



MONDAY, DECEMBER 12, 2022

9:30 AM – 4:30 PM

[Microsoft Teams Meeting Link](#)

Time	Topic
9:30 am	<p>1. Land Acknowledgement – Sara Ingram Sara Ingram will provide the land acknowledgement.</p> <hr/> <p>2. Declaration of Conflict of Interest, if Any Directors will be asked to identify any items on the agenda with which they have or may appear to have a conflict of interest.</p> <hr/> <p>3. Consent Agenda – for Approval The Board uses a Consent Agenda when consent to items is predicted, and they can be approved in a batch. This is to improve meeting efficiency. Any items that require further discussion will be removed and returned to the next Board meeting.</p> <p>3.1. Minutes of the Board Meeting September 12-13, 2022 3.2. Governance Policies recommended for approval by the Governance Committee</p> <hr/>
9:55 am	<p>4. Chair's Opening Remarks – for Information 4.1. Chair's Report for December 2022 Board 4.2. September 2022 Board Meeting Evaluation 4.3. 2022 Board and Individual Director Evaluation Report</p> <hr/>
10:10 am	<p>5. Registrar's Report – For Information The College can only be effective in delivering its mandate if it is operating effectively. The Registrar's Report is one contributor to the Board's ability to exercise oversight of College performance.</p> <p>This report provides a snapshot of the activities that have taken place since the September 2022 Board meeting.</p> <hr/>

	<p>Additional information items (no decision required)</p> <p>5.1. Provider Experience Quality Indicators – 2022 Results</p> <p>5.2. Implementation of Minor Ailments</p>
10:30 am	<p>Performance Reporting</p> <p>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.</p> <p>The Board is responsible for providing oversight and ensuring accountability for the overall performance of the College. The Scorecard and Risk Management reports ensure that the Board is aware of the status of indicators it has identified as critical to evaluating performance.</p> <p>6. College Performance Scorecard Q3 – For Information</p> <p>Connie Campbell, Director, Corporate Services will present the Q3 scorecard, which provides the Board with key performance indicators for the past quarter.</p>
10:45 am	<p>7. Proposed College Performance Scorecard 2023 – For Approval</p> <p>Connie Campbell seeks approval of the measures proposed for the 2023 Scorecard.</p>
11:00 am	BREAK
11:15 am	<p>8. 2022/2023 Risk Management Report – For Information</p> <p>Rick Chen, Manager, Business Processes will review the impact of the risk appetite statements on the Board risk register and provide the current risk report.</p> <p>9. Pharmacy Safety Initiative – Time-Delayed Safes – for Approval</p> <p>Susan James, Director of Quality and Jane McKaig, Manager of Community Practice seek direction to prepare a supplemental standard of operations to require time delayed safes for community pharmacies across Ontario to be considered by the Board at its March meeting.</p> <p>A requirement for time delayed safes aligns with the Colleges strategic goals to strengthen trust and confidence in the College’s role as a patients-first regulator and enhance our capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence.</p>
12:30 pm	LUNCH

1:30 pm

10. Reflections on the future of Professional Regulation and the Pharmacy Profession in Ontario

Several presenters have been invited to initiate a conversation on the current and future state of the profession and professional regulation. This conversation will help to set the context as the College moves to strategic planning in 2023.

David Wright of the Ontario Physicians and Surgeons Discipline Tribunal and Maureen Boon, Registrar of the College of Massage Therapists will present on the future of regulation in Ontario.

Justin Bates, CEO of the Ontario Pharmacists Association and Andrea Wist, President Elect of the Canadian Society of Hospital Pharmacists, Ontario Branch will discuss the future of the profession in Ontario.

Delia Sinclair Frigault, Interim Manager, Strategic Policy & Analytics will report on the inaugural data received in the provider experience quality indicators survey.

2:40 pm

Brainstorming

Board members and meeting observers will be asked to reflect on the presentations in an online brainstorming exercise.

3:10 pm

BREAK

3:25 pm

Finance and Audit Committee Business

Financial oversight is an important component of the Board's fiduciary duties. Prudent financial management is essential to mandate delivery. Dan Stapleton, Chair of the Finance and Audit Committee, will present the following materials.

11. Investment Policy – for Approval

Dan Stapleton, Chair of the Finance and Audit Committee, will present together with guest, Ryan Pollice, Principal, Investment Consultant at Mercer.

Prudent management of College investments is one of the requirements of the Board in exercising its oversight responsibilities.

3:40 pm	<p>12. Ontario College of Pharmacists Remuneration Policy – for Approval</p> <p>Dan Stapleton seeks approval of proposed changes to the Remuneration Policy effective January 1, 2023.</p> <p>To achieve its mandate the College requires competent qualified individuals to serve on the Board and Committees. Providing adequate remuneration will reduce financial barriers.</p>
3:55 pm	<p>13. 2023 Operating and Capital Budget – For Approval</p> <p>Dan Stapleton and Connie Campbell seek approval of the 2023 Budget.</p> <p>Ensuring that operations are adequately funded supports the strategic plan and all regulatory activity.</p>
4:15 pm	<p>14. Motion to go <i>in Camera</i> pursuant to the <i>Health Professions Procedural Code</i>, subsections 7(2)(c)</p>
4:30 pm	<p>MEETING END</p>



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF BOARD OF DIRECTORS
SEPTEMBER 12-13, 2022**

DRAFT

Agenda - September 12, 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 September 2022 Board
- 6. Approval of Minutes**
 - 6.1. Minutes of June 13, 2022 Board Meeting
- 7. Registrar's Report on Election of Board of Directors**
- 8. Election of the Executive Committee**
- 9. Past Chair's Award**
- 10. Overview of Committees, Regulatory Programs and Committee Reports**
- 12. Adjournment**

Agenda - September 13, 2022

- 13. Introductions & Remaining Overview of Committees, Regulatory Programs and Committee Reports Questions**
- 14. 2022-2023 Committee Slate Approval**
- 15. Registrars Report**
- 16. Appointment of the Auditor**
- 17. Q2 2022 College Performance Scorecard**
- 18. 2023 Operational Plan**
- 19. Pharmacy 5in5 Update Presentation**
- 20. Practice Policy Updates**
 - 20.1 Medication Safety Standards
 - 20.2 Pharmacy Safety Initiative
- 21. Risk Appetite/Tolerance – Proof of Concepts**
- 22. OCP Employee Engagement Results Presentation**
- 23. Personnel Matter – In Camera pursuant to the *Health Professions Procedural Code, subsections 7(2)(b)(d) and (e)***
- 24. End of Meeting**

MONDAY, SEPTEMBER 12, 2022 – 9:30 A.M.

Attendance

Elected Members

Jennifer Antunes, Toronto
Connie Beck, Petrolia
Douglas Brown, Port Perry
Billy Cheung, Markham
Andrea Fernandes, Pickering
Sara Ingram, North York
James Morrison, Burlington
Siva Sivapalan, Burlington
Wilfred Steer, Sudbury

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

Members Appointed by the Lieutenant-Governor-in-Council

Randy Baker, Toronto
David Breukelman, Burlington (Regrets Day 1)
Christine Henderson, Toronto
Adrienne Katz, Toronto
Elnora Magboo, Brampton
Dan Stapleton, Toronto
Gene Szabo, Kanata (Regrets Day 1 and 2)
Cindy Wagg, Oakville
Devinder Walia, Etobicoke

Staff present

Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Connie Campbell, Director, Corporate Services
Susan James, Director, Quality
Sarah MacDougall, Governance Coordinator
Sharlene Rankin, Executive Assistant to the Directors
Stephenie Summerhill, Executive Assistant to Registrar and CEO, Director of Quality

The meeting was called to order at 9:37 a.m. Mr. Cheung welcomed all Directors, staff, and observers.

1. Land Acknowledgement

The Chair invited Sarah MacDougall, Governance Coordinator to provide a land acknowledgement as a demonstration of recognition and respect for Indigenous peoples. Additional diversity events and holidays occurring during the month of September were highlighted.

2. Noting Members Present

Member attendance was noted.

3. Declaration of Conflict

None noted.

4. Approval of Agenda

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

5. Chair's Opening Remarks

5.1 Briefing Note – Chair's Report for September 2022

The Chair summarized his activities since the June 2022 Board meeting and outlined key takeaways from the June Board meeting evaluation. The goals for the meeting were reviewed. New Board Directors Jennifer Antunes, Connie Beck and Andrea Fernandes were invited to address the Board.

6. Approval of Minutes of Previous Meeting

6.1 Minutes of June 13, 2022 Board Meeting

The motion: That the Board approve the minutes of the June 2022 Board meeting as presented. was moved and seconded. **The motion was moved and seconded. The motion CARRIED.**

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

Shenda Tanchak provided a summary of the election held on August 3rd, 2022. The new Board Directors were welcomed.

8. Election of the Executive Committee

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

Election of Board Chair

James Morrison had indicated that he wished to run for office of the Chair and there were no other expressions of interest. He was acclaimed as Board Chair for 2022-2023.

Election of Vice Chair

Sara Ingram had indicated that she wished to run for office of the Vice-Chair and there were no other expressions of interest. She was acclaimed as Vice-Chair for 2022-2023.

Election of Executive Committee

The Chair noted that two Public Directors had expressed interest in serving; Christine Henderson and Dan Stapleton were acclaimed to the Executive Committee.

It was noted that the candidates who had submitted materials for the Board's consideration for a seat on the Executive Committee were Connie Beck, Doug Brown, and Siva Sivapalan. Each Director addressed the Board of Directors. The election was held via an electronic poll and the results were validated and then released.

Siva Sivapalan was elected to the Executive Committee.

9. Past Chair's Award

Paul Kidston, Executive Director of the Canadian Foundation for Pharmacy presented the Past Chair's Award to Billy Cheung on behalf of the Foundation.

Billy Cheung addressed the Board. James Morrison assumed the role of Chair for the remainder of the meeting.

10. Orientation - Overview of Committees, Regulatory Programs and Committee Reports

The Registrar and CEO and College staff presented the Board with an orientation on the role of the College and its regulatory programs. Embedded in the presentation were the annual reports from each of the statutory and standing committees on their work over the past year.

11. Adjournment

The Chair announced that the presentations of the standing committees would be reported the following morning and called for a motion to adjourn. **The motion: That the Board meeting adjourn at 4:30 p.m. and reconvene at 9:30 a.m. on Tuesday, September 13, 2022. The motion CARRIED.**

TUESDAY, SEPTEMBER 13, 2022 – 9:30 A.M.

Attendance

Elected Members

Jennifer Antunes, Toronto
Connie Beck, Petrolia
Douglas Brown, Port Perry
Billy Cheung, Markham
Andrea Fernandes, Pickering
Sara Ingram, North York
James Morrison, Burlington
Siva Sivapalan, Burlington
Wilfred Steer, Sudbury

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

Members Appointed by the Lieutenant-Governor-in-Council

Randy Baker, Toronto
David Breukelman, Burlington
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Staff present

Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Connie Campbell, Director, Corporate Services
Susan James, Director, Quality
Sarah MacDougall, Governance Coordinator
Sharlene Rankin, Executive Assistant to the Directors
Stephenie Summerhill, Executive Assistant to Registrar and CEO, Director of Quality

The meeting was called to order at 9:32 a.m. The Chair welcomed back the Directors, staff, and observers to the second day of the September Meeting.

12. Introductions & Remaining Overview of Committees, Regulatory Programs and Committee Reports and Questions

The orientation session that began on the previous day was concluded with the reports of the College's standing committees.

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

13. 2022 - 2023 Committee Slate Approval

The Board was presented with the proposed Committee Slate including Chairs for the 2022-2023 term as prepared by the Governance Committee. Mr. Breukelman informed the Board that the committees were constituted according to legislation and the College's by-laws.

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

The motion: That the Board resolve that the attached slate of candidates be approved to serve on the College Committees for a term that expires at the first regular meeting of the Board following the next regular election. The motion was moved and seconded. The motion CARRIED.

14. Registrar's report for September 2022

The Registrar and CEO provided a brief overview of the quarterly Registrar's report.

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

15. Appointment of the Auditor

The Chair of the Finance and Audit Committee (FAC) presented the briefing note. Dan Stapleton confirmed that the FAC's recommendation is that the College reappoint Tinkham LLP Chartered Professional Accountants for this fiscal year.

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

The motion: That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2022. The motion was moved and seconded. The motion CARRIED.

16. Q2 College Performance Scorecard

Connie Campbell, Director of Corporate Services, noted that the scorecard is presented at each meeting to provide the Board with a quarterly report on the status of the College's performance on key performance indicators.

The Board asked questions regarding data strategy timelines, possible upstream measures to prevent complaints and the College's plans to increase registrant engagement with the AIMS program.

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

17. 2023 Operational Plan

Shenda Tanchak asked the Board to confirm the 2023 operational priorities and direction as presented. The Board discussed the College's plans to recruit additional employees to alleviate the pressure on current staff.

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

The motion: That the Board confirm the priorities and direction for 2023 Operational Plan. The motion was moved and seconded. The motion CARRIED.

18. Pharmacy 5in5 presentation

The Board heard a presentation from Kelly Grindrod, Associate Professor at the School of Pharmacy at University of Waterloo, and the Ontario College of Pharmacists Professor in Innovation Chair. Pharmacy 5in5 is an interactive learning platform designed by the University to help pharmacy professionals self-audit their knowledge and acquire a deeper understanding of a variety of clinical and professional topics.

19. Practice Policies

19.1 Medication Safety Standard

Susan James, Director of Quality and Jane McKaig, Manager, Community Practice informed the Board of the upcoming consultation on the *NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals*.

Following the consultation, the College will consider changes to the OCP supplemental standards of practice to align with the new NAPRA standards as well as the frequency registrants are required to complete a pharmacy safety self-assessment (PSSA). At a future meeting a consultation report, including a summary of feedback, recommended action and an implementation plan will be presented to the Board for consideration.

19.2 Pharmacy Safety Initiative

Susan James and Jane McKaig informed the Board of a recent stakeholder engagement initiative to provide 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.

College staff will continue to monitor the implementation of time-delayed safes as part of the pharmacy safety initiative. College staff will continue to monitor and engage collaboratively with provincial stakeholders to develop additional strategies and resources and inform the Board as appropriate.

20. Risk Appetite/Tolerance – Proof of Concepts

The Registrar and CEO provided a summary of the work to date on the development of risk appetite statements and ratings which were derived from a session held during the June 2022 Board meeting. The Board was asked to review and approve the amended statements developed with the assistance of risk consultant, Rob Quail, following a proof-of-concept exercise to illustrate the application of risk appetite to College work. The proof-of-concept exercise focused on two topics, investment policy and community operations assessments.

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

The motion: That the Board approve the risk appetite statements and ratings as presented. The motion was moved and seconded. The motion CARRIED.

21. OCP Employee Engagement Results Presentation

The Chair welcomed Penny Galanis, Manager, Human Resources and Karim Sabayon from McLeans & Company to present the OCP Employee Engagement Results for the Board's information.

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

22. Motion to go in-camera pursuant to the Health Procedural Code, subsection 7(2)(b)(d) and (e)

The Chair explained that the Board of Directors would be meeting briefly in camera. The Board will reconvene on December 12, 2022, or at the call of the Chair.

The motion: To move in camera. The motion was moved and seconded. The motion CARRIED.

No actions were provided for inclusion in the minutes.

23. End of Meeting

There being no further business, **at 5:09 p.m. the meeting ended.**

Sarah MacDougall
Governance Coordinator

James Morrison
Board Chair

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Governance Committee

TOPIC: Approval of amended Board Policies

ISSUE: A series of Board Policies were reviewed and amended by the Governance Committee and are presented to the Board for approval.

PUBLIC INTEREST RATIONALE: Governance best practice calls for clearly articulated systems, policies and processes that ensure the overall effectiveness, direction, and accountability of a regulatory entity. Equally important is a shared understanding of expectations for how individuals conduct themselves as they fulfill the governance roles and enable the effective delivery of the [College's objects](#).

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Maintaining up to date policies reflective of governance best practice supports the Board in its oversight role, strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

BACKGROUND:

- In June 2021, the Board approved the final section of policies required to publish the new Board Policy Booklet and retire the Governance Manual which had been in place since 2016.
- The Governance Committee committed to a regular review of the policies. By creating standalone policies, the Board can consider and amend individual governance topics/concepts or add or delete policies as issues come to the fore.

ANALYSIS:

During the 2021-2022 Board year, the Governance Committee reviewed, discussed and where applicable, amended fourteen 14 policies in keeping with the commitment to review at minimum 1/3 of the policies annually.

These policies are coming forward under the consent agenda for the December 2022 Board meeting to create efficiency (see Board Policy 3.12 Board Meeting Rules of Order). Any items that require further discussion will be removed and added to the next Board meeting agenda.

RECOMMENDATION:

That the Board approve the following policies as presented:

- Introduction
- Policy 1.1 Ontario College of Pharmacists Governance Model
- Policy 1.2 OCP Governance Guiding Principles
- Policy 1.3 Board Director Competency
- Policy 1.4 Board Competencies, Skills and Experience Inventory
- Policy 1.5 Screening of Board Applicants
- Policy 1.6 Election of Board Chair and Vice-Chair
- Policy 2.1 Role of the Board of Directors
- Policy 2.2 Role of Individual Board Directors and Committee Appointees
- Policy 2.4 Role of the Board Vice-Chair
- Policy 2.5 Role of the Committees of the College
- Policy 3.1 Orientation of Board Directors and Committee Appointees
- Policy 3.9 Conflict of Interest
- Policy 5.2 Training for Chairs, Vice Chair of the Board and Committees

Introduction

The Board of Director Policies and Guidelines describe the fundamental principles that guide Board governance, practice and behavior and support the By-Laws of the College.

This is a compilation of independent policies and procedures that support good regulatory board governance and that have been approved or amended by the Board of the Ontario College of Pharmacists, from time to time.

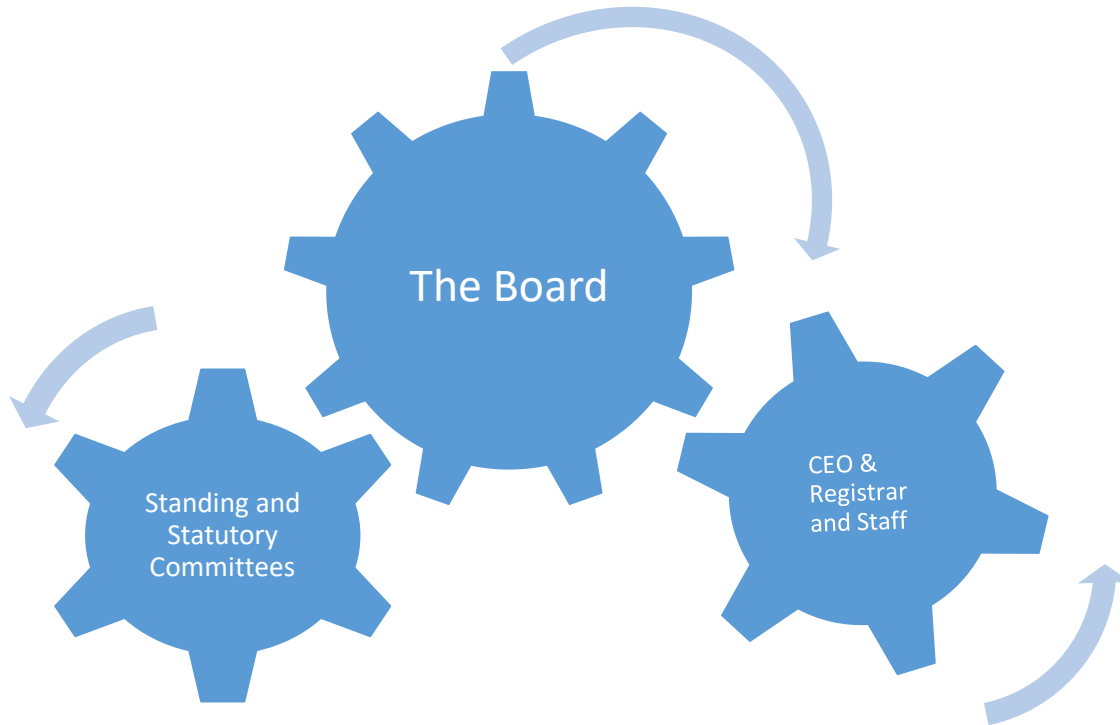
There is an abundance of literature on governance in not-for-profit organizations. Generally, and in regulatory bodies in particular, good governance is best identified through the consistent and reliable delivery of good outcomes over time.

Effective Board members demonstrate their commitment to a Duty of Care and Duty of Loyalty. Expectations regarding Duty of Care are set out in the College's Code of Ethics which are found in Schedule A of the [by-laws](#) and under Policy 2.2. Duty of Loyalty is set out under Policy 2.1.

As a member of the Board at the Ontario College of Pharmacists, you will rely on approved systems, policies, and processes to assist you in your governance role for ensuring the overall effectiveness, direction, and accountability of the College. However, how we behave towards one another as we fulfil our governance roles and how well we are individually and collectively able to build and maintain the relationships that will enable the effective delivery of the OCP's objectives while also inspiring the confidence and trust of the public, government, and registrants, is equally important.

High expectations are placed on members of regulatory Boards today, with Boards expected to demonstrate, and report on, overall regulatory performance and effectiveness through defined and accountable evaluation processes. Across leading jurisdictions and professions outside of Canada, the recruitment and selection/appointment of all regulatory Board members is based on demonstration of approved competencies and skills, and commonly determined through defined and accountable processes.

This compilation of various documents is meant to provide you with information to help guide you towards fulfilment of the important governance role you have assumed as a Board member of the Ontario College of Pharmacists.



At the College, the Board is responsible for fulfilling its governance role by setting directions and overseeing performance against agreed upon goals. In this way, the Board “steers”.

The Board fulfils its governance role, ideally through a mutually beneficial relationship with the ~~CEO &~~Registrar & CEO and the staff, relying on their respective expertise and experience for guidance in making good decisions aligned with the College’s public interest mandate. As such, the Board approves overall policy directions, or “steers” and the staff implements these, or “rows”.

The Board cannot and should not do the work by itself, and so relies on its committees- statutory and standing committees whose mandates are set out in statute and by-law; and policy or advisory committees that are established by the Board- to conduct work on its behalf.

The Board fulfills its oversight role with respect to performance of the ~~CEO/Registrar~~ & CEO and the Committees, being mindful of the respective roles of all parties. Board members do not involve themselves in the work or performance of the staff; this is the responsibility of the ~~CEO/Registrar~~ & CEO.

This diagram illustrates each role as a key ‘cog’ in the regulatory governance wheel moving the College forward in achieving its legislative and regulatory objectives. Each will, from time to time, move at varying speeds but must continue to move forward together to achieve optimal results.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2021

Last Review: December 7, 2021

Last Revision: ~~December 7, 2021~~December 12, 2022

Next Review Date: XXXX

Policy 1.2

OCP Governance Guiding Principles

Purpose

The purpose of this policy is to lay out the guiding principles the College and Board will use to collectively strive for excellence in regulatory performance and to demonstrate good governance through defined and accountable evaluation processes.

Application

This policy applies to:

- **Board Directors:** Individuals who are elected to or appointed-through the Lieutenant Governor in Council ~~to~~ the Board of Directors at the Ontario College of Pharmacists, and
- **Committee Appointees:** professional (~~r~~R~~egistrants~~) and lay (non-~~R~~egistrant) members of College committees, working groups and task forces.

Policy

The guiding principles are:

1. Every part of the College is focused on the public interest when fulfilling its mandate.

The College's mandate is to serve and protect the public and hold Ontario's pharmacists and pharmacy technicians as well as pharmacy operators accountable to the established legislation, standards, code of ethics, policies and guidelines relevant to pharmacy practice.

2. Both the Board and the ~~CEO &~~Registrar & CEO respect the ~~statutory~~ mandate of the College's statutory Committees under the Regulated Health Professions Act, (RHPA), the Pharmacy Act, the Drug and Pharmacies Regulation Act, and all other Acts in which the College is named. For example, a discipline panel is autonomous of the Board when it independently adjudicates discipline referrals.
3. Directors acknowledge that properly authorized ~~b~~B~~oard~~ actions must be supported by all ~~d~~D~~irectors~~. The ~~b~~B~~oard~~ speaks with one voice. Those ~~d~~D~~irectors~~ who have abstained or voted against a motion must adhere to and support the decision of a majority of the ~~d~~D~~irectors~~.
4. News media contact and responses and public discussion of the College's affairs should only be made through the Board's authorized spokespersons, the ~~CEO &~~Registrar & CEO or the Board Chair. Any ~~d~~D~~irector~~ or ~~e~~C~~ommittee~~ Appointee member who is questioned by news reporters or other media representatives should refer ~~the inquiry to such individuals to~~ the ~~CEO &~~Registrar & CEO or ~~their his/her~~ delegate.
5. Individuals understand that all information that they become aware of in the course of their duties at the College is confidential information and are prohibited from communicating it in any form and by any means except as set out in subsections ~~36(1)(a) through 36(1)(j)~~ of the Regulated Health Professions Act, 1991. The Board's Privacy Policy is included in its entirety in Policy 3.8.
6. Directors and Appointees are expected and required to avoid activities which may place them in or could be perceived to be in a conflict of interest. Conflict of interest is primarily a matter of personal responsibility and integrity. Where there is a potential conflict of interest with the business of the Board or a committee, individuals are required to inform the Chair and/or the Registrar & CEO at the earliest

opportunity and, where a real or perceived conflict exists, to take all reasonable steps to avoid the conflict. The College's Conflict of Interest Policy is included in its entirety in Policy 3.10.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Policy 1.3

Board Director Competency

Purpose:

This Policy provides information respecting the desired competencies and experience sought in Board ~~d~~irectors, as approved by the Board from time to time. It also provides guidance respecting: the management of the competencies used in the screening of new Board Directors for the annual election and in the development of training and education of individual Board directors, and the Board as a whole.

Application:

This policy applies to:

- **Board Directors**
- **All prospective candidates** who are registrants of the College and wish to seek an elected seat on the Board
- **The Screening, Governance and Executive Committees of the College**

Policy:

Director Experience and Desired Competencies

General Director Competencies are set out under 5.91 and 5.92 in the College [by-laws](#), as amended from time to time.

The Board will endeavour to include at its table, a mix of Directors who collectively demonstrate levels of knowledge, skills, and experience in good governance, as well as serving /working with a diverse patient population across different geographical locations in Ontario.

At least once every five years, the Governance Committee will re-assess the ~~Board-Director~~ Competencies to ensure they remain reflective of governance best practice and are comprehensive of the needs of the College in maintaining the diverse perspectives required.

The overall ~~b~~Board competence will be achieved through a combination of acquisition of new ~~d~~irectors (seeking candidates with specific skill sets in each annual election) and training and development of existing ~~d~~irectors.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Purpose:

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

Application:

This process applies to:

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

Process:

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

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

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

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

¹ The Skills Inventory is not a public document

Policy 1.5

Screening of Board Applicants

Purpose:

This policy provides the framework for the screening process for the Registrants interested in serving on the College's Board of Directors.

Application:

This policy applies to:

- **The Screening, Governance and Executive Committees of the College and to the Staff of the College,** each of whom have a role in overseeing the process for election/appointment of Board ~~members~~Directors.

Policy:

Section 94 (1) of the *Regulated Health Professions Act* (RHPA) gives the College the authority to make by-laws respecting the qualification ~~and terms of office~~ of Elected Board/Council Directors. ~~members who are elected.~~ Accordingly, Article 5 of the College by-laws sets out the required Director competencies ~~and terms of office~~.

Registrants interested in serving on the Board of the College must complete an application confirming their eligibility and practice experience. The application also provides the opportunity for candidates to submit self-assessments based on the desired competencies and provide further information that would speak to their suitability to help the screening committee assess the overall qualifications of the individual.

Once candidates are screened for basic eligibility, external governance consultants, engaged to eliminate any potential for bias, will conduct an initial assessment and ranking of the applicants for consideration by the ~~s~~Screening ~~e~~Committee.

The Screening Committee will review the report and applications ~~taking into account~~considering the specific competencies and practice experience being sought as published in the Director Profile(s) created by the Governance Committee each year.

Candidates may be invited to participate in an interview - either in person, by telephone or electronic means if necessary to clarify information in their application. The interview will focus on determining if candidates meet the criteria set out in the ~~d~~Director ~~p~~Profile.

Following the interviews, the Screening Committee will select the candidate(s) qualified to seek election onto the Board of Directors. All candidates will be notified of the outcome of the screening process. The qualified candidates will be placed on the ballot for voting by the registrants of the College in good standing who either live or work in Ontario.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Policy 1.6 Election of Board Chair and Vice-Chair

Purpose:

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

Application:

This policy applies to:

- **The Board** to collectively ensure that the process ~~es employed implemented for annually electing~~ ~~selecting the its for identifying~~ ~~for identifying~~ qualified candidates for election to the Chair and Vice-Chair ~~positions~~ are defined and ~~consistent~~ ~~accountable~~
- **The Governance Committee** to compile a slate of candidates for both positions based on interest and qualifications of Board Directors¹

Policy:

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

Commented [SM1]: Nominations from the floor were removed from the bylaws in June 2021

Board Chair and Vice-Chair Competencies:

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

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

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~ ~~December 12, 2022~~

Next Review Date: XXXX

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

Policy 2.1

Role of the Board of Directors

Purpose:

To ensure that the Board has a shared understanding of its role and accountabilities in governing the College.

Application:

This policy applies to: **all members of the Board.**

Policy:

The Board is responsible for providing oversight and ensuring accountability for the overall performance of the College, its composition and powers are set out under the [Regulated Health Professions Act](#), [Pharmacy Act](#) and [College By-Law](#) respectively.

The Board individually and collectively upholds their fiduciary duty of undivided loyalty and good faith to the mandate of their corporation (in the OCP case, regulating the pharmacy sector in the public interest) to put the College's interests above all others when taking action and making decisions.

Specific Responsibilities

The Board:

- Is responsible for ensuring that the College achieves its public interest mandate and accomplishes its mission as stated in the College's [strategic plan](#).
- Actively participates in the development and approves the College's Mission, Vision, and Strategic Plan, and commits to reviewing this plan on a regular basis (not more than every five years) to confirm relevance and to receive reports on the progress respecting implementation.
- Makes directional policies to steer the path relating to the philosophy and approach on the actions of the College or on the qualifications or conduct of the registrants of the College.
- Approves the standards of practice for the profession(s), including expectations for ethical practice and behaviour.
- Appoints the ~~CEO &~~ Registrar ~~& CEO~~.
- Monitors the performance of the ~~CEO &~~ Registrar ~~& CEO~~, inclusive of an annual performance review.
 - *The CEO & Registrar works with and for the Board to help achieve its mandate. The Board delegates the authority and responsibility to [the CEO & Registrar & CEO](#) to operationalize the Board's public interest mandate and [strategic plan](#). The ~~CEO &~~ Registrar ~~& CEO~~ is appointed by the Board, as its Chief Executive Officer, to manage operations and College staff and accordingly, the Board does not involve itself in operational matters.*
- Reviews and approves the College's financial statements, auditor's report(s), and approves the annual operating and capital budgets to ensure that the necessary resources are in place to effectively fulfil the College's mandate and to give effect to the policy and strategic directions that it approves.
- Ensures that standing committees, task forces and/or working groups are established as required; that their respective terms of reference are approved and that membership of the committees or task forces are selected or appointed in accordance with Board policies.
- Receives regular reports (minimum annually) from statutory and non-statutory committees, task forces, and appointed representatives.

- Performs an ongoing evaluation of the Board's effectiveness- as individual board members and as a board collectively, in carrying out its responsibilities and mandate.
- Establishes codes of conduct and ethical behavior for individual Board and committee members, and ensures enforcement measures are in place to address and manage breaches that may occur.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Policy 2.2

Role of Individual Board Directors and Committee Appointees

Purpose:

To establish and articulate the role and accountabilities of Individual Board directors and Committee Appointees.

Application:

This policy applies to: ~~all Directors of the Board, whether elected or appointed by the Lieutenant Governor in Council and all~~ Committee Appointees.

Policy:

Role

The role of Directors and Appointees is to make themselves available, prepare appropriately, attend, and actively and respectfully participate in all meetings, hearings or other activities, such as panels of the statutory committees.

Specific Responsibilities

A Director / Appointee is expected to:

- Comply with the Code of Conduct, ~~schedule B of the College By-law~~.
- Demonstrate a Duty of Care which requires that board directors exercise the same care, ~~diligence~~ diligence, and skill that a reasonably prudent person would exercise in comparable circumstances. Duty of Care requires board directors to take appropriate steps so that they can make sound, informed decisions.
This duty includes:
 - Being Diligent – being prepared for meetings, reviewing materials, arriving on ~~time~~ time, and participating in discussion.
 - Being Civil – respecting the process and fellow committee members, paying attention (e.g., no mobile devices during the meetings), genuine listening and consideration and adopting an objective approach to decision making.
 - Being Ethical – using College resources appropriately, being aware of the facts (e.g., reading the materials on a particular matter).
 - Being cognizant of and declaring Conflicts of Interest (~~e.g.~~ e.g., financial, adjudicative, and organizational).
- Demonstrate accountability to the public through decision making that is grounded in the public interest.
- Understand and support the respective roles and responsibilities of the Board, ~~Committees~~ Committees, and staff.
- Maintain constructive, collaborative and mutually respectful relations with others.
- Conduct themselves both in person and on all social media in a manner that upholds their fiduciary duty to the College, and act as an ambassador of the OCP.
- Acquire knowledge of policies and procedures, including relevant legislation, strategic ~~directions~~ directions, and the Board values.
- Participate in orientation, training and education offered.
- To make decisions as a collective group and hold joint responsibility for decisions and actions taken by the Board or Committee, even in their absence.

Term of Office

The terms of office for professional members of the Board are as set out under the [College By-law](#), sections 5.5 and 5.6. Committee appointees are subject to ~~one-year~~one-year terms, renewed annually at the start of each Board year. Term of office of the Public Directors appointed by the Ontario government, are prescribed in the Order in Council by the Minister of Health.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Policy 2.4

Role of the Board Vice-Chair

Purpose:

To establish and articulate the role and responsibilities of the Board Vice-Chair.

Application:

This policy applies to **the Board Vice-Chair**

Policy: Specific duties of the Vice-Chair are found in [OCP By-law](#), Article 10.1, ~~page 29 as noted in the policy above.~~

Role

The Vice-Chair is elected by the Board to serve as an officer of the ~~College, College and~~ sits on the Executive Committee ~~and will serve as Chair of the Governance Committee.~~

Specific Responsibilities

The Vice-Chair:

- Assumes the responsibilities of the Chair in ~~his/her~~their absence.
- Provides general support to the Chair.
- Collaborates with the Chair and the ~~CEO &~~ Registrar & CEO to assist in identifying ~~issues, and~~issues and establishing priorities to be deliberated by the Board.
 - ~~Collaborates with the Chair and the CEO & Registrar & CEO on Chair succession planning for the Board~~
- Participates in meetings with the ~~CEO &~~ Registrar & CEO and the Chair related to the Registrar's performance review.
- Participates in other meetings upon invitation by the Chair.

Term of Office

The Board Vice-Chair is elected ~~or~~/acclaimed at the first meeting of the Board following the election.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: December 7, 2020

Last Revision: ~~December 7, 2020~~December 12, 2022

Next Review Date: XXXX

Policy 2.5

Role of the Committees of the College

Purpose:

To establish and articulate the role and responsibilities of the College's Committees.

Application:

This policy generally applies to:

- **Statutory Committees of the College: (Executive; Registration; Quality Assurance; Inquiries, Complaints and Reports; Discipline; Fitness to Practice and Patient Relations Committees (required under the *RHPA*); and the Accreditation Committee (required under the *Pharmacy Act*); and**
- **Standing Committees of the College: (Finance and Audit; Screening, Governance and Drug Preparation Premises Committees)**

Policy

The committees of the College, including their respective composition and duties are found in Articles 8 and 9 of the [OCP By-Law](#).

