trends and workflow issues leading to medication incidents, in order to support Continuous Quality Improvement (CQI) in pharmacy practice. CQI involves an ongoing and systematic examination of an organization's work processes to identify and address the root causes of quality issues and implement corresponding changes.¹ Effective CQI programs involve implementation of quality improvements resulting from both proactive review of work processes to identify areas of risk, and retrospective review of specific medication incidents. The objective of CQI is to ensure that all pharmacy professionals learn from medication incidents, and review and enhance their policies and procedures to reduce the chances of recurrence, thereby improving patient safety.

To achieve safer care for patients, CQI must focus on both system improvements as well as the tasks that individual practitioners perform. The AIMS program is based on a CQI approach. It supports shared accountability and holds pharmacy owners and managers accountable for creating a work culture that supports staff in engaging in CQI and holds pharmacy professionals accountable for the quality of their choices. To enable a culture that supports learning and accountability over blame and punishment, individuals must be comfortable to discuss medication incidents without fear of punitive outcomes.

A critical element in safe medication practices is the sharing of lessons learned from medication incidents through recording of medication incidents and near misses, to support sustainable changes in practice. The lessons learned from both medication incidents and near misses enable continuous process improvements to minimize future incidents and maximize health outcomes to improve the quality of care provided in pharmacies.

¹ Boyle TA, Bishop AC, Duggan K, Reid C, Mahaffey T, MacKinnon NJ, et al. Keeping the "continuous" in continuous quality improvement: Exploring perceived outcomes of CQI program use in community pharmacy. *Res Social Adm Pharm* 2014 Jan-Feb; 10(1): 45-57.

Supplemental Standard of Practice (sSOP)

An effective standardized AIMS program for pharmacies must address both medication incidents that reach the patient, as well as near misses intercepted prior to dispensing. Pharmacy professionals must meet all of the following *requirements* of the Mandatory AIMS program, and pharmacies must enable and support pharmacy professionals in meeting these requirements:

Report

- *Anonymous* recording of all medication incidents and near misses by pharmacy professionals to a specified independent, objective third-party organization to support quality improvement within the pharmacy, and for population of an aggregate incident database to facilitate *anonymous* reporting that will identify issues and incident trends to support shared learnings.

Document

- Documentation of appropriate details of medication incidents and near misses in a timely manner to support the accurateness of information reported.
- Documentation of CQI plans and outcomes of staff communications and quality improvements implemented.

Analyze

- Analysis of incidents and near misses in a timely manner for causal factors and implementing appropriate steps to minimize the likelihood of recurrence of the incident.
- Completion of a pharmacy safety self-assessment (PSSA) within the first year of implementation of the Standard, then at least every 2-3 years. The Designated Manager may determine a PSSA is required more frequently if a significant change occurs in the pharmacy.
- Analysis of individual and aggregate data to inform the development of quality improvement initiatives.

Share Learning

- Prompt communication of appropriate details of a medication incident or near miss to all pharmacy staff, including causal factors and actions taken to reduce the likelihood of recurrence.
- Regular scheduling of CQI communication with pharmacy staff to educate pharmacy team members on medication safety, encourage open dialogue on medication incidents, and complete a PSSA (when required).
- Development and monitoring of CQI plans, outcomes of CQI communications and quality improvements implemented.

Responsibilities of Pharmacy Professionals in Meeting the sSOP

Pharmacy professionals must practice in accordance with all of the *requirements* of the AIMS program, as outlined above.

According to the Standards of Practice, all pharmacists and pharmacy technicians have the responsibility and obligation to manage medication incidents and address unsafe practices. This includes documenting and communicating all medication incidents and near misses with the entire pharmacy staff, and as appropriate to the patient and other health care providers (e.g. if the incident reaches the patient).

There is an expectation that pharmacy professionals will record medication incidents and near misses, and engage in continuous quality improvement planning and initiatives to improve system vulnerabilities.

Responsibility of Pharmacy Owners and Designated Managers (DMs) in Meeting the sSOP

Pharmacy owners and DMs must enable a culture that supports learning and accountability over blame and punishment, and encourages individuals to discuss medication incidents without fear of punitive outcomes. It is an expectation that all pharmacy operations are conducted in a manner that supports the aim of the AIMS program (as outlined in the introduction), and the *requirements* outlined in the sSOP that were designed to enable pharmacy professionals to meet this goal.

It is the responsibility of pharmacy owners and DMs to ensure that the work environment is conducive to, and incorporates, the appropriate process and procedures to support pharmacy professionals in meeting the *requirements* of the AIMS program. This includes ensuring that pharmacy staff are able to *anonymously* record medication incidents, and have implemented processes to continually document, identify, and apply learnings from medication incidents to improve workflow within the pharmacy.



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

Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals



Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by
Pharmacy Professionals

Approved by the National Association of Pharmacy Regulatory Authorities' (NAPRA) Board of Directors May 2021, published July 2021.

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The National Association of Pharmacy Regulatory Authorities
130 Albert Street, Suite 1800
Ottawa, ON K1P 5G4
Canada

E-mail: info@napra.ca | Telephone: 613-569-9658

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Introduction

Background

Medication incident reporting has long been a recommended part of the practice of pharmacy in Canada to protect patients' health and well-being. In recent years, it has been a priority of provincial/territorial pharmacy regulatory authorities (PRAs) to move towards implementing mandatory reporting programs. These programs improve the ability to analyze and learn from medication incidents and near misses, so that pharmacy professionals may continually improve the quality of pharmacy practice to prevent and mitigate risks to patients.