All committees shall report on its activities, at least annually, to the Board.

Role of Committees

The Board relies on committees to do the work necessary to give effect to its approved policy and strategic directions. As is the case with all regulatory Colleges in Ontario, OCP's Board delegates responsibility for such work to those committees which must be established under statute; to other committees which are not required, but are established by the Board.

Special Committees, task forces or working groups

The Board may, from time to time, appoint special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve. These committees, task forces or working groups generally develop policy recommendations for the Board's consideration, on specific and defined issues or directions.

Amendment: The Board may amend this policy.

Approval Date: December 7, 2020

Last Review: ~~December 7, 2020~~ December 12, 2022

Last Revision: December 7, 2020

Next Review Date: XXXX

Policy 3.1

Orientation of Board Directors and Committee Appointees

Purpose:

To articulate the expectations for Board Directors and Committee Appointees regarding timely orientation to the College, Board and Committees.

Application:

This policy applies to:

- **All Board Directors**
- **All Committee Appointees**
- **The ~~CEO &~~ Registrar & CEO and the Board Chair** - who are responsible for coordinating and delivering orientation sessions for new Board Directors, and
- **The Committee Chairs and the respective committees' lead staff persons** - who are responsible for coordinating and delivering orientation to the new and returning appointees

Policy:

- All new Board Directors and Committees Appointees are expected to ~~undergo~~ participate in orientation
- New Board Directors will be assigned a mentor to support their orientation to the Board
- Orientation to the Board will ideally be held *before* a new Director's first Board meeting; subsequent sessions may be held after that first meeting if deemed necessary
- An orientation/training session for all new Committee chairs will be held, after their election/selection or appointment as Chair, ideally before ~~they~~ he/she chair their first meeting
- An orientation for all new Committee Appointees will be held ideally at the first meeting of the year, with a focus on the specific committee and its mandate as well as general orientation to the College.
- The ~~CEO &~~ Registrar & CEO and the Board Chair are responsible for coordinating and delivering all Board orientation sessions
- Committee Orientation is the responsibility of the Committee Chair and the committee's lead staff resource person(s)

The following key elements will be included in the orientation for **Board Directors**:

- Introduction to the Ontario College of Pharmacists, its legislative mandate and its obligations respecting regulation of Pharmacy practice in Ontario
- Overview of the legislative and regulatory frameworks for Pharmacy professionals and pharmacies in Ontario
- Review of the College's current Strategic directions and Goals
- Review of the College's current Operations Plan
- Review of the Board Policies
- Review of the College's financial position and its capacity to implement the strategic and operational plans
- Review of the College's Risk Register
- Introduction to principles of good regulatory governance
- Code of Conduct and attestation
- Confidentiality and Privacy and attestation
- Clarification of respective roles and responsibilities

- Expected engagement in evaluating Board performance through monitoring and evaluation processes (individual, collective, and Chair performance)

The following key elements will be included in the orientation for **Committee Appointees**:

- Introduction to the College, and brief overview of its legislative mandate and obligations respecting regulation of Pharmacy practice in Ontario
- An overview of how the Board's current strategic priorities, goals, and Board philosophies (presented, if possible, by the current Board chair or Vice-Chair) relating to the work of the specific committee
- Review of the Committee Terms of Reference, and proposed work plan for the coming year
- Clarification of respective roles and responsibilities- Committee appointee, Chair, Staff
- Code of Conduct and attestation
- Confidentiality and Privacy and attestation
- Review of good governance principles, as these relate to the specific committee and its work
- Expected engagement in evaluating the Committee's performance through approved processes (meeting, individual, collective and Chair performance)
- In addition to general orientation that will be provided annually to all committees and new appointees, targeted orientation or training conducted by external expert(s) may be required. ~~of all new committee appointees who are appointed to the statutory committees, including the ICRC, Discipline and Fitness to Practice committees of the College~~
-

Amendment: The Board may amend this policy.

Approval Date: March 22, 2021

Last Review: March 22, 2021

Last Revision: ~~March 22, 2021~~ December 12, 2022

Next Review Date: XXXX

Purpose:

The purpose of this policy is to articulate the expectations on Board members and Committee appointees (“Fiduciaries”) to avoid, and where that is not possible, to disclose, and where necessary, to declare any appearance of, or actual conflicts of interest.¹

Application:

This policy applies to:

- **All Board Directors and Committee appointees**

Policy Summary:

Whether a situation constitutes a conflict of interest depends upon all of the circumstances. The following principles provide guidance on how to avoid and address conflicts of interest.

1. *Don’t benefit self, spouse or children* – Fiduciaries should not use their positions to directly or indirectly benefit themselves, their spouse or children. Preventing disadvantages to themselves, their spouse or children is a form of “benefit”. In some circumstances this expectation applies to others like close friends, colleagues, and employers.

2. *Don’t disclose College information* - Fiduciaries should not disclose or use any information obtained through their involvement with the College without authorization. Authorization would typically come from a College leader or entity (e.g., Registrar & CEO, Board) applying the *RHPA* criteria. However, in some circumstances the *RHPA* itself would authorize direct disclosure (e.g., a discipline panel issuing reasons for decision).

3. *Don’t accept gifts* - Fiduciaries should not accept gifts from anyone who (1) interacts with (2) does business with or (3) wants to do business with the College. Fiduciaries may be able to accept gifts of nominal value (\$30.00 or less) that are given as an expression of courtesy or hospitality (e.g., refreshments at a meeting). When in doubt, the Fiduciary should report the gift to the CEO & Registrar.

4. *Be cautious before engaging in outside activity* - Fiduciaries should not engage in activities (including business, employment, or volunteer) outside their College roles if doing so would influence or conflict with their role and duties for the College. For example, Fiduciaries should not have a leadership role in a professional advocacy association. Where an outside activity is unavoidable (e.g., employment in a pharmacy role for professional members), a Fiduciary should be particularly alert to disclosing the role when engaging in a College activity that might create a conflict.

5. *Don’t give preferential treatment* - Fiduciaries should not give preferential treatment to anyone and take steps to avoid creating the appearance that such treatment is being given. For example, special treatment can include inappropriately providing private access to advocacy groups to discuss upcoming College decisions.

¹ When developing this document the College considered the principles followed by the Ontario Office of the Integrity Commissioner in Ontario Regulation 381/07. The Code of Conduct for Fiduciaries of the College is also relevant here. Some provisions in the *Regulated Health Professions Act*, or [RHPA](#), also have some application to Fiduciaries of the College.

6. *Be cautious before participating in decisions* - Fiduciaries should disclose if they or someone closely connected to them could benefit from, or be disadvantaged by, a decision. Similarly, caution should be exercised if the participation includes consideration of the interests of the profession or an advocacy group over the public interest. Also, if a Fiduciary has a strongly held personal belief that cannot be set aside, they should not participate. Inappropriate participation could include providing information, expressing opinions or voting.

7. *Declare financial interests* - Fiduciaries should disclose financial interests which may cause the appearance of or an actual conflict of interest.

8. *Don't seek preferential treatment* - Fiduciaries must not seek preferential treatment from the College. This duty is particularly acute where the Fiduciary is a professional member acting in their role as a regulated person (e.g., responding to a complaint).

9. *Don't switch sides* – Fiduciaries acting on behalf of the College must not assist or advise those dealing with the College (e.g., in a regulatory proceeding, negotiation, or other transaction).

10. *Apply these principles after leaving* - Former Fiduciaries have a continuing obligation to respect these principles. Some obligations, such as not disclosing or using confidential information without authorization, are permanent. Other obligations, such as participating in a leadership in a professional association or lobbying the Ontario government on College-related issues, would apply for a reasonable period (e.g., at least twelve months).

11. *There are additional restrictions* – The above principles are not exhaustive. Fiduciaries should be alert to unusual circumstances that create an apparent or actual conflict of interest (e.g., running for public office relevant to the activities of the College).

Procedure:

Where a Fiduciary believes there is any potential for a conflict of interest in their role, they should:

- Consult ~~it, as needed,~~ with the appropriate person which, depending on the circumstances, could include the Board Chair ~~and/or the Chair of the Governance Committee~~ and/or the Chair of the committee upon which they serve and/or the CEO & Registrar ~~and/or legal counsel~~².
- If there remains any doubt about whether the Fiduciary may have a conflict, disclose the information to the Board or the Committee and the Board or Committee may collectively decide. Where there is uncertainty, it is usually best to treat the potential conflict of interest as a conflict of interest.
- Accept the Board's or the Committee's determination as to whether there is an appearance of a conflict.
- Where there appears to be a conflict of interest, leave the room (virtual or in person) and not take part in any discussion of, or vote on, the matter.
- Where there appears to be a conflict of interest, not attempt in any way to influence the discussion of, or vote on, the matter.

All declarations of conflicts of interest (or determination that there is no conflict of interest after discussion) should be recorded in the minutes of the meeting.

² ~~As a general principle, the proper channel of communication between Fiduciaries and College legal counsel is through the CEO & Registrar's office. This is to ensure that appropriate legal counsel is contacted and to avoid placing the College's legal counsel in a conflict of interest. Directors would typically approach the CEO & Registrar for such advice through the Chair or the Chair of the Governance Committee.~~

Where a Fiduciary has information suggesting that another Fiduciary has an appearance of a conflict of interest, they must disclose the concern to the appropriate person (i.e., the Board Chair and/or the Chair of the Governance Committee and/or the Chair of the committee upon which they serve and/or the ~~CEO &~~ Registrar & CEO and/or legal counsel).

Documentation of any inquiries as well as the outcome/decisions will be kept confidential and will be used to identify trends and consider precedence for any future decisions. Additionally, the trends observed will be used to augment the training and guidance provided to new Board Directors and Committee Appointees.

Fiduciaries are requested to confirm their understanding of their duty to avoid and address conflicts of interest through signed acknowledgements annually. They are also requested to provide a list of the organizations with which they are affiliated each year and to update any changes to that list immediately. (see 3.10)

Best practice, according to Harry Cayton, is that 'All Boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even in disciplinary proceedings a miscarriage of justice. (See for example An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, PSA 2018)

Amendment: The Board may amend this policy.

Approval Date: March 21, 2021

Last Review: March 21, 2021

Last Revision: ~~March 21, 2021~~ December 12, 2022

Next Review Date: XXXX



BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: James Morrison, Board Chair

TOPIC: Chair's Report for December 2022 Board

ISSUE: The Chair provides a regular report of their activities between meetings.

PUBLIC INTEREST RATIONALE:

The Chair provides leadership to the Board and collaborates regularly with the CEO & Registrar to identify upcoming issues for the Board's consideration. This report is circulated and posted publicly and speaks to the transparency of the Board's leadership activities.

BACKGROUND:

I respectfully submit a report on my activities since the September 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:

- October 6, 2022 – OCP Committee Appointee Orientation
- October 31, 2022 – Finance and Audit Committee Meeting
- November 2, 2022 – Governance Committee Meeting
- November 3, 2022 – Financial Literacy Training
- November 17, 2022 – Board and Committee Chair's Meeting
- November 21, 2022 – Trauma Informed Training
- November 25, 2022 – Finance and Audit Committee Meeting
- November 28, 2022 – Executive Committee Meeting

September Board Meeting Evaluations – (Attachment 4.1)

Attached to my report is a copy of the September 2022 Board Meeting Evaluation. The results of the survey 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. We were pleased to hear that the feedback from the meeting was overall very positive. The orientation session was well received as was the risk appetite session with Rob Quail.

2022 Board and Individual Director Evaluation Results (Attachment 4.2)

The results of the 2022 Board and Individual Director survey circulated in September were considered by the Governance Committee in November and a report of the results is attached to my report. It was decided that the survey will be run again, and the names of the Directors will be recorded so we

can ensure that we are gathering feedback from everyone. Results will be confidential, but not anonymous to the Board Chair.

Following this meeting you will receive the following surveys:

- December Board meeting evaluation
- Board Chair Evaluation
- A repeat Board and Individual Director evaluation

Thank you for taking the time to complete the surveys and offering your feedback next time as we can only improve when we have awareness of the gaps.

Succession Plan for Registrar and CEO

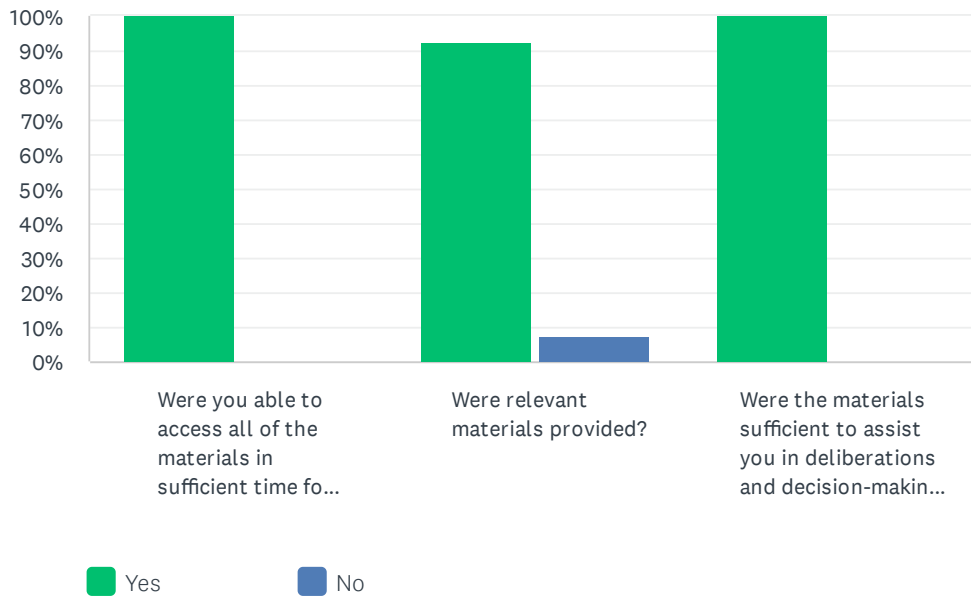
A policy relating to succession planning for the Registrar and CEO role has been developed. It identifies that the Director of Quality will assume the role of interim Registrar and the Director, Corporate Services, with the proviso that they have the required organizational knowledge, and they are performing to expectations, will assume the role of CEO in the event of an interruption in leadership, pending permanent recruitment by the Board.

Remuneration

In 2023 the Governance Committee will be considering a potential review of the base amount for remuneration. More information will come to the Board for consideration in future meetings.

Q1 Meeting Materials

Answered: 14 Skipped: 0



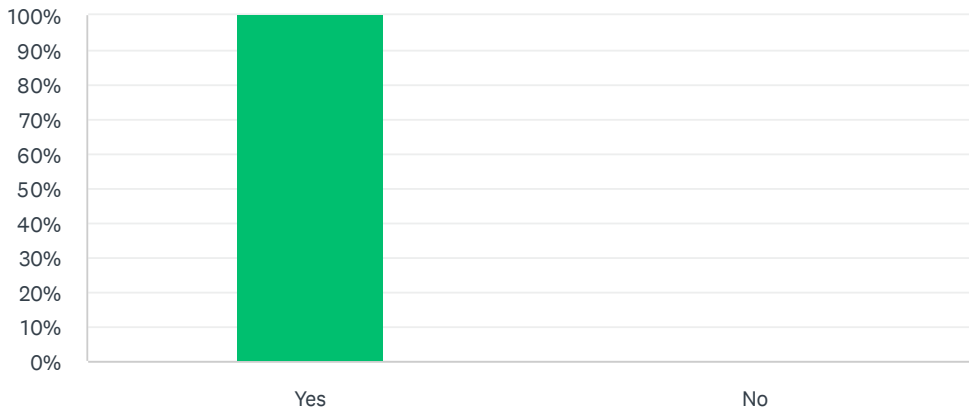
	YES	NO	TOTAL
Were you able to access all of the materials in sufficient time for you to prepare for the meeting?	100.00% 14	0.00% 0	14
Were relevant materials provided?	92.86% 13	7.14% 1	14
Were the materials sufficient to assist you in deliberations and decision-making with respect to issues arising at the meeting?	100.00% 14	0.00% 0	14

#	IF YOUR ANSWER IS NO, PLEASE PROVIDE EXPLANATORY COMMENTS:	DATE
1	The organization was well done but the slide decks ahead of the meeting would have been more helpful to keep pace with the meeting.	9/27/2022 5:39 PM
2	It was a little unclear to me that voting for the Executive Council would take place AT the board meeting. That could have been my oversight in reviewing the reading materials.	9/18/2022 3:32 PM

Q2 In your opinion, was the Board prepared and did they actively participate in the dialogue?

Answered: 13 Skipped: 1

Board Meeting Evaluation Form - September 12-13, 2022



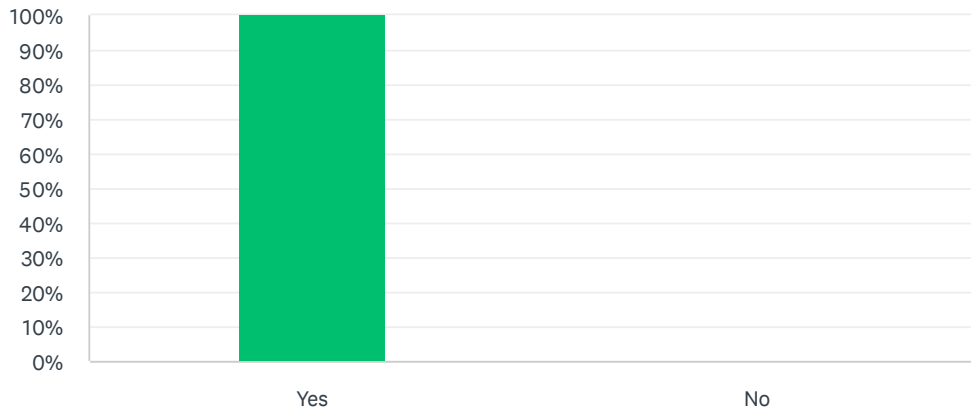
ANSWER CHOICES	RESPONSES
Yes	100.00% 13
No	0.00% 0
TOTAL	13

#	COMMENTS:	DATE
1	It was gratifying to observe that all Board Directors asked questions and were actively involved in discussions	9/25/2022 4:18 PM
2	The attendees were very engaged. It was fabulous to have the meeting in person.	9/14/2022 5:57 PM
3	I checked neither of the categories as my impression sits in-between. It did appear to me that a few directors were the same ones who were inclined to ask questions but I won't take it against the rest. Many were newbies and likely still finding to get their feet wet. Also, to be honest, many of the subjects were sufficiently presented they didn't inspire most of us to ask questions. I sometimes smiled to myself when the same and the same people asked questions. I am not one who would ask for the sake of asking and I hope it would not be a judgment on me being "un-participatory."	9/14/2022 4:34 PM
4	I thought the participation this meeting was robust, especially from the new members.	9/13/2022 5:00 PM

Q3 Was the Board respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints?

Answered: 14 Skipped: 0

Board Meeting Evaluation Form - September 12-13, 2022

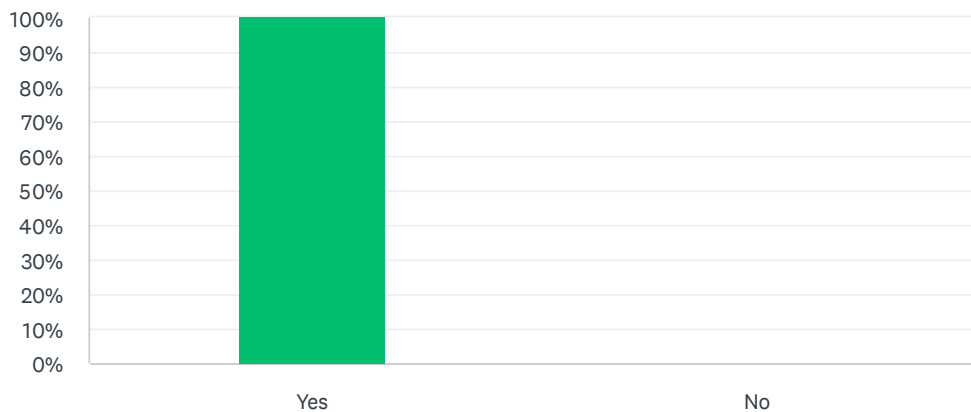


ANSWER CHOICES		RESPONSES
Yes		100.00% 14
No		0.00% 0
TOTAL		14

#	COMMENTS:	DATE
1	Great questions were asked by all.	9/18/2022 3:32 PM

Q4 Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?

Answered: 14 Skipped: 0



ANSWER CHOICES		RESPONSES
Yes		100.00% 14
No		0.00% 0
TOTAL		14

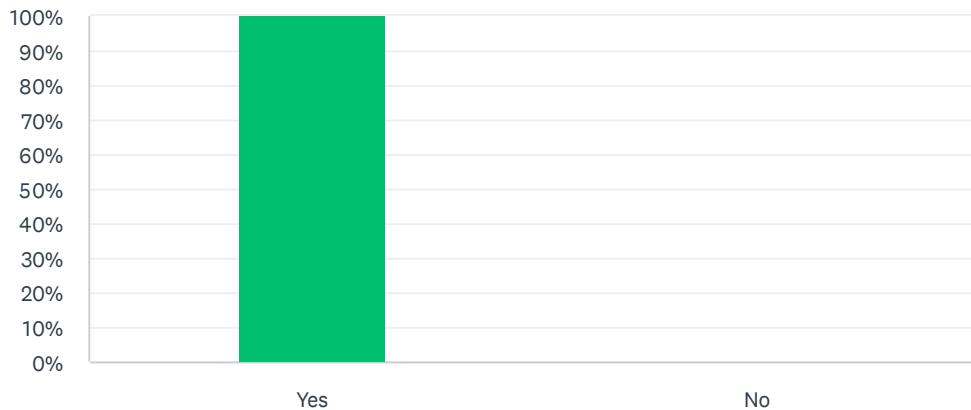
#	COMMENTS:	DATE
1	James did great in continuing Billy's incredible leadership as chair. Thank you James	9/27/2022 5:39 PM

Board Meeting Evaluation Form - September 12-13, 2022

2	The Chair was attentive, and ensured that all Directors who wished to speak were given the opportunity to do so; he did so with gentle humor and respect	9/25/2022 4:18 PM
3	James did a very good job chairing his first board meeting. Calm, respectful approach with a touch of humour.	9/21/2022 3:27 PM
4	The transition from Billy to James was very well done. James did an excellent job as Chair in a meeting that while very much about forward looking strategy, had many operational elements.	9/14/2022 4:43 PM

Q5 Were decisions that the Board made consistent with the College's mandate to put public interest first?

Answered: 14 Skipped: 0



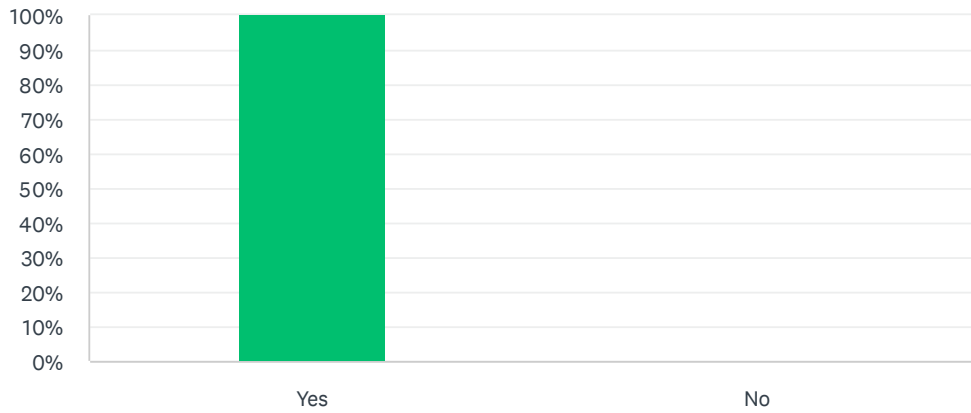
ANSWER CHOICES	RESPONSES
Yes	100.00% 14
No	0.00% 0
TOTAL	14

#	COMMENTS:	DATE
1	Always front and center.	9/14/2022 4:43 PM

Q6 Were the Board's decisions and discussions today appropriately focused on the Board's role of strategic direction and oversight?

Answered: 14 Skipped: 0

Board Meeting Evaluation Form - September 12-13, 2022

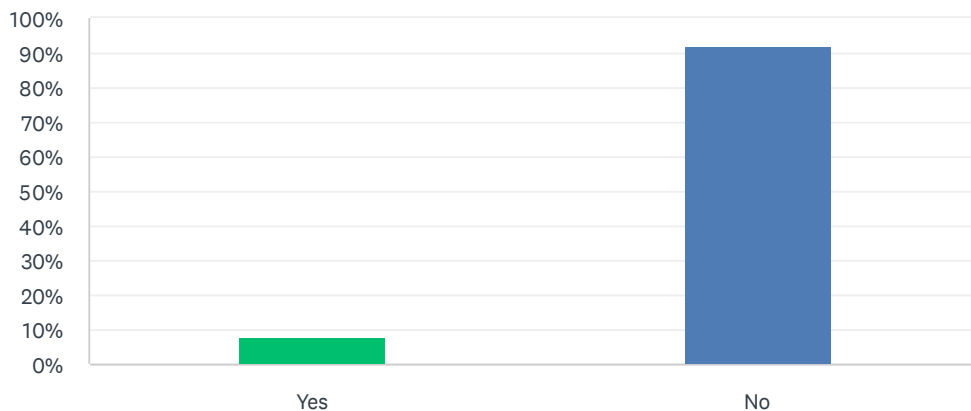


ANSWER CHOICES	RESPONSES	
Yes	100.00%	14
No	0.00%	0
TOTAL		14

#	COMMENTS:	DATE
1	the discussion of risk and the Board's role in terms of oversight was exceedingly helpful in steering the Board to discussion focused on strategic direction and oversight versus operations.	9/14/2022 5:57 PM
2	Again with a new CEO providing a comprehensive view of the direction that she would like to take with the organization, I believe that the Board did an excellent job of critically listening , asking quality questions and supporting the new management team.	9/14/2022 4:43 PM

Q7 In your opinion, did Board discussions stray unnecessarily into operational matters?

Answered: 13 Skipped: 1



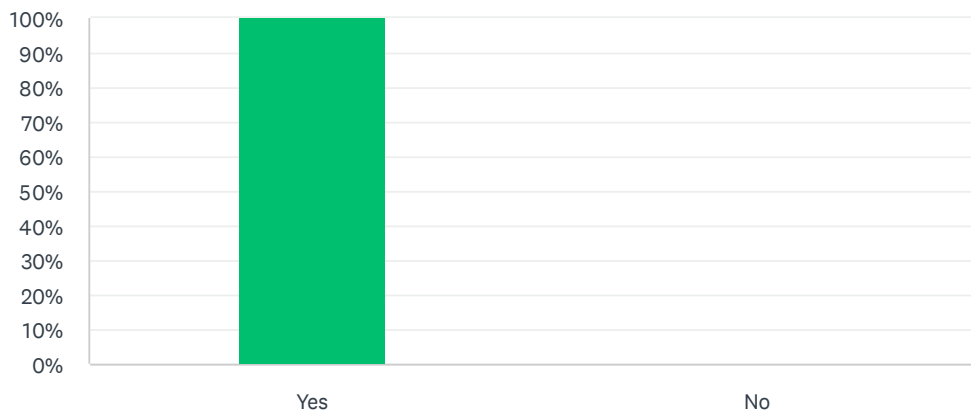
Board Meeting Evaluation Form - September 12-13, 2022

ANSWER CHOICES	RESPONSES
Yes	7.69% 1
No	92.31% 12
TOTAL	13

#	COMMENTS:	DATE
1	The orientation section was necessarily focused on some operational matters, but in this case, it was appropriate, in order for the board to understand better each area of operations.	9/21/2022 3:27 PM
2	It was hard to stay on track with the figurative exercise relating to the practice assessment, but I think that is natural given the exercise.	9/18/2022 3:32 PM
3	Only occasionally. Nothing substantive.	9/15/2022 3:26 PM
4	Again, with a new CEO many of the changes with regard to direction and goals are based on operational changes. The Board did an excellent job of gaining an understanding of the operational challenges, then bringing these back to risk based strategic goals and objective benchmarks.	9/14/2022 4:43 PM
5	Come to think about it, we were probably guilty of this to a certain extent when we dwelt on the subject of employee engagement (survey results, action plans by the new CEO on the matter...). It is quite understandable after being burned previously. Perhaps this can be justified by the fact that without good employee morale, the College work will be in peril so it is our business as the Board to ensure this don't happen.	9/14/2022 4:34 PM

Q8 Did the Board accomplish its goals at the meeting today?

Answered: 14 Skipped: 0



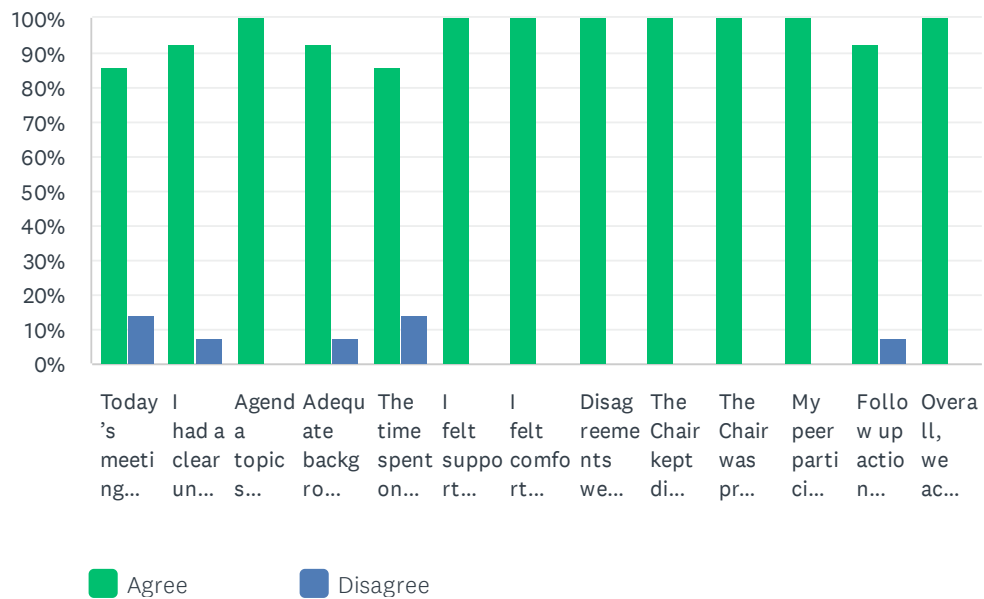
ANSWER CHOICES	RESPONSES
Yes	100.00% 14
No	0.00% 0
TOTAL	14

#	COMMENTS:	DATE
1	It would have been nice to have more time to hear more about Misha and the work he will be doing.	9/18/2022 3:32 PM
2	The Board gave the new CEO the opportunity to present and defend her perspectives as well	9/14/2022 4:43 PM

as her goals and targets for the organization.

Q9 Meeting Process Evaluation

Answered: 14 Skipped: 0



Board Meeting Evaluation Form - September 12-13, 2022

	AGREE	DISAGREE	TOTAL
Today's meeting started on time.	85.71% 12	14.29% 2	14
I had a clear understanding of the objectives for today's meeting.	92.86% 13	7.14% 1	14
Agenda topics were appropriate (i.e. aligned with the College's legislative and regulatory responsibilities)	100.00% 14	0.00% 0	14
Adequate background information was provided for each agenda item.	92.86% 13	7.14% 1	14
The time spent on each item was appropriate.	85.71% 12	14.29% 2	14
I felt supported and valued as a member of this Board.	100.00% 14	0.00% 0	14
I felt comfortable and encouraged to discuss and share my opinions openly.	100.00% 14	0.00% 0	14
Disagreements were handled openly, honestly, directly and respectfully.	100.00% 14	0.00% 0	14
The Chair kept discussions on track.	100.00% 14	0.00% 0	14
The Chair was prepared for the meeting.	100.00% 14	0.00% 0	14
My peer participants appeared to be prepared for the meeting.	100.00% 13	0.00% 0	13
Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned.	92.86% 13	7.14% 1	14
Overall, we accomplished our objectives for this meeting.	100.00% 14	0.00% 0	14

#	IF YOU ANSWERED "DISAGREE" IN ANY OF STATEMENTS PLEASE EXPLAIN:	DATE
1	A follow plan related to discussions/concerns around expanded scope of practice (vaccinations under 5 and minor ailments) was not clearly delineated at the end of the meeting.	9/30/2022 11:49 AM
2	As mentioned before. It would have been helpful to have the slide decks ahead of time for directors to be better prepared.	9/27/2022 5:39 PM
3	I would only suggest that the Board agenda, if quite ambitious, as it was over the two day meeting, be flexible enough to put over to the next meeting any items that do not need immediate attention. It is important that Directors and College staff be given adequate breaks, and agenda items given the time required for discussion and debate	9/25/2022 4:18 PM
4	We were a few minutes delayed in starting the meeting. For the in-camera meeting, we probably gave more time than we ought to give to the consultant (Hakim?) in discussing the survey and comparing the results with those of others (among other things) which left little time for Misha to talk.	9/14/2022 4:34 PM

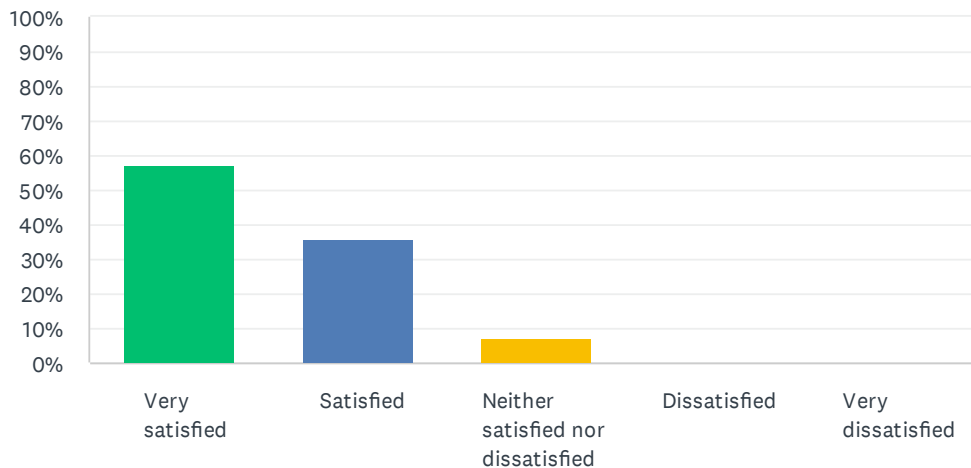
Q10 For those attending virtually - Were there any barriers to you being able to participate fully in the meeting?

Answered: 5 Skipped: 9

#	RESPONSES	DATE
1	n/a	9/25/2022 4:18 PM
2	n/a	9/21/2022 2:50 PM
3	None save for an occasional glitch.	9/15/2022 3:26 PM
4	not applicable	9/14/2022 5:57 PM
5	N/A	9/13/2022 5:00 PM

Q11 How satisfied were you with the quality of the orientation training provided?

Answered: 14 Skipped: 0



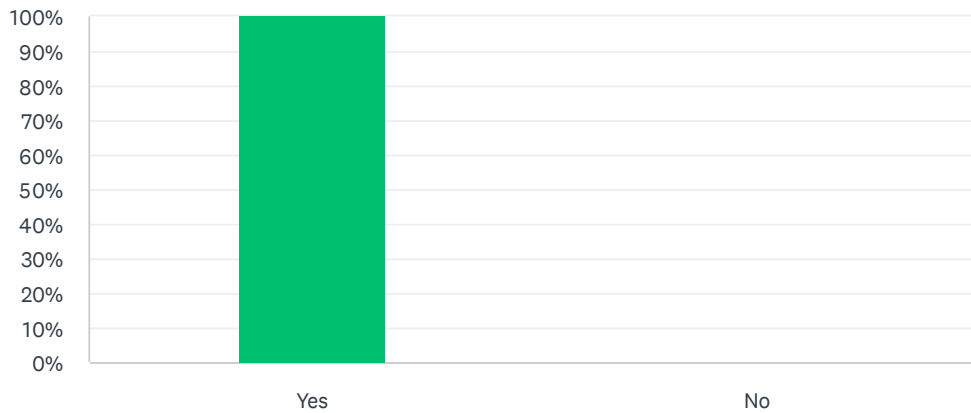
ANSWER CHOICES	RESPONSES	
Very satisfied	57.14%	8
Satisfied	35.71%	5
Neither satisfied nor dissatisfied	7.14%	1
Dissatisfied	0.00%	0
Very dissatisfied	0.00%	0
TOTAL		14

#	COMMENTS	DATE
1	This was very informative. Some speakers went on a bit too long, but their enthusiasm for their committee/area of operations was obvious.	9/21/2022 3:27 PM
2	Great overview. Nice to meet the Chair and Registrar in advance of the first board meeting.	9/18/2022 3:32 PM

Q12 Do you think you benefitted, or will benefit, from the information provided during the orientation session?

Answered: 14 Skipped: 0

Board Meeting Evaluation Form - September 12-13, 2022



ANSWER CHOICES	RESPONSES
Yes	100.00% 14
No	0.00% 0
TOTAL	14

#	COMMENTS:	DATE
1	I've been on the board for a few years, but I learned some new aspects of the College's operations.	9/21/2022 3:27 PM
2	There is always a benefit for the newbies to hear of new information. However, it is always best for the information to sink in when applied or when they start participating in committee assignments.	9/14/2022 4:34 PM
3	Some information provided was helpful, but as a returning member some was repetitive.	9/13/2022 5:00 PM

Q13 What do you think were the strengths or weaknesses of the training (content, delivery by presenters, etc.)?

Answered: 9 Skipped: 5

#	RESPONSES	DATE
1	Shenda's delivery of the information was a informative, engaging and educational, even as an experienced director.	9/30/2022 11:49 AM
2	The presenter listened to the Board, was flexible and focused, engaging the entire Board in the presentation.	9/25/2022 4:18 PM
3	Strength: very thorough overview. Weakness: some speakers could have covered their content more concisely.	9/21/2022 3:27 PM
4	It was a lot of information to take in at once.	9/18/2022 3:32 PM
5	All of the presenters were great and provided a wonderful overview of the different areas of the college	9/14/2022 6:08 PM
6	the shared presentations from staff and chairs were excellent. it demonstrated the roles of each and highlighted the amazing work the staff do at OCP	9/14/2022 5:57 PM
7	Well organized, well thought out and provided the level of detail required to make solid decisions.	9/14/2022 4:43 PM

8	I enjoyed the "fun" injected into the training with the Kahoot!	9/13/2022 5:00 PM
9	Strong presenters and good content.	9/13/2022 4:00 PM

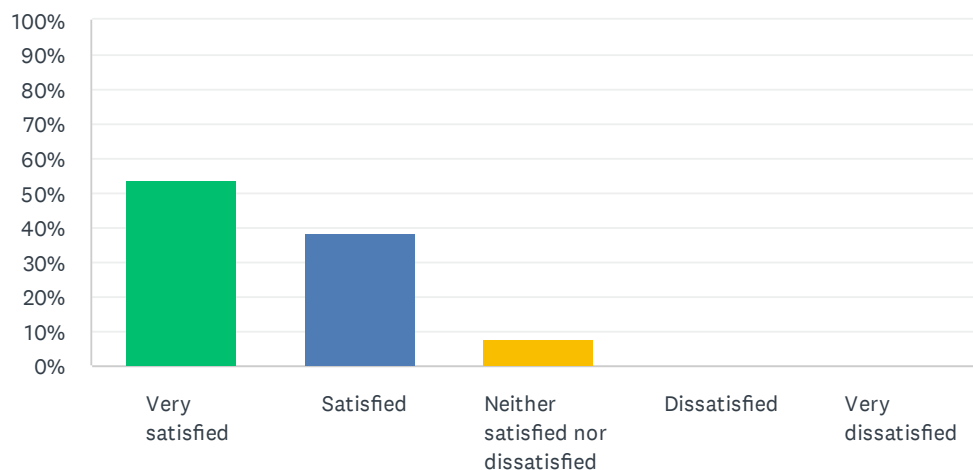
Q14 Is there any other element of information about the Board or College that you would be interested in learning more about?

Answered: 6 Skipped: 8

#	RESPONSES	DATE
1	There are specialties in nursing, medicine and other regulated health professions. As a critical health profession whose registrants work in a variety of different environments, as a Public Director, I have wondered why the College has not elected to define specialties in the profession	9/25/2022 4:18 PM
2	Perhaps an overview of the directors and their portfolio would have been helpful. They (or their teams) presented many times at the first board meeting.	9/18/2022 3:32 PM
3	no	9/14/2022 5:57 PM
4	No	9/14/2022 4:43 PM
5	I'm just looking forward to the upcoming Finance training session by Dan.	9/14/2022 4:34 PM
6	I appreciated hearing from staff. They are consummate professionals and provide much needed context and insight to the information.	9/13/2022 5:00 PM

Q15 How satisfied were you with the quality of the risk appetite presentation provided?

Answered: 13 Skipped: 1



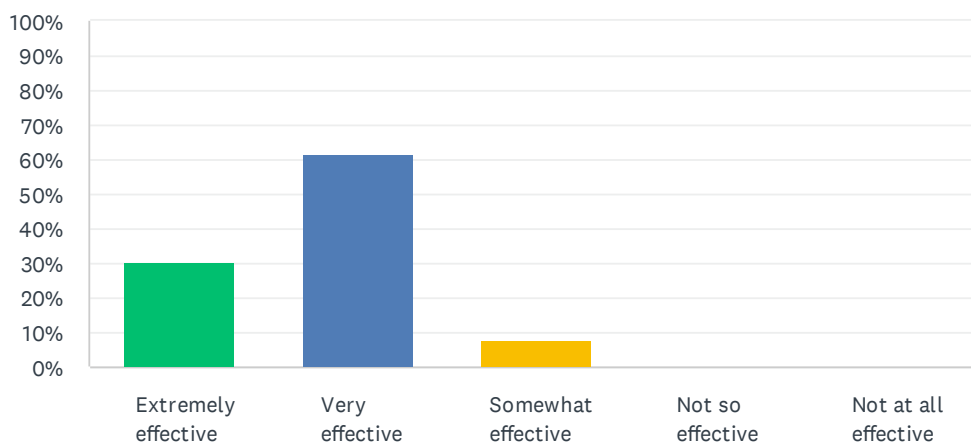
Board Meeting Evaluation Form - September 12-13, 2022

ANSWER CHOICES	RESPONSES	
Very satisfied	53.85%	7
Satisfied	38.46%	5
Neither satisfied nor dissatisfied	7.69%	1
Dissatisfied	0.00%	0
Very dissatisfied	0.00%	0
TOTAL		13

#	COMMENTS	DATE
1	I found it interesting that many board members wanted to dive into operational details too quickly, when the examples discussed were intended to be just an overview.	9/21/2022 3:27 PM
2	I think that the risk assessment is misaligned from a time perspective. There has to be a more fluid way to remain current in some of the categories.	9/15/2022 3:26 PM
3	The risk profiles developed were the result of a significant amount of work. These really helped to communicate risk profiles for key specific areas of the organization and the organization as a whole.	9/14/2022 4:43 PM
4	The fact that I have to search my mind on this presentation, without having to access the materials provided, is a telling indication of its impact.	9/14/2022 4:34 PM
5	I thought this went better than the June meeting. Everyone understood the process as it was better explained.	9/13/2022 5:00 PM

Q16 To what degree were the Proof of Concept presentations effective in demonstrating how the risk appetite statements can be used to guide board decision making in the future?

Answered: 13 Skipped: 1



Board Meeting Evaluation Form - September 12-13, 2022

ANSWER CHOICES	RESPONSES	
Extremely effective	30.77%	4
Very effective	61.54%	8
Somewhat effective	7.69%	1
Not so effective	0.00%	0
Not at all effective	0.00%	0
TOTAL		13

#	COMMENTS:	DATE
1	I thought these were effective.	9/21/2022 3:27 PM
2	Again, I will have to revisit the presentation to give an accurate assessment on this question.	9/14/2022 4:34 PM

Q17 Please share any other comments that you believe would be useful feedback:

Answered: 5 Skipped: 9

#	RESPONSES	DATE
1	An excellent first Board meeting for our new Chair	9/25/2022 4:18 PM
2	I was very impressed by Shenda's grasp of so many topics so early in her tenure at OCP - well done! I liked the presentations by managers of operational areas. This hasn't happened before, and it is comforting to know how knowledgeable our staff are.	9/21/2022 3:27 PM
3	I think that it was difficult to have confidential voting for the Executive Committee. Maybe asking the candidates to step out of the room after voting themselves could be implemented in the future.	9/18/2022 3:32 PM
4	All in all a well run session	9/15/2022 3:26 PM
5	I like the way the meeting agenda was formed --- balanced with not too many (heavy) subjects crowding against each other. Shenda gave an excellent presentation. Bring Misha back for a training or speaking engagement session.	9/14/2022 4:34 PM

MEMO TO THE BOARD OF DIRECTORS

MEETING DATE: DECEMBER 2022

INITIATED BY: The Governance Committee

TOPIC: 2022 Board and Individual Director Evaluations

ISSUE: Providing the Board with a report that sets out aggregate findings, identified trends and action plans based on the feedback provided.

BACKGROUND:

- In accordance with [Board policy 3.3](#) the Board was sent an evaluation on September 23, 2022 to provide anonymized feedback on their own performance in Board meetings and anonymized feedback on the collective Board's performance in Board meetings.
- Despite all 20 members of the Board being sent the evaluation twice, only 15 responded.

ANALYSIS

Board Performance

Most of the responses reflected the fact that the Directors felt that both individually and overall, the Board usually or always demonstrated the elements of effective Board performance.

A slightly lower performance level was assessed as set out below.

Responses to the following questions indicated that effective performance was 'sometimes' or 'rarely' not demonstrated.

Whether Board Directors demonstrate a good understanding of their role and responsibilities was slightly lower rated, with received fewer 'always' responses than 'usually' responses.

Individual Performance	Board Overall
I demonstrated an appropriate level of financial literacy	The Directors of the Board demonstrated an appropriate level of financial literacy
I contributed effectively to the overall performance of the Board	The Directors of the Board demonstrated a good understanding of their role and responsibilities
I was able to think independently and was able to express a view contrary to the wider group's view	

Continuing Quality Improvement

The Directors were also asked to list the top three priorities requiring attention for the Board to function more effectively. The top themes of the feedback included:

- Duty of Care and individual Director performance to ensure the Directors come prepared and understand their role
- Additional training and education provided to the Board during the Board year
- Opportunities for further discussion of the Key Performance Indicators (KPIs) and the public interest, risk, and right touch regulation
CEO Performance Oversight and Evaluation

ACTION PLAN

The survey will be re-run following the Board meeting in December, and the names of the Directors will be recorded so we can ensure that we are gathering feedback from everyone. Results will be confidential, but not anonymous to the Chair. Questions will include a comment box to be completed if the response is below the top box scores of always or usually. This will help identify, more specifically, opportunities for further training and/or other improvement.

BOARD BRIEFING NOTE**MEETING DATE: DECEMBER 2022****FOR INFORMATION****From:** Shenda Tanchak, Registrar/CEO**Topic:** Registrar's Report December 2022

The Registrar's Report is one of the tools the College's Board of Directors uses to oversee College operations to ensure effectiveness and compliance with Board direction.

PUBLIC INTEREST RATIONALE: All College activities must support regulation in the public interest. The College can only be effective in delivering its mandate if it is operating effectively.

BACKGROUND: This report provides a snapshot of the activities that have taken place since the September 2022 Board meeting to assist the Board in exercise of its oversight responsibilities.

Announcement

Connie Campbell, Director, Corporate Services has announced her retirement effective January 31, 2023. Connie's departure, after 30 years of dedicated service, will have a significant impact at all levels of the organization. The Registrar and the directors are working together to develop a transition plan to minimize disruption and make the most of the opportunity for review and renewal.

The Board will have an opportunity to join with Connie to honour her tremendous contributions to the College in the New Year.

Themes

A review of meeting agendas for the past quarter gives a sense of my areas of focus, apart from People and Culture, which is dealt with separately, below. These are not described in detail as you will see in related briefing materials.

Recurring discussions arose with respect to:

- Expansion of scope of practice, especially preparation for January 1 minor ailments
- New registration regulations
- Pharmacy robberies and time-delay safes
- Equity, Diversity, and Inclusion project planning
 - Background research underway, including an environmental scan, significant internal human resources activity and a revised approach to developing a strategy to meet the March 2023 deadline
- Acquisition of a new college database (CRM)
 - "CRM" means Customer Relationship Management information technology system
 - The title reflects the origin of such systems in the sales or association worlds. There are no reliable prefabricated systems that suit the needs of regulators although, in recent years, vendors have come to understand regulatory needs somewhat better and have developed some more generic offerings
 - The CRM is the core database that the college uses to capture information about
 - applicants, registrants, and pharmacies
 - non-registrant stakeholders involved in regulatory processes, e. g. complainants/reporters/witnesses
 - the nature of the concerns about registrants
 - assessment outcomes

- The CRM also provides automated workflows to move information and work processes through the college
- The CRM is the source of information that feeds the public register
- The CRM provides the infrastructure for registrant-related data collection. Depending on the ultimate architecture of the software, most likely it will feed into a 'data warehouse' from which data can be queried to identify and analyze risk and measure regulatory performance
- OCP's present CRM is at the end of its lifespan and must be replaced
- A Request for Proposals ("RFP") was circulated to vendors earlier this fall. We were not satisfied that the RFP articulated our needs as precisely as we wished and revisions to the initial RFP are underway. It will be reissued with a view to inviting vendor partnerships and reducing likely customization requirements
- We are hopeful that the original development start date target (first quarter 2023) will be met
- Amplifying OCP's ability to capture data and use it as the basis for regulatory decisions
 - Pending budget approval, we will advertise a new one-year contract position to establish a framework for future work
 - The work of this person will feed into the CRM development
- Centralizing OCP communications services
 - Communications are presently managed by the subject matter experts dispersed across the college
 - Centralization may enhance message quality and the effectiveness of delivery and may also result in more efficient use of staff resources
- Miscellaneous other operational matters such as expense and succession planning policy review, review of the processes/services offered by the Project Management Office, budget and operational planning for 2023
- Strategic planning
 - The Registrar worked with a variety of regulators facilitating their strategic plans over the past three years and has identified some approaches that she thinks will be fruitful for OCP
 - The process for planning will begin for the Board at this meeting, with presentations intended to initiate consideration of the environmental context, both for pharmacy and for professional self-regulation
 - In the interval between this Board meeting and the March meeting at which the strategic plan will be developed, the Board can anticipate being asked to participate in a survey and/or one or two workshops that may include a brainstorming session with the College's Pharmacy Professionals Team, and a values-identification exercise
 - At the meeting in March, the Board will be presented with a thorough environmental scan that includes additional information/predictions about the pharmacy profession and environment as well as about the future of/trends in regulation of professionals, a survey of what other pharmacy-related organizations are prioritizing, a survey of what other regulatory bodies are prioritizing and some examples of approaches to planning that may offer inspiration

People/Culture

- Senior Leadership has been meeting weekly with Misha Glouberman, the consultant retained to support strengthening OCP's culture.
- To date a variety of small operational changes have been made and policies have been introduced or renewed to support work life balance, transparency and trust in leadership and efficiency. These have included creation of a pharmacy professionals' group to ensure a pharmacy 'voice' is reflected in college decision-making at all levels; expansion of the weekly leadership team meetings to include representation from the managers' group; the pharmacy professionals' group and human resources; and adoption of a permanent flexible Fridays policy that permits staff to choose to bank time so they can take alternate Fridays off.
- On November 16, an all-staff meeting was facilitated by Mr. Glouberman to identify specific concerns and the desired future state of the college as a workplace. Feedback from the meeting shows it was well received, staff enjoyed the opportunity to meet (remotely) and are optimistic about continued change.
 - A few quotes from our new "Compliments" web page:
 - "Misha and his team ran a very inspirational session yesterday. Super excited to be part of the

- OCP team and looking forward to all the amazing cultural changes to come.”
 - “I really enjoyed the session with Misha yesterday. Just as importantly, I enjoyed having the opportunity to connect with colleagues, meet new faces, have conversations & being able to express our thoughts constructively. It was kinda fun too. A very good first step.”

Government and Legislative Change

- [New registration requirements](#) have been approved. For the most part OCP activities are already in compliance with the regulations.
 - Colleges will be required to provide applicants with confirmation of receipt of their application materials and details about what, if any, information is missing
 - This is our current practice
 - Application decisions, or a referral to the Registration Committee, must be made within 30 days of receipt of the complete application
 - We meet these timelines
 - Language proficiency testing requirements have now been codified
 - The requirement is that the College accept a test approved under the *Immigration and Refugee Protection Act* (Canada). While we do not accept all of the tests approved by Immigration Canada, we do accept at least one of them.
 - Canadian experience may not be required as a condition of registration
 - Section 4(3) of the regulation stipulates that this requirement does not apply to the structured practical training program for pharmacy technicians until December 31, 2024, by which time we will have implemented PACE for pharmacy technicians
 - The OCP has no other requirements that could be characterized as falling into this category
 - Effective August 31, 2023, Colleges are required to establish an emergency class of registration
 - Our College has had a successful emergency class, which continues in force with the latest renewal period extending to January 21, 2023.
 - We may need to seek revisions to our registration requirements to ensure compliance with of a clause in the regulation that requires that we exempt those who are registered in the emergency class from some registration requirements that would otherwise apply. This matter is currently under consideration.
- The Registrar and Susan James, Director, Quality met with ministry of health representatives, including Dr. Karima Velji, Chief of Nursing and Professional Practice and Associate Deputy Minister on October 7. Dr. Velji confirmed that in the coming months the primary focus of the ministry was likely to remain on health human resources. She thanked the college for its efforts in this area throughout the pandemic and its ongoing partnership in ensuring Ontario patients have access to safe care as quickly and efficiently as possible.
- The Registrar and Ms. Campbell met with ministry staff on November 10 to finalize our 2022 CPMF reporting, with a focus on system partnerships.
 - Overall, ministry staff complimented the College on the thoroughness of our report and identified a couple of outstanding responses
 - the Board should note that this is the result of significant effort from staff across the College, coordinated by Rick Chen, Manager, Business Processes.
 - The overall evaluation of the 2022 CPMF results is anticipated within the next few weeks

Other Regulators

- The Royal College of Dental Surgeons of Ontario, like the OCP, has introduced competency requirements to its Board (called a Council at the RCDSO) election process. It uses an Eligibility Review Committee to review applications. The Registrar served on this committee this fall.

Health Professional Regulators of Ontario (HPRO)

- HPRO Board Meeting took place on October 6
 - The Registrar was elected to the Management Committee of HPRO and the first meeting was November 14
- HPRO bi-weekly information sessions continue with the Registrar attending when time permits and Todd Leach, Manager, Communications attending when she is unable

HPRO has received a grant to develop tools to support all colleges' work in equity, diversity and inclusion. The HPRO announcement can be read [here](#).

National Association of Pharmacy Regulatory Authorities (NAPRA)

- PRA Round Table and Emerging Issues meetings continue biweekly
- The NAPRA Board meeting took place in Montreal on November 8-10
 - The meeting included discussions that will contribute to NAPRA's strategic plan
- NAPRA Governance and Nominating Committee met on November 14 and the Registrar will be involved in interviews for a new external Board member later in November

Canadian Network of Agencies of Regulation

- Annual conference took place in Charlottetown, PEI on October 24-26
- OCP had 8 staff in attendance, with four presenting
 - Angela Bates, Director, Conduct, "Responding to the Harassment and Abuse of Regulatory Staff"
 - Sandra Winkelbauer, Manager, Registrant Competence, "Breaking Bad: Assessing Good Character as a Registration Requirement"
 - Julie Koehne, Registration Lead, PACE & SPT, "Practice Readiness Preparation for International Pharmacy Graduates"
 - Katharine Neufeld, Lead, Discipline & Fitness to Practise, "Deal or No Deal? The Complexities of Agreed Statements of Facts"
- There are many benefits of attending conferences like CNAR, for example
 - following Sandra's session, a number of regulators requested that she share the tools that OCP uses to determine suitability to practice. Julie's session, which focused on use of the P4T mentoring program following PACE, led to other pharmacy regulators across the country asking for further details about our PACE process.
 - The more similarity we share with other regulators, whether of pharmacists or other health care professionals, the more likely it is that we will be able to share resources in further development or data mining and the more we can rely on similar standards for entry to practice and quality assurance across the country. This helps to facilitate labour mobility but also helps OCP play its part in the wellbeing of all Canadians.
 - OCP staff attended a number of CNAR presentations. These can be inspirational and lead to OCP change. For example, Sandra attended a session focused on bias in the decision-making process. Partially based on this session a parallel decision-making/noise audit was introduced to the Registration Committee as part of orientation this year.

Other Stakeholders

- Quarterly OPA/OCP Meeting on September 20
- Meeting with Pharmacy Examining Board of Canada on September 26

- Rexall on October 12
- Shoppers Drug Mart on October 17

Miscellaneous Items

College staff participate in many working groups and consultations. Two are identified below as examples of the how the college contributes to evolution in the health care system.

Comprehensive Medication Record for Ontarians

Since 2016, the Digital Health Drug Repository (DHDR) has been available to authorized health care providers via various viewing solutions (e.g., provincial clinical viewers, EMRs) as a provincial information source of publicly funded drug and pharmacy services and all monitored drugs (narcotics and controlled substances, regardless of payor). Currently, over 160,000 health care providers (HCPs) are eligible to access DHDR at 3,500 sites across Ontario to enhance patient safety and continuity of care.

The Ministry of Health has provided Ontario Health with the mandate to proceed with the next phase of DHDR. The Comprehensive Medication Record for Ontarians project will include enhancements to capture dispensed medications and pharmacy services information (including more clinically relevant information, such as dose, frequency, instructions for use, etc.) directly from hospitals and community pharmacies for all Ontarians. Jane McKaig, Manager, Community Practice and Judy Chong, Manager, Hospital Practice are participating with this initiative and providing input to this project through the Pharmacy Sector Working Group.

Multi-Stakeholder Advisory Table to update National Drug Schedules Program

This project is supported by NAPRA, the first phase is to set up a foundation by developing success factors and guiding principles to help determine how best to modernize the program. Lap Chan, Lead, Community Operations, is representing the College in this project.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2022

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

TOPIC: Provider Experience Quality Indicators – 2022 Results

ISSUE: The first set of insights from the Provider Experience Quality Indicators is summarized below and will be presented to the Board for information.

PUBLIC INTEREST RATIONALE:

The College has developed the first set of Quality Indicators for Pharmacy, which support its mandate of serving and protecting the public by encouraging continuous quality improvement within the profession of pharmacy. Establishing quality indicators in various measurement areas pertinent to the community pharmacy sector enables the use of data to drive quality improvement and ultimately improve patient outcomes.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

The information outlined within this document supports a decision/activity related to the third strategic priority: “enhance capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence”.

BACKGROUND:

Since partnering with Health Quality Ontario (now under Ontario Health) on the [Quality Indicators for Pharmacy initiative](#) in 2018, the College has continued to engage with stakeholders and health system experts to develop the first set of quality indicators for community pharmacy. The goal of this initiative is to provide the public sector and the health system with information about the overall quality of pharmacy care in a variety of measurement areas.

Measuring the experience of pharmacy professionals is an important part of the Quality Indicators initiative and following development of the first set of indicators, the provider experience indicators were developed and the Board was provided with details of the process at their December meeting in 2021 (Attachment 1). The final provider experience indicators are noted below.

MEASUREMENT AREA

INDICATORS

Provider Experience

The College has collected the first set of data through a survey during the 2022 annual renewal process. Data insights will be available in early 2023.

1. My workplace performance goals or targets enable me to provide high quality care to my patients.
2. My work environment (e.g., staffing) enables me to provide high quality care to my patients.
3. I have an effective working relationship with health care providers (e.g., prescribers) with whom I collaborate regarding patient care.

-
- | | |
|--|--|
| | 4. Overall, based on your definition of burnout, how would you rate your level of burnout? |
|--|--|

Data collection for the provider experience indicators occurred between January and April 2022 through a survey included as part of the annual renewal process, which allowed registrants to respond anonymously (Attachment 2). The provider experience indicators will not be used to track the performance of individual pharmacy professionals or to provide information about any one specific pharmacy or pharmacy professional.

ANALYSIS:

The College received responses from a total of 2812 registrants. After removing responses that did not allow for analysis of the data, (e.g. there were no answers filled out or no community pharmacy practice reported) a total of 1889 responses were included in the analysis.

- This sample represents an 8% response rate, based on a total of 22,660 registrants during the survey period.
- While representing a small percentage of the registrant base, the sample size is sufficient to be considered representative of the broader registrant population, providing a 99% confidence level with a margin of error of +/- 3%.

As expected for a community pharmacy practice survey, respondents overwhelmingly (90%) indicated that they primarily practiced in community pharmacy. Of these respondents, 58% indicated they primarily practiced in Chain or Banner pharmacies, 34% indicated they primarily practiced in independently owned pharmacies, and 8% indicating 'Other'. Respondents practiced in locations across all 14 LHIN regions.

Registrants were asked to respond to 4 indicators based on their experience within community pharmacy practice in the previous 12 months (i.e. the 2021 year). A visual summary of this analysis (Attachment 3) will be presented to the Board.

- Of respondents who indicated they were Part A pharmacists, 19% indicated they were experiencing burnout while 14% of respondents who indicated they were pharmacy technicians reported experiencing burnout.
- Levels of burnout reported by respondents did not vary significantly between those practicing in rural, suburban, or urban environments.
- Across LHIN regions, there appears to be higher rates of burnout reported by respondents in the North West (28%), Waterloo Wellington (25%), and Toronto Central (22%).
 - Note: The sample sizes within some LHIN regions are small and therefore cannot be considered representative of the broader registrant population within that LHIN region.
- The rates of burnout increase with the number of prescriptions filled per day. Those who indicated that their pharmacy provided 250-499 daily prescriptions and 500+ daily prescriptions self-reported burnout levels at 25% and 24% respectively, which is higher than the average of 19%.

Limitations

There are limitations that should be noted, and considered when interpreting this information:

- The sample sizes within some LHIN regions are small and therefore cannot be considered representative of the broader registrant population within that LHIN region.

- Increasing respondents across all LHIN regions, but especially those regions with lower response numbers will improve the representativeness of the sample sizes for next year's survey.
- Some of the response options could use further refinement to ensure full comprehension and to permit improved segmented analysis for the 2023 year.
 - 'Pharmacy Type' grouped Chain pharmacies with Banner Pharmacies, resulting in a large and broad sample. This makes it difficult to gain insights from the data.
 - 'Pharmacy location' grouped Urban with Suburban, resulting in a large and broad sample. This makes it difficult to gain insights from the data.
 - Use of N/A for the indicators and permitting responses from those not working in community pharmacy.

Survey Enhancements for 2023:

To enhance the usability of the data for analysis, and to overcome the limitations above, the survey has been refined. Enhancements include:

- Demographic updates:
 - Including all registrant classes
 - Updated list of pharmacy practice settings
 - Updated list of community pharmacy types, with examples
 - Separated Urban from Suburban respondents
- Using conditional formatting to screen out respondents who do not practise in community pharmacy
- Addition of percentages to enhance comprehension of the answer options for indicating the amount of time respondents practise in community pharmacy, as well as for the indicator that measures burnout.

NEXT STEPS:

The 2022 data has provided a single year of data that will be part of a baseline set of years which the College will share publicly on an annual basis. Data collection for 2023 will occur during the annual renewal process beginning in January. All registrants will be provided with a direct link to the survey, which is hosted externally to permit registrants to respond anonymously.

ATTACHMENTS:

- 5.1.1 - Quality Indicators for Pharmacy Provider Experience BN (December 2021)
- 5.1.2 - Provider Experience Survey Questions
- 5.1.3 - Provider Experience Indicator 2022 Results



BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2021

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

TOPIC: Selection of Provider Experience Indicators

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

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

BACKGROUND:

Quality Indicators for Pharmacy initiative

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

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

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

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

Modified Delphi Process for Indicator Selection

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

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

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

Public Reporting of Quality Indicators Data

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

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

PREMs

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

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

APPROACH:

Provider Experience Indicators

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

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

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

Provider Experience Indicators Data Collection

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

An Initial Set of Quality Indicators for Community Pharmacy

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

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

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

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

NEXT STEPS:

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

Provider Experience Quality Indicators

Measuring and Reporting on Provider Experience

All responses to this survey are anonymous and cannot be traced back to any individual respondent. The Provider Experience Quality Indicators will not be used to track the performance of individual pharmacy professionals or to provide information about any one specific pharmacy/pharmacy professional, rather they will be published at an aggregate level (for example by LHIN or pharmacy type) to help identify demographic and regional variations in responses. If the number of responses within an aggregate group are too low (1 to 5 individuals), that group would be excluded from reporting. For more information and an example of how the other Quality Indicators have been reported please visit the [Quality Indicators Data & Resources](#) page. For any questions about the provider experience quality indicators, please contact policyteam@ocpinfo.com

The survey will take approximately 5 minutes to complete.

Provider Experience Quality Indicators

Demographic and Pharmacy Questions

The following demographic questions will help the College report on aggregate demographic and regional variations in pharmacy provider experience.

The Provider Experience Quality Indicators in this survey were developed to measure the experience of community pharmacists providing direct patient care. If this does not reflect your practice, please answer the questions as they apply to you or use the "N/A" option.

*** 1. Please tell us about yourself:**

- ☐ I am a Pharmacist (Part A)
- ☐ I am a Pharmacist (Part B)
- ☐ I am a Pharmacy Technician

*** 2. Please specify the pharmacy type of your primary place of practice:**

- ☐ Community Pharmacy
- ☐ Hospital Pharmacy
- ☐ Other (please specify)

*** 3. Approximately what percentage of your time each week is spent practicing in community pharmacy?**

- ☐ 0%
- ☐ 1 - 9%
- ☐ 10 - 29%
- ☐ 30 - 50%
- ☐ >50%

*** 4. Approximately how many hours per week do you spend practicing in community pharmacy?**

Provider Experience Quality Indicators

Demographic and Pharmacy Questions

Please answer the following questions as they pertain to your community practice experience.

* 5. Which pharmacy type do you currently practice in?

- ☐ Chain/Banner Pharmacy
- ☐ Independently-owned Pharmacy
- ☐ Other (please specify)

* 6. What is the typical staffing complement (including yourself) in the pharmacy during an average shift?

	0	1	2-3	4-5	6 or more	N/A
Pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 7. What is the approximate average number of prescriptions filled per day at the pharmacy you indicated?

- ☐ 0-49
- ☐ 50-99
- ☐ 100-249
- ☐ 250-499
- ☐ 500 or more
- ☐ N/A

*** 8. Local Health Integration Networks (LHINs) are used in Ontario to geographically view trends. Please indicate which LHIN, or area of the province you primarily practice in.**

If you are unsure of which area you are located in, please see the map [here](#).

- | | |
|--|--|
| <input type="radio"/> Erie St. Clair | <input type="radio"/> Central |
| <input type="radio"/> South West | <input type="radio"/> Central East |
| <input type="radio"/> Waterloo Wellington | <input type="radio"/> South East |
| <input type="radio"/> Hamilton Niagara Haldimand Brant | <input type="radio"/> Champlain |
| <input type="radio"/> Central West | <input type="radio"/> North Simcoe Muskoka |
| <input type="radio"/> Mississauga Halton | <input type="radio"/> North East |
| <input type="radio"/> Toronto Central | <input type="radio"/> North West |

*** 9. Do you consider yourself to be primarily practicing your profession in an urban/ suburban or rural environment?**

- ☐ Urban/ Suburban
- ☐ Rural

Provider Experience Quality Indicators

Please answer the following indicator questions as they pertain to your experience with community pharmacy practice in the last 12 months.

*** 10. Indicator: My workplace performance goals or targets enable me to provide high quality care* to my patients.**

(Strongly Disagree = The performance goals or targets at my workplace prohibit me from providing high quality care to my patients)

*The Ontario Health Quality Matters Framework elements of high quality care (table 1, page 10) may help provide guidance. High quality care is safe, effective, patient-centered, efficient, timely and equitable.

[illegible]

*** 11. Indicator: My work environment (e.g. staffing) enables me to provide high quality care* to my patients.**

(Strongly Disagree = My work environment prohibits me from having a positive impact on my patients' health)

*The Ontario Health Quality Matters Framework elements of high quality care (table 1, page 10) may help provide guidance. High quality care is safe, effective, patient-centered, efficient, timely and equitable.

[illegible]

* 12. Indicator: I have an effective working relationship with health care providers (e.g. prescribers) with whom I collaborate regarding patient care.

[illegible]

*** 13. Indicator: Overall, based on your definition of burnout, how would you rate your level of burnout?**

- ☐ I enjoy my work. I have no symptoms of burnout.
- ☐ Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- ☐ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- ☐ The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- ☐ I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.
- ☐ N/A

14. Do you have any feedback about the indicators themselves, the way the questions are worded or the data collection process?

15. Do you have any other comments you would like to share with us about your pharmacy provider experience?



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Provider Experience Indicators 2022 Data

November 2022

Data Collection, Response Rate and Demographics

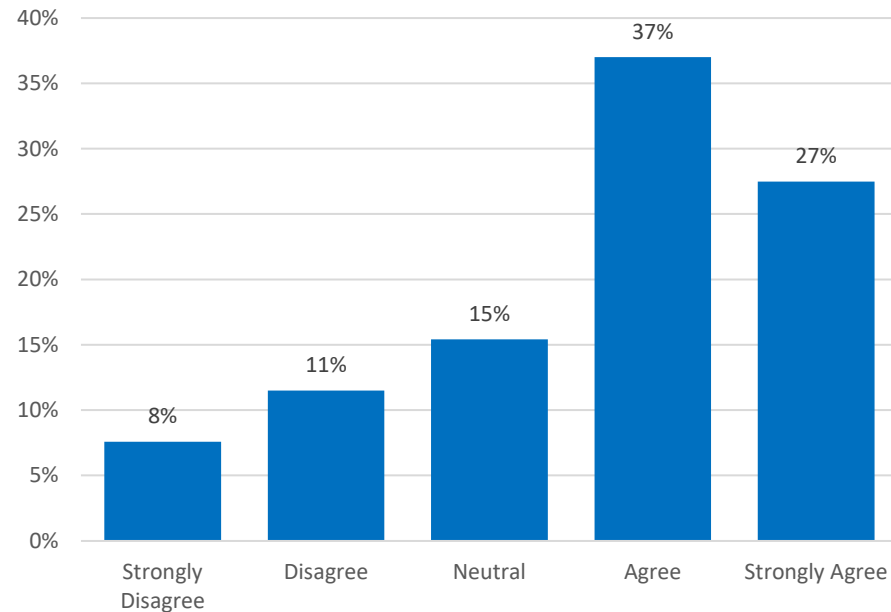
- Provider experience indicators are a subset of the quality indicators for community pharmacy
- 1889 responses (8% response rate) during the January 16th to April 8th survey period
- Responses from a broad group of registrants - pharmacists and technicians practising in community (chains and independents) hospital, and responses from registrants in all 14 LHINs
 - Responses representative of the registrant population in terms of registration type and place of practice (community/hospital)
 - Focus on community practice for data analysis

Indicator Snapshot

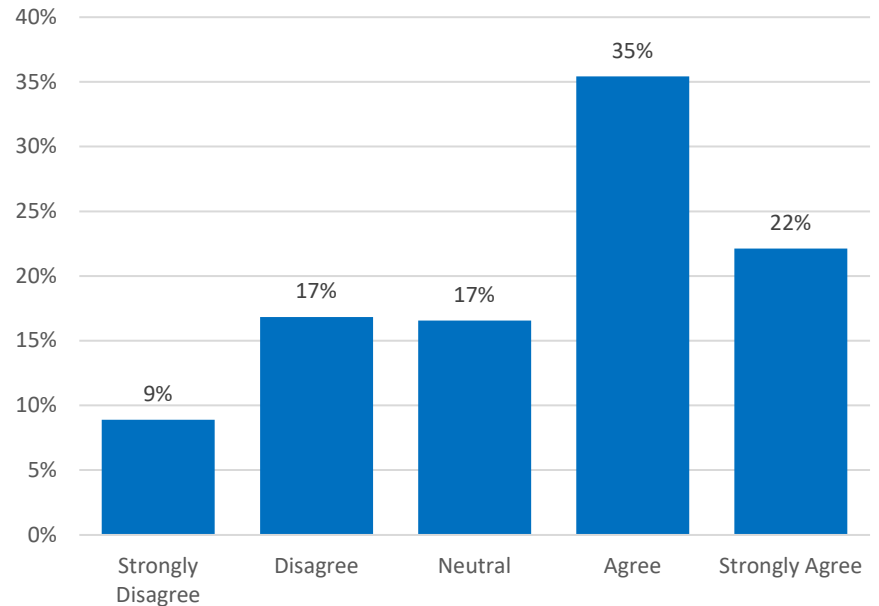
Registrants were asked to respond to the following indicator questions based on their experience within community pharmacy practice in the past 12 months

n = 1,889

My workplace performance goals or targets enable me to provide high quality care to my patients.