As part of the National Association of Pharmacy Regulatory Authority's (NAPRA's) 2019–2023 Strategic Plan, the need for the development of national standards of practice for reporting, analyzing, preventing, and learning from medication-related incidents was identified. As many of the stakeholders involved in medication incident reporting are national in scope, it was felt that national standards of practice would help to facilitate continuous quality improvement and medication incident reporting across Canada and would improve the ability to share learnings across the country. Sharing learnings across the country will increase the richness and volume of the data available to improve pharmacy practice in the best interest of the Canadian public.

NAPRA formed a working group consisting of PRA representatives and practising pharmacy professionals with expertise in medication incident reporting in their respective jurisdictions. An environmental scan was conducted, including a review of the literature on medication incident reporting and quality improvement in pharmacy practice and existing national and international standards. A draft document was then developed and revised through a series of consultations with NAPRA's membership, as well as key stakeholders related to medication incident reporting. The final document was approved by the NAPRA Board of Directors in May 2021.

Objective

This document has been developed by NAPRA as a supplement to the model standards of practice for Canadian pharmacists and pharmacy technicians. The objective is to promote patient safety in Canada through reporting and learning from medication incidents and near misses, in accordance with federal/provincial/territorial requirements.

As with all NAPRA documents, these supplemental standards of practice serve as a model, which can be adopted or adapted for implementation as seen fit by the PRA in each province/territory, based on the needs in that jurisdiction. Once these standards are implemented by the PRA in a particular jurisdiction, pharmacy professionals will be expected to follow them in the development of their pharmacy's continuous quality improvement processes and in the event of a medication incident or near miss. These standards represent the minimum expected standards of practice for continuous quality improvement and medication incident reporting. Other practices may be acceptable, but only if the pharmacy manager and/or pharmacy professional is able to demonstrate their equivalency or superiority to the practices outlined herein to the PRA in their jurisdiction.

Introduction

These standards are based on the principles of a culture of patient safety and a just culture within the pharmacy practice environment, wherein learning is promoted through reporting without fear of punitive action. It is important to note that the goal of these standards of practice, and of medication incident reporting in general, is to promote continuous quality improvement processes that contribute to patient safety and enhance patient trust in the safety of pharmacy practice. Continuous quality improvement and mandatory medication incident reporting programs provide pharmacy professionals with information and learning opportunities based on meaningful analysis of both pharmacy-level and national/provincial/territorial-level data, with the goal of reducing the number of medication incidents, mitigating risks to patients, and improving the quality and safety of patient care.

The data gathered from medication incident reporting is not used to trigger disciplinary or punitive action, but rather is used to promote continuous learning and quality improvement that enhance patient safety. The need to share anonymous data with a national and/or provincial database is important, as this will facilitate the sharing of learnings from medication incident reporting across the country. It is important to note that data submitted to a PRA through the medication incident reporting system, in jurisdictions where this is required, will not include any information that could be used to identify the patient, the individual who completed and/or submitted the report, nor any pharmacy personnel involved in the incident or near miss.

The goal of these standards of practice, and of medication incident reporting in general, is to promote continuous quality improvement processes that contribute to patient safety and enhance patient trust in the safety of pharmacy practice.

Glossary

Anonymized reports

Reports that do not include any information that could be used to identify the individual who completed and/or submitted the report, nor any pharmacy personnel involved in the incident or near miss, in accordance with federal and/or provincial/territorial privacy laws.

Contributing factor¹

A circumstance, action or influence that is thought to have played a part in the origin or development of an incident or near miss, or to increase the risk of an incident or near miss.

Culture of patient safety²

A component of organizational culture, which includes the shared beliefs, attitudes, values, norms and behavioural characteristics of employees, and influences staff member attitudes and behaviours in relation to their organization's ongoing patient safety performance. An enabling patient safety culture is characterized by leadership that leads by example, transparent communication, psychological safety facilitating reporting of errors, patient and family engagement, and a commitment to ongoing improvement.

De-identified report

A report that does not include any information that could be used to identify patients, in accordance with federal and/or provincial/territorial privacy laws.

Just culture³

The environment of a workplace in which consideration is given to wider systemic issues when things go wrong, enabling professionals and those operating the system to learn without fear of retribution. To encourage reporting of safety issues, inadvertent human error, freely admitted, is generally not subject to sanction. However, people are held to account where there is evidence of unprofessional conduct or deliberate acts.

Medication incident⁴

Any preventable event that may cause or lead to inappropriate medication use or patient harm that has reached the patient. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

National database

A repository of medication incident and near miss reporting data submitted from across Canada. The data contained in a national database is de-identified and anonymized.

Near miss⁵

An event that could have resulted in unwanted consequences but did not because, either by chance or through timely intervention, the event did not reach the patient.

1 Definition derived from the Canadian Patient Safety Institute's glossary (Canadian Patient Safety Institute n.d.).

2 Definition obtained from Royal College of Physicians and Surgeons of Canada (n.d.).

3 Definition derived from National Health Service (2018).

4 Definition derived from Institute for Safe Medication Practices Canada (n.d.).

5 Definition obtained from Institute for Safe Medication Practices Canada (n.d.).

Glossary

Peer support⁶

Emotional and practical support between two people who share a common experience, such as a mental health challenge or illness.

Pharmacy manager

The pharmacy professional recognized as being in charge of the operations of a specific pharmacy and who is held accountable by the pharmacy regulatory authority for the operations of that pharmacy.

Pharmacy professional

A person authorized to practise as a pharmacist or pharmacy technician by the pharmacy regulatory authority in one of the provinces or territories of Canada. This term includes pharmacy managers. For the purposes of this document, a pharmacy manager would be expected to meet the standards of practice for pharmacy professionals in addition to the standards for pharmacy managers.

Provincial database

A repository of medication incident and near miss reporting data submitted from across a particular province. The data contained in a provincial database is de-identified and anonymized.