My work environment (e.g. staffing) enables me to provide high quality care to my patients.

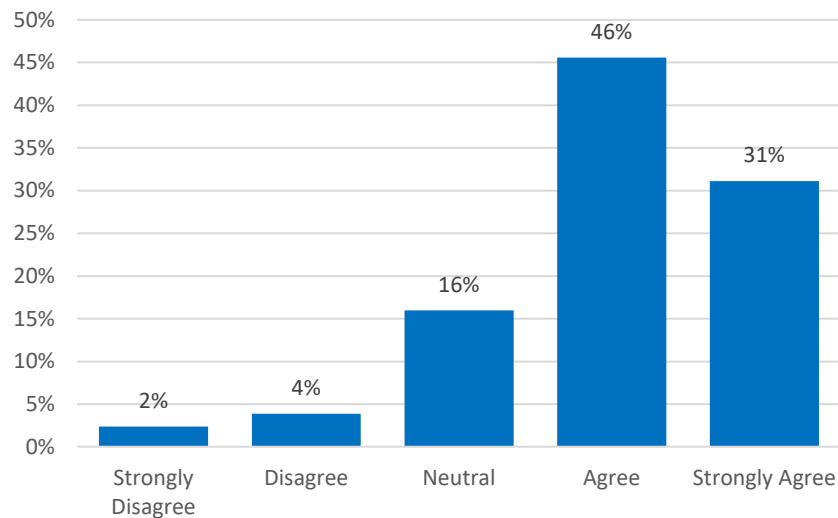


Indicator Snapshot

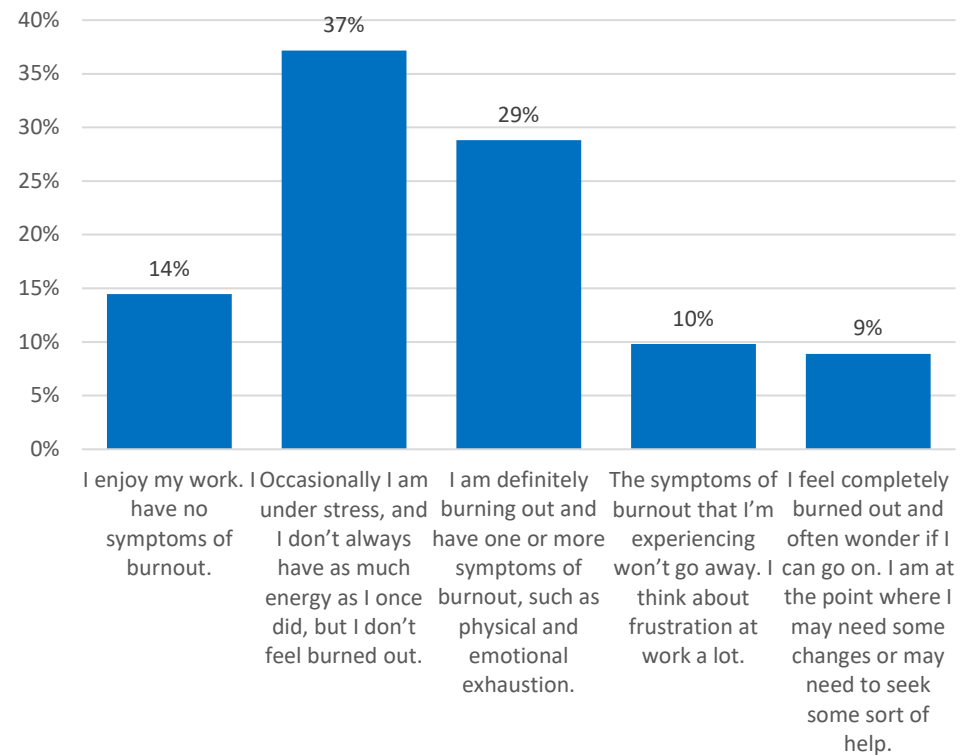
Registrants were asked to respond to the following indicator questions based on their experience within community pharmacy practice in the past 12 months

n = 1,889

I have an effective working relationship with health care providers (e.g. prescribers) with whom I collaborate regarding patient care.



Overall, based on your definition of burnout, how would you rate your level of burnout?

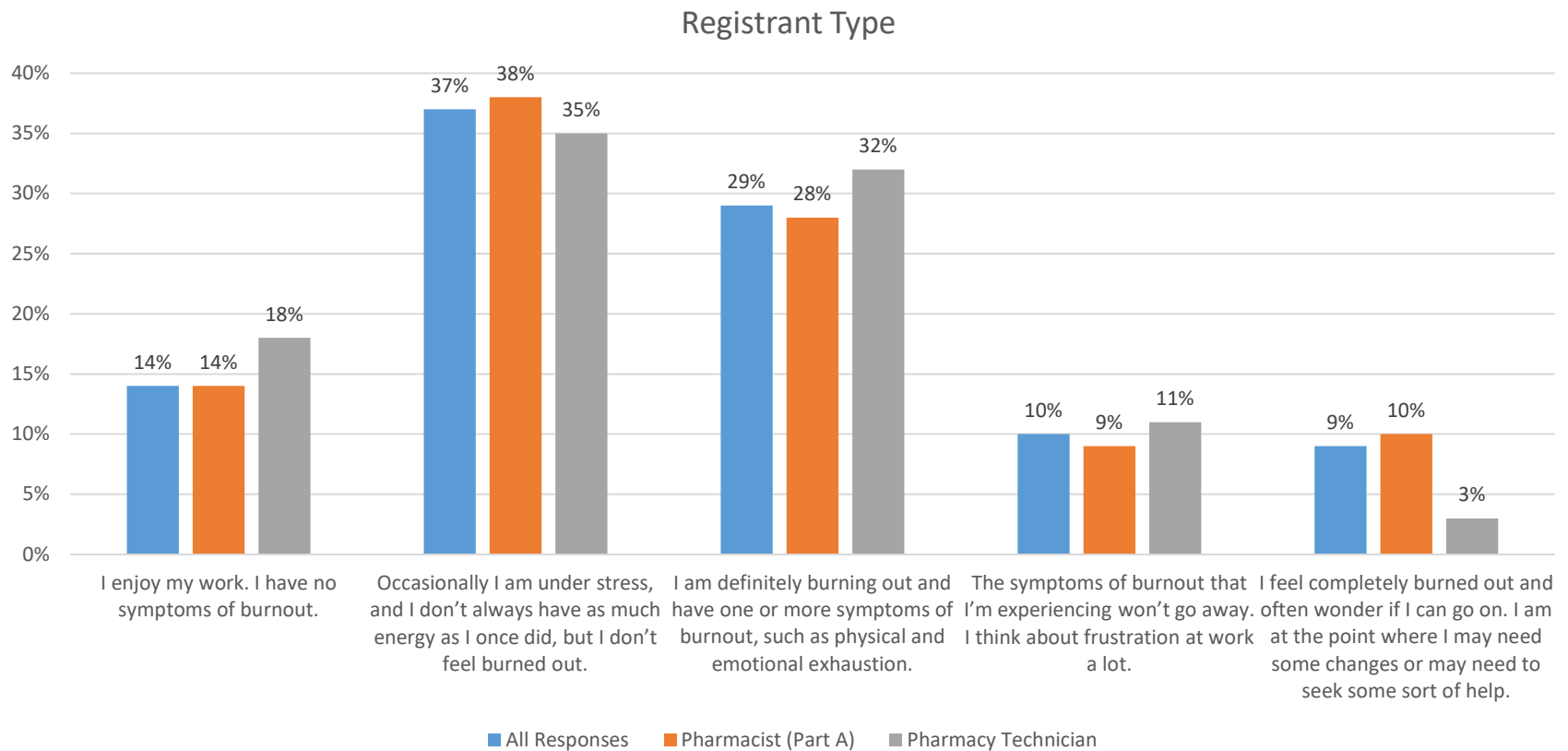


Burnout

Registrants were asked to respond to the following indicator questions based on their experience with community pharmacy practice in the past 12 months

Overall, based on your definition of burnout, how would you rate your level of burnout?

n = 1,889



Burnout

Indicator: Overall, based on your definition of burnout, how would you rate your level of burnout?

Responses included:

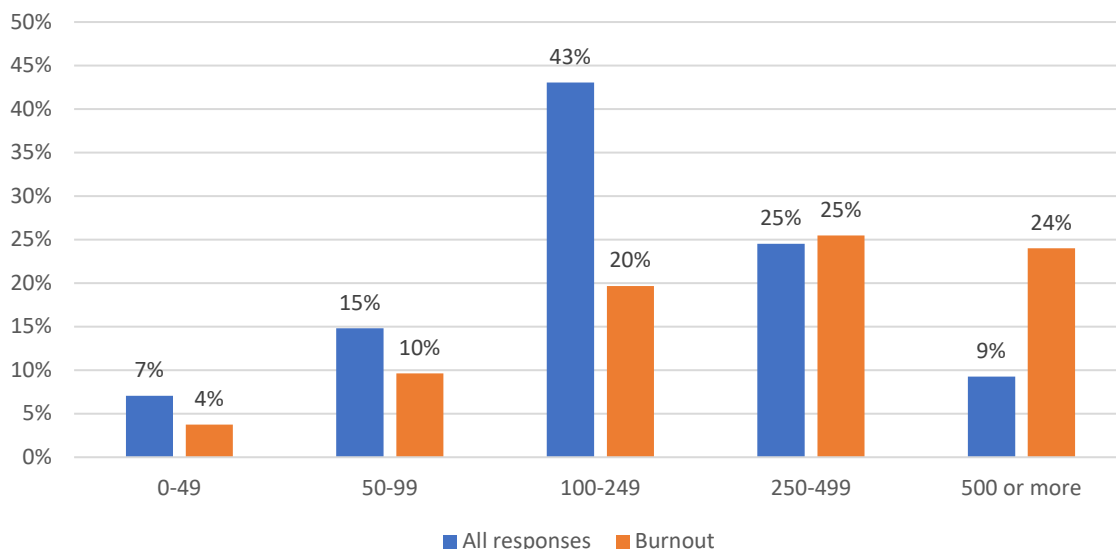
- The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

n = 353 (19%)

Environment	All responses	Burnout
Urban/ Suburban	85% (1598)	19% (302)
Rural	15% (291)	18% (51)

Registrant Type	All responses	Burnout
Pharmacist	87% (1650)	19% (319)
Pharmacy Technician	13% (239)	14% (34)

Prescriptions Filled per Day



LHIN	All responses	Burnout
Erie St. Clair	4% (78)	13% (10)
South West	9% (174)	18% (31)
Waterloo Wellington	6% (106)	25% (27)
Hamilton Niagara Haldimand Brant	10% (191)	19% (36)
Central West	3% (49)	14% (7)
Mississauga Halton	10% (193)	15% (28)
Toronto Central	19% (354)	22% (78)
Central	9% (165)	20% (33)
Central East	7% (135)	19% (25)
South East	4% (75)	13% (10)
Champlain	8% (150)	20% (30)
North Simcoe Muskoka	4% (75)	12% (9)
North East	6% (105)	17% (18)
North West	2% (39)	28% (11)



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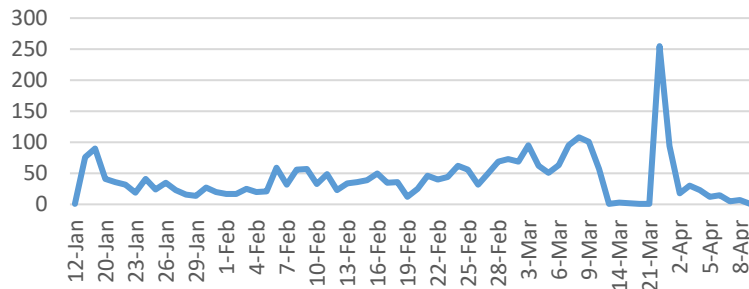
Appendix: Quality indicators, data collection, response rate and demographic details

Quality Indicators for Community Pharmacy

Appropriateness of Dispensed Medications	Medication-Related Hospital Visits	Transitions of Care
<ul style="list-style-type: none"> Percentage of patients who were newly dispensed an opioid prescription greater than 50 mg morphine equivalents per day. 	<ul style="list-style-type: none"> Hospital visits for opioid poisonings among patients that are actively treated with an opioid prescription. 	<ul style="list-style-type: none"> Percentage of eligible people who have had a medication review within seven days of discharge home from hospital.
Patient/Caregiver-Reported Experience	Provider Experience	
<ul style="list-style-type: none"> My pharmacist helped me understand why I am taking each of my medications. My pharmacist made sure I understood how to take my medication properly. My pharmacist made sure I understood what results I might expect from my medication, including any side effects or drug/food interactions that may occur. My pharmacist helped me understand how to know if my medication is working. 	<ul style="list-style-type: none"> My workplace performance goals or targets enable me to provide high quality care to my patients. My work environment (e.g. staffing) enables me to provide high quality care to my patients. I have an effective working relationship with health care providers (e.g. prescribers) with whom I collaborate regarding patient care. Overall, based on your definition of burnout, how would you rate your level of burnout? 	

Data Collection

- **Anonymous** data collection
- Survey open from **January 16th to April 8th**, coinciding with registrant annual renewal
- Primary point of access to the survey was a link in registrants' annual renewal
 - Link was later added to the website and shared through eConnect



Provider Experience Quality Indicators

Measuring and Reporting on Provider Experience

All responses to this survey are anonymous and cannot be traced back to any individual respondent. The Provider Experience Quality Indicators will not be used to track the performance of individual pharmacy professionals or to provide information about any one specific pharmacy/pharmacy professional, rather they will be published at an aggregate level (for example by LHIN or pharmacy type) to help identify demographic and regional variations in responses. If the number of responses within an aggregate group are too low (1 to 5 individuals), that group would be excluded from reporting. For more information and an example of how the other Quality Indicators have been reported please visit the [Quality Indicators Data & Resources](#) page.

The survey will take approximately 5 minutes to complete.

Next

* 12. Indicator: I have an effective working relationship with health care providers (e.g. prescribers) with whom I collaborate regarding patient care.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Response Rate

2812 total responses

923 responses excluded

- 435 did not answer any indicator questions
- 488 did not practice in community

1889 complete responses

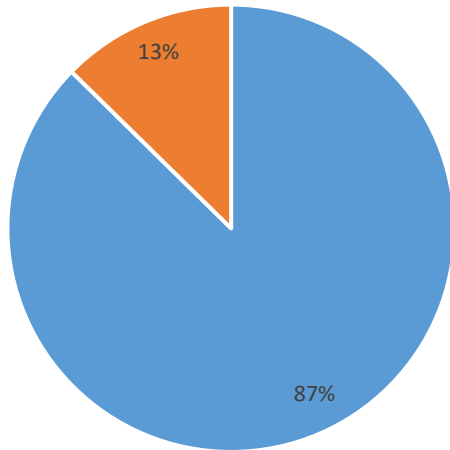
67% completion rate

8% response rate

Typical time spent:
approx. **4 mins**

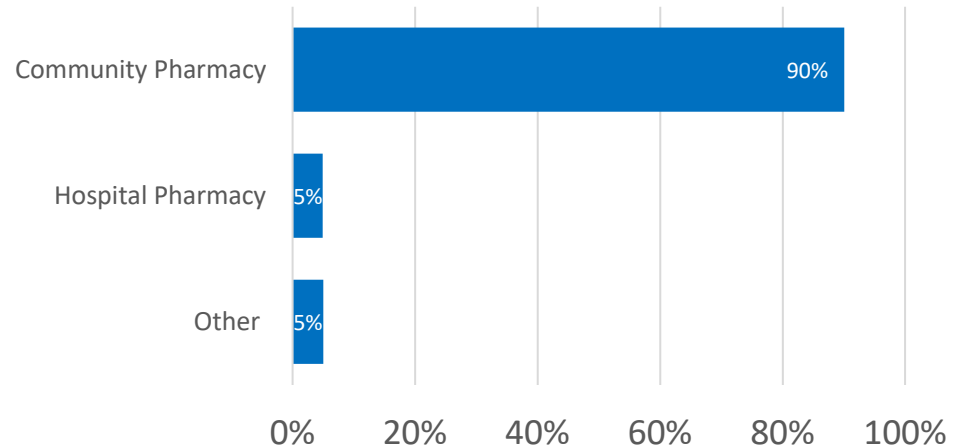
Respondent Demographics

Registrant Type

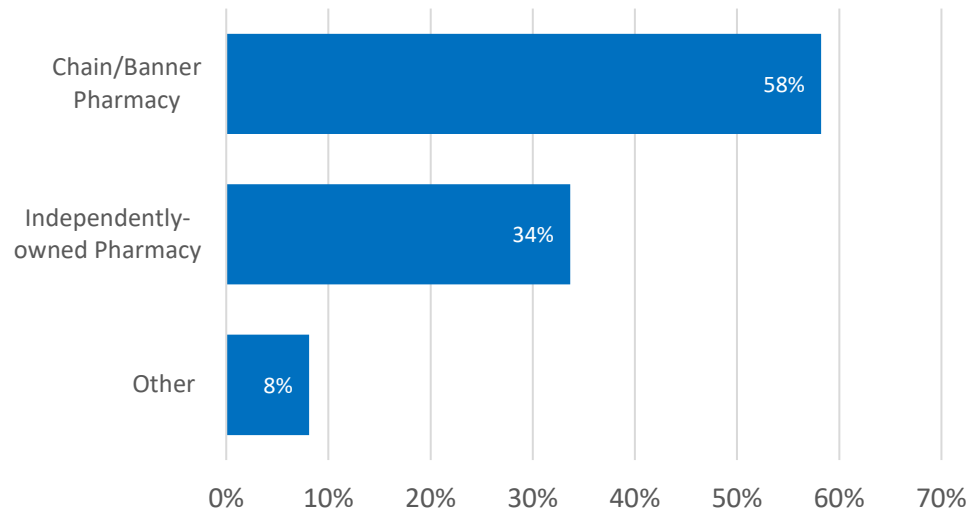


■ Pharmacist ■ Pharmacy Technician

Primary Place of Practice

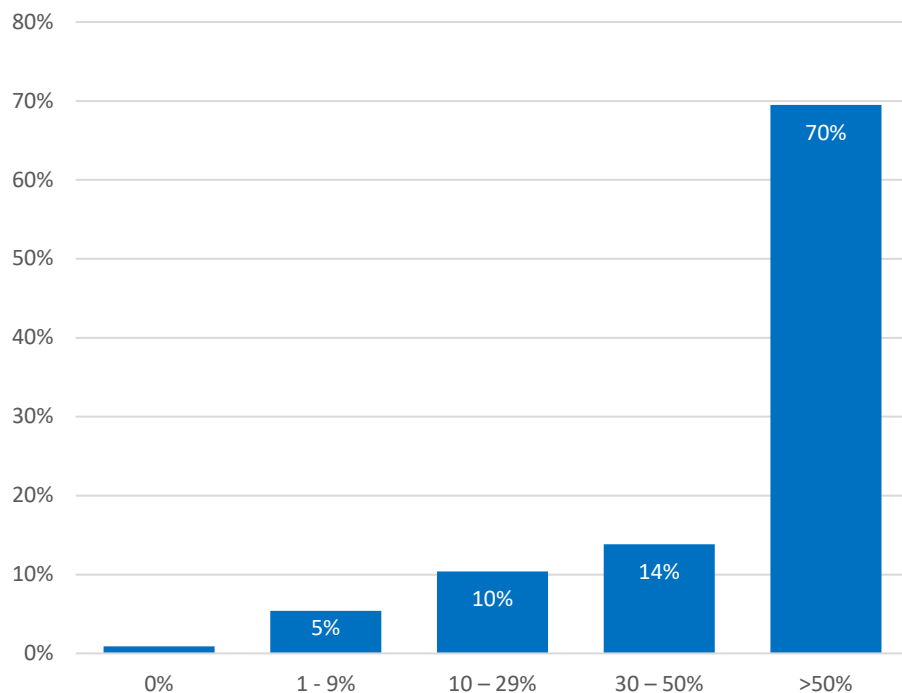


Type of Pharmacy

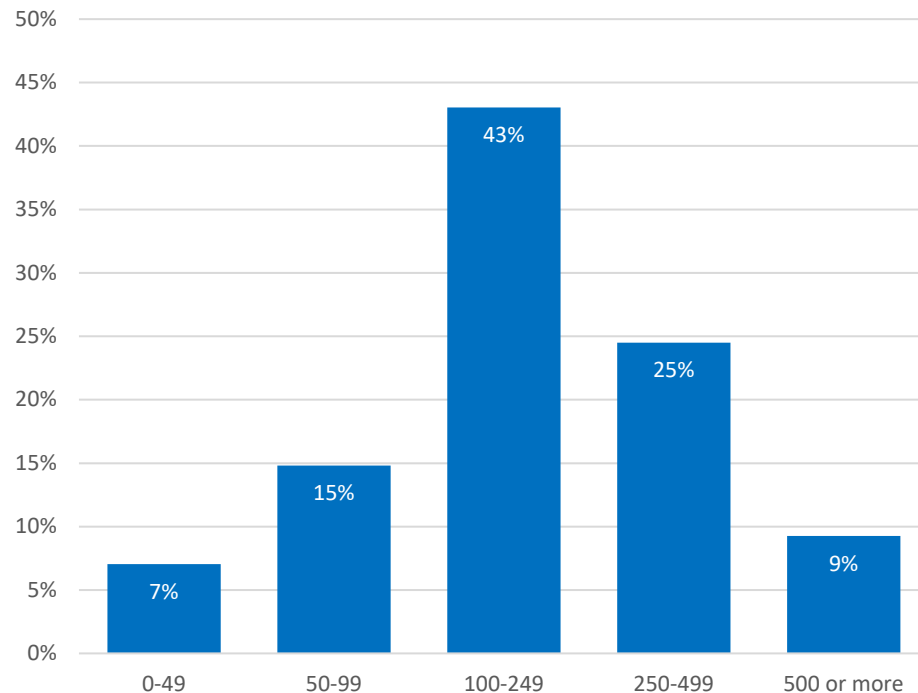


Respondent Demographics

Percentage of time per week in community pharmacy

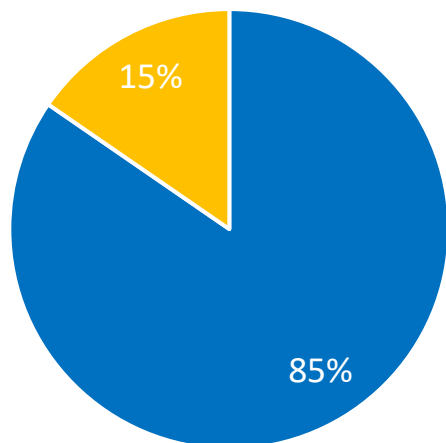


Average prescriptions filled per day in primary place of practice



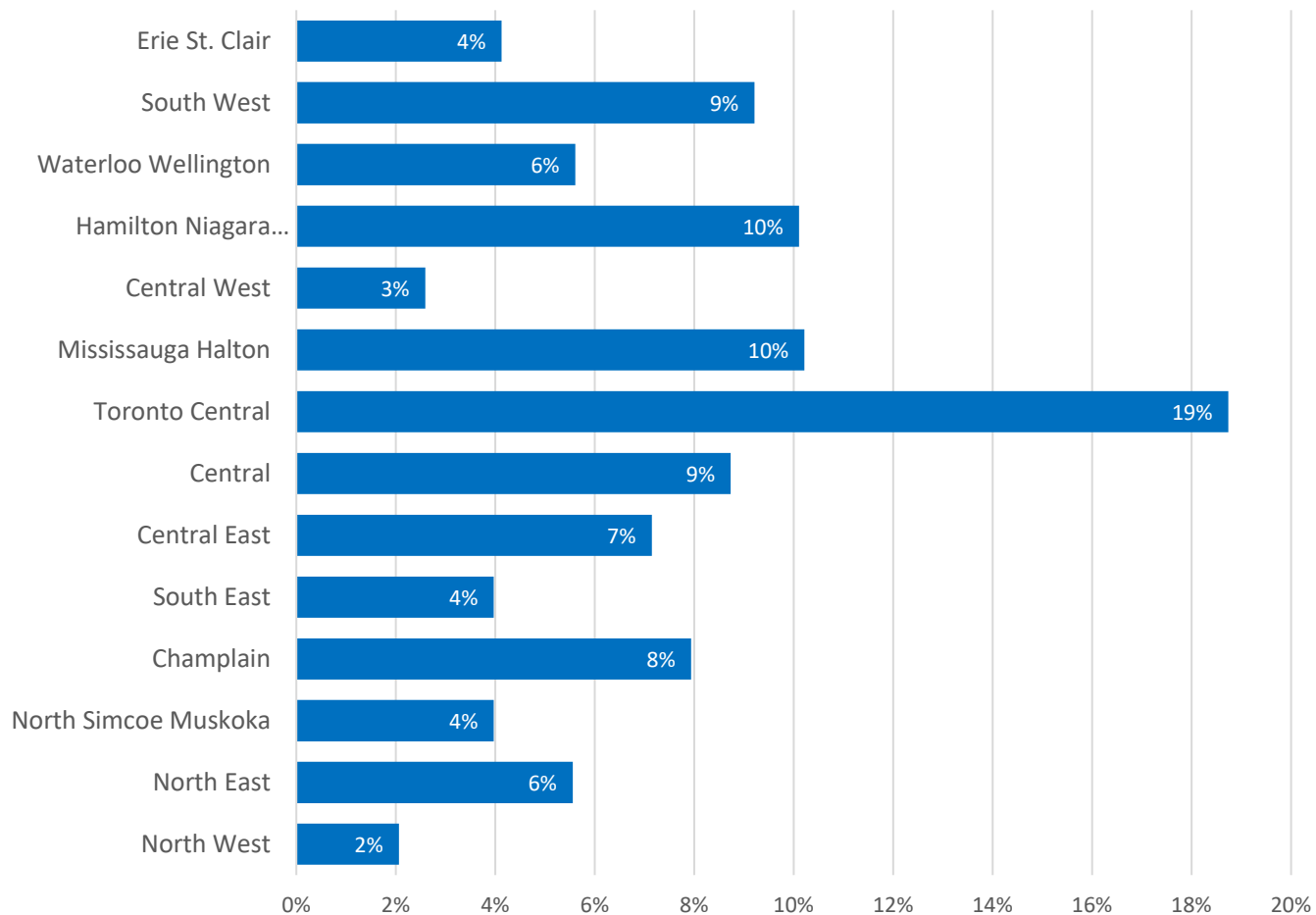
Respondent Demographics

Geography



■ Urban/Suburban ■ Rural

Region



Free Text Responses: themes

Do you have any other comments you would like to share with us about your pharmacy provider experience?

Burnout &
mental health
impact

Staffing
challenges

Negative impact
on patient
safety and care

Workload and
time demands

COVID-19
pandemic
impact

Positive factors

Experience of
the pharmacy
profession

Poor treatment
of pharmacists

Pharmacy role
challenges

Corporate/chain
pharmacy
concerns

Pay concerns

Requests
from/calls to
action for OCP

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2022

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

TOPIC: Implementation Plan - Minor Ailments Prescribing

ISSUE: Informing the Board of the implementation and proposed evaluation strategies for the expanded scope of practice for minor ailment prescribing

PUBLIC INTEREST RATIONALE:

This expanded scope of practice has been introduced to improve access to care in community pharmacy and reduce unnecessary emergency department visits while focusing on improving integrated care. Further, it will enable pharmacists to optimize their knowledge and skills in initiating, managing, and optimizing drug therapy within an integrated care model.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

The information outlined within this document supports a decision/activity related to the first strategic priorities: *“enhance system and patient outcomes through collaboration and optimization of current scope of practice”* and the regulatory amendments to the controlled acts section of the General Regulation O. Reg 202/94 under the *Pharmacy Act*.

BACKGROUND:

As of January 1, 2023, Ontario pharmacists will be authorized to prescribe medications for 13 minor ailments, which are health conditions that can be managed with minimal treatment and/or self-care strategies. These ailments were carefully selected with the goal of improving the health system through reduced urgent care visits in hospitals (Attachment 1 - see Pages 19/20 of the ICES [2021-2022 annual report](#)). Numerous resources, outlined below, are available to support the safe and effective implementation of this expanded scope of practice:

Mandatory Orientation for Minor Ailments Prescribing Module:

- As part of the required education expectations, the College has developed this [mandatory online module](#) which provides registrants with an overview of the regulatory requirements and expectations that will support pharmacists when prescribing for minor ailments.
- Part A pharmacists must complete this module before prescribing for minor ailments and all Part A pharmacists need to attest that they have completed the required orientation by the 2024 annual renewal if they have not done so sooner.
- A list of clinical knowledge learning resources is available on the College’s Continuing Education page for those who need to develop or refresh these skills prior to prescribing for minor ailments.

Initiating, Adapting and Renewing Prescriptions Guideline:

- This [guideline](#) has been updated to reflect the new scope of practice authority for prescribing a drug to treat a patient’s minor ailment, as specified in the [Regulation](#).
- The guideline required minimal changes as the new authority is an expansion of existing scope and expectations for patient assessments, obtaining informed consent to treatment, prescribing drug therapy (if appropriate), communicating with patients and their healthcare team, and documentation

as per the College's [Record Retention, Disclosure and Disposal Guideline](#) and [Documentation Guidelines](#) remain the same.

American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification System interactive online training:

- Schedule 4 of [O. Reg. 202/94](#) introduces a shift from use of a drug list to drug categories, specific for each minor ailment, and referenced in the American Hospital Formulary Schedule (AHFS).
- This will be a new approach for pharmacists and therefore, the College has developed a [resource](#) to provide an overview of the AHFS Pharmacologic-Therapeutic Classification System and how to apply the classifications in the schedule to minor ailment prescribing.

Treatment algorithms:

- Treatment algorithms provide a systematic process for assessing and recommending therapeutic options.
- To align with Ontario standards and guidance around antimicrobial stewardship the College has collaborated with Public Health Ontario (PHO) to create treatment algorithms for the two (2) minor ailments commonly treated with antimicrobial drugs i.e., Prevention of Lyme Disease Following a High-risk Tick Bite and Uncomplicated Urinary Tract Infection (Cystitis).
- The College is also collaborating with the Canadian Pharmacists Association (CPhA) to have existing treatment algorithms for the other eleven (11) minor ailments tailored for registrants in Ontario.

Communication strategies:

- To support registrants in confidently and safely prescribing for minor ailments the College has developed a robust communication strategy to effectively share information, resources, and tools.
- The strategy will leverage a combination of new and existing communication channels that provide important information in advance of the regulation coming into effect, as well as to support the implementation and ongoing learning.
- The College will use regularly scheduled stakeholder meetings to engage in ongoing discussions about the minor ailments' implementation and its potential impact on patients and the profession.
- In addition, the communication strategy will focus on educating the public about what minor ailments pharmacists are authorized to safely treat, and what they can expect from their pharmacy.
- The strategy has been phased to segment messages into pre- and post-implementation periods for each of the identified audiences, beginning from the time minor ailments regulatory changes were announced and extending through the first six months of implementation. Subsequent communications will focus on ongoing education for both registrant and public audiences.

NEXT STEPS:

The College continues to monitor the effect of expanded scope provisions and will incorporate evaluation strategies into existing program activities, as outlined below.

Evaluation strategies:

Proposed evaluation of operational strategies:

- As part of the College's Quality Assurance Program, the prescribing of minor ailments will be incorporated into practice assessments for all practice settings as additional patient care examples so that registrants can choose to demonstrate their ability to meet the Standards of Practice and their competency in the four domains of patient assessment, decision making, documentation, and communication/education.
- The College will incorporate the assessment of this new prescribing authority into the Standards of Practice section of the pharmacy operations assessment criteria for both hospital and community

pharmacies. During this aspect of the assessment, advisors assess the policies and procedures Designated Managers have put in place to support pharmacy professional staff to meet the standards of practice.

- The College will incorporate assessment of this expanded scope into practice and operations assessments once registrants have completed the [Mandatory Orientation for Minor Ailments Prescribing Module](#) and sufficient time has lapsed for registrants and pharmacies to incorporate the prescribing of minor ailments into their practice and operational activities. College staff will have sufficient time to incorporate these components into the practice and operations assessments and will monitor these operational changes.

Proposed evaluation of other implementation strategies:

- A literature review is currently being conducted to elucidate how other provincial regulatory bodies have evaluated minor ailment prescribing by pharmacy professionals at the system-, pharmacy-, pharmacist- and patient-level, using quantitative, qualitative and/or mixed methods.
- Other strategies will include (not exhaustive):
 - Incorporating the logic model which was developed by the Minor Ailments Advisory Group (MAAG) which provides recommended implementation strategies with associated short-term and long-term outcomes
 - Post-implementation provincial surveys of pharmacists' experiences, attitudes, and perceptions of minor ailment prescribing for elucidating system-, pharmacy- and pharmacist-level enablers, barriers, and opportunities.
 - Patient experience or satisfaction variables could include patient reported benefit such as faster access to healthcare services
 - Medication incidents and near-misses reports submitted to the College's mandatory Assurance in Medication Safety (AIMS) program will be analyzed to provide insight into focus areas for ongoing evaluation of minor ailment prescribing.
- The College is also a knowledge user of the Ontario Program to Improve Antimicrobial Use (OPTIMISE) research study being conducted by the Leslie Dan Faculty of Pharmacy at the University of Toronto. The aims of this project are to support the College with effective implementation of pharmacist antibiotic prescribing, to identify opportunities for improving care delivery as well as antimicrobial stewardship, to identify barriers and enablers to the implementation of pharmacist practice scope expansion and antibiotic prescribing and also to develop patient-centered quality metrics to monitor the roll-out of pharmacists' antibiotic prescribing.

ATTACHMENTS:

- 5.2.1 - Pages 19/20 of the ICES 2021-2022 Annual Report
- 5.2.2 - Regulation amendments to enable expanded scope of practice for Pharmacists BN (March 2020)
- 5.2.3 - Regulation amendments to enable pharmacist prescribing for minor ailments BN (June 2020)

Regulatory amendments expand pharmacists' scope of practice

BACKGROUND

Emergency departments (ED) in Ontario continue to be overstretched and are struggling to meet the needs of Ontario's patients. One issue that may be contributing to overcrowding is the number of minor complaints, often called "minor ailments," that present to the ED. Minor ailments are described as conditions that may resolve on their own or that are frequently managed with proper advice and over-the-counter medications.

As part of an overall approach to increasing capacity in the healthcare system and alleviating strain on urgent care, in 2019 the Ministry of Health directed the College of Pharmacists to draft regulations that

would authorize pharmacists to prescribe medications for certain minor ailments. The process that selected what would be considered a "minor ailment" relied on healthcare data to inform the regulation submission on current healthcare needs and demands.

The proposed regulatory amendments to authorize Ontario pharmacists, students, and interns to prescribe medications for specific minor ailments have been approved and will come into effect on January 1, 2023. The list of eligible minor ailments was developed by the College's Minor Ailments Advisory Group (MAAG) and submitted to the government.



ICES RESEARCH HIGHLIGHTS

AREAS OF IMPACT



Makes
Ontarians
Healthier



Improves
Healthcare
Delivery



Guides Policy
Decision-
Making

In 2019, researchers at ICES, including MAAG members Drs. Mina Tadrous, Kevin Schwartz and Noah Ivers, identified the number of Ontario ED visits for minor ailments each year from 2014 to 2019. This study was undertaken in collaboration with the Ontario College of Pharmacists (OCP) through the ICES Applied Health Research Question (AHRQ) funding program. Prevalent minor ailments included urinary tract infections, insect bites, heartburn, minor allergic reactions, muscle sprains and strains, and minor skin conditions (such as rashes).

The research was used by the OCP and MAAG to help build a strong, evidence-based foundation for deciding which minor ailment conditions to include in the regulations. In previous studies, some conditions, such as urinary tract infections (UTI) were not included and therefore did not emerge as a priority. However, evidence from other provinces has demonstrated the benefits of pharmacist prescribing for UTIs. Obtaining information on conditions that result in ED visits, that could be safely managed by pharmacists, helped ground the policy in current and emerging healthcare needs and maximize the benefits to patients and the broader health system.

HOW THIS WORK IS HAVING AN IMPACT

- The minor ailments list comprises 13 eligible ailments that are covered under the new regulatory amendment, expanding pharmacists' scope of practice. The data produced through this AHRQ directly informed the selection of the minor ailments that would best help support the healthcare system.
- OCP and key partners are currently developing new practice guidance and resources to share by the end of 2022. This will help support the pharmacist profession when the amendments come into effect in January 2023.
- The regulatory amendments expand pharmacists' scope of practice while satisfying both professional and ethical responsibilities for the delivery of safe patient care.



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Prevalent minor ailments included urinary tract infections, insect bites, heartburn, minor allergic reactions, muscle sprains and strains, and minor skin conditions (such as rashes).



COUNCIL BRIEFING NOTE

MEETING DATE: MARCH 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY:	Nancy Lum-Wilson, CEO and Registrar
TOPIC:	Regulation amendments to enable expanded scope of practice for pharmacists
ISSUE:	Approval to post the proposed amendments to <i>General Regulation 202/94</i> of the <i>Pharmacy Act</i> , Part VII.3 (Controlled Acts) for the purpose of public consultation.

PUBLIC INTEREST RATIONALE:

The Minister of Health has asked the College to submit regulations to enable an expanded scope of practice for pharmacists to help ease the burden on the health care system, support streamlined care pathways, improve access to routine and minor care in the community and support better patient outcomes. In developing the regulatory changes needed to enable the new scope, the College needs to define the appropriate parameters that optimize the knowledge and skill of pharmacists in an integrated care model while also ensuring the delivery of safe, high quality patient care.

BACKGROUND:

On May 30, 2019, the College received a letter from the Minister of Health (see Attachment 1) requesting that the Council of the College make regulations that would enable pharmacists to do the following:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a 12-month supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration; and
4. Prescribe drugs for certain minor ailments.

Following Council's approval at the November 21, 2019 meeting, the College submitted the draft regulation, addressing the first three requests, on November 30, 2019. The next step in the regulatory approval process will be posting on the government's regulatory registry for 45 days. The government will then consider the feedback and engage with the College if there are further changes. A regulation must be approved by Cabinet and is not in effect until it is filed with the Registrar of Regulations and published on the Government of Ontario's *e-Laws* website and in the print version of *The Ontario Gazette*. For information on the regulation development process, please refer to this [Pharmacy Connection article](#). The Minister of Health has asked for the minor ailments regulation to be submitted by June 30, 2020.

The Minister also requested that the College continue to work with Ministry staff to enable pharmacists to perform certain point of care tests (POCT) for the purposes of chronic disease management to support pharmacists' role in medication management and treatment of patients. The Ministry continues to progress this work.

The College has been working closely with the Ministry of Health to develop policy that will support the changes to scope while maintaining patient safety and quality of care.

As reported during the [last Council meeting on December 9, 2019](#), the [Minor Ailments Advisory Group \(MAAG\)](#) has been engaged in regular discussions to provide an evidence-informed

foundation for the policy changes and provide recommendations to the College to consider when drafting the regulatory submission.

During the last Council meeting, recommendations from the MAAG were shared with Council members including: a list of 18 minor ailments recommended for implementation, the considerations and criteria used to select these minor ailments, and a proposed description of minor ailments. The preliminary list was also shared with other stakeholders for further feedback and discussion.

While reviewing the preliminary list of 18 minor ailments for consideration, a motion was made and passed by Council at the December 2019 meeting, to add post exposure prophylaxis for Lyme disease to the list of minor ailments, given the importance of timely treatment and the [risk areas in Ontario](#).

Since the last Council meeting, MAAG has provided a recommendation on medication categories, utilizing the American Hospital Formulary Service (AHFS) classification model, for each of the recommended minor ailments that pharmacists would be authorized to prescribe. Categories allow for continued currency of medications and the ability of pharmacists to recommend and prescribe the most appropriate option based on the individualized patient assessment.

Over the last few months, the College has engaged and consulted broadly with stakeholders, including pharmacy associations, provincial pharmacy regulators, other health regulators, the public through third party facilitated focus groups and the [Citizens Advisory Group](#) (a collaborative partnership which brings together patients and caregivers to provide feedback related to health regulation in Ontario), and registrants through an online survey (see summary of stakeholder feedback in Attachment 2). The online survey gathered preliminary feedback from pharmacy professionals on the list of minor ailments and recommended supports for implementation. It was available for 44 days and 818 responses were received during this time. The feedback has and will continue to inform the College's work to develop the regulatory amendments and tools needed to implement the scope changes.

The College is also engaging with other stakeholders to obtain diverse feedback from multiple perspectives including professional associations representing pharmacy, other health professionals and different practice settings.

This briefing note addresses the regulation amendments to *General Regulation 202/94* to enable pharmacist prescribing for certain minor ailments. The proposed regulatory amendments to Part VII.3 (Controlled Acts) of the *General Regulation 202/94* of the *Pharmacy Act* are outlined in Attachment 3.

The rationale for each of these amendments is also presented in a clause-by-clause comparison chart in Attachment 4 and a blackline version of the regulation in Attachment 5.

ANALYSIS:

Current State:

Pharmacists are equipped with the knowledge and skills to initiate, manage and optimize drug therapy to improve health outcomes of patients; expanding the scope of practice for pharmacists to prescribe minor ailments will improve access to routine care in the community. This opportunity to improve patient outcomes is aligned with the goals outlined in the [2nd Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine](#).

In developing the regulatory changes needed to enable the new scope, the College considered the appropriate parameters that optimize the knowledge and skills of pharmacists in an integrated care model while also ensuring the delivery of safe, high quality patient care.

Under the [current Standards of Practice](#), pharmacists can prescribe medications based on the pharmacist's assessment of the patient, having collected and interpreted relevant patient

information. Currently, pharmacists are authorized to prescribe specific medication for smoking cessation. Regulatory amendments to enable this practice were made to the *Pharmacy Act, 1991* in 2012.

Throughout Canada, seven provinces have authorized pharmacists to prescribe for minor ailments, with Alberta being the first province to implement the expanded scope in 2007.

Regulatory amendments – list of minor ailments:

Early consultations over the last few months have provided insights to inform current policy work and regulation development, including which minor ailments to include in the draft regulations.

While a preliminary list of 19 minor ailments was shared with multiple stakeholders for input, Ministry staff have requested that the College align early efforts with the direction provided by the Minister of Health to further refine the list to 12 minor ailments. The preliminary list for consideration by the Minister is as follows:

- Urinary tract infections (uncomplicated)
- Dermatitis (atopic, eczema, allergic and contact)
- Insect bites and urticaria (hives)
- Conjunctivitis (bacterial, allergic and viral)
- Allergic rhinitis
- Candidal stomatitis (oral thrush)
- Herpes labialis (cold sores)
- Haemorrhoids
- Gastroesophageal reflux disease (GERD)
- Dysmenorrhea
- Musculoskeletal sprains and strains
- Impetigo

The preliminary list was refined as a result of multiple sources of evidence and feedback (see Attachment 2), including:

- Data on less-urgent and/or non-urgent emergency department visits
- Results from a survey completed by registrants
- Feedback from the Citizen Advisory Group and third-party facilitated public focus groups

Regulatory amendments – medication categories:

The College has worked with experts from MAAG to determine the medication categories that pharmacists would be authorized to prescribe for the minor ailments. Considerations such as recent evidence, clinical practice guidelines, best practices and antimicrobial stewardship guided the selection of the medication categories.

Medications are referenced by categories for each minor ailment. This will ensure that pharmacists have the flexibility to prescribe up-to-date medications, improving access to care and avoiding the need to make regulatory changes when new medications are approved. The College has taken a similar approach when identifying medications for pharmacists' administration by injection or inhalation. Other health regulators have also taken a similar approach to referencing medication categories in regulations.

Medication categories are included for each minor ailment to help provide clarity around which categories are intended for each condition.

Regulatory amendments – training and education:

Feedback from multiple stakeholders including registrants, the public and MAAG indicated that education is a top priority in supporting pharmacists to acquire the skills, training and confidence

to prescribe medications. Six of the seven provinces with minor ailments prescribing have a mandatory education component.

An education requirement has been added to the draft regulation to confirm completion of education focused on the standards and expectations prior to performing the new prescribing activity, which will be subject to Council approval.

The College will work with stakeholders to identify any other education requirements.

Regulatory amendments – conditions for prescribing:

There are existing requirements for pharmacist prescribing in the *Pharmacy Act, 1991*, that will also apply to prescribing for minor ailments. This includes documenting and sharing information with the patient's primary care provider and supporting continuity of care and inter-professional collaboration. Early consultations emphasized that communication between health care professionals was important for patient safety and overall quality of care.

Pharmacists are expected to be responsible, accountable and act in the best interest of the patient as outlined in the *Professional Misconduct and Conflict of Interest regulation* under the *Pharmacy Act, 1991*. Existing provisions in the *General regulation* also require the pharmacist to provide the patient with the prescription and inform of the right to fill at another pharmacy. These current conflict of interest safeguards support the delivery of quality, safe and ethical care. Of note, College data indicates that the majority of pharmacists (approximately 80%) are employees and do not own pharmacies.

The regulatory changes for minor ailment prescribing must support the pharmacist in assessing and selecting the most appropriate treatment for the patient, which may involve a prescription or non-prescription option or referral. The draft regulations reflect the expectation for assessment and therapeutic decision making, which aligns with early stakeholder feedback.

Early feedback – implementation and evaluation:

The early feedback collected from stakeholders will also help to inform and guide implementation including development of necessary guidance and resource tools to support the scope change.

Addressing many of the considerations identified such as practice environment and access to an integrated electronic medical record to facilitate information sharing, will involve collaboration with other stakeholders.

In addition, the College is working with MAAG to develop an evaluation plan that will include assessing the impact of the policy changes on system and patient outcomes.

Part of this work will involve working with the ministry of health to explore opportunities for capturing data, which will allow for a more robust evaluation. Access to or expansion of a tool, similar to the Narcotic Monitoring System (NMS), which would track all medications for all patients, was suggested as a necessary improvement on the current system which only allows access to data for patients funded by government.

NEXT STEPS:

Following approval of Council, the proposed regulations will be posted on the College's consultation page for the mandated 60-day period for public review and feedback.

A consultation report, including a summary of feedback and any recommended changes to the proposed amendments, will be presented to Council for consideration at the Council meeting on June 15, 2020, with the intent to submit the final regulation amendments to the Minister by June 30, 2020, as requested.

The Ministry of Health will also post the proposed regulatory changes on the Public Registry for public consultation for a 45-day period.

The College will continue to engage and collaborate with patients, registrants, pharmacy stakeholders and other health system partners and professionals to plan for and implement expanded scope in a manner that supports patient safety. A full implementation and communication plan will be developed in collaboration with stakeholders. An evaluation plan to monitor and assess the impact of these changes will also be developed with the support of the MAAG and other stakeholders. An update will be shared at the next Council meeting.

RECOMMENDATION: That Council approve the proposed amendments (attached in Attachment 3) to *General Regulation 202/94 of the Pharmacy Act, Part VII.3 (Controlled Acts)* for the purpose of public consultation, in preparation for submission of regulatory amendments to the Minister of Health by June 30, 2020.

**Ministry of Health
and Long-Term Care**

Office of the Deputy Premier
and Minister of Health and
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May 30, 2019

HLTC2968IT-2019-57

Ms. Laura Weyland
President
Ontario College of Pharmacists
483 Huron Street
Toronto ON M5R 2R4

Dear Ms. Weyland:

As was articulated in the 2019 Ontario Budget, we are committed to enabling health professions to use their education and training more effectively by expanding the scope of practice for certain regulated health professionals.

One way that we can achieve our vision, is to ensure that patients have streamlined care pathways that make connections easier in the system and that there is access to minor and routine care in the community. Recognizing the integral role that pharmacists play in helping us to achieve these commitments, I would like the Council of the Ontario College of Pharmacists (College) to make regulations that would enable pharmacists to do the following:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a year's supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration; and
4. Prescribe drugs for certain minor ailments.

With respect to the first three items listed above, I would like the College to submit a regulation to the ministry for my review no later than November 30, 2019. With respect to prescribing for minor ailments, I would like the College to submit a regulation to the ministry for my review no later than June 30, 2020.

Additionally, in recognition of the need for pharmacists to have access to information to assist with medication management and the treatment of patients, I have asked ministry staff to work with the College to authorize pharmacists to perform certain point of care tests for certain chronic conditions. I have asked that this be implemented as soon as possible, once a broad consultation occurs.

Ms. Laura Weyland

To ensure that the work of the College considers all possible perspectives, I am expecting the College to actively consult with system partners in the development of its own regulations and that this work be undertaken as soon as possible. I understand that as a result of these consultations and through the College's own work, that there may be the need to place parameters on these new authorities. This may include the College requiring pharmacists to demonstrate that they are competent and can provide safe, high-quality care when performing these activities.

I would like to thank the College for its continued contributions to the healthcare system in Ontario, and I look forward to your continued partnership on these initiatives.

Sincerely,



Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

- c: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Nancy Lum-Wilson, Registrar and Chief Executive Officer, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Neighbourhood Pharmacy Association of Canada
Bill Wilson, Interim Chief Executive Officer, Ontario Pharmacists Association

Summary of Stakeholder Feedback: Regulation amendments to enable pharmacist prescribing of minor ailments

Early consultation with a variety of audiences has been ongoing since the Minister directed the College to draft regulations to enable expanded scope of practice in May 2019. Consultations offered insight related to current policy work and regulation development. In particular, feedback was sought on the preliminary list of minor ailments with a view to understanding perspectives of various audiences and further supporting prioritization. Data on the most prevalent minor ailments that resulted in an emergency department visit provided insight on the impact pharmacist prescribing may have if this type of routine care were moved into the community pharmacy setting. Key highlights are provided in the table below.

Engagement	Findings
Minor Ailments Advisory Group – several meetings starting in June 2019	<p>This group has provided advice and input on various aspects of planning and development, including: draft regulations, proposed minor ailments and medication categories, and practice support tools. This group will continue to meet and provide input on an evaluation plan and considerations for implementation from a system perspective.</p>
<p>A survey of pharmacy professionals (N=818) in December 2019 – January 2020 circulated through e-Connect</p>	<p>There were 818 responses (85% were pharmacists, 8% pharmacy technicians, 5% pharmacy students and 2% other). Feedback received will help to inform implementation of the scope changes. Many respondents felt that the following were important to consider in implementing the changes:</p> <ul style="list-style-type: none"> • Education/training – to support the expanded scope activities, • Practice environment and funding model – providing appropriate staffing in the workplace and creating a funding model that supports the expanded scope activities, • Electronic medical records – for pharmacists to review labs, relevant medical history and communicate electronically with prescribers, and • Collaboration with other healthcare providers – through communication, documentation and integration. <p>Feedback was sought on the preliminary list of 19 minor ailments. Respondents were asked to select the minor ailments they felt would be of most benefit to patients. The minor ailments are ranked below from highest priority to lowest priority based on respondent feedback:</p> <ol style="list-style-type: none"> 1. Urinary tract infection (uncomplicated) 2. Herpes labialis (cold sores) 3. Dermatitis (Atopic-mild/moderate eczema, allergic contact and irritant contact)* 4. Allergic rhinitis* 5. Gastroesophageal reflux disease (GERD)

	<ol style="list-style-type: none"> 6. Conjunctivitis (bacterial, viral and allergic) 7. Acne (mild to moderate)* 8. Vulvovaginal candidiasis (yeast infection) 9. Musculoskeletal sprains and strains 10. Hemorrhoids* 11. Candidal stomatitis (oral thrush)* 12. Insect bites / urticaria 13. Dysmenorrhea* 14. Diaper dermatitis 15. Nausea and vomiting of pregnancy 16. Lyme disease, post exposure prophylaxis 17. Oral aphthae (canker sores)* 18. Pinworms and threadworms 19. Impetigo <p>*approved in 7/7 provinces</p> <p>Feedback was also sought on types of guidance of practice tools that would best support pharmacists in the provision of care for minor ailments. Common supports selected were treatment flowcharts (88%), e-learning modules (77%), guidance on meeting regulatory requirements (71%) and follow-up/monitoring tools (53%).</p>
Four third-party facilitated public focus groups held in October 2019	<p>The group provided input on important safety considerations. Many will require collaboration with multiple stakeholders.</p> <p>Feedback highlighted the importance of the following:</p> <ul style="list-style-type: none"> • Privacy when communicating with a pharmacist in a practice setting, • Avoidance of creating inequality in the healthcare system by requiring patients to pay out-of-pocket for services publicly funded in other settings, • The ability for pharmacies to have dedicated time and staff support in a busy setting, • Ensuring pharmacists have appropriate training and that this is communicated to patients, • Pharmacist access to health records, and • Communication between pharmacists and primary care providers.
Citizen's Advisory Group in February 2020	<p>This group provided feedback on the preliminary list of 19 minor ailments and on potential safeguards. The group emphasized the importance of selecting minor ailments for which there would be lower risk that the symptoms could be masking another underlying more serious condition. Minor ailments that were noted as being of concern included gastroesophageal reflux disease, pinworms and threadworms, and nausea and vomiting of pregnancy.</p>

	<p>The group highlighted the importance of ensuring proper training and resources are in place. There was recognition of the potential challenges posed by busy practice environments and the importance of ensuring there are adequate numbers of staff to provide quality, safe care.</p>
<p>Data on less and/or non-urgent emergency department (ED) visits from 2014-2019</p>	<p>ED visit data from the Institute for Clinical Evaluative Sciences (ICES) was analyzed to understand the impact pharmacist prescribing for minor ailments may have if this type of routine care were moved into the community pharmacy setting.</p> <p>Of the preliminary list of 19 minor ailments, below are the ten with the most number of ED visits from 2014 to 2019:</p> <ol style="list-style-type: none">1. Urinary tract infection (uncomplicated)2. Conjunctivitis (bacterial, viral, allergic)3. Insect bites/urticarial4. Musculoskeletal sprains and strains5. Dermatitis (atopic-mild/moderate eczema, allergic contact and irritant contact)6. Impetigo7. Candidal stomatitis (oral thrush)8. Hemorrhoids9. Gastroesophageal reflux disease (GERD)10. Vulvovaginal candidiasis (yeast infections)



BOARD BRIEFING NOTE

MEETING DATE: JUNE 2020

FOR DECISION	X	FOR INFORMATION
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INITIATED BY:	Nancy Lum-Wilson, CEO and Registrar
TOPIC:	Regulation amendments to enable pharmacist prescribing for minor ailments
ISSUE:	Approval to submit <i>General Regulation 202/94</i> of the <i>Pharmacy Act</i> , to the Minister of Health with amendments to Part VII.3 (Controlled Acts) to authorize pharmacist prescribing for minor ailments.

PUBLIC INTEREST RATIONALE:

The Minister of Health has asked the College to submit regulations to enable an expanded scope of practice for pharmacists to help ease the burden on the health care system, support streamlined care pathways, improve access to routine care in the community and support better patient outcomes. In developing the regulatory changes needed to enable the new scope, the College is defining appropriate parameters that optimize the knowledge and skill of pharmacists while also supporting the delivery of safe, high quality patient care.

BACKGROUND:

On May 30, 2019, the College received a letter from the Minister of Health (see Attachment 1) requesting that the College Board of Directors make regulations that would enable pharmacists to do the following:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a 12-month supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration; and
4. Prescribe drugs for certain minor ailments

A regulatory submission for the first three items was submitted to the Minister on November 30, 2019, after the Board approved the final draft regulation on November 21, 2019. The Minister of Health has asked for the fourth item (minor ailments regulation) to be submitted by June 30, 2020.

Preparing for regulatory drafting

Recognizing that the ability to achieve sustainable, system-wide effects in the health system involves strengthening coordination of care and collaboration, the College has shifted from a sector-based approach to an outcomes-focused, systems-based approach to its mandate over the past few years, broadening the engagement base and embedding patient and public involvement. This systems-based approach has been critical to the development of regulations to expand the scope of practice of pharmacists, ensuring that system outcomes and quality care, including patient safety, remain at the core of this work. By engaging and collaborating with different parts of the healthcare system – patients, physicians, nurse practitioners and other health care providers, public health experts, professional associations, regulators and many others – the College has gained valuable insights that have been applied to the drafting of relevant regulation amendments. This stakeholder feedback has also identified the types of resources and

guidance necessary to support safe implementation of expanded scope, which is intended to improve health outcomes and increase access to quality care across the province.

While it is well known that pharmacists have the most extensive training in pharmacotherapeutics, they have continued to lag behind most provinces in prescriptive authority. As such, the Minister's request that the College make regulations to expand the scope of practice of pharmacists, enabling them to "use their education and training more effectively," recognizes the role of the profession in collaborating to improve Ontario's health system outcomes. It is therefore important to understand, from the perspective of both the public and other professions, where prescriptive authority for minor ailments for pharmacists will have greatest impact to improve system and patient outcomes. To achieve this understanding, the College engaged extensively throughout the regulatory development process leading up to, and including, the final open consultation on the proposed amendments to provincial regulations. These activities included:

- Regular meetings starting June 2019 with the College's [Minor Ailments Advisory Group \(MAAG\)](#). The advisory group's composition which includes primary care and public health physicians, pharmacists, health-system experts and patient partners was important to reflect patient-focused, integrated and collaborative practice. MAAG activities will continue through implementation and evaluation of pharmacist prescriptive authority in minor ailments.
- Consultation with registrants, through a survey administered in July 2019 on the first expanded scope components and a survey in December 2019 focused on minor ailments, which garnered more than 800 responses.
- Consultation with the public and patients through a series of four third-party facilitated public focus groups held in October 2019 and by engaging the [Citizens Advisory Group \(CAG\)](#) a collaborative partnership which brings together patients and caregivers to provide feedback related to health regulation in Ontario, in February 2020.
- Consultation with pharmacy associations in November 2019, December 2019, March 2020 and May 2020; and continued discussions with them.
- Consultation with health professional associations, including medicine and nursing, starting from March 2020 and continued discussions with them.
- Collaboration with health professional regulators on similar regulatory amendments starting from September 2019.

**for a complete listing of engagement activities, please see Attachment 2*

Through these various engagement efforts, including the most recent consultation, the College has received feedback from more than 1,000 stakeholders and individuals which have informed the development of the regulation amendments that are now being presented to the Board for approval. Of note, in addition to the ongoing robust input received from registrants, the College received feedback from more members of the public throughout the regulatory drafting process (over 100) and a greater proportion of members of the public (35%) in our open consultation than it has historically attracted.

A summary of the early engagement activities are included in Attachment 3 as a supplement to the summary of the open consultation included in this briefing note.

Regulatory drafting

A preliminary list of 18 minor ailments was presented to the Board on [December 9, 2019](#), at which time the Board passed a motion to add tick bites, post exposure prophylaxis of Lyme disease, to the list given the importance of timely treatment and the [risk areas in Ontario](#). In keeping with the policy direction provided by the Ministry of Health, the preliminary list was further refined to 12 based on multiple sources of evidence and feedback including data on non-urgent emergency

department visits, results from the registrant survey and feedback from the CAG (referenced in Attachment 3). Tick bites was included under the insect bites category in response to stakeholder feedback, including the MAAG.

Additionally, the College worked with experts from the MAAG to determine the medication categories that pharmacists would be authorized to prescribe for the 12 minor ailments. Considerations such as recent evidence, clinical practice guidelines, best practices and antimicrobial stewardship guided the selection of the medication categories. Medications are referenced by categories using the American Hospital Formulary System (AHFS) classification, which aligns with how other health professions reference medications in regulation and supports pharmacists in having the flexibility to prescribe up-to-date medications, improving access to care and avoiding the need to make regulatory changes when new medications are approved.

The College has taken a similar approach when identifying medications for pharmacists' administration by injection or inhalation, which was included in the previous expanded scope submission. Medication categories are listed for each minor ailment to help provide clarity around which categories are intended for each condition. Further guidance on clinical guidelines and best practices in treating each minor ailment will be provided through evidence-based resource tools that will be available to the profession.

The regulatory requirements for prescribing were based on existing provisions in the *Pharmacy Act, 1991, O.Reg 202/94* for prescribing for smoking cessation, which pharmacists have been authorized to do since 2012. The regulatory requirements include patient assessment, documentation and sharing information with the patient's primary care provider in support of continuity of care and inter-professional collaboration. In addition, pharmacists are required to provide the patient with the prescription and inform them of their right to fill at another pharmacy.

At the March 2020 meeting, the Board approved the proposed amendments to *General Regulation 202/94* of the *Pharmacy Act, 1991* Part VII.3 (Controlled Acts) for the purpose of open consultation. The 60-day open consultation then commenced on March 24, 2020.

Open Consultation

The proposed regulations were posted on the College's website and the consultation remained open online until midnight on May 22, 2020. Registrants, stakeholders, patients and the public were informed of the proposal mainly through the College's website, the CAG network, major College publications and digital newsletters, direct contact with stakeholders and through organic and promoted social media posts.

The College received a total of 201 comments, which were posted on the [consultation page](#). As noted above, compared to previous consultations, the College received a greater proportion of comments from members of the public. See below for a breakdown of respondents by type:

Online consultation respondent type	# of responses
Pharmacists	80
Members of Public	71
Pharmacy Technicians	0
Pharmacy Assistants	7
Associations	6
Applicant	10
Other	27

<i>Total</i>	<i>201</i>
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Feedback provided during the open consultation included proposed changes to the draft regulatory amendments as well as suggestions related to implementation of expanded scope, if approved. All of the individual comments posted on the open consultation page of the website were considered in the analysis and remain publicly accessible online.

A number of organizations including professional associations and regulatory bodies also made formal submissions through the online consultation page or directly to the College. Each of these submissions were considered in the analysis of the consultation activities. Organizational submissions, which remain publicly accessible online, were received from (approximate membership numbers provided in brackets for associations):

- [Ontario Medical Association](#) (44,500 members)
- [Association of Family Health Team of Ontario](#) (193 inter-professional teams)
- [Shoppers Drug Mart and Loblaw Pharmacies](#)
- [Canadian Society of Hospitals Pharmacists](#) (3000 members)
- [Northwest Telepharmacy Solutions](#)
- [Neighbourhood Pharmacy Association of Canada](#) (11,000 pharmacies)
- [Ontario Pharmacists Association](#) (10,000 members)
- [Ontario College of Family Physicians](#) (13,500 members)

In addition to the online consultation, the College also received a number of comments through social media outlets and direct emails to the College. While we ask that anyone interested in commenting on the proposed regulations do so using the online tool, these comments have been included in the analysis, being generally consistent with what was received online.

The Ministry will also be publicly consulting on the proposed amendments on the Ontario Public Registry.

ANALYSIS:

A thematic analysis of qualitative data was completed by the College. The findings from the open consultation were reviewed separately from early consultations, however the themes identified were consistent.

Overview:

The majority of feedback is supportive of pharmacists prescribing for minor ailments, identifying patient and system benefits. Many public respondents recognized the accessibility of pharmacists within local community pharmacies and that these scope changes can increase access to care. Several public members specifically referenced northern or remote areas in which access to care was noted as particularly challenging. Many responses from the public emphasized how much they value the relationship they have with their pharmacist and trust that their pharmacist has the knowledge and training required to care for these conditions.

Pharmacists commented they felt encouraged by the opportunity to use the full potential of their extensive knowledge and education to provide beneficial care for their patients. Additionally, some respondents (8 pharmacists, 2 public members and 1 applicant) commented that the COVID-19 pandemic highlights the benefits of having pharmacists take on a greater role within the healthcare system. Many referenced the success minor ailment programs have had in other provinces and were supportive of implementing similar regulations in Ontario.

Approximately 9% of open consultation respondents including 7 pharmacists, 8 members of the public and 3 others did not agree with introducing pharmacist prescribing for minor ailments, expressing concern for the potential risk of missing a more serious underlying condition that may require additional physical assessment or further diagnostic testing not accessible to pharmacists in community practice. There was also concern from some respondents about a possible conflict of interest with pharmacists when both prescribing and dispensing medications. Mitigation strategies to address these concerns have been identified under the appropriate themes.

Key themes:

The following summarizes the feedback received through the consultation and earlier engagement activities under these key themes:

- Education
- Practice Environment
- Collaboration and Inter-Professional Care
- Virtual Care
- Conflict of Interest
- Minor Ailments and Medication

It is important to note that a number of comments made by pharmacy professionals and the public through the extended consultation activities related to remuneration for expanded scope including those related to reimbursement for assessment of minor ailments. While the College understands the possible impact of remuneration on uptake of expanded scope by the profession, remuneration matters are not within the mandate of the College and were not within the scope of this consultation.

Additionally, some public focus group participants raised concerns over the potential creation of a two-tiered healthcare system and unequitable distribution of care should there be a fee charged to the public for minor ailment services. This too is a matter outside of the legislative scope of the College and its regulatory drafting responsibilities.

i. Education

Early consultations

Feedback from the early engagement activities with multiple stakeholders including registrants, the public, physicians and other health professionals indicated that education is important to support the expanded scope of prescribing for minor ailments.

Through the registrant survey, which garnered 818 responses, it was identified that 71% of respondents felt that guidance on meeting the regulatory requirements was needed and 88% felt that treatment algorithms would be helpful tools to support implementation. The MAAG also recommended treatment algorithms and guidelines as a mechanism to share evidence-based information on the treatment of each minor ailment. Members of the public focus groups and the CAG identified that it will be important to confirm that pharmacists have acquired the necessary education before prescribing (see Appendix 5.2 for more information on the education objectives).

Open consultation

Most respondents commented on the importance of proper education to support safe implementation. There were 11% of respondents that commented on education, of which 72% were pharmacists, 5% public, 5% applicants and 16% other. Three pharmacist respondents suggested an education program similar to the College's mandated cannabis training program,

which includes therapeutic teaching. Most pharmacist respondents felt that they were adequately qualified and competent to assess and prescribe for minor ailments and would benefit from education focused on the regulations. Pharmacy students commented that they felt pharmacists receive adequate education through current curricula to properly assess and prescribe medications for the proposed minor ailments, as well as the ability to identify red flags and when it is appropriate to refer a patient to another healthcare provider.

Several respondents (31%) from the public commented that they felt confident their pharmacists had sufficient knowledge to prescribe for minor ailments. Conversely, there were eight members of the public, and three individuals identified as “other” who believed pharmacists do not have the resources and/or training to properly assess and rule out the presence of a more serious underlying condition.

Noting that pharmacists receive extensive training in patient assessment and are the experts in pharmacotherapeutics, and considering that like other regulated professions, pharmacists are required to maintain their competence, pharmacy associations and organizations recommended that the mandatory training requirement be limited to an orientation to the regulations and expectations rather than include education on therapeutics, which is covered in pharmacy curriculum and available as continuing education modules.

Response to feedback

Patient assessment is a key component of the practice of pharmacy and an important part of the patient assessment involves collecting and interpreting relevant patient information. The purpose of the assessment is not to diagnose, which pharmacists are not authorized to do, but to determine the most appropriate treatment option for the patient. Under the current [Standards of Practice](#) and as one of four domains of the [Pharmacists Practice Assessment Criteria](#), pharmacists are expected to perform a patient assessment when engaging in direct patient care activities such as prescribing and reviewing medications, including new and refill prescriptions. Patient assessment, including assessment specific to common minor ailments are integral components of the core curriculum at both the University of Toronto and the University of Waterloo pharmacy programs in Ontario and graduates are equipped with the necessary competencies to support clinical decision-making required for minor ailment prescribing. Additionally, pharmacists are required to seek continuing professional development resources to maintain the knowledge, skill and judgement to provide safe and quality care.

Pharmacists are also required to refer patients to appropriate members of the healthcare team for management of issues beyond their competence. As part of their role in providing education and recommendations to patients on medication therapy, pharmacists will advise patients when to follow-up should symptoms not resolve.

In consideration of the feedback and to support consistent translation of the regulations and expectation into practice, the mandatory education requirement referenced in the regulations will focus on practice requirements and standards, the details of which will be approved by the Board. The College, in collaboration with stakeholders and partners including other health professionals such as physicians, will also develop treatment guidelines and algorithms for each minor ailment to support a consistent approach grounded in evidence and best practice across the profession. These tools will include guidance on red flags and when to refer to another health care provider. The College will also continue discussions with the universities as these tools and resources are developed to ensure graduates continue to be prepared to provide these services.

ii. Practice Environment

Early consultations

A predominant concern identified through the various engagement activities including the CAG meeting and registrant survey related to the need for appropriate staffing levels to support assessing and prescribing for minor ailments. There was concern about a potential increase in workload which may impact patient care if adjustments in staffing are not made to account for the new scope expansion activities. During the public focus group sessions, additional concerns were raised around potential increased wait times at pharmacies without adjustments in staffing models.

Open consultation

Consistent with earlier consultations, concerns were expressed by respondents about the current practice environment. Approximately 22% of respondents expressed concerns regarding increased workload, increased wait times for other patient care activities, increased stress and propensity for errors. Of these respondents, 51% are pharmacists, 23% are members of the public, 8% are “other”, 8% are pharmacy assistants and 8% are applicants. Five pharmacists and two members of the public remarked on the importance of avoiding pressure to meet certain quotas or performance metrics. Respondents felt that adequate staffing is imperative to allow for appropriate time and focus to perform patient assessments and consultations to safely implement prescribing for minor ailments in pharmacy. There were also comments on ensuring documentation is less strenuous for expanded scope to be achievable in a demanding practice environment.