Reporting platform

The computer software used by pharmacy professionals for recording medication incidents and near misses at the pharmacy level and reporting them to a national and/or provincial database.

Root cause⁷

The most fundamental reason (or one of several fundamental reasons) a suspected failure, a medication incident, a near miss, or a situation in which performance does not meet expectations has occurred.

Root-cause analysis⁸

An objective analytical process that can be used to perform a comprehensive, system-based review of critical incidents. It includes the identification of the root and contributory factors, determination of risk reduction strategies, and development of action plans along with measurement strategies to evaluate the effectiveness of the plans. (Similar term: incident analysis⁹)

Safety self-assessment

A process used by pharmacy professionals to proactively identify potential safety concerns. Regular use of this process may help decrease the number of medication incidents and near misses and identify opportunities for improvement at a pharmacy in order to mitigate risks to patients. The frequency of use may vary depending on province, territory, or organization.

6 Definition obtained from Canadian Mental Health Association (2018).

7 Definition derived from Joint Commission (2015).

8 Definition derived from Institute for Safe Medication Practices Canada (n.d.).

9 The term incident analysis is used in the [Canadian Incident Analysis Framework](#) (Canadian Patient Safety Institute 2012).

Standards of practice for pharmacy professionals

1. Pharmacy manager standards

The pharmacy manager ensures safe care for their patients through oversight of the continuous quality improvement processes within their pharmacy team and ensuring the competent management of medication incidents and near misses.

1.1 Continuous quality improvement

- 1.1.1 The pharmacy manager works with owners, employers, and pharmacy personnel to foster a culture of patient safety and a just culture in the workplace environment in order to promote learning and quality improvement that supports patient safety.
- 1.1.2 The pharmacy manager ensures that pharmacy-specific policies and procedures for continuous quality improvement are developed, documented, and implemented and include the processes for:
 - 1.1.2.1 Identifying root causes and contributing factors for medication incidents and near misses and performing a root-cause analysis as appropriate
 - 1.1.2.2 Reviewing and assessing summary reports and analyses of pharmacy-specific data
 - 1.1.2.3 Reviewing and assessing objective analyses from regional-, provincial/territorial-, and/or national-level data
 - 1.1.2.4 Holding routine¹⁰ team meetings to discuss summary reports and analyses and determine how to address them
 - 1.1.2.5 Completing a safety self-assessment on a routine¹⁰ basis

¹⁰ Note: Routine team meetings and safety self-assessments should be held/completed as often as necessary to address issues identified by the pharmacy. The minimum frequency of routine team meetings and safety self-assessments will depend on the requirements set by the PRA in each province and territory.

Standards of practice for pharmacy professionals

- 1.1.3 The pharmacy manager ensures that a continuous quality improvement program for the pharmacy is developed, documented and implemented and includes the processes for:
 - 1.1.3.1 Following up with team members involved in medication incidents and near misses and encouraging them to seek peer support when appropriate
 - 1.1.3.2 Ensuring that pharmacy policies and procedures are reviewed and updated based on the pharmacy's root-cause analyses, safety self-assessments, summary reports and analyses, and objective analyses from regional-, provincial/territorial-, and national-level data
 - 1.1.3.3 Implementing improvements to the pharmacy's procedures in accordance with the pharmacy's continuous quality improvement plan
 - 1.1.3.4 Developing a monitoring process to determine the efficacy of implemented improvements to the pharmacy's procedures
 - 1.1.3.5 Implementing further updates to the pharmacy's procedures if previous improvements are not effective

1.2 Management of medication incidents and near misses

- 1.2.1 The pharmacy manager ensures that pharmacy-specific policies and procedures are developed, documented, and implemented that clearly outline the steps that pharmacy personnel must take when a medication incident or near miss occurs, including the steps for disclosure.
- 1.2.2 The pharmacy manager ensures that a pharmacy-specific policy is developed, documented, and implemented that clearly outlines the pharmacy's criteria for determining whether a near miss must be reported to a national/provincial database.¹¹
- 1.2.3 The pharmacy manager works with owners and employers to ensure that appropriate resources are in place to enable pharmacy personnel to devote time to continuous quality improvement and reporting activities.

¹¹ Note: The pharmacy manager should align the pharmacy's criteria with the guidance provided by the PRA in their jurisdiction. In provinces and territories where the PRA defers the decision on when to report near misses to the pharmacy manager, they may refer to Appendix A for sample criteria that can be used to determine whether a near miss should be reported.

Standards of practice for pharmacy professionals

- 1.2.4 The pharmacy manager works with owners and employers to select a reporting platform that:
 - 1.2.4.1 Has processes in place to de-identify patient information and anonymize data, ensuring there are no patient or pharmacy personnel identifiers once data leaves the platform;
 - 1.2.4.2 Is able to integrate with a national/provincial database to share anonymous and de-identified medication incident and near miss reports; and
 - 1.2.4.3 Is able to integrate with the systems in place to share anonymous and de-identified data with the PRA, when required in that jurisdiction.



Standards of practice for pharmacy professionals

2. Pharmacy professional standards

Pharmacy professionals ensure safe care for their patients by committing to continuous quality improvement and appropriate handling of medication incidents and near misses.