Response to feedback

Comments related to workload and other pressures to meet operational expectations is consistent with feedback received in response to the College's first expanded scope consultation in the fall of 2019. While the College does not have direct control over individual pharmacy human-resource related matters, the College is fully committed to acting appropriately and effectively through its existing regulatory mechanisms and authorities designed to protect the public. This includes ensuring that owners/operators of pharmacies, including designated managers and those who exert any control over pharmacy operations, understand and are held accountable to uphold their responsibilities and obligations under the [Standards of Operation](#), which include a provision that “*pharmacies must have an adequate number of qualified and trained staff to maintain the accepted standards of professional practice, and to deliver safe and effective patient care*”. Additionally, the College has launched the [Community Practice Environment Initiative](#) to identify shared accountability principles across pharmacies and is developing patient and provider experience [quality indicators](#) to better understand and address issues related to patient and provider experience.

iii. Collaboration and Inter-professional care

Early consultations

Communication between pharmacists and primary care physicians and practitioners was identified as an essential component to support safe implementation of minor ailment prescribing at the public focus groups and at the CAG meeting. Lack of coordinated care, secondary to the absence of an integrated medical record, was also cited as a concern through the registrant survey. Leveraging existing technology to streamline communication to primary care providers was suggested to support continuity of care.

Open consultation

Six individual respondents to the open consultation survey provided comments supporting collaboration between healthcare professionals, and the role of pharmacists who prescribe to facilitate continuity of care by ensuring the patient's primary care provider is informed. Three of the associations (all from other health professions) expressed the necessity for inter-professional collaboration between physicians and pharmacists in their submissions. These organizations

noted that there are opportunities to strengthen collaboration and communication, primarily through the integration of EMR/EHR systems so that all providers have access to the information needed to provide coordinated care, as well as encouraging adoption of integrated, team-based care models (such as the "[Patient Medical Home](#)" model).

Some organizations and associations commented on the importance of ensuring pharmacists recognize when it is appropriate to refer to a primary care provider or other healthcare provider.

Response to Feedback

Collaboration amongst members of the inter-professional healthcare team is key to high quality patient care, and is reinforced in the standards of practice and within the practice assessments for all pharmacists, whether they practice in community or hospitals. Communication with the patient's care team is expected, as necessary to support patient assessment, clinical decision making and continuity of care. Communication is included as a requirement in the regulation. Pharmacists are required to notify a patient's primary care provider when prescribing, to facilitate continuity of care and to refer patients to another healthcare provider, as appropriate, based on the patient assessment. Guidance resources and tools will be developed with safety parameters for each minor ailment, and with clear expectations for collaborative care.

iv. Virtual care

Open consultation

Three organizations who submitted written responses to the open consultation referenced the use of virtual care, noting that the delivery of healthcare has evolved in response to the COVID-19 pandemic and that virtual care delivery should be permitted under the draft regulations to support pharmacist prescribing for minor ailments.

The support for pharmacists providing virtual care for minor ailments, as expressed by associations and organizations, was echoed by three respondents (two pharmacists and one "other") to the consultation survey. These respondents voiced support for continued access to virtual care through the proposed regulatory changes. Specific benefit for northern regions of the province was identified.

Response to Feedback

As written, the draft regulations do not preclude the provision of virtual care. The expectations that currently exist for the transmission of prescriptions would continue to apply, and pharmacists filling a prescription provided by another pharmacist would retain responsibility for verifying the validity of the prescription in line with the [Standards of Practice](#) and the College's [policies and guidelines](#). Pharmacists are expected to meet all requirements in the draft regulation prior to providing a prescription to a patient.

v. Conflict of interest

Early consultations

During public focus groups, some participants shared concerns over potential conflict of interest due to the business aspect of community pharmacy. Members of the CAG contemplated the role and influence, if any, of pharmaceutical companies.

Open Consultation

Some respondents (two pharmacists, three public and one "other") and 3 other health profession associations commented on a potential conflict of interest when prescribing and dispensing. There was recognition from pharmacy and other health profession associations that it will be important for pharmacists to follow conflict of interest rules to ensure prescriptions are appropriate and necessary.

Response to feedback

Managing and preventing conflict of interest in practice is a consideration for almost every healthcare professional and an important matter that is not new to the College. Like many other professions, the majority of pharmacists are employees and therefore not in a position to benefit financially from the provision of the service. Regardless, specific regulatory provisions to ensure that expectations and requirements to prevent or manage conflict of interest exist. Pharmacy

professionals are bound by the [Professional Misconduct and Conflict of Interest](#) regulation under the *Pharmacy Act, 1991* and their professional [Code of Ethics](#), of which the primary tenet is that registrants hold the well-being and safety of each patient to be of primary importance. Additionally, existing prescribing provisions in the *Pharmacy Act, 1991 O.Reg 202/94*, which will also apply to minor ailments prescribing, articulate the requirement that when a pharmacist both prescribes and dispenses a drug, patient choice to fill the prescription elsewhere is explicitly stated. Like other regulated health professionals, pharmacy professionals are therefore expected to be responsible, accountable and to act in the best interest of the patient.

vi. Minor ailments and medications

Early consultations

As previously mentioned, the preliminary list of 19 minor ailments was refined to 12 based on feedback from early engagement activities including data from hospital emergency department visits and feedback from the registrant survey, public focus groups and CAG. The list of 12 was included in the draft regulations. The medication categories for each minor ailment was informed by the MAAG, which used an evidence-informed framework to evaluate treatment options and appropriate safeguards for prescribing. Members of the public, through the public focus group and CAG, stated that allowing pharmacists to prescribe for over-the-counter medications in addition to prescription drugs would assist with improving access to all appropriate treatment options for the minor ailments.

Open consultation

There are different perspectives on the list of minor ailments. Some respondents (seven pharmacists and two “other”) felt that the list of minor ailments was limited as compared to other provinces. Other respondents, including pharmacy associations, felt that although there would be support for expanding the list, there is recognition that the current list of 12 represents a starting point from which other conditions may be added to in the future.

There were some concerns raised with specific minor ailments on the list. Common examples include over-prescribing antibiotics for urinary tract infections, and the risk of identifying a more serious underlying cause for minor ailments such as hemorrhoids and candidal stomatitis. Medical associations identified concerns for some minor ailments and provided suggestions for safeguards to mitigate risk, which the College will take into consideration when facilitating the development of clinical resources as part of implementation.

Regarding medications, some respondents (4 pharmacists and 1 other) expressed that the list of categories was too restrictive. All 3 pharmacy associations and 2 pharmacy organizations recommended providing broad authority to allow pharmacists to prescribe according to indication rather than specifying medication categories, including prescription and non-prescription medications, which is the current practice with other prescribers.

Pharmacy associations and organizations provided suggestions and clinical evidence to support the addition of other medication categories to consider adding for certain minor ailments. Examples include, the addition of proton-pump inhibitors for gastroesophageal reflux disease (GERD) and second generation antihistamines for allergic rhinitis.

There was some concern noted respecting the practical application of the American Hospital Formulary Service Pharmacologic-Therapeutic Classification System (AHFS) referenced in the regulation. It was noted that the AHFS system does not tend to be commonly used in practice, as highlighted by a pharmacy organization.

Response to feedback

Clinical guidance documents will be developed with input from physicians and other prescribers to support implementation and will include evidence-based treatment options based on clinical guidelines and best practices, including antimicrobial stewardship principles. The medication categories reflect current and emerging evidence and best practices such as those promoted by [Choosing Wisely Canada](#). The categories are not targeted to any particular medication schedule and pharmacists will be expected to recommend the most appropriate therapy, which may include a non-prescription drug under the authorized categories, after completing a patient assessment.

Each suggestion for specific medication categories for related minor ailments was reviewed in consideration of several factors including patient safety, existing treatment guidelines and overall health-system improvement, and amendments to the draft regulation have been proposed accordingly. It should also be noted that the College does not have the regulatory authority to allow for prescribing by indication as was recommended by some respondents.

Based on feedback regarding the practical application of the AHFS system during the fall 2019 consultation on expanded scope, the College recognized the importance of assisting registrants in the application of the AHFS system and is in the process of developing a resource tool. It is important to note that the Ontario Ministry of Health uses the AHFS classification system in the Ontario Drug Benefit Formulary/Comparative Drugs Index. The College is also collaborating with other health regulators, including nurses and optometrists, who reference the AHFS system in regulation.

Changes to the proposed amendments:

Based on the consultation feedback and further clinical and technical review of the regulation, the draft regulation presented to the Board in March 2020 has been revised as follows (see Attachments 4, 5 and 6).

- At the March 2020 meeting, the Board recommended the addition of antibiotics to account for patients with allergies to tetracyclines, used for tick bites. The following additions are made in alignment with the [clinical guideline document](#) for tick bites available through Ontario Health (Quality):
 - 8.12.12.04 Erythromycins and
 - 8.12.12.92 Other Macrolides (azithromycin, clarithromycin)
- Upon clinical review, it was determined that proton-pump inhibitors be included for the treatment of gastroesophageal reflux (GERD)¹
 - Add 56:28.36 Proton-pump Inhibitors to GERD
- Upon clinical review, it was determined that second generation antihistamines be included for the treatment of allergic rhinitis²
 - Add 4:08 Second Generation Antihistamines to allergic rhinitis
- Upon technical review, it was identified that the medication category for candida stomatitis referenced the topical formulation instead of the oral formulation, necessitating the following change
 - Replace Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes (84:04.08.28) with 08:14.28 Polyenes
- Upon technical review, it was identified that the AHFS classification for topical corticosteroid did not align with the Health Canada, Drug Product Database, which is used to cross reference medication with their corresponding AHFS categories. The following change is made:

¹ Geri-RxFiles <https://www.rxfiles.ca/rxfiles/uploads/documents/An%20orientation%20to%20the%20GeriRxFiles.pdf>

² DKC Sur, ML Plesa. Treatment of Allergic Rhinitis. *Am Fam Physician*. 2015 Dec 1;92(11):985-992. <https://www.aafp.org/afp/2015/1201/p985.html>

- Replace Skin and Mucous Member Agents: Anti-inflammatory Agents, Corticosteroids (84:06.08) with Skin and Mucous Member Agents: Anti-inflammatory Agents (84:06.00)

Summary:

The College has carefully reviewed and considered all of the feedback through the consultation exercise and notes that the proposed regulatory changes to expand scope of practice for pharmacists will meet the Minister's objectives to optimize the education and training of pharmacists, streamline care pathways, increase access to minor and routine care in the community and support improved patient and system outcomes, while also supporting inter-professional collaboration.

In addition, several priorities related to the implementation of the expanded scope have been noted and are critical to ensuring the successful implementation of the scope changes.

The College is working on an implementation plan that addresses the recommendations and concerns noted through the consultation activities. The plan includes the following:

- The development of mandatory education as an orientation to the regulatory requirements and expectations for minor ailment prescribing pending Board approval
- Facilitating the development of treatment guidelines and algorithms for each minor ailment
- Exploring the availability of resources and tools, including inter-professional collaboration, to supplement clinical knowledge as necessary to maintain competence
- Updating relevant policies and guidelines
- Promoting utilization of available tools and resources that facilitate communication with primary care providers and collaborative practice
- A communications plan to inform the public and other stakeholders of the new patient care service
- An evaluation plan to monitor and assess the impact of these changes on the healthcare system and patient outcomes under the guidance of the MAAG and other stakeholders.

Further details on these items will be available and communicated in the coming months.

RECOMMENDATION:

It is recommended that the Board approve the following:

- **The proposed amendments to Regulation 202/94 of the *Pharmacy Act, 1991* Part VII.3 (Controlled Acts) as attached in Attachment 4 1 for submission to the Minister of Health.**

NEXT STEPS:

After it is submitted to the Minister of Health, the regulation undergoes the Ministry's policy review. The Ministry of Health will post the proposed regulatory changes on the Public Registry for public consultation for a 45-day period. The regulation will not take-effect until it is approved by the Ontario government and given Royal Assent.

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Connie Campbell, Director, Corporate Services

TOPIC: Q3 2022 College Performance Scorecard

ISSUE: Review performance against targets for key performance indicators (KPIs) and key project/initiative milestones YTD ending September 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 regulatory performance supports the Board in its oversight role, strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

BACKGROUND:

- Each year, the College Performance Scorecard is developed and approved by the Board to provide insight and enable 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 the stated objective.

ANALYSIS:

- The 2022 College Performance Scorecard has 16 Board-monitored measures distributed across the 7 CPMF domains; 6 are project or initiative milestones and 10 are KPIs.
- For Q3, 8 measures are proceeding per plan or have met target and 3 are approaching target.

Status Year to Date

Measures or Milestones	Meets or exceeds target (or completed)	Approaching target < 25% or at potential risk	Beyond target > 25% or at risk/roadblock	Measured at Year End or Collecting Baseline
6 projects or initiatives	4	2	0	-
10 KPIs	4	1	0	5

Please refer to the rationale available in the Q3 2022 Performance Summary/Improvement Strategies for further information.

- Results of the employee engagement surveys reflect that while we did not raise the culture score by 10% over last year as hoped, we did move the needle in a positive direction. Many College-wide staff engagement strategies and work rebalancing improvements have since been introduced to improve the employee experience, and a commitment to culture is imbedded in the 2023 expense budget.
- Planned project milestones were further considered by the leadership team in Q3 with a decision to recalibrate scope, or propose additional resources, in the next fiscal year. For example, the scope, budget and timeline for the equity diversity and inclusion (EDI) project will be updated for 2023.
- The Conduct division should be commended for their efforts in achieving a record number of high and moderate risk complaints disposed of within 150 days.

ATTACHMENTS:

6.1 - Q3 2022 College Performance Scorecard

6.2 - Q3 2022 Performance Summary/Improvement Strategies

6.3 – 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)			Oct-22		09/30/22
2		✓	✓	n/a	Review and amend the Board's skills inventory to improve objectivity (M)	Mar-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		62%		≥ 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)	83% (52/63)		≥ 82%
8	✓		✓	n/a	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/8)	13% (1/8)	25% (2/8)		≥ 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)	32% (51/157)		≥ 30%
11		✓	✓	43%	High and Moderate risk Registrar's Inquiries disposed of within 365 days	50% (12/24)	57% (28/49)	64% (41/64)		≥ 46%
12		✓		87%	HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	93% (14/15)	96% (23/24)	95% (36/38)		≥ 88%
13		✓		n/a	Judicial review applications dismissed by the courts	n/a	n/a	n/a		Collecting Baseline
14	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform	23%	33%	40%		≥ 80%
Domain 7: Measurement, Reporting & Improvement										
15		✓	✓	n/a	Risk appetite determination for two core regulatory activities (M)			Sep-22		06/30/22
16		✓	✓	n/a	Proportion of Board meeting time dedicated to oversight of College performance	39%	44%	55%		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	Q3 2022 Performance Summary / Improvement Strategies
#1 <i>Impart the governance philosophy into a standardized committee orientation (M)</i>	This milestone was completed October 2022.
#2 <i>Review and amend the Board's skills inventory to improve objectivity (M)</i>	This milestone was completed March 2022.
#3 % Variance of operating annual budget to year end actuals	Results will be available for Q4 reporting.
#4 % Employee engagement (culture subset)	The result of 62% is less than the target (64%), but the difference of 2% is not statistically significant. When compared to 2021 results of 58%, we did improve by 4%. We are working towards identifying improvement initiatives for 2023 implementation using the results from this engagement survey.
#5 <i>Publicly report on pharmacy provider experience data (M)</i>	This project is progressing as planned.
#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 <i>Development of Equity, Diversity & Inclusion, and Indigenous Cultural Competency Strategic Plan (M)</i>	Completion of an EDI strategic plan was amended to be completed by March 31 st , 2023, however, it may be further delayed due to revisioning of the approach to develop the Strategy and realigning the resources needed to support it.
#10 High and Moderate risk Complaints disposed of within 150 days	Meeting target.
#11 High and Moderate risk Registrar's Inquiries disposed of within 365 days	Meeting target.

Scorecard Measure	Q3 2022 Performance Summary / Improvement Strategies
#12 HPARB complaint Decisions confirmed (Decisions confirmed/Decisions submitted)	Meeting target.
#13 Judicial review applications dismissed by the courts	New indicator, collecting baseline. (There was one application resolved in Q3 but not dismissed.)
#14 Community pharmacies entering events on AIMS platform	Trending to be below target at year-end. Ongoing workload and workforce challenges in community pharmacy impact reporting of incidents. Proposed revisions to the platform will decrease reporting time of incidents but are not expected this year. Overall engagement, including completion of the Pharmacy Safety Self-Assessment has improved significantly, moving from 39% completion in 2021 to 86% by the end of Q3, 2022.
#15 <i>Risk appetite determination for two core regulatory activities (M)</i>	The milestone was completed in September 2022 with the Board approving the risk appetite statements. Proof of concept for the risk appetite statements were tested on two College activities to confirm their appropriateness.
#16 Proportion of Board meeting time dedicated to oversight of college performance	New indicator, collecting baseline.

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

2022 Indicator and Milestone Definitions

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

2022 Indicator and Milestone Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#8 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Indicator measures the completion rate of the review of (eight) selected practice documents by year end.	Target based on the current practice environment as it relates to the policy review process and supporting resources	% Completion is: <div> <div>≥ 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: <div> <div>■ ≥ 80%</div> <div>■ 60% - 79%</div> <div>■ ≤ 59%</div> </div>
#15 <i>Risk appetite determination for two core regulatory activities (m)</i>	The milestone measures the Board's determination of risk appetite statement on two core regulatory activities linked to the 2022 risk register.	Milestone set based on approved project schedule.	Milestone is: <div> <div>■ On track</div> <div>■ Potential Risk</div> <div>■ Risk/Roadblock</div> </div>
#16 Proportion of Board meeting time dedicated to oversight of college performance	Indicator measures the % of Board meeting time dedicated to oversight of college performance.	New indicator. Collecting baseline.	

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

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

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

TOPIC: 2023 College Performance Scorecard Measures

ISSUE: To determine the indicators the Board will monitor throughout 2023 as part of their oversight responsibilities for College performance monitoring

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

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

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Maintaining and reporting on regulatory performance supports the Board in its oversight role, strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

BACKGROUND:

- Every three to five years, the Board and Management develop a Strategic Plan for the College. Building on the College Objects defined in legislation, this plan sets out the mission, vision, values, and priorities used to guide the College's operations and policy direction for a prescribed period of time.
- Annually, operational areas of focus are determined by the College and presented to the Board to advance the goals within its Strategic Plan. The budget for this next fiscal year is constructed with these areas of focus in mind.
- Performance measures and project milestones are examined and updated against the upcoming year's focus areas and their progress monitored on a performance scorecard.
- A subset of the performance measures is selected as key performance indicators (KPIs) and key milestones for reporting on the College-wide performance scorecard. The Board uses this scorecard to assess the College's delivery on key focus of areas throughout the year.
- The format of College Performance Scorecard is aligned with, though not limited to, the Ministry's seven CPMF domains: governance, resources, system partner, information management, regulatory policies, suitability to practice, and measurement, reporting and improvement.

- The College-wide performance scorecard is regularly monitored across the organization throughout the year at various levels of our operations.

Definitions

- **Key performance indicators (KPIs)** are numeric values measuring key OCP regulatory functions in the various CPMF domains. Each KPI will have a numerical target set, with performance trending towards the target assessed throughout the year, either quarterly or at year-end.
- **Key milestones (M)** relate to College-wide projects, and new programs or initiatives which require a sizable resource commitment or a legislated requirement by the Ministry. A target milestone is marked in the project schedule and adherence to the timelines is measured quarterly.

ANALYSIS:

- The KPIs and milestones proposed for the 2023 College Performance Scorecard aim to support the Board's oversight responsibilities set out in legislation and policies.
- This scorecard transparently showcases a balanced set of measures for key regulatory functions and delivery of focused strategic projects and initiatives for the coming year.
- All measures proposed for 2023 are aligned to key strategic focus areas of the College with the greatest anticipated work effort, budgetary spendings, potential challenges and the greatest overall improvement impact.
- Proposed target and measurement definition for each measure will be brought forward to the Board at the March 2023 meeting.
- This performance scorecard is one way the College demonstrates its commitment to regularly evaluate its performance.
- Ongoing budgetary monitoring, an annual financial audit, frequent risk register oversight, reports to the Fairness Commissioner, and CPMF reporting are other means by which the College evaluates performance.

ATTACHMENTS:

7.1 - 2023 College Performance Scorecard Measures

7.2 - Registrar's Briefing Note on 2023 Operational Priorities

RECOMMENDATION:

The recommendation is that the Board consider the 2023 Scorecard indicators as presented to assess if the information provided supports the Board's oversight responsibilities or identify required changes.

If the Board can support the indicators as presented the motion is: **That the Board approves the 2023 Scorecard.**

If changes are identified the 2023 scorecard will be amended and brought back to the March 2023 meeting for approval.

2023 College Performance Scorecard

No.	Strategic Alignment			2022 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2023 YTD (year-to-date)				2023 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
Domain 1: Governance										
1			✓	n/a	Percentage of Board Directors voluntarily contributing at each Board Meeting					TBD Mar 2023
2			✓	n/a	Percentage of Board Directors completing evaluation surveys					TBD Mar 2023
Domain 2: Resources										
3			✓	TBD	Variance of year-end actuals to annual operating budget	Annual Report January 2024				TBD Mar 2023
4			✓	TBD	Employee engagement survey (Inclusion driver subset)	Scheduled for June 2023				TBD Jun 2023
5			✓	TBD	Employee engagement survey (Culture driver question TBD)	Scheduled for June 2023				TBD Jun 2023
6			✓	n/a	Acquisition and implementation of new Customer Relationship Management (CRM) system on time (M)					TBD Mar 2023
Domain 3: System Partner										
7	✓	✓		n/a	Community practice engagement meetings involving 3 or more system partners					TBD Mar 2023
Domain 4: Information Management										
8			✓	n/a	SharePoint Online implementation - on budget and on time (M)					TBD Mar 2023
Domain 5: Regulatory Policies										
9	✓		✓	82%	Rate of success of community pharmacists following quality assurance (QA) reassessment					TBD Mar 2023
10	✓		✓	n/a	Percentage of practice policies reviewed within 5-year renewal cycle					TBD Mar 2023
11	✓	✓	✓	n/a	Development of Equity, Diversity & Inclusion Strategy (EDI) and implementation of action plan in keeping with targets (M)					TBD Mar 2023
Domain 6: Suitability To Practice										
12		✓	✓	27%	High and moderate risk complaints disposed of within 150 days					TBD Mar 2023
13		✓	✓	43%	High and moderate risk registrar's inquiries disposed of within 365 days					TBD Mar 2023
14		✓		87%	HPARB complaint decisions confirmed (Decisions confirmed/Decisions submitted)					TBD Mar 2023
15	✓			TBD	Percentage of high and moderate risk operational assessments completed					TBD Mar 2023
16	✓	✓	✓	51%	Community pharmacies entering events on AIMS platform					TBD Mar 2023
Domain 7: Measurement, Reporting & Improvement										
17			✓	n/a	Board of Directors survey (appropriate information received to exercise their oversight role)					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

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: DECEMBER 2022

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Rick Chen, Manager, Business Processes

TOPIC: 2022 Year End Risk Reporting

ISSUE: Exercise the Board's oversight role in the College's Risk Management Program

PUBLIC INTEREST RATIONALE: The risk culture of a regulatory body is embedded in its mandate, with a duty to serve and protect the public interest. Expectations are established through legislation, ensuring that mitigating risk to the public and the practice of pharmacy is central to the College's culture (Board Policy 4.4 - Board's Oversight Role in Risk Management).

To enable the College to fulfill its obligations, the College must recognize, manage, and mitigate risks which generally fall into seven risk categories: public protection, integrity, regulatory compliance, optimized people and culture, financial health and stability, respectful relationship with registrants, and collaborative stakeholder relationships.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

Ensuring risks are identified and mitigated effectively strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence. Consistent reporting assists the Board in its oversight role.

BACKGROUND:

- Since establishing the Risk Management Plan in 2015, the College's risk management philosophy has embraced risk in a collaborative, strategic manner, working across the organization to address and mitigate identified risks.
- In 2020, the College took a proactive approach to risk management by establishing a prospective Risk Register and began implementing a risk management program.
- Each risk reported on the College Risk Register has numerous mitigation strategies executed by staff throughout the year, led by a risk owner.
- A Risk Steering Group was established to monitor new threats to the College and assess the likelihood and potential impact of the current risks (establishing a risk rating) at least biannually throughout the year.
- The College Risk Register is reported to the Board in June and December.
- In September 2022, the Board approved risk appetite statements.

ANALYSIS:

- Upon assessment of current College operations, risk mitigation efforts and market trends, the risk ratings for 3 of the 5 risks on the register have changed since the mid-year update. Risk rating is a product of the likelihood of the risk materializing and the potential impact the occurrence would have on the organization.
 - The likelihood of occurrence was reduced on 2 risks. The risk rating reduced from high to medium risk for Business Continuity and from medium to low risk for Governance Effectiveness.
 - The likelihood of occurrence increased for IT Infrastructure Disruption/Failure shifting the risk rating from medium to high risk. Details are available in the 2022 College Risk Dashboard attached.
- The 5 risks on the current risk register are consistent with the College's risk appetite statements with a thorough analysis of each risk is available in the 2022 College Risk Dashboard and Risk Appetite Examination.
- A College-wide review of the current risks on the register is planned for early 2023 with staff to identify mitigation strategies and any prospective new risks for 2023.

ATTACHMENTS:

8.1 - 2022 College Risk Dashboard and Risk Appetite Examination

8.2 - 2022 College Risk Appetite Statements


8.3 - OCP Risk Assessment Scale

2022 COLLEGE RISK DASHBOARD

YEAR-END STATUS				
2022 Organizational Risks	Start of Year Risk Rating ¹	End of Year Risk Rating	Mitigation Strategies	<div> <div>Implemented</div> <div>Underway</div> <div>Yet to start</div> <div>Deferred</div> </div>
R1. Business Continuity (People and Process)	HIGH (12)	MEDIUM (9)	5 ^a	5
R2. Cyberattacks on OCP information, data and financial assets	MEDIUM (8)	MEDIUM (8)	5 ^b	14
R3. Governance Effectiveness	MEDIUM (6)	LOW (3)	5 ^c	311
R4. Resourcing of core regulatory functions and mandate	MEDIUM (6)	MEDIUM (6)	3 ^d	21
R5. IT Infrastructure Disruption/Failure	MEDIUM (6)	High (12)	3 ^e	3

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

RISK TREATMENT SUMMARY	
<p>^a Numerous staff engagement and improvement strategies have been implemented and will continue into 2023. The leadership table is committed to improving OCP’s culture, promoting internal mobility, minimizing staff overload and continuing efforts to standardize processes and standard operating procedures as expressed in the 2023 budget assumptions (presented at the September 2022 Board meeting).</p>	
<p>^b 4 of the 5 mitigation strategies are still underway; OCP’s cybersecurity insurance has been determined as adequate for the next fiscal year.</p>	
<p>^c Improved Board Director interaction and engagement through mitigation strategies implemented to date; planning for final strategy to begin in Q4 2022.</p>	
<p>^d Additional human resources are planned for 2023 to mitigate staffing burnout in the performance of current core regulatory work and priorities. The application of a risk-based practice and operational assessment protocol will continue into 2023 which will ensure an effective and efficient use of staff resources for maximum benefit. The initial mitigation strategy of having workload reports/dashboards to support resource allocation was deferred due to staffing turnover.</p>	
<p>^e Current CRM solution and support will not meet emerging and future needs. Resource constraints during the CRM selection process and limited solutions specific to the regulatory sector has led to a delay in CRM vendor selection. Other mitigation strategies are still underway.</p>	



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Does the risk ratings align with the risk appetite?

2022 Organizational Risks	Start of Year Risk Rating ¹	End of Year Risk Rating
R1. Business Continuity (People and Process)	HIGH (12)	MEDIUM (9)
R2. Cyberattacks on OCP information, data and financial assets	MEDIUM (8)	MEDIUM (8)
R3. Governance Effectiveness	MEDIUM (6)	LOW (3)
R4. Resourcing of core regulatory functions and mandate	MEDIUM (6)	MEDIUM (6)
R5. IT Infrastructure Disruption/Failure	MEDIUM (6)	High (12)

Risk Appetite

Outcome Domains	Risk Appetite Statements
1. Public Protection	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.
2. Integrity	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.
3. Regulatory Compliance	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.
4. Optimized People & Culture	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.

Risk Appetite

Outcome Domains	Risk Appetite Statements
5. Financial Health and Stability	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.
6. Respectful Relationship with Registrants	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.
7. Collaborative Stakeholder Relationship	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.

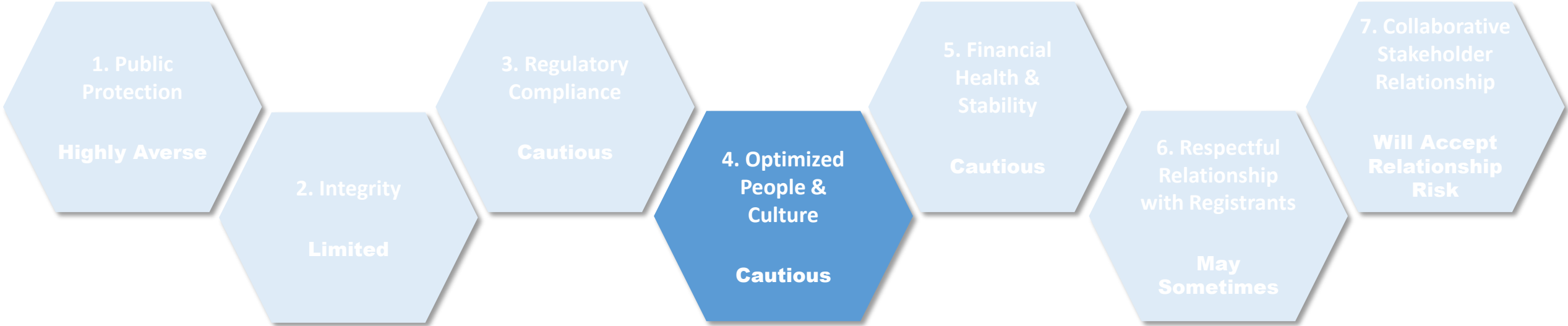
Alignment of Risk Appetite Statements to Previously Approved Risk Ratings



R1. Business Continuity (People and Process)

HIGH (12)

MEDIUM (9)

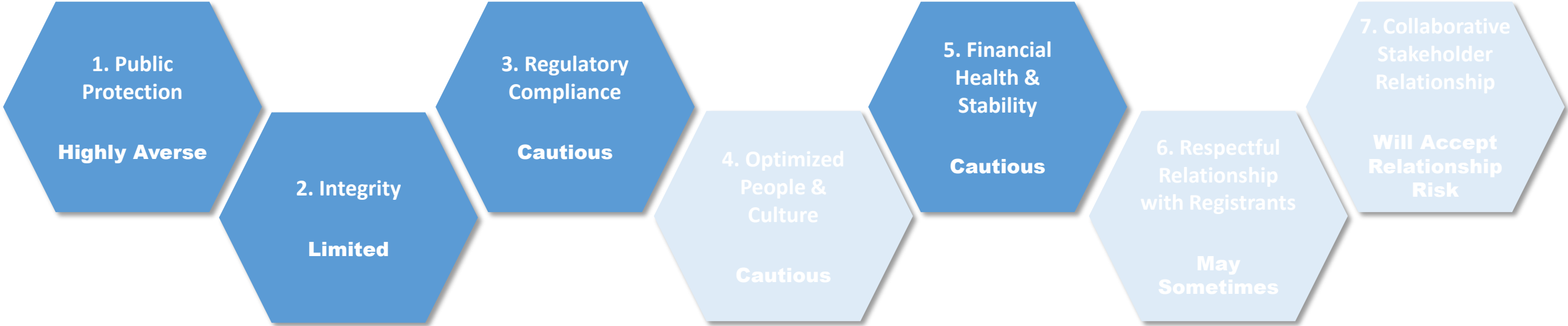


The reduction of the risk rating reflects both improvements to the workplace (reducing the likelihood) and new information, suggesting that OCP’s turnover rates are at the low to average end for similar employers (reducing the perception of the urgency for action). This appears to be in keeping with the risk appetite.

R2. Cyberattacks on OCP information, data and financial assets

MEDIUM (8)

MEDIUM (8)

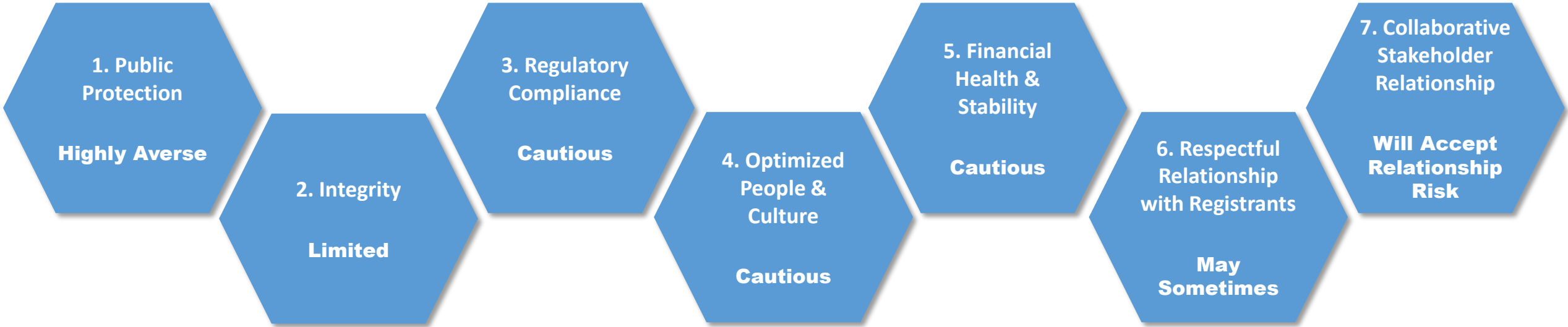


This risk reflects a composite of several risk domains. The medium rating appears to reflect the range from risk averse to limited tolerance as reflected in the relevant appetite statements.

R3. Governance Effectiveness

MEDIUM (6)

LOW (3)

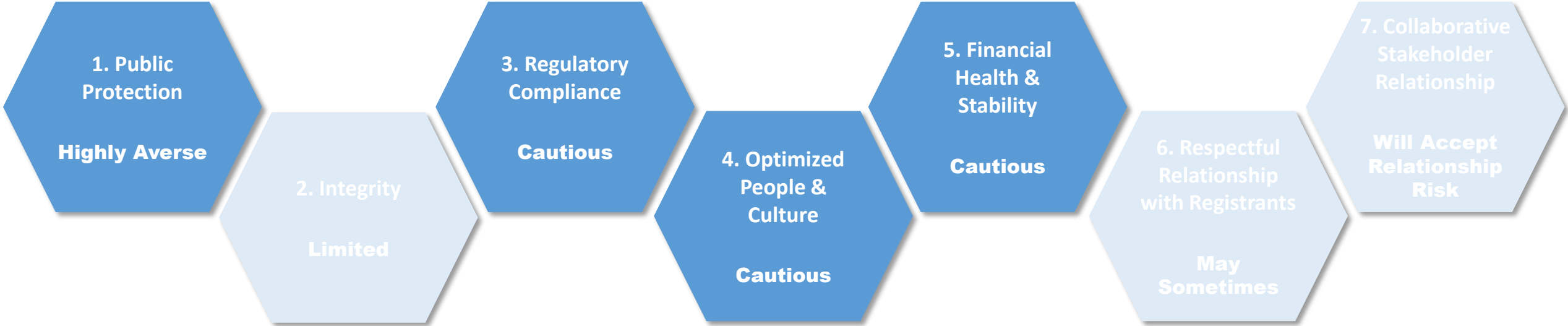


The rating for this risk was medium at the beginning of the year, reflecting the high impact that failure would have, but recognizing that the mechanisms were already in place to ensure the likelihood was low (as evidenced by strong performance in the College Performance Measurement Framework). Ongoing governance improvements over the course of the year have further reduced the likelihood of harm in this domain.

R4. Resourcing of core regulatory functions and mandate

MEDIUM (6)

MEDIUM (6)



In this case, where the focus is on the current adequacy of resources, the application of the appetite statements paints a complex picture, but the rating reflects the Board’s composite appetite – ranging from highly averse to any threat to OCP’s ability to protect the public (which would arise with inadequate resources) to an understanding of the low likelihood of this, taking into account the willingness to exceed budgetary restraints if necessary to mitigate risks to patient safety or quality of care.