2.1 Continuous quality improvement

2.1.1 Pharmacy professionals must incorporate continuous quality improvement within their practice, including:

2.1.1.1 Contributing to a culture of patient safety and a just culture in the workplace environment

2.1.1.2 Familiarizing themselves with the pharmacy's policies and procedures for continuous quality improvement

2.1.1.3 Engaging in determining root causes and contributing factors for medication incidents and near misses and in performing a root-cause analysis as appropriate according to the pharmacy's policies and procedures¹²

2.1.1.4 Engaging in team meetings to discuss summary reports and analyses of pharmacy-specific, regional-level, and national-level data

2.1.1.5 Engaging in the pharmacy's safety self-assessment process

2.1.1.6 Engaging in reviewing and updating the pharmacy's policies and procedures in response to the pharmacy's root-cause analyses, safety self-assessments, and summary reports and analyses

2.1.1.7 Implementing procedural improvements established by the pharmacy manager

¹² See Appendix B for levels of harm.

Standards of practice for pharmacy professionals

2.2 Handling medication incidents and near misses

- 2.2.1 Pharmacy professionals handle medication incidents openly and transparently according to the established policies and procedures of the pharmacy, including:
 - 2.2.1.1 Disclosing the incident to the patient or patient's agent and other health professionals involved in the patient's circle of care, in accordance with a patient-centred approach and provincial/territorial or national disclosure guidelines
 - 2.2.1.2 Following up with the patient or patient's agent to monitor for effects of the incident on the patient¹³
 - 2.2.1.3 Sharing information about the incident and follow-up plan with other health professionals involved in the patient's circle of care as appropriate
 - 2.2.1.4 Documenting the incident and follow-up plan and submitting a report to a national/provincial database using the pharmacy's reporting platform
 - 2.2.1.5 When appropriate, sharing information with the patient or patient's agent about how the pharmacy will improve and how the pharmacy will share learnings to prevent recurrence
- 2.2.2 Pharmacy professionals handle near misses according to the established policies and procedures of the pharmacy, including:
 - 2.2.2.1 Documenting the near miss using the pharmacy's reporting platform
 - 2.2.2.2 Determining if the near miss must be reported to a national/provincial database according to the pharmacy's policies and procedures¹⁴
 - 2.2.2.3 When required, submitting a report of the near miss to a national/provincial database using the pharmacy's reporting platform

¹³ Note: May be outside of the pharmacy technician scope of practice in some jurisdictions.

¹⁴ See 1.2.2.

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Appendix A: Sample criteria for defining a reportable near miss

The following list is a sample of criteria that may be used to determine whether a near miss should be reported to a national/provincial database:

- Were it to reach the patient, the near miss may cause harm.
- The near miss has been a recurrent issue in the pharmacy.
- The near miss provides a learning opportunity for the particular pharmacy or for pharmacy practice in general.
- Reporting the near miss aligns with the guidance set out by the PRA in that province/territory.



Appendix B: Levels of harm

No harm (medication dispensed)

No symptoms detected; no treatment required

Mild harm

Symptoms were mild, temporary, and short term; no treatment or minor treatment was required

Moderate harm

Symptoms required additional treatment or an operation; the incident kept the patient in hospital longer than expected; or caused permanent harm or loss of function

Severe harm

Symptoms required major treatment to save the patient's life; the incident shortened life expectancy; or caused major permanent or long-term harm

Death

There is reason to believe that the incident caused the patient's death or hastened the patient's death



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National Association of Pharmacy Regulatory Authorities

130 Albert Street, Suite 1800
Ottawa, Ontario K1P 5G4
Canada

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR INFORMATION

INITIATED BY: Susan James, Director, Quality

TOPIC: Pharmacy Safety Initiative

ISSUE: To inform the Board of recent stakeholder engagement and collaboration related to the Pharmacy Safety Initiative.

PUBLIC INTEREST RATIONALE: The Pharmacy Safety Initiative provides a collaborative forum to enable a broad group of retail and pharmacy stakeholders to develop short- and long-term strategies aimed at preventing crime and ensuring community safety. Through this initiative the safety and security of pharmacy teams and patients is acknowledged as a paramount concern which requires safeguarding to support overall community and public wellbeing and welfare. Further, minimizing the occurrence and frequency of pharmacy robberies decreases prescription medication circulating in the environment which has a positive impact on diversion and the opioid crisis.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

The information outlined within this document supports a decision/activity related to the College's second strategic priority, "strengthen trust and confidence in the College's role as a patients-first regulator".

BACKGROUND:

- In 2018, the Ontario Association of Chiefs of Police (OACP) requested from the College an endorsement for the expansion of the Pharmacy Safety Initiative pilot project which was conducted in the Windsor-Essex region with the goal of improving safety for pharmacy staff and the public. The Board approved a recommendation to engage with the OACP for the purpose of exploring a mechanism that the College could endorse, and to support the implementation of a provincial Pharmacy Safety Initiative.
- Throughout 2019 and into early 2020, the OACP focused on identifying their own representatives throughout Ontario to act as police liaisons to enable the creation of the provincial pharmacy safety initiative. OCP remained in contact with the OACP project lead and with his input periodically provided registrants with safety and security reminders for preventing robberies through standard College publications.
- In March 2022, College staff re-engaged with the OACP in light of the increasing and alarming reports from pharmacy stakeholders and media of the escalation of robberies in pharmacies. The College acknowledges the life-altering impact of robberies on pharmacy teams and other witnesses and recognizes that these crimes impact the wellness of the pharmacy teams and their environments and serve as another contributing factor to workforce stress and mental health issues.
- In May 2022, College staff collaborated with the Peel Regional Police to develop additional resources for pharmacy professionals including an article on [3 Tips to Prevent Pharmacy Robberies](#).

- In June 2022, OACP along with Ontario representatives from the Retail Council of Canada, the College and the Ontario Pharmacists Association (OPA) participated in a re-engagement kick-off meeting with the intent to develop short- and long-term strategies to address crime prevention and ensure public protection provincially in the retail sector. A second meeting is planned for September 2022.
- In August 2022, College staff collaborated with the OPA to update their pharmacy safety resources for pharmacy professionals. It is anticipated these enhanced tools will be available to pharmacy teams in the early Fall.
- Additionally, in August 2022, College staff participated in a presentation on the implementation of time delayed safes in community pharmacies. Further, College staff have completed an environmental scan on the implementation of time delayed safes across Canada (see Table One).

Table One: Canadian jurisdictional scan of regulatory implementation of time delayed safes in community pharmacies

BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Yes	Yes	Yes*	No	No	No	No	No	No	No	No	No	No

*To be implemented in all new pharmacies as of November 30, 2022, and by the end of November 30, 2023 for all existing pharmacies.

NEXT STEPS:

- College staff will continue to monitor the implementation of time delayed safes as a feasible strategy as part of the pharmacy safety initiative.
- College staff will continue to monitor the environment, provide supports to pharmacy professionals in their efforts to safeguard their teams, patients and the public as well as continue to engage collaboratively with provincial stakeholders to develop additional strategies and resources and inform the Board as appropriate.

ATTACHMENTS:

- Attachment 1 – Briefing Note Meeting Date December 2018 – Pharmacy Safety Initiative

COUNCIL BRIEFING NOTE

MEETING DATE: DECEMBER 2018

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

TOPIC: Pharmacy Safety Initiative

ISSUE: Engagement with the Ontario Association of Chiefs of Police to explore the development of a provincial Pharmacy Safety Initiative.

BACKGROUND:

- In August 2018, the Ontario Association of Chiefs of Police (OACP) sent a letter (Attachment 1) to the College requesting its endorsement for the expansion of the Pharmacy Safety Initiative, a recent pilot project conducted in the Windsor-Essex region with the goal of improving safety.
- The Windsor-Essex project addresses the unique crime and disorder challenges experienced in community pharmacy environments through collaborative information sharing and stakeholder engagement.
- It is a multi-partnered approach involving several stakeholders (local police, Ontario Provincial Police, pharmacists, Rexall and Shoppers Drug Mart), and drawing on three years of experience with a similar initiative of the College of Pharmacists of British Columbia and the Vancouver Police.
- The strategy includes a number of safety-rooted elements, including the use of time delay safes as a key aspect.
- The OACP feel that this initiative would be beneficial for all of Ontario and plans to spread the program across the province, but believe that its success would require the endorsement and strong support of the College.
- The OACP will be sharing the details of the project with Council at the December meeting, with a request that the College engage in discussions about potential spread of the program.

ANALYSIS:

- One of OCP's three strategic priorities is to "Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."
- One known threat to safe pharmacy practice is the incidence of pharmacy robberies, potentially putting both patients and pharmacy staff at risk.
- Many kinds of crime are decreasing across Canada, however, pharmacy crime and disorder challenges are increasing in certain jurisdictions across the country.
- Pharmacy robberies are often committed by individuals in search of narcotics, which are then frequently used for trafficking. Efforts to reduce diversion of these drugs through theft from pharmacies would be aligned with the harm reduction component of the College's [Opioid Strategy](#).
- The OACP intends to seek funding for this initiative through the Ministry of Community Safety and Correctional Services and will be the main driver of the project.

- In order to consider supporting an initiative of this nature, a thorough analysis of the pilot project, exploration of potential mechanisms and consideration of downstream impact is required.

NEXT STEPS:

- If Council agrees that the College should engage with the OACP to explore provincial spread of the Pharmacy Safety Initiative the next steps would be to review and analyze the potential benefits of this initiative for the province of Ontario, and consider options for implementation.

RECOMMENDATION FOR COUNCIL: That Council approve College engagement with the Ontario Association of Chiefs of Police for the purpose of exploring a mechanism that the College could endorse and support for implementation of a provincial Pharmacy Safety Initiative.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):



SENT VIA E-MAIL

August 3, 2018

Mr. Regis Vaillancourt
President and Chair
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Re: OACP Endorsement for a Provincial Pharmacy Crime Prevention & Public Safety Strategy

Dear Mr. Vaillancourt:

On behalf of the Ontario Association of Chiefs of Police (OACP), the governing body that has been the official voice of police leaders in Ontario since 1951, I wish to extend our full and enthusiastic endorsement of a formalized crime prevention and public safety strategy for all Ontario pharmacies. A primary mandate of the OACP is to define critical policing issues and develop sound and constructive positions to assume an advocacy role in partnership with the community.

The above noted strategy certainly fits this mandate and we feel it addresses the growing issue of public safety that is unique to neighbourhood pharmacies throughout Ontario. Our support follows the work undertaken over the past several months in the Windsor-Essex region with the "Windsor-Essex Pharmacy Safety Initiative" that has identified some creative practices to improve safety. The Windsor-Essex initiative has benefitted greatly from its multi-partnered approach involving all possible stakeholders, and combining comprehensive implemented actions with best practice information obtained from other jurisdictions.

This same approach would be an ideal and appropriate fit for all of Ontario. For its success, we feel the strategy needs the confirmed backing of the Ontario College of Pharmacists to ensure the ultimate goal of sustained safety will resonate with all Ontario pharmacies.

A key aspect of this strategy going forward would involve looking at the use of time delay safes to store narcotics and other valuables that are the targets of pharmacy robberies. Such a move to this however would only come with a thorough and well thought out public promotion and communication strategy supported by all

stakeholders before implementation is to take place. There are a number of other safety-rooted elements that would also form part of the overall strategy.

I enclose for your information, a Status of Project Work Plan provided to us by the Mr. Barry Horrobin, Director of Planning & Physical Resources for the Windsor Police Service.

The OACP values the partnership and sound working relationship we have with many different organizations and the public throughout Ontario. As such, we feel strongly about this proposed provincial strategy as something that will significantly and collectively improve the safety at all Ontario pharmacies, and one which will positively affect employees and customers alike.