R5. IT Infrastructure Disruption/Failure

MEDIUM (6)

High (12)

1. Public Protection

Highly Averse

2. Integrity

Limited

3. Regulatory Compliance

Cautious

4. Optimized People & Culture

Cautious

5. Financial Health & Stability

Cautious

6. Respectful Relationship with Registrants

May Sometimes

7. Collaborative Stakeholder Relationship

Will Accept Relationship Risk

This risk rating shifted from the start of 2022 with growing concerns over the long-term suitability and stability of the current CRM and a prolonged procurement of an alternative. The increased risk rating at year-end reflects the Board’s lack of tolerance for risk associated with our ability to meet our mandate.

College-wide Risk Appetite Statements

Outcome Domains	Risk Appetite Statements
1. Public Protection	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.
2. Integrity	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.
3. Regulatory Compliance	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.
4. Optimized People & Culture	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.
5. Financial Health and Stability	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.
6. Respectful Relationship with Registrants	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.
7. Collaborative Stakeholder Relationship	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.

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

1. Likelihood Scale (1-5)

Last Revised: November 30, 2022

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

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

2. Potential Impact Scale (1-5)

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

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

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

RISK RATING:

Risk levels have been assigned by rating the likelihood of the risk occurring and the potential impact the risk would have on operations if it occurred.

The risk score is the product of rating both factors using the OCP Assessment Scale.

Adapted from HIROC Sample Risk Assessment Scale and Rochester Institute of Technology Risk Measurement Scale: Impact

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION X

FOR INFORMATION

INITIATED BY: Susan James, Director Quality

TOPIC: Pharmacy Safety Initiative

ISSUE: Recommendation to implement a time-delayed safe mandate for community pharmacies across Ontario

PUBLIC INTEREST RATIONALE:

Over the course of this year there has been an alarming and dramatic rise in the number of pharmacy robberies across the province. The Pharmacy Safety Initiative is aimed at safeguarding patients and pharmacy professionals who access and work in community pharmacies. The universal use of time-delayed safes is a tactic that has demonstrated effectiveness in reducing these crimes and associated harms in other provinces that have implemented similar mandates.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS:

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

BACKGROUND:

- Pharmacy robberies victimize and negatively impact the health and wellness of patients and pharmacy teams and may make it difficult for pharmacies to retain staff, which can have a negative effect on patient access. There is also the risk that pharmacy robberies are contributing prescription medications to the illicit opioid drug supply.
- Pharmacy robberies have continued to escalate over the course of this year, and often occur with a weapon or threat of a weapon, with violence directed towards pharmacy professionals. For example, the Toronto Police Services reports a 106% yearly increase (Attachment 9.1), and the Peel Regional Police Services reports a 430% yearly increase over 2021. While these geographical areas represent close to 60% of pharmacies in Ontario, policing units across the province have shared similar trends with College staff.
- In the fall of 2022, College staff participated in the second Provincial Retail Crime Prevention Initiative meeting facilitated by the Ontario Association of Chiefs of Police (OACP) and engaged in discussions with various corporate and independent pharmacy stakeholders both at a head office and front-line staff level. In addition, College staff collaborated with the Ontario Pharmacists Association (OPA) and engaged with numerous provincial policing services. All these stakeholders are supportive of a province-wide strategy that proactively deters crimes and addresses the rise in pharmacy robberies. Strategies such as a time-delayed safe mandate have been identified as an option that has been successfully implemented in two other provinces.

- Other regulators that have implemented time-delayed safes include:

Regulator	Implementation Details
College of Pharmacists of British Columbia (CPBC)	<ul style="list-style-type: none"> • bylaw change in February 2015 with implementation in September 2015
Alberta College of Pharmacy (ACP)	<ul style="list-style-type: none"> • revision to the Standards for the Operation of Licensed Pharmacies, announced in September 2021, passed in January 2022, and implemented in July 2022
Saskatchewan College of Pharmacy Professionals (SCPP)	<ul style="list-style-type: none"> • creation of a new policy approved in March 2022 and for implementation by November 30, 2023, for existing pharmacies

- In November 2022, College staff surveyed pharmacy professionals and invited pharmacy and system stakeholders to provide feedback on time-delayed safes.

ANALYSIS:

- Jurisdictional insights (Attachment 9.2) demonstrate that a province-wide approach is preferred and highly effective at reducing pharmacy robberies. Of equal significance is a multipronged approach that includes universal use of time-delayed safes coupled with visible signage displayed in pharmacies and supported by a broad communication campaign.
- Feedback obtained from registrants via the survey (Attachment 9.3), representing approximately 11% of community-based practitioners, provides a mixed and inconclusive response given a significant portion of registrants report uncertainty about the role of time-delayed safes and their impact.
- Given 46% of respondents did not support mandating time-delayed safes and reported concerns about impacts on workflow and patient wait times, perceptions related to increased violence and the cost associated with time-delayed safes, the survey clearly demonstrated the opportunity to educate stakeholders about jurisdictional insights from other regulators on the positive outcomes associated with universal implementation of time-delayed safes.
- Experience and feedback from other regulators have indicated there is not a negative impact on workflow or patient wait times as a result of implementing time-delayed safes and they have seen a decline in pharmacy robberies. However, the procurement and cost of time delayed safes has been impacted by recent supply chain issues and inflation. These considerations should be balanced against human wellbeing and curbing the opioid crisis (Attachment 9.4).
- Letters of support have been received from pharmacy operators and are reinforced with the recent release of formalized implementation plans ([Shoppers Drug Mart installing time-delayed narcotic safes in all Ontario pharmacies](#)). System stakeholders, including the Ontario Association of Chiefs of Police (OACP) have also indicated their support of a province-wide time-delayed safe mandate with associated signage to be displayed in all community pharmacies¹.

¹ The College has been informed the OACP will be sending a letter of support which will be attached once available.

RECOMMENDATION:

That the Board vote on the following motion: **That the Board direct development of a supplemental standard of pharmacy operations by the March 2023 Board meeting, mandating implementation of time-delayed safes in all community pharmacies in Ontario, including the prominent display of College-approved signage visible to the public and in the dispensary.**

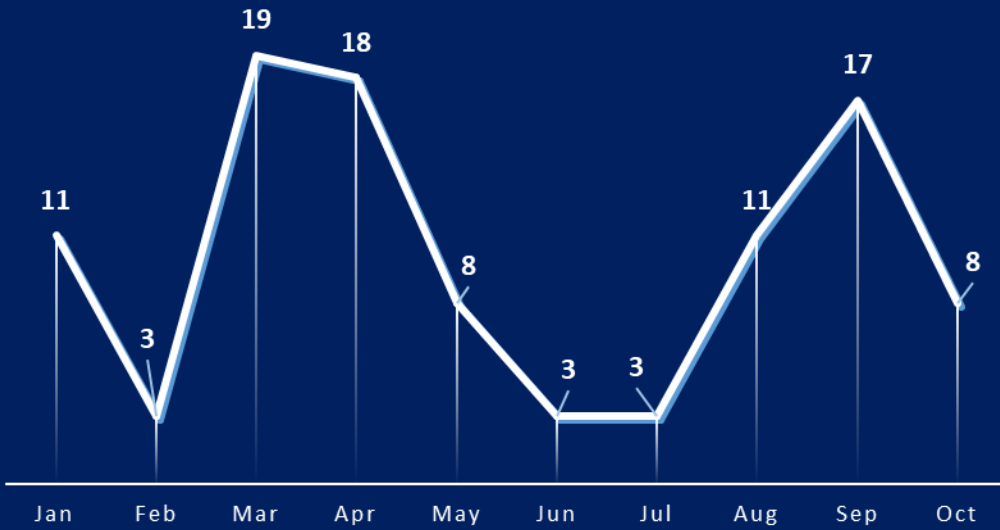
NEXT STEPS:

- College staff will action the Board recommendation(s) working in collaboration with pharmacy and system stakeholders on an implementation plan.
- Using the survey responses as a guide, College staff will develop a comprehensive communication campaign to increase awareness of jurisdictional insights and provide ongoing education to the public and pharmacy teams on pharmacy safety strategies.

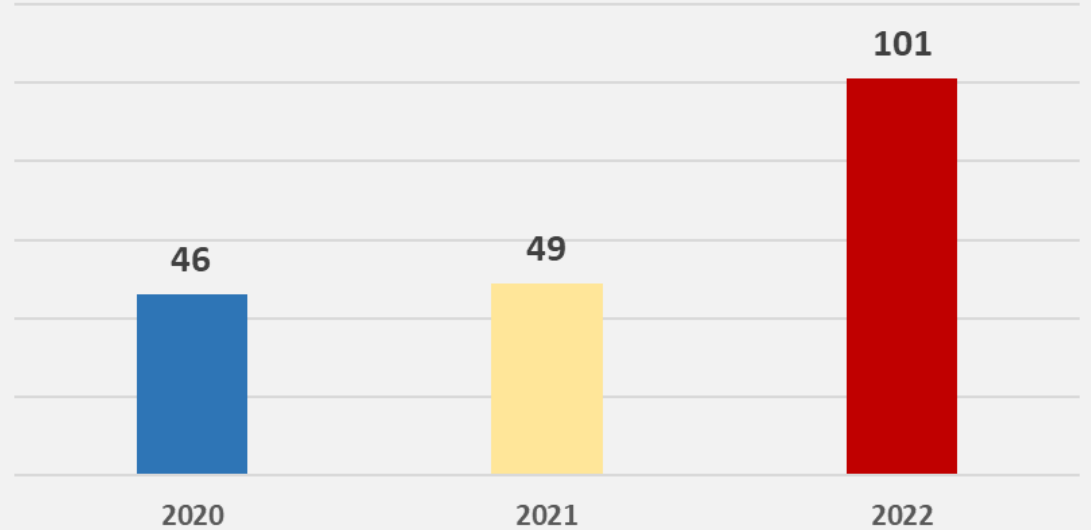
ATTACHMENTS:

- 9.1 – Toronto Police Service (TPS) Pharmacy Robbery
- 9.2 - Jurisdictional Insights
- 9.3 - Time-Delayed Safes in Community Pharmacy – Pulse Survey Results
- 9.4 – Procurement and Estimated Cost of Time Delayed Safes
- 9.5 - Letter from the OACP Community Safety & Crime Prevention Committee

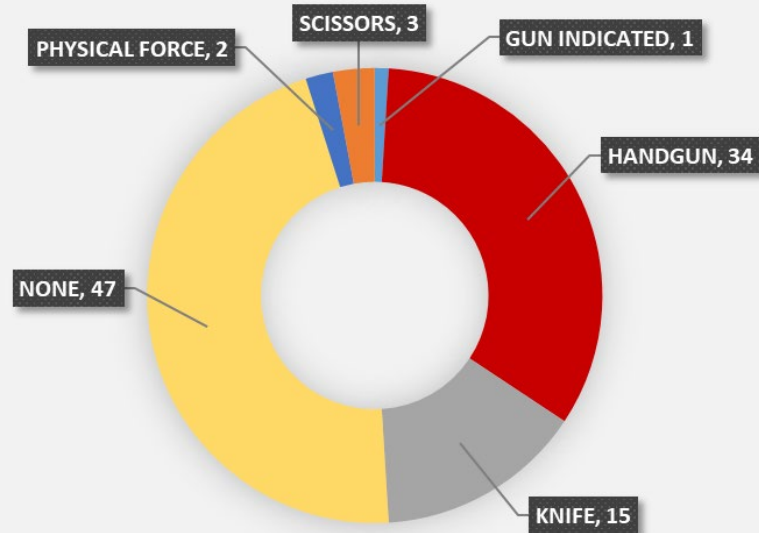
2022 PHARMACY ROBBERIES



TOTAL PHARMACY ROBBERIES



WEAPON USED



Pharmacy Safety Initiative – Jurisdictional Insights

College of Pharmacists of British Columbia (CPBC):

- Bylaw changes included mandating time delayed safes, security camera systems, motion alarms, monitored alarms, physical barriers and signage (downloadable) at entrances and at the dispensary. Broad communication began immediately after approval of implementation.
- CPBC created a new branded program called DrugSafeBC to address pharmacy robberies, protect public outcomes and support a communication campaign. The DrugSafeBC campaign featured print, radio and television ads to ensure broad dissemination of the new security requirement.
- An evaluation of bylaw and policy changes on pharmacy robberies in British Columbia demonstrated that there is statistically strong evidence that time-delayed safes, other security measures and associated signage significantly decrease pharmacy robberies by up to 94% and enhance the safety of the public, pharmacy teams and drug security. Additionally, while there is a perceived risk of increasing violence towards pharmacy staff, there is no evidence in the literature that supports this claim.

Alberta College of Pharmacy (ACP):

- The announcement to mandate timed-delayed safes was made September 16, 2021, and all pharmacies in Alberta had to comply by July 1, 2022. Broad communication began immediately after approval of implementation. Early monitoring demonstrated an immediate impact in Calgary with a significant decrease in robberies after the announcement.
- The requirements in the Standards for the Operation of Licensed Pharmacies were amended to include a time delay lock set on a metal safe set at a minimum of five minutes unless the pharmacy declared that they do not stock controlled substances inventory, are an institution pharmacy or process a distinct accreditation for compounding and repackaging that is not accessible to the public
- Supply chain issues delayed some pharmacies' implementation by about two weeks prior to the July 2022 deadline.
- Robberies have started slowing down and from April 2022 the Edmonton Police Service have reported that there have been no pharmacy robberies. Data collected from the Calgary Police Service indicate that pharmacy robberies have decreased by over 80% since June 2022.
- The requirement to post ACP approved signage was included in the Standards for Operation and included two 8.5 x 11-inch posters and two 5 x 5-inch vinyl decal posters which are to be posted at all external entrances and in the dispensary (mailout).
- Since the implementation of time-delayed safes, ACP staff in consultation with pharmacy chains, report that any impact on workflow and patient wait times have been minimal and manageable. Issues with inadequate space have been mitigated with inventory management.

Saskatchewan College of Pharmacy Professionals (SCPP):

- A new policy was approved in March 2022 for all pharmacies that stock controlled substances and other drugs of misuse to have a time delayed safe on or before November 30, 2023. Broad communication began immediately after approval of implementation.
- The policy included a provision that signage must be displayed on external entrances and at pharmacy counters which indicated the pharmacy had a time delayed safe or no controlled substances on site (downloadable pdfs)

CVS Pharmacy:

- CVS implemented time-delayed safes in 2015 in locations across Indianapolis, a city that was experiencing a high volume of pharmacy robberies, with a 70% decline upon implementation.
- Based on their experience, the company has installed time-delayed safes across 32 states nationwide, resulting in a 50% decline in robberies at CVS pharmacies in these communities.

Walgreens:

- In 2009, with the implementation of a time delayed safe program in their 1,400 pharmacies, Walgreens noted a 76% decrease in the rate of pharmacy robberies at their locations.

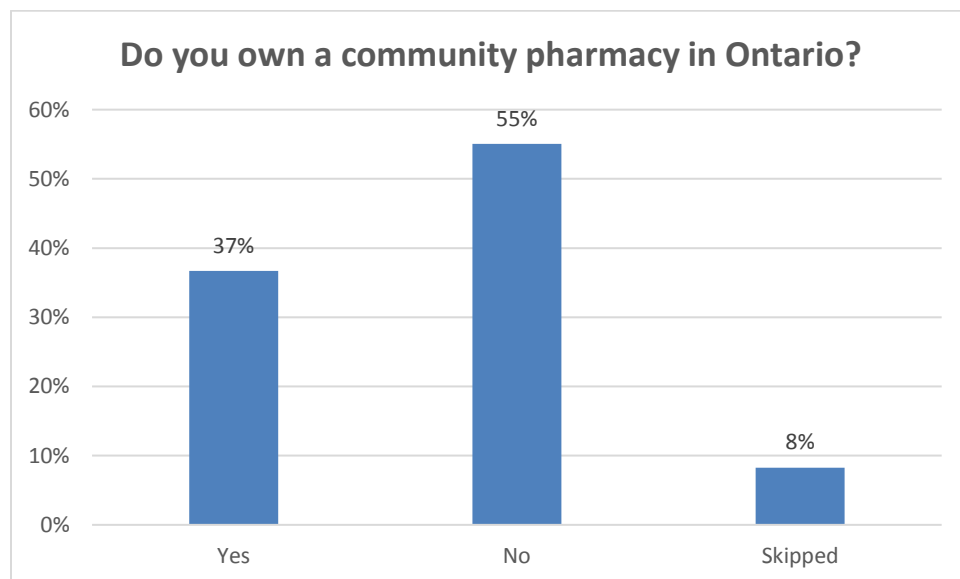
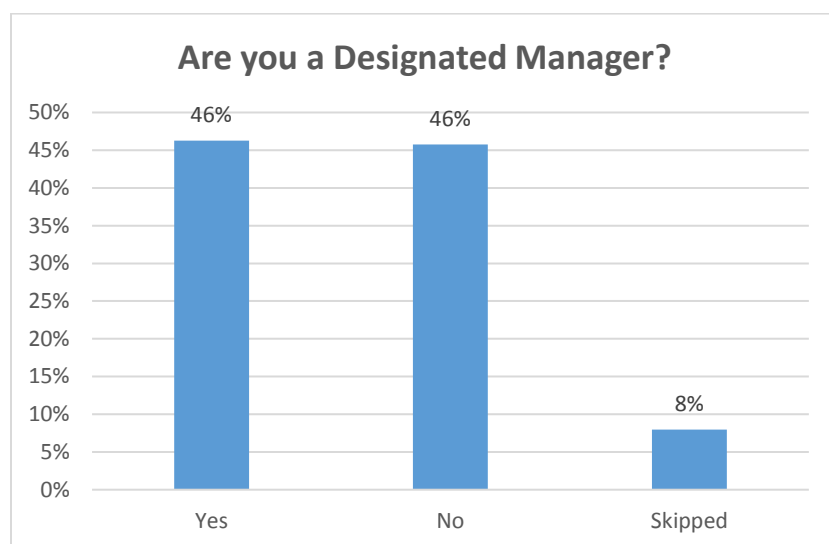
Pharmacy Safety Initiative - Time-Delayed Safes in Community Pharmacy – Pulse Survey Results

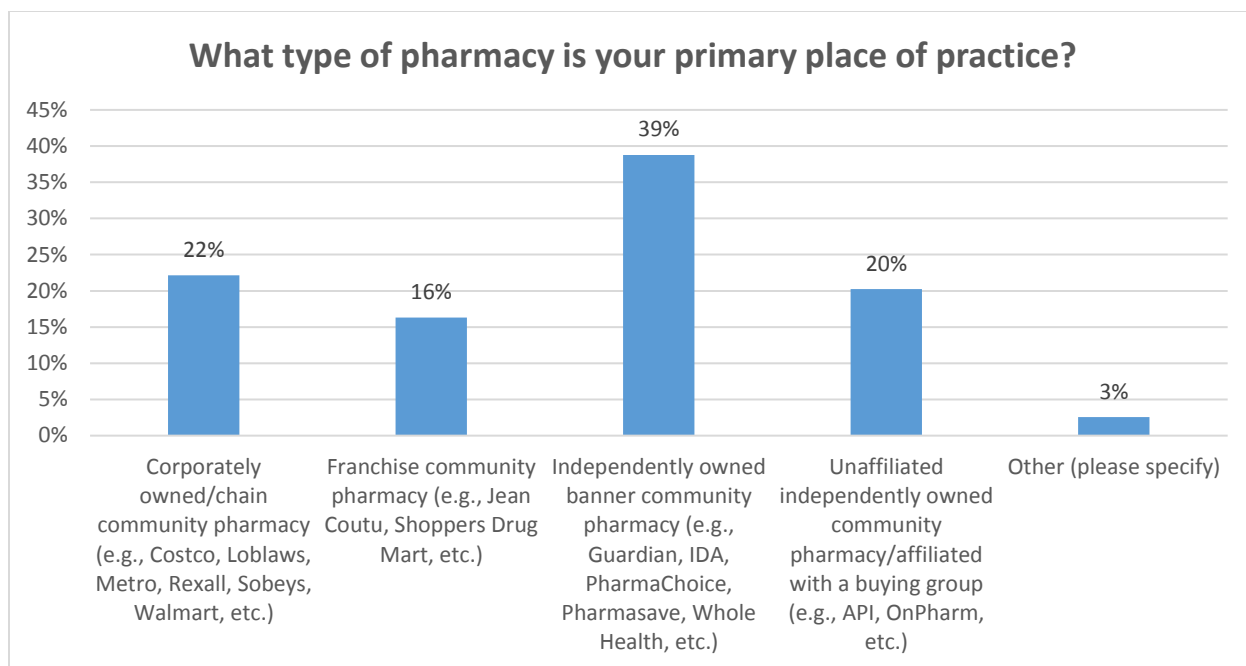
The pulse survey was available to registrants from November 2-13, 2022. The survey was sent directly to all registrants (approximately 24,806 individuals) with an estimated 14,398 community-based registrants who were eligible to complete the survey. A total of 1,624 completed responses were collected which represents approximately 11% of all community-based registrants.

Demographics

92% of respondents were Part A Pharmacists (including Emergency Assignment).

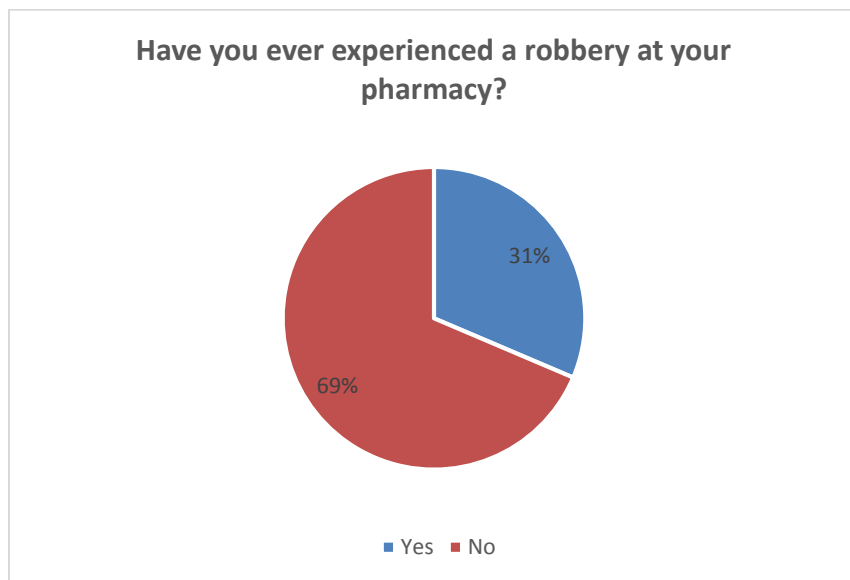
>99% of respondents currently practice in a community pharmacy in Ontario





Survey Questions

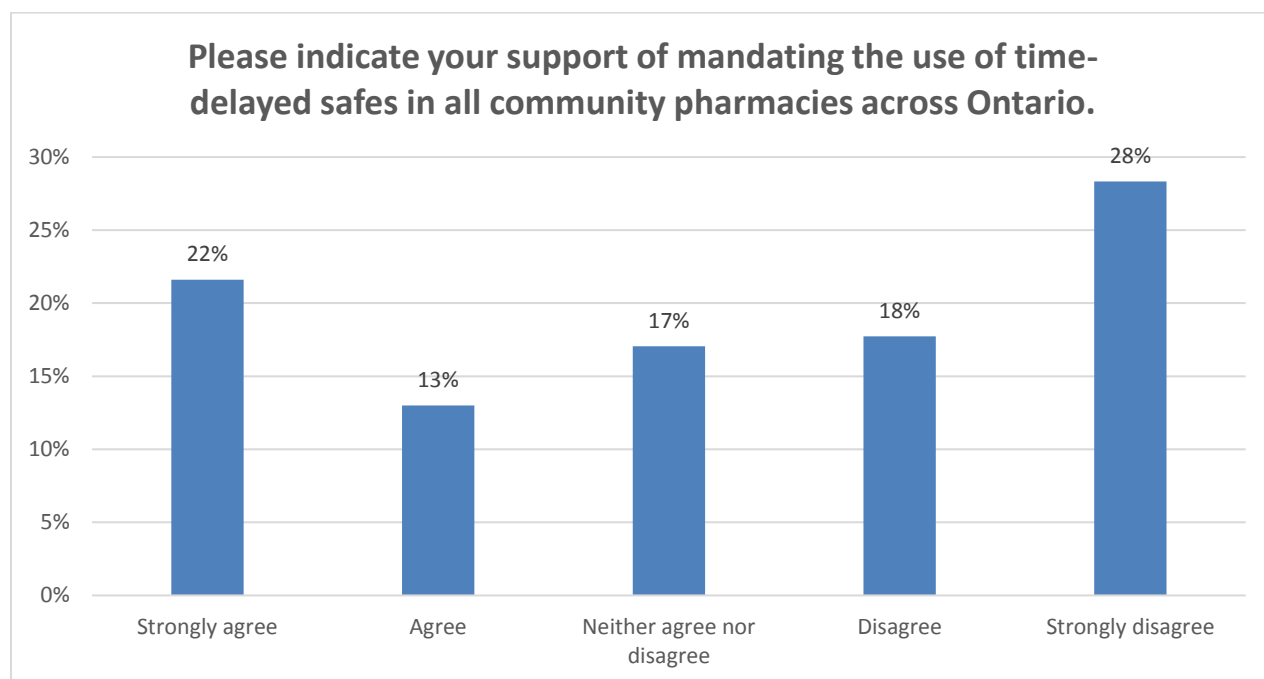
Have you ever experienced a robbery at your pharmacy? (A robbery means the perpetrator(s) uses - or threatens the victim(s) with the use of - violence and/or a weapon.)



What method is currently used at your primary place of practice to secure narcotics and controlled drugs?

Majority of respondents are currently utilizing safes in their pharmacies with a small percentage of which are currently time-delayed (3%).

Please indicate your support of mandating the use of time-delayed safes in all community pharmacies across Ontario.



Do you have any concerns surrounding the ability to implement time-delay safes in pharmacies? Select all that apply.

Top Concerns

I am concerned about the impact a time-delay will have on my pharmacy's workflow (52%)

I am concerned about the impact a time-delay will have on wait times for patients (46%)

I am concerned that the use of these safes will escalate the risk of violence during a robbery (35%)

I am concerned about the cost associated with retrofitting an existing safe or installing a new safe (34%)

Pharmacy Safety Initiative – Procurement and Estimated Cost of Time Delayed Safes

In acknowledgment of the number and expansive locations of community pharmacies in Ontario, coupled with an awareness of supply chain issues and rising costs, College staff with support of pharmacy stakeholders, scanned the environment for procurement information. This is not a complete list, is for information purposes only, and subject to change.

Examples of locations where companies exist that can retrofit existing safes into time-delay safes:

- GTA and surrounding areas
- Newmarket and surrounding areas
- Kitchener-Waterloo and surrounding areas
- London and surrounding areas
- Windsor and surrounding areas
- Hamilton and surrounding areas
- Niagara and surrounding areas
- Ottawa and surrounding areas
- Huntsville, Bracebridge, Gravenhurst, Parry Sound and surrounding areas
- Sudbury and surrounding areas
- Timmins and surrounding areas
- Thunder Bay and surrounding areas

It is important to note that the ability to retrofit an existing safe is dependent on the type or model of the safe and may not be feasible in all situations.

Examples of Time Delayed Safe Procurement Costs:

Company	Price of Time Delayed Safe	Price of Comparable Sized Safe without Time Delay function
A	\$2,500	\$2,500
B	\$1,700	\$750
C	Varies based on size upwards to \$5000	Varies based on size, upwards to \$5,000

The College is aware of shifts in the environment related to pricing and as such this list is included as a reference point only and is not exhaustive. Additionally, pharmacy stakeholders have indicated that supply chain issues are impacting the delivery of time delayed safes. At this time, it is estimated that it would take upwards of a year to satisfy provincial requirements if such a mandate was approved.

Attention: Ms. Jane McKaig – Manager, Community Practice
ONTARIO COLLEGE OF PHARMACISTS

Ms. McKaig:

Further to our ongoing conversations around the important issue of the widespread implementation of Time Delay Safes at all Ontario pharmacies, we would like to provide you with the position of the Ontario Association of Chiefs of Police (OACP) Community Safety & Crime Prevention Committee. As you know, members of our committee have regularly collaborated with staff at the Ontario College of Pharmacists (OCP), including yourself, over the past few years around the broader issue and goal of improving safety and security at all pharmacies throughout Ontario for staff and customers alike.

This has included discussion on many different measures and initiatives to collectively elevate safety and security for these unique neighbourhood assets the public rely on. One such measure is the use of Time Delay Safes. Our committee met on December 7th, 2022 to specifically discuss the importance, value, and crime prevention benefits that time delay safes could bring to our local pharmacies, particularly if adopted by all businesses throughout the province rather than in just select situations and locations. After a fulsome discussion among committee members, we would like to offer our collective position of support on this matter, according to three (3) key aspects, as follows:

- The committee feels, without question, the implementation of Time Delay Safes at all Ontario pharmacies represents a progressive measure that carries the strong likelihood of elevating public safety and security for all pharmacy employees and customers. Time Delay Safes offer a tangible mechanism for helping to prevent crimes (such as robbery for example) before they occur and thus cause harm and victimization to pharmacy employees and customers.
- The committee recognizes that implementation of this particular safety measure likely carries tangible costs however, the likes of which are presumably more palatable by larger companies with larger resource capacity. In recognition of this, the committee feels strongly that cost should not pose a barrier to companies with less resource capacity, as this measure carries equal safety value and importance, regardless of the size or location of the business. It is therefore hoped the OCP can provide some form of consideration to ensure cost of implementation will not prevent any business from successfully making the transition to having a Time Delay Safe within their facility to securely store valuable products.
- The Committee also feels very strongly the achievement of a successful outcome from this initiative (namely, reduced crime) is directly correlated with conducting a thorough and proper public awareness campaign, well enough in advance and sufficient in detail, such that all applicable stakeholders (employees, customers, and, perhaps most importantly,

potential criminals who target pharmacies) are made aware of when Time Delay Safes will go into effect.

In summary, the OACP Community Safety & Crime Prevention Committee recognizes and supports the implementation of Time Delay Safes at Ontario pharmacies as an innovative method of preventing crime and elevating public safety.

Respectfully,

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



Advanced Certified Law Enforcement Planner



MARK DAPAT #1919

Deputy Chief
Corporate Services Command
Peel Regional Police
905-453-2121 ext. 4100, mark.dapat@peelpolice.ca

Co-Chairs – OACP Community Safety & Crime Prevention Committee

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR INFORMATION

INITIATED BY:	Shenda Tanchak, Registrar and CEO
TOPIC:	Reflections on the future of the pharmacy profession and professional regulation in Ontario
ISSUE:	The Board will develop its next strategic plan at its March meeting. Four guest speakers will make presentations at the December Board meeting to initiate discussions that will set context for planning.

BACKGROUND:

To consider the College's priorities for the coming years, the Board will need to consider the likely changes and concerns of the professions it regulates and the environments in which they work.

While a thorough environmental scan will be provided to the Board later, at this meeting we will initiate the conversation with presentations about the anticipated future of the profession from Justin Bates, CEO of the Ontario Pharmacists Association and David Liu, President of the Canadian Society of Hospital Pharmacists Ontario Branch.

In addition to considering the likely future of the profession and the pharmacy environment, the Board will need to think about potential shifts in the philosophical and legislative approaches to how professions regulate themselves.

Without legislative change or external compulsion, one Ontario College has already made a significant change to the way it approaches the Discipline Committee. David Wright, Chair of the [Ontario Physicians and Surgeons Discipline Tribunal](#), will describe how this tribunal functions at arm's length from the College of Physicians and Surgeons of Ontario. Maureen Boon, Registrar and CEO of the College of Massage Therapists of Ontario, will explain her College's decision to pilot a partnership with the OPSDT to meet some of the CMTO's disciplinary needs.

The Board can expect to see more information about potential regulatory shifts and discussions about regulatory philosophy in the coming months and at the March Board meeting.

DECISION FOR THE BOARD:

The information provided and the opportunity to reflect on it are intended to set context for further discussions in the future. No decision will be sought at the December Board meeting.

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee (FAC)

TOPIC: Board Policy 4.12 – Investments

ISSUE: Approval of Board Policy 4.12 – Investments and supporting Investment Policy Statement and Procedure for Reserve Funds

PUBLIC INTEREST RATIONALE: In accordance with Standard 4 of the College Performance Framework (CPMF), the College must demonstrate that it is a responsible steward of its financial resources, including setting out a reserve policy which builds and maintains a level of reserves that covers operations should unforeseen circumstances arise. The investment policy considers how those reserve funds, as well as revenue collected but not yet required to fund operating expenses, should be prudently invested with recognition to market conditions including inflation and market risk.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Ensuring that operations are adequately funded supports the strategic and operating plan and all regulatory activity.

BACKGROUND:

- The College Investment policy was last updated in 2018.
- Mercer Investment Consulting was selected by the FAC in May 2022 to guide the Committee and Board in:
 - Reviewing and revising the College’s investment objectives and foundational beliefs.
 - Developing an investment strategy to meet the objectives.
 - Proposing revisions to the investment policy.
- The Board was informed on the [decision and intention](#) in June 2022.
- The Board participated in risk discussions at the June and September meetings to arrive at consensus on Risk Appetite Statements and ratings in defined outcome categories.
- Using the draft statement and rating for **Financial Health and Stability**, Mercer presented their recommendation for the (see 11.3) appropriate asset mix to optimize returns given the confirmed risk rating.
- Incorporating the recommended asset mix, Mercer developed the **Investment Policy Statement and Procedure for Reserve Funds** for FAC’s consideration.

ANALYSIS:

- Working with staff and the FAC to determine objectives and timelines, the **Investment Policy Statement and Procedure for Reserve Funds** prepared by Mercer incorporates

the recommended asset mix that aligns with the Board's risk appetite and delivers a favorable return in real terms relative to inflation.

- Revisions to the **Board Policy 4.12 – Investments** reflect the distinct expectations relating to investment of surplus funds required to fund operating expenses in a given year, for which liquidity is the primary goal, versus the investments of reserve funds which will be governed by the Investment Policy Statement and Procedures for Reserve Funds.

NEXT STEPS:

Upon Board approval of the revised **Board Policy 4.12 – Investments** and the supporting **Investment Policy Statement and Procedure for Reserve Funds** FAC will:

- Work with Mercer to identify and select an Investment Manager.
- Determine the values from the Reserve funds available for investment based on projections for expenditures in the coming three-to-five-year period.
- Regularly report investment information to the Board.

ATTACHMENTS:

- 11.1 - Draft Board Policy 4.12 – Investments
- 11.2 - Investment Policy Statement and Procedure for Reserve Funds
- 11.3 - Mercer Investment Consultants Asset Mix Study – Observation Slide

RECOMMENDATION:

That the Board vote on the following motion: **That the Board of Directors approve Board Policy 4.12 – Investments and the supporting Investment Policy Statement and Procedure for Reserve Funds.**

Policy 4.12

Investments

Purpose:

To ensure a shared understanding of the intentions and limitations respecting the investment of College funds. The goal underlying this policy is to ensure that the funds are invested in a prudent and diversified manner within the context of the [Trustee Act](#).

Application:

This policy applies to:

The College Staff – who will administer the investment of College funds.

The Finance and Audit Committee – who will direct investment advisors and monitor the investments as part of their oversight responsibilities as set out in the by-laws.

The Board of Directors – who shall approve the *Investment Policy Statement and Procedure for Reserve Funds* and receive a report at the end of each fiscal year on the status of the College's investments as set out in the audited financial statements.

Policy:

In accordance with the College by-laws, surplus funds, including those allocated to a Reserve Fund, may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered bank, trust company or other financial institution.