We would be very pleased to provide any additional information you may require about this important public safety strategy, including presenting more detailed specifics of the proposed provincial safety strategy to your board, along with any other interested party, at a time that is convenient and workable for your organization.

The OACP is committed to this strategy as something that will create a positive impact on public safety for all Ontarians. Please contact Mr. Joe Couto, our Director of Government Relations and Communications, at 416-926-0424 ext. 22 or jcoutho@oacp.ca to pursue this important matter further.

Sincerely,



Chief Kimberley Greenwood
Barrie Police Service
President, Ontario Association of Chiefs of Police

KG/jc

Attachment

WINDSOR-ESSEX PHARMACY SAFETY INITIATIVE

– Status of Project Work Plan –

Prepared by: Barry Horrobin, B.A., M.A., CLEP, CMM-III
Director of Planning & Physical Resources – WINDSOR POLICE SERVICE

The following is a summary of activities that have either been completed or are still being pursued as components of the **"Windsor-Essex Pharmacy Safety Initiative"**. The work undertaken (which has included provincial Proceeds of Crime grant funding) is a continuation of an ongoing partnership between all police services in Windsor & Essex County (Windsor, LaSalle, Amherstburg and the OPP) with all pharmacies in the region (through the Essex County Pharmacists Association) toward the common goal of optimizing safety and security for employees and customers alike.

Project Objectives

1. Elevate the awareness of the very unique crime and disorder challenges specific to pharmacy environments to all owners, employees, and customers of neighbourhood pharmacies located throughout the Windsor-Essex region. This shall be accomplished by engaging stakeholders directly with police partners in a series of organized meetings & information sharing sessions to get everyone on the same platform of knowledge.
2. Fully explore unique methodologies that have been implemented in other jurisdictions that have shown to decrease the incidence and severity of acts of crime and disorder that occur at pharmacies. This may include such things as employing GPS product tracking systems when thefts occur and the potential use of time-delayed safes to store higher risk pharmaceuticals such as opioids and other narcotics.
3. Strengthen the physical environments of every pharmacy in the Windsor-Essex region to offer greater resistance against crime and disorder by assisting each pharmacy owner and staff with the use of a detailed self assessment threat and risk tool built on the principles of crime prevention through environmental design (CPTED).
4. Provide specific training to pharmacy employees on how to handle crime situations if/when they occur so as to minimize the impact of victimization and to safeguard against harm and loss and also prevent future occurrences.
5. In using all the aforementioned methodologies, work cohesively with all stakeholders and partners to achieve tangible reductions in the incidence of crime and disorder, while at the same time elevating the confidence and feelings of safety by pharmacy staff and customers.

Tasks & Actions

KEY MILESTONE #1: Conduct an informational workshop/session for pharmacy industry employees to gain direct stakeholder input and commitment to improvements.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: April 2017

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #2: Baseline perception of safety in and around pharmacy properties of pharmacy owners and employees at the outset of the project.

Activities: To guide any significant action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: September & October 2017

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #3: Completion of a Crime Prevention Through Environmental Design (CPTED) assessment of the physical configuration of every pharmacy in Windsor and Essex County to identify safety strengths to work from and address opportunities where safety may be compromised and needs corrective attention.

Activities: Prior to any significant formal action taken as part of the safety initiative, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: October to December 2017

Responsibility: All Police partners

KEY MILESTONE #4: Marketing campaign to provide complete understanding of the potential safety benefits of using time delay safes for storing high risk drugs.

Activities: Conduct awareness and safety benefits marketing in the form of a workshop(s), pamphlets, e-newsletters, etc. to promote time delay safe benefits.

Time Frame: Fall 2018

Responsibility: Pharmacists Association with Police partner assistance

KEY MILESTONE #6: Conduct a follow up informational workshop/session for pharmacy industry employees to obtain feedback on safety initiative deliverables.

Activities: Structured informational exchange between Police, Pharmacists Association representatives and pharmacy employees & owners on key safety issues.

Time Frame: March 2018

Responsibility: All Police partners and the Pharmacists Association

KEY MILESTONE #7: Completion of a full set of comparative crime & disorder and crime severity index (CSI) metrics before vs. after implementing the project.

Activities: Assemble full set of comparative statistical measures to gauge the impact of **the project's activities** on reducing crime and severity.

Time Frame: Summer/Fall 2018

Responsibility: All Police partners

KEY MILESTONE #8: Perception of safety in and around pharmacy properties of pharmacy owners and employees **following the project's implementation.**

Activities: Following implementation of the various project activities, surveys will be completed by key pharmacy staff to gauge perceptions.

Time Frame: Fall 2018

Responsibility: All Police partners and the Pharmacists Association

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2022

FOR DECISION		FOR INFORMATION
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X

INITIATED BY: Shenda Tanchak, Registrar and CEO

TOPIC: Board Risk Appetite

ISSUE: Approval of Proposed Risk Appetite Statements and Ratings

PUBLIC INTEREST RATIONALE: Board-approved risk appetite statements provide guidance to the College at both the operational and strategic decision-making levels. This guidance provides the basis for decision-making that facilitates the College most effectively meeting its public protection mandate.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Soliciting and incorporating the Board's tolerance and attitudes towards risk 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:

- As part of the ongoing development of the Board's risk oversight responsibility, at its June 2022 meeting, an external consultant (Rob Quail) worked with the Board to introduce the concept of risk appetite.
- During this meeting, the Board first discussed the outcomes to which it would like to apply risk appetite statements and ratings.
- The Board was surveyed to arrive at preliminary risk ratings for each of the outcomes it had identified, and asked the members of the Executive Committee to work with management over the summer to refine these outcomes, and preliminary risk appetite statements and risk ratings.
- The Board asked that this work be returned to the September Board meeting with proposed risk appetite statements and ratings for the outcomes. As well, staff were asked to develop proofs of concept to illustrate the application of risk appetite to College work.
- A review of the concept of risk appetite, background work and the revisions made by the Executive Committee are noted in the attached slides and will be presented by Mr. Quail.
- The two proofs of concept that were developed relate to the College's investment policy and to its community operations assessment program. These will be presented at September's Board meeting as well.

ANALYSIS:

- For several of the discussed outcomes, Board members expressed a range of views of what the ideal risk appetite should be. You will find that staff comments have been added to the document in post-Board discussions. Executive Committee's feedback about these comments may provide additional clarity in the final result.
- The two proofs of concept developed by staff should serve to illustrate the application of risk appetite to College work.

NEXT STEPS:

- At the meeting, with the support and facilitation of Rob Quail, we will walk through these results and seek to arrive at consensus on the desired risk appetite statements and ratings for each outcome.

ATTACHMENTS:

- Attachment 1 – Board Risk Appetite

RECOMMENDATION:**Motion:**

That the Board approve the risk appetite statements and ratings as presented.

Ontario College of Pharmacists Board of Directors Risk Appetite

ROB QUAIL

ROBERT QUAIL CONSULTING



Work Plan

- ▶ Definition of Outcomes (complete)
- ▶ Board Risk Appetite Introduction and Survey (complete)
 - ▶ Obtain initial Board views on what the desired appetite for risk to each Outcome should be
- ▶ Executive Committee Workshop (complete)
 - ▶ Refine Board input and arrive at consensus on desired risk appetite
 - ▶ Subsequent session with Executive to refine language and finalize based on EC and Board input
- ▶ Today
 - ▶ Presentation of final risk appetite (for approval)
 - ▶ Proofs of Concept for two regulatory/business processes:
 - ▶ Investment Policy
 - ▶ Community Operations Assessments

Definition

Risk appetite is the amount of risk, on a broad level, an organization is willing to accept in pursuit of value .

- source: COSO ERM Framework.

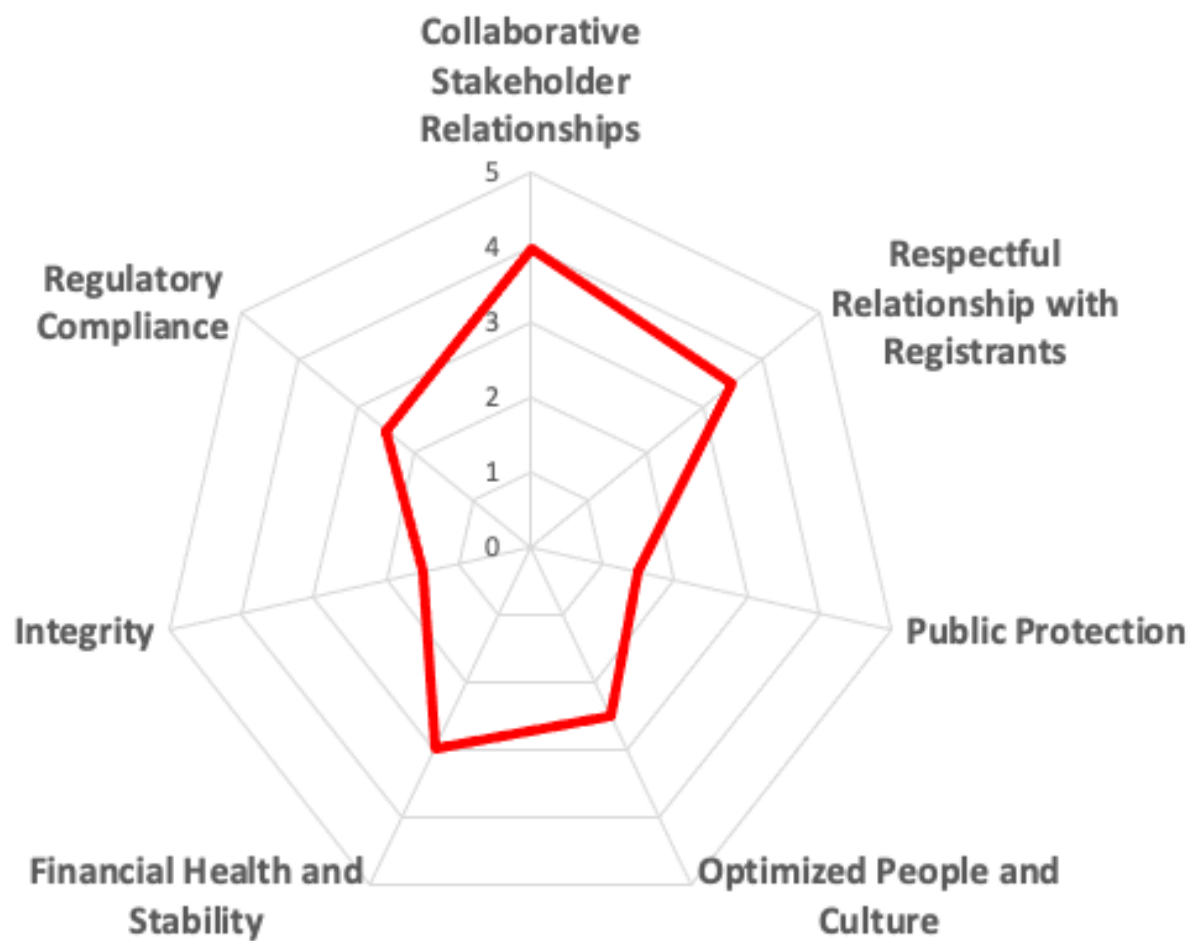
Why develop a Risk Appetite Statement?

- ▶ **Insight:** Discussion leads to new insights into strategy and its implications
- ▶ **Governance/Alignment:** full expectations and better alignment between executive and Board for when surprises happen
- ▶ **Decision-Making:** provides guidance to management on trade-off and strategic-emphasis decisions (when in conflict, which outcomes to protect first)
- ▶ **Criteria:** help define limits of tolerability for use in future risk assessments

Questions discussed by Executive Committee:

- ▶ Are we **clear** on what the objective means and what it includes?
- ▶ Is there a strategic **benefit** or return in exposing this objective to uncertainty? (Learning, growth, innovation, or ROI for some other objective)
- ▶ How would we react to surprises, unexpected results or **volatility**? Do we expect a “squiggly line” or a straight one?
- ▶ How do we want decision makers to make **trade-offs** when objectives conflict?

Results: Risk Appetite “Spider”



Rating	Philosophy	Tolerance for Uncertainty	Choice	Trade-off
	Overall risk-taking philosophy	Willingness to accept uncertain outcomes or period-to-period variation	When faced with multiple options, willingness to select an option that puts objectives at risk	Willingness to trade off against achievement of other objectives
5 Open	Will take justified risks	Fully anticipated	Will choose option with highest return; accept the possibility of failure	Willing
4 Flexible	Will take strongly justified risks	Expect some	Will choose to put at risk, but will manage impact	Willing under right conditions
3 Cautious	Preference for safe delivery	Limited	Will accept if limited, and heavily out-weighed by benefits	Prefer to avoid
2 Minimalist	Extremely conservative	Low	Will accept only if essential, and limited possibility/extent of failure	With extreme reluctance
1 Averse	"Sacred" – Avoidance of risk is a core objective	Extremely low	Will select the lowest risk option, always	Never

Public Protection

- ▶ Risk Appetite: 1.5 – Averse-to-Minimalist
- ▶ Statement: Public protection is our core value and OCP is highly averse to any risk that may compromise our ability to contribute to the safety of pharmacy patients and the public.
- ▶ Remarks: serving public interest is the legislative mandate of college. However, cannot expend infinite resources in responding to situations (e.g., vaccine rollout). Therefore, there is an implied risk level; as low as reasonably practicable. We respond to risky situations with lowest possible risk.

Integrity

(formerly: "Fairness, Ethics")

- ▶ Appetite: 1.5 – Averse-to-Minimalist
- ▶ Statement: OCP is committed to high ethical standards, fairness and impartiality in all its dealings. Our tolerance for risk to our integrity is limited to only those situations where it is required to protect the public and no mitigation is available without increase to public risk.
- ▶ Remarks: Conduct of college (staff, board, agents) must be impeccable, regardless of who we are interacting with: government, registrants, employees

Regulatory Compliance

(formerly “Compliance with Regulatory Mandate and Oversight Directive”)

- ▶ Appetite: 2.5 – Minimalist-to-Cautious
- ▶ Statement: OCP is cautious when it comes to compliance with requirements of legislation, regulation, and government direction, including direction from oversight bodies. We will make every effort to meet the requirements of such instruments or bodies and would accept a risk to our own compliance only if essential to ensure public protection and to maintain our integrity.
- ▶ Remarks: During COVID – put QA etc. on hold because of necessity. Only accept risk to this under unusual circumstances; public safety ethics. E.g.: 150-day requirement for all complaints; we do our best, but we refine this on a risk-basis (risk to public trumps this)

Optimized People and Culture (formerly “Employees”)

- ▶ Appetite: 2.5 – Minimalist-to-Cautious
- ▶ Statement: OCP is committed to recruiting and retaining staff that meet the high-quality standards of the organization and will provide an environment that fosters engagement and ongoing development to ensure that all staff reach their full potential. We are cautious with risks to this aim and will only accept them if they are necessary to ensure our ability to protect the public.

Financial Health and Stability (formerly “Value for Money”)

- ▶ Risk Appetite: 3 Cautious
- ▶ Statement: OCP is cautious regarding financial risk. We will maintain adequate revenue and reserves to deliver our services and will strive to deliver within the budget approved by our Board. However, budgetary constraints will be exceeded if required to mitigate risks to patient safety or quality of care. All financial responses will ensure optimal value for money.

Respectful Relationship with Registrants (Formerly: “Relationship – Registrants”)

- ▶ Appetite: 3.5 – Cautious-to-Flexible
- ▶ Statement: OCP values engagement and cooperation with pharmacists and registered pharmacy technicians and strives always to maintain a positive relationship. We accept that pursuit of our mandate may sometimes require making decisions or carrying out actions that do not garner support from registrants.
- ▶ Remarks: Registrants are treated with respect and dignity. But we would put this at risk in the interest of some of our other objectives; registrants are not always 100% happy with everything we do

Collaborative Stakeholder Relationships (formerly “Relationship: Other Stakeholders”)

- ▶ Appetite: 4 - Flexible
- ▶ Statement: OCP believes that strong relationships with the public and a wide range of system partners in the professional regulation, governmental and pharmacy sectors are beneficial to fulfilling its mandate. However, we recognize that our interests will not always align and will accept relationship risks necessary to delivery of our public safety mandate, while endeavoring to minimize negative outcomes.

Deleted: Relationship- Public, Government

- ▶ Remarks: already captured in Stakeholder Relationships and in Regulatory Compliance.

Deleted: Production

- ▶ Remarks: can be captured in quantitative and qualitative aspects of “Financial Health and Stability”.