Procedure

1. The Board may establish Reserve Funds as required. At the end of each fiscal year, an allocation from any excess of revenue over expenses shall be made to maintain the Reserve Funds as established by the Board.
2. Surplus funds not allocated to Reserve Funds, and not needed to meet the College's operating expenses in the immediate future, may be invested in short-term instruments with a term of 0 days to 18 months or in a pool of such investments. The primary objectives of such investments, in order of importance, shall be maintenance of liquidity, preservation of capital and yield.

Acceptable Investments shall include:

- Debt obligations issued or guaranteed by the Government of Canada or its agencies or Crown Corporations or managed pools of such instruments. The College may invest in individual instruments or a managed portfolio of Government of Canada guaranteed securities.
- Debt obligations issued or guaranteed by Canadian, provincial or territorial governments, banks listed in Schedule I or Schedule II under the [Bank Act](#) (Canada), or Canadian corporations or managed pools of such instruments. The College may invest in high quality debt obligations issued or guaranteed by Canadian, provincial, or territorial governments, and banks incorporated in Canada or Canadian corporations, or in a managed fund of such securities. All investments will be with issuers who have a long-term credit rating of at least AA low (Dominion Bond Rating Service) or its equivalent or a short-term credit rating of R-1 Mid (DBRS) or its equivalent.

3. The Director of Corporate Services (DCS) is responsible for the administration of the College's surplus funds.

4. The Reserve Funds may be invested in accordance with the *Investment Policy Statement and Procedure for Reserve Funds* approved by the Board.

Approval Date: December, 2022

Last Review: October, 2022

Last Revision: 2018

Next Review Date: 2024

DRAFT

INVESTMENT POLICY STATEMENT AND PROCEDURE FOR RESERVE FUNDS

Ontario College of Pharmacists

Effective: December 2022

CONTENTS

1. Overview	2
• Purpose and Scope	2
• Nature of the Funds	2
• Governance	3
• Beliefs	3
2. Investment Policies	4
• Diversification	4
• Investment Policy	4
• Derivatives, Options, and Futures	6
• Permitted Investments and Investment Guidelines	6
• Investment Funds	6
• Performance Measurement Monitoring	6
• Selection, Monitoring and Termination of Investment Managers	6
3. General Policies	8
• Conflicts of Interest	8
• Lending of Securities	8
• Voting Rights	8
• Custody	8
• Valuation of Investments	9
• Liquidity of Investments	9
• Review and Approval of Policy	10

Overview

Purpose and Scope

- 1.1 The Council of the Ontario College of Pharmacists (“the College”) has established reserve funds in order to cover variable and/or unforeseen costs and expenses. The purpose of this Policy is to summarize the nature of the funds and to set out the investment objectives and guidelines under which the funds are to be invested.
- 1.2 In developing the Policy, the College has considered the obligations and objectives of the funds as well as applicable regulatory requirements.

Nature of the Funds

1.3 The Ontario College of Pharmacists

The Ontario College of Pharmacists, incorporated in 1871, is the registering and regulating body for the profession of pharmacy in Ontario. The College’s mandate, established through legislation and expressed through associated objects, is to serve and protect the public interest and hold Ontario’s registered pharmacists and pharmacy technicians accountable to the established legislation, standards of practice, Code of Ethics and policies and guidelines relevant to pharmacy practice.

The College also regulates and accredits community and hospital pharmacies, holding them accountable to operational standards and relevant policies and legislation; pharmacies must be accredited by the College in order to operate in Ontario.

In accordance with the College By-Law, surplus funds, including those allocated to a reserve fund, may be deposited for safekeeping and withdrawn, from time to time.

1.4 The Investigations and Hearings Reserve Fund

The Fund is designated to cover costs that exceed budget provisions for activities relating to external legal costs of the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals.

1.5 The Contingency Reserve Fund

The Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College’s operating budget and are not otherwise covered by the Investigations and Hearings Reserve Fund or to fund the College’s obligations in extreme circumstances as determined and approved by the Board including in the event that the College ceases to exist as a statutory corporate body.

Governance

- 1.6 The Board is the legal trustee and administrator of the Fund and is therefore responsible for all matters relating to the administration, interpretation and application of the Fund, including developing, monitoring and amending this Policy.
- 1.7 The Board has delegated certain responsibilities to The Finance and Audit Committee, including monitoring of the Fund and its investments, appointing and terminating investment managers and advisors to the Fund, reporting to the Board on the performance of the Fund and recommending changes to the Fund and this Policy. The Finance and Audit Committee is supported by The College Staff.

Beliefs

- 1.8 The Board has from time to time reviewed and confirmed the investment beliefs which guide it when decisions are made concerning this Policy and under the authority of this Policy. Currently, the Board of Directors believes:
- that each Fund should be invested in a manner that considers its time horizon, liquidity, risk tolerance, and operational considerations;
 - that the Fund should be substantially fully invested because long-term cash holdings will reduce long-term rates of return;
 - that it is prudent to diversify the Fund across multiple holdings or asset classes to minimize the risk of large losses, and without undue reliance on a single security, market and/or strategy;
 - that investing in pooled investment vehicles provides a more cost-effective way to achieve diversification;
 - that equity investment will generally provide greater long-term returns than fixed income investments, although with greater volatility;
 - that an allocation to foreign equities increases portfolio diversification and thereby decreases the volatility of returns;
 - that debt securities have a role in the Fund because they reduce the volatility of returns, provide a hedge against deflation;
 - that a passive management approach shall be considered where there is a belief that indexing is an efficient and cost-effective means to gain exposure to an asset class. An active management approach may be used where a belief is held that the manager can add value above the benchmark on an after-fee basis and/or reduce the volatility of returns.

2

Investment Policies

Diversification

- 2.1 Asset mix diversification is the key risk management strategy and the Board shall review the asset mix policy at least every four years to ensure it aligns with the overall objectives of the Fund.
- 2.2 The use of broadly diversified investment funds is an additional risk management strategy used to mitigate risks associated with any one particular security, country, region, industry and currency.
- 2.3 When investing in guaranteed investment certificates, the use of holding multiple investments with different institutions, holding periods and interest rates help to mitigate risks associated with any one particular security.

Investment Objective

- 2.4 The primary investment objective of the Funds is to preserve real capital. The Board recognize that short term market volatility may cause temporary losses in the market value of the Fund.
- 2.5 The long-term investment objective of the Funds are to achieve a nominal annual rate of return equal to the return that could have been earned by passively investing in the Benchmark Index outlined below on a rolling 4-year basis. However, in any one year the annual rate of return may be above or below this objective.
- 2.6 In order to achieve the return objective of the Funds at an acceptable level of volatility, the Fund will be invested in the following asset classes, subject to the following minimum and maximum aggregate investment limits:

The Investigations and Hearings Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T-Bill Index	50%	40%	60%
Canadian Short-Term Fixed Income	FTSE Canada Short Term Overall Bond Index	15%	10%	20%
Canadian Short Term Corporate Bonds	FTSE Canada Short Term Corporate Bond Index	25%	20%	30%
Canadian Equity	S&P/TSX Capped Composite Index	3%	1%	6%
U.S. Equity	S&P 500 Index (\$Cad)	5%	2.5%	7.5%
International Equities	MSCI EAFE Net (\$Cad)	2%	1%	4%
Total		100%		

The Contingency Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T-Bill Index	10%	5%	15%
Canadian Short-Term Fixed Income	FTSE Canada Short Term Overall Bond Index	45%	35%	55%
Canadian Short Term Corporate Bonds	FTSE Canada Short Term Corporate Bond Index	25%	20%	30%
Canadian Equity	S&P/TSX Capped Composite Index	6%	3%	9%
U.S. Equity	S&P 500 Index (\$Cad)	10%	6%	14%
International Equities	MSCI EAFE Net (\$Cad)	4%	2%	6%
Total		100%		

- 2.7 The College shall monitor the asset mix relative to the target asset mix at least quarterly. Rebalancing shall occur if any of the constraints set out in the above table are not met.

Rebalancing will be performed by the Investment Advisor at the direction of the Director of Corporate Services within two quarters of an imbalance being identified, using either or both of (1) redirecting net cash flows to and from the Fund; and, (2) transfers of cash between portfolios.

Should a transfer of cash between portfolios be required (because cash flows alone cannot rebalance allocations within two quarters), the Director of Corporate Services will arrange for

the Investment Advisor to place trades to effect such transfers between funds so as to bring the allocation to within the permitted ranges.

- 2.8 Notwithstanding the investment limits stated in this Section, the Finance and Audit Committee may authorize temporary asset mix positions outside those ranges.

Derivatives, Options, and Futures

- 2.9 Derivatives such as options, futures, swaps, forward contracts on any securities including indices are permitted investments. Derivatives may be used to:
- hedge fully or partially any investment risk, including market, interest rate, credit, and liquidity risk; or
 - replicate direct investments in the underlying assets or group of assets so as to achieve some advantage of lower cost, transactional ease or market exposure.

Derivative investment is permitted only through the investment of an Investment Fund. Derivatives shall not be used to create leverage or for speculative purposes.

Permitted Investments and Investment Guidelines

- 2.10 The following broad categories of investments are permitted for the Fund:
- Equities;
 - Fixed Income;
 - Cash, demand deposits, guaranteed investment certificates (GICs) and money market securities.

Investment Funds

- 2.11 Where investments are made through pooled funds and exchange traded funds, those investments are to be governed in accordance with the investment policy of the pooled fund. The College shall satisfy itself that the pooled fund investment policy is generally consistent with the objectives and risk tolerances expressed in this Policy.

Performance Measurement Monitoring

- 2.12 Investment performance will be reviewed on a quarterly basis by the Finance and Audit Committee and reported to the Board at least annually.
- 2.13 Performance of an investment manager will be evaluated with respect to an appropriate market index.
- 2.14 For the purpose of measuring rates of return, all returns shall be measured before investment management fees, but after transaction costs, and over rolling four-year periods. All index returns shall be total returns. All foreign index returns shall be Canadian dollar returns.

Selection, Monitoring and Termination of Investment Managers

- 2.15 The selection and monitoring of investment managers by the Finance and Audit Committee

involves consideration of both qualitative and quantitative factors, which may include:

- Investment performance relative to benchmark and/or peers;
- Overall adherence to this Policy;
- Characteristics of the firm and organization and evaluation of any changes to the firm or key personnel; and
- Competitiveness of fees and expenses.

- 2.16 If an investment manager fails to meet the criteria used for selection and monitoring, the Finance and Audit Committee shall consider whether further action should be taken, as appropriate.

3

General Policies

Conflicts of Interest

- 3.1 “Affected Persons” means Board, Finance and Audit Committee, and College staff.
- 3.2 A conflict of interest is defined as any direct, indirect, actual or perceived material pecuniary interest of an Affected Person in, or any other direct or indirect personal benefit, actual or perceived, to be derived by an Affected Person from any arrangement, contract, investment, transaction or other matter related to the Affected Person’s duties or powers with respect to the Funds.
- 3.3 Each Affected Person shall adhere to Board Policy 3.9 Conflicts of Interest.

Lending of Securities

- 3.4 Other than through making investments as allowed by this Policy, assets of the Funds shall not be loaned to any party. Pooled Funds may lend securities if permitted under their investment policies.

Voting Rights

- 3.5 With respect to the portion of the Fund invested in pooled funds, the authority for exercising all voting rights is delegated to the investment manager of the pooled fund, to be exercised in accordance with the pooled fund’s policies.
- 3.6 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund, the authority for exercising all voting rights is delegated to the investment manager of the segregated mandate, provided that the Finance and Audit Committee reserves the right to direct or override the voting decisions of the investment manager if, in its view, such action is in the best interests of the Fund and its beneficiaries.
- 3.7 Any rights acquired to exercise the votes of pooled fund units and interests in partnerships or limited partnership within the Fund shall be the responsibility of the Finance and Audit Committee, which shall vote in the best interests of the Fund’s beneficiaries.

Custody

- 3.8 To maintain a proper segregation of duties and adequate controls, all securities held must remain with third-party custodians.

Valuation of Investments

- 3.9 Investments in pooled funds shall be valued according to the unit values published by the investment manager.
- 3.10 If any of the Fund assets are invested in assets or securities that are not regularly traded at a marketplace, then such securities will be valued at least once annually by the custodian and its agents. Where deemed by the Finance and Audit Committee to be prudent and cost effective, external independent valuations will be obtained. In the absence of any other valuation by the Trustee or independent appraiser, such assets or securities will be held at their book value.
- 3.11 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund:
- Investment in publicly traded securities shall be valued at their fair market value no less frequently than monthly.
 - If a market valuation of an investment is not readily available, then, where expertise exists, the security will be valued at least monthly by the Investment Manager using best judgment in consultation with market makers. Securities that fall outside this area of expertise will be valued by external, independent, qualified specialists that will be retained at a minimum of once per calendar year.
 - Derivatives not traded over public exchanges will be valued by an entity independent of the counterparty to the derivative transaction.

Liquidity of Investments

- 3.12 Investment of the assets will be undertaken with a view to providing for sufficient liquidity to enable the Fund to meet its obligations as they become due.

Compliance Reporting by the Investment Manager(s)

- 3.13 The investment managers are responsible for completing a compliance report each quarter. The compliance report should indicate whether or not the manager was in compliance with the established investment guidelines throughout the quarter. Where the Fund is invested in a manager's pooled fund, the manager will report on compliance with the pooled fund policy.
- 3.14 In the event that a manager is not in compliance with the guidelines, the manager is required to detail the nature of the non-compliance and recommend an appropriate course of action to remedy the situation.

Standard of Professional Conduct

- 3.15 The investment managers are expected to comply, at all times and in all respects, with the Code of Ethics and Standards of Professional Conduct as promulgated by the CFA Institute.
- 3.16 The investment managers will manage the Fund with the care, diligence and skill that an investment manager of ordinary prudence would use in dealing with assets of another

person. The investment manager will also use all relevant knowledge and skill that it possesses or ought to possess as a prudent investment manager.

Review and Approval of Policy

- 3.17 The Finance and Audit Committee shall review the Policy periodically, but in any event no less than annually. Amendments to the Policy require approval by the Board.

Observations

- Investigations & Resolutions

- Mix C is attractive with ~68% probability of exceeding assumed inflation over 3 year horizon; under pessimistic scenario (5th percentile) expected return is 2%. Over the fund's shorter time horizon, Mix C has less interest rate sensitivity compared to Mix D given higher T-bill allocation.

- Contingency

- Mix D is attractive as it offers the highest probability of achieving objective of preservation of capital in real terms over 3, 5 and 10 year horizon.

	C Minimalist / Cautious	D Cautious	E Cautious / Flexible
Fixed Income	90%	80%	64.5%
91-day treasury bills	50%	10%	7.5%
Overall short-term bonds	15%	45%	32%
Corporate short-term bonds	25%	25%	25%
Real return bonds			
Growth / Public Equities	10%	20%	35.5%
Canadian equity	3%	6%	10.5%
U.S. equity	5%	10%	17.5%
International equity	2%	4%	7.5%
Return Metrics			
Median return - 10 year	3.6%	4.6%	5.2%
Expected inflation – 10 year	2.4%	2.4%	2.4%
Return volatility (1-year)	2.1%	3.5%	5.6%
Return / Risk Ratio	1.71	1.31	0.93

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee (FAC)

TOPIC: OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses

ISSUE: Approval of amendments to the financial components of the OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses

PUBLIC INTEREST RATIONALE: To attract and retain competent elected Board directors and lay and professional committee appointees, the College must recognize their contributions through reasonable remuneration and adequate expense reimbursement. The College's policy reflects remuneration for elected Board directors, professional committee appointees (PCAs) and lay committee appointees (LCAs) and ensures that there is clarity on the application of the policy and the allowable expenses. While the principles in the College's policy are aligned with the Ministry of Health's Remuneration Framework for Public Appointees to Ontario's health regulatory colleges in principle, the rates for honoraria and expense reimbursement are set independently by the College.

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

BACKGROUND:

- In June 2022, the Board approved changes to the meals and mileage reimbursement rate in the Board and Committee Remuneration Policy and Summary of Allowable Expenses, along with a commitment to periodically review the rates and propose changes as appropriate.
- In addition, there was a commitment to explore how the financial elements of the policy could be more efficiently managed through reference to a schedule.
- Changes are recommended to the policy to reduce the need for regular policy amendment, imbedding external indicators to automatically adjust rates as appropriate to industry changes.
- Recommendations are as follows:
 - Mileage reimbursement to align with maximums permitted by the Canada Revenue Agency (CRA). Mileage reimbursement is currently 61 cents per km for the first 5,000 km and 55 cents thereafter.
 - Meal allowances, where meals are not provided by the College, to align with maximums permitted by CRA with guidelines to be published and circulated periodically. Meal allowances are currently a maximum of \$69 per day.
 - Hotel maximums reimbursement rate to be removed from the policy and replaced with reference to a schedule to be published and circulated periodically based on assessment and adjustment to market conditions. Current rates have been negotiated.

- Per diem honoraria to be increased automatically to reflect the Consumer Price Index (CPI) (September, Ontario, All Items) – to align with fee increases, rounded to the nearest \$5. Rates for 2023 to be increased to \$275 based on CPI of 6.7%.

ANALYSIS:

- The estimated financial impact of increases to expenses is \$11,000 annually based on the assumption of limited in-person committee meetings moving forward.
- The CPI increase to honoraria will result in increased costs of approximately \$23,000 annually.
- OCP's honoraria will remain low compared with other health colleges, particularly when removing colleges that pay in accordance with the Ministry's Remuneration Framework for Public Appointees at \$150/day.
- While this strategy will mitigate the need to periodically assess the appropriateness of the honoraria, it will further widen the gap between remuneration for the government appointed public directors sitting at committee meetings against that of elected directors and lay and professional committee appointees with whom they serve.
- The amounts have been included in the annual operating budget for 2023.
- The amendments are noted in the revised OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses.

NEXT STEPS:

- A Schedule outlining the remuneration and honoraria for 2023 will be published and shared with the Board and with applicants seeking election to the Board and appointment to committees.

ATTACHMENTS:

- 12.1 - Honoria comparison chart for Ontario health regulators (2020)
- 12.2 - Meals and mileage rate comparison (2022)
- 12.3 - Remuneration Policy & Summary of Allowable Expenses (amended draft December 2022 - incorporating the above changes)

RECOMMENDATION:

That the Board vote on the following motion: **That the Board of Directors approve amendments to the OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses, effective January 1, 2023.**

College Honorariums (2020):

<u>Amount</u>	<u>College</u>
\$150	College of Chiropractors of Ontario
\$150	College of Dietitians of Ontario
\$150	College of Denturists of Ontario
\$150	College Of Medical Laboratory Technologists Of Ontario
\$150	College of Medical Radiation Technologists of Ontario (CMRTO)
\$150	College Of Naturopaths Of Ontario
\$150	College of Respiratory Therapists of Ontario
\$150	College of Traditional Chinese Medicine Practitioners Acupuncturists of Ontario
\$150	College of Kinesiologists of Ontario (CKO)
\$200	College of Chiropractors of Ontario (CCO)
\$225	College of Registered Psychotherapists of Ontario (CRPO)
\$250	College of Occupational Therapists of Ontario
\$260	College of Nurses of Ontario
\$275	College of Massage Therapists of Ontario
\$300	College of Audiologists and Speech-Language Pathologists (CASLPO)
\$300	College of Dental Hygienists of Ontario
\$300	College of Dental Technologists
\$300	College of Homeopaths of Ontario
\$300	College of Opticians of Ontario (COO)
\$320	College of Midwives of Ontario
\$325	College Of Psychologists Of Ontario
\$326	College of Physiotherapists of Ontario
\$750	College of Optometrists of Ontario
\$996	College of Physicians and Surgeons of Ontario
\$1,060	Royal College of Dental Surgeons of Ontario

2022 Mileage Rate Comparison

Organization	Mileage rate (per km)	Last updated	Basis of rate (Federal/Provincial)
Canadian Revenue Agency	\$0.61	2022	\$0.61 for first 5,000km then \$.55 per km for each additional km
Association of Professional Engineers of Ontario	\$0.61	May 2021	Per federal guidelines (currently \$0.61 for first 5,000km then \$.55 per km for each additional km)
College of Chiropractors of Ontario	\$0.61	Unknown	Per federal guidelines (currently \$0.61 for first 5,000km then \$.55 per km for each additional km)
College of Dental Hygienists of Ontario	\$0.61	Unknown	
College of Physicians and Surgeons of Ontario	\$0.61	Unknown	Per federal guidelines (currently \$0.61 for first 5,000km then \$.55 per km for each additional km)
Ontario College of Teachers	\$0.61	May 2021	Per federal guidelines (currently \$0.61 for first 5,000km then \$.55 per km for each additional km)
College of Audiologists and Speech-Language Pathologists of Ontario	\$0.59	Unknown	Per 2020 federal guidelines (currently \$0.59 for first 5,000km then \$0.53 per km for each additional km)
College of Respiratory Therapists of Ontario	\$0.59	Unknown	Per 2020 federal guidelines (currently \$0.59 for first 5,000km then \$0.53 per km for each additional km)
College Of Occupational Therapists Of Ontario	\$0.57	Unknown	
University of Toronto	\$0.57	Feb 2020	
Royal College of Dental Surgeons of Ontario	\$0.55	Unknown	Influenced by federal guidelines (currently \$0.55 for first 5,000km then \$0.49 per km for each additional km)
City of Ottawa	\$0.54	Feb 2021	
Ontario Motor Vehicle Industry Council	\$0.53	Dec 2016	
City of Toronto	\$0.52	Jan 2021	
Salvation Army	\$0.52	Apr 2021	
Toronto District School Board	\$0.52	Jan 2020	
Golf Canada	\$0.50	Aug 2020	
Ontario Institute for Cancer research	\$0.50	Jun 2019	
Ontario MD	\$0.49	Unknown	
College of Optometrists of Ontario	\$0.49	Unknown	
Ontario Centre of Innovation	\$0.48	March 2021	
York University	\$0.45	Unknown	
Canadian Hearing Services	\$0.41	Unknown	
Ontario Health	\$0.41	Feb 2020	Provincial: Southern Ontario: \$0.40 up to 4000km, \$0.35 4001-10700km, \$0.29 10701-24000km, \$0.24 more than 24000km; Northern Ontario: \$0.41 up to 4000km, \$0.36 4001-10700km, \$0.30 10701-24000km, \$0.25 more than 24000km
Seneca College	\$0.41	Nov 2019	Provincial: Southern Ontario: \$0.40 up to 4000km, \$0.35 4001-10700km, \$0.29 10701-24000km, \$0.24 more than 24000km; Northern Ontario: \$0.41 up to 4000km, \$0.36 4001-10700km, \$0.30 10701-24000km, \$0.25 more than 24000km
Ministry of Health - for Public Appointees to the Health Professions Regulatory Bodies	\$0.40	2017	Southern Ontario: 0-4000 km = \$0.40, 4001 - 10700 = 0.35 Northern Ontario: 0-4000km = \$0.41, 4001 - 10700 = 0.36
Canadian Blood Services	\$0.40	Unknown	
College of Dental Technologists of Ontario	\$0.40	Unknown	
College of Medical Radiation and Imaging Technologists of Ontario	\$0.40	Unknown	
The College of Physiotherapists of Ontario	\$0.40	Unknown	
Average	\$0.51		
Median	\$0.52		

2022 Meal Rate Comparison

Organization	Meals (maximum)	Last updated
Association of Professional Engineers of Ontario	\$115	May 2021
College of Physicians and Surgeons of Ontario	\$100	Unknown
Ontario College of Teachers	\$95	May 2021
College of Optometrists of Ontario	\$90	Unknown
College of Dental Hygienists of Ontario	\$90	Unknown
Royal College of Dental Surgeons of Ontario	\$90	Unknown
Seneca College	\$80	Nov 2019
University of Toronto	\$80	Feb 2020
Ontario Institute for Cancer research	\$75	Jun 2019
Ontario Motor Vehicle Industry Council	\$75	Dec 2016
Salvation Army	\$70	Apr 2021
Toronto District School Board	\$70	Jan 2020
Canada Revenue Agency	\$69	2022
City of Toronto	\$65	Jan 2021
York University	\$65	Unknown
Ontario Centre of Innovation	\$60	Mar 2021
Canadian Blood Services	\$55	Unknown
Canadian Hearing Services	\$50	Unknown
Golf Canada	\$50	Aug 2020
Ontario MD	\$50	Unknown
College of Medical Radiation and Imaging Technologists of Ontario	\$45	Unknown
Ontario Health	\$45	Feb 2020
Ministry of Health - for Public Appointees to the Health Professions Regulatory Bodies	\$45	2017

Average	\$70.83
Median	\$70.00



Ontario College
of Pharmacists

Putting patients first since 1871

Remuneration Policy & Summary of Allowable Expenses

Effective ~~June 13, 2022~~ January 1, 2023

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

Policies are reviewed and updated at minimum every three years.

Contents

Introduction.....	3
Application and Scope	3
Purpose	3
Effective Date.....	3
Conditions of Election to the Board and Committee Appointment.....	3
College Contacts.....	3
Remuneration Policy.....	4
General	4
Basis of Remuneration.....	4
Eligible Payments	4
Government Taxes.....	4
Assignment of Honoraria.....	5
Attendance Honoraria Rates Payable – Other Meetings and Activities	6
Electronic Meetings	6
Preparation, Decision-Writing, Deliberation and Cancellation Honoraria.....	7
Preparation Time	7
Inquiries, Complaints, and Reports Committee (ICRC).....	7
Discipline Committee Hearings.....	8
Decision Writing	8
Deliberation.....	8
Exceptional Circumstances (preparation, deliberation and/or decision writing).....	9
Cancellation of Scheduled Hearings and Meetings	9
Preparation Time for Cancelled Meetings	9
Expenses.....	11
Summary of Allowable Expenses	11
Transportation.....	11
Taxis / Ride Sharing Apps (Uber, Lyft).....	12
Air Travel.....	12

Rental Cars	13
Personal Vehicles	13
Parking & Tolls	13
Traffic Violations, Insurance & Vehicle Repair	13
Accommodations	14
Hotels	14
Airbnb or other Peer-to-Peer Rentals.....	14
Accommodation expenses.....	14
Private Homes	15
Meals	15
Other Expenses	16
Personal phone calls	16
Tips/Gratuities	16
Claiming Honoraria and Expenses.....	17
Timing of Claims	17
Claim Forms.....	17
Receipts.....	17
Claim Processing	17
Electronic Funds Transfer (EFT)	17
Appendix 1: Per Diem Report Claim Form.....	18
Appendix 2: EFT Sign-Up	19

Introduction

Application and Scope

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

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

Purpose

This Policy is intended for use by individual Directors and appointees, and the College to clarify the parameters for payment of per diem honoraria for performing the business of the of the College. This Policy also addresses reimbursement for eligible expenses. The College will issue a list of applicable honoraria and expense reimbursement limits at the commencement of the Board year, and when any amendments come into effect.

Effective Date

This Policy is effective for work conducted beginning January 1, 2023 ~~June 13, 2022~~ and replaces all previous practices relating to reimbursement and may be subject to change pursuant to OCP Board of Director approval. Supplementary policy statements, guidelines or amendments may be issued.

Conditions of Election to the Board and Committee Appointment

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

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

College Contacts

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

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

Remuneration Policy

General

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

Basis of Remuneration

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

Eligible Payments

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

Government Taxes

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

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

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

Assignment of Honoraria

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

Honoraria

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

Annually the per diem rate will be increased by the percentage increase, if any, rounded to the nearest \$5.00, in the consumer price index for goods and services in Ontario (all items) as published by Statistics Canada or any successor organization.

Attendance Honoraria – Board of Directors, Statutory and Standing Committees

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

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

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

Chart 1 Claims for Honoraria

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

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

Attendance Honoraria Rates Payable – Other Meetings and Activities

Participation in educational seminars, workshops and conferences is remunerated on the basis of the standard per diem rate as amended from time to time of ~~\$260.00 per diem~~.

Electronic Meetings

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

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

Preparation, Decision-Writing, Deliberation and Cancellation Honoraria

Preparation Time

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

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

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

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

Chart 2: Preparation Honoraria

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

Inquiries, Complaints, and Reports Committee (ICRC)

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

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

Inquiries, Complaints and Reports considered per meeting	Remuneration rate
25 or less	Up to 1 per diem
26 to 35	Up to 2 per diems

36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems

Discipline Committee Hearings

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

Decision Writing

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

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

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

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

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

Deliberation

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

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

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

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

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

Cancellation of Scheduled Hearings and Meetings

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

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

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

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

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

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

Preparation Time for Cancelled Meetings

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

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

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

Chart 4: Cancellation Honoraria

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

Expenses

Summary of Allowable Expenses

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

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

The guiding principles for reimbursement include:

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

Claimants must:

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

Approvers must:

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

Transportation

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

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

- **Public Transit:** Local public transportation including hotel/airport shuttles (such as the Union-Pearson Express) is strongly encouraged and should be used wherever possible.
- **Train:** Travel by train is permitted when it is the most practical and economic way to travel. A coach class economy fare is standard.

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

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

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

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

Taxis / Ride Sharing Apps (Uber, Lyft)

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

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

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

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

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

Air Travel

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

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

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

Rental Cars

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

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

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

Personal Vehicles

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

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

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

Reimbursement rates for using your own car are based on the automobile allowance rates published by the Canadian Revenue Agency (CRA) is \$0.54. (Rates are calculated to include gas, repairs, and insurance, as well as wear and tear on the vehicle.) The College reserves the right to review the cost effectiveness of this model of reimbursement.

Parking & Tolls

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

Traffic Violations, Insurance & Vehicle Repair

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

Accommodations

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

Hotels

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

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

Individuals are welcome to stay in the hotel of their choice choosing to stay at but the maximum the College will reimburse expenses will be based on the maximum amount other Toronto hotels will only be reimbursed for a maximum on the annual negotiated hotel price list.
of \$240 per night.

Chart 5: Maximum Hotel Reimbursement Amounts (taxes included)

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

Under no circumstances will travel agent fees be paid.

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

Airbnb or other Peer-to-Peer Rentals

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

Accommodation expenses

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

Private Homes

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

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

Meals

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

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

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

Criteria for reimbursement are as follows:

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

Reimbursement for meal expenses incurred is subject to a daily maximum in accordance with the amount indicated by as published meals allowance the published Canada Revenue Agency (CRA) and will require receipts to be submitted. ~~of \$70.00 based on submitted receipts. The chart below can be used as a guide.~~ These rates include taxes and gratuities.

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

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

Other Expenses

Personal phone calls

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

Tips/Gratuities

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

Examples of reasonable amounts for gratuities include:

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

Claiming Honoraria and Expenses

Timing of Claims

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

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

Claim Forms

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

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

Receipts

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

Claim Processing

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

Electronic Funds Transfer (EFT)

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

Appendix 1: Per Diem Report Claim Form



**Ontario College
of Pharmacists**

Putting patients first since 1914

Remuneration and Expenses Form

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

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

Contact Information

Last Name*	First Name*	OCP Number* (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Honoraria

Subtotal:

Per Diem Rate (e.g. \$250)	Please complete one line per date.
(1) 1 day: \$250	If you are claiming for Preparation time for a meeting, please enter it as a separate line.
(0.5) <3 hours: \$130	If you are claiming for Decision Writing/Review or Deliberation, please include the file name in the comments box.
	Please refer to the remuneration policy for further details.

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

Meeting Attendance Expenses (receipts must be provided)

Subtotal:

Public Transit (Air/Train/Taxi)	<input type="text"/>	
Personal Vehicle	# Kms driven	@ \$0.54/km
(If commuting more than 40 km each way)	<input type="text"/>	<input type="text"/>
Accommodation	# Nights	Total Amount
(Up to a maximum of \$240 per night)	<input type="text"/>	<input type="text"/>
Meals	Breakfast (Guideline: \$10)	Lunch (Guideline: \$15)
(Up to a daily maximum of \$50.00)	<input type="text"/>	<input type="text"/>
Miscellaneous	Amount	Comments
(See Policy for details)	<input type="text"/>	<input type="text"/>

Total:


Approval (for office use only)

Approved by	Name	Date	Signature
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting Use	Date Paid	Cheque No	Charge to
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Appendix 2: EFT Sign-Up

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



**Ontario College
of Pharmacists**
Putting patients first since 1871

Direct Deposit Authorization Form

Fields marked with an asterisk () are mandatory.*

Contact Information

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

(payment advice will be sent to this email address)

Bank Account Details


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

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

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

Authorization

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

Name*	Signature*	Date*
		

BOARD BRIEFING NOTE
MEETING DATE: DECEMBER 2022

FOR DECISION X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee (FAC)

TOPIC: 2023 Operating and Capital Budget

ISSUE: Approval of the 2023 Operating and Capital Budget

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

STRATEGIC ALIGNMENT, REGULATORY PROCESSES AND ACTIONS: Ensuring that operations are adequately funded, supports the strategic and operating plan and all regulatory activity.

BACKGROUND:

- The 2023 budget supports the priorities and direction set out in the Operational Plan (see attachment 14c) confirmed by the Board at the September 2022 meeting.
- Personnel costs are budgeted to increase significantly due to the addition of 20+ staff positions and increases to existing salaries in line with the Consumer Price Index (CPI).
- The cost of replacing the Customer Relationship Management (CRM) system is estimated at \$1.6 million in capital and additional consulting expenses based on initial responses to a request for proposal.
- The budget assumes new tenants will be secured to lease the property at 186 St George mid-year.

ANALYSIS:

- The revenue budget anticipates continued growth in the number of registrants and pharmacies and fee increases of 6.7% equivalent to CPI (September 30, Ontario – All Items) in accordance with the College by-laws.
- The budget delivers a shortfall of revenue over operating and capital costs of approximately \$3.8 million.
- The shortfall will be offset by the \$820,000 surplus from 2022 with the remainder to be drawn from reserves.
- Reserve values are below target but sufficient to respond to unforeseen expenditures not provided for in the budget.
- Reserve targets will be reviewed in 2023 and considered in future fee increases.
- The attached Executive Summary and budget schedules outline the focused spending for the coming year.

NEXT STEPS:

- Mid-year 2023, a multi-year expense projection will be developed and analyzed to assess the revenue required to fund operations over the coming 2-3 years.
- Adjustments to fees will be recommended to the Board to generate the required revenue.
- A consultation on proposed fees will be undertaken prior to the fee increases being ratified by the Board for incorporation into the by-law by year-end 2023.

ATTACHMENTS:

- 13.1 - Executive Summary 2023 Budget
- 13.2 - Budget 2023 – Summary Schedules
- 13.3 - Briefing Note on 2023 Operational Priorities
- 13.4 - 2023 Budget Presentation

RECOMMENDATION:

That the Board vote on the following motion: **That the Board of Directors approve the 2023 Operating and Capital Budget.**

Executive Summary 2022 Projected Financial Performance and Proposed 2023 Budget

Review of Projected 2022

Revenue is projected to come within 0.5% of the budget, while expenses are projected to be 6.4% below budget overall. **The net impact is a projected surplus of \$820,000 after capital compared with a budgeted deficit of \$843,000.**

Board and Committee Expenses will be 29% below budget as virtual formats remain the preferred option for committee meetings, and the case management protocol and Rules of Procedure projects were deferred to next year due to staff shortages.

Personnel costs are expected to be 5.7% below budget due to a high number of vacancies throughout the year, difficulty sourcing the right talent, and deferred corporate training initiatives.

Regulatory programs will come in 10.5% below budget. The largest component of this expense shortfall relates to legal expenses for Conduct matters as the in-house legal team assumed a greater proportion of the work. External legal support for regulatory initiatives was also below budget as the complexity of the legislative change was less than expected. Communication and Practice Initiatives that entailed registrant and stakeholder engagement were delayed due to the ongoing restrictions early in the year and the pressures on the profession due to the pandemic.

Costs for **College Operations** are projected to come in 3.8% above budget as the College used consultants to move technology work forward due to staff shortages. A consultant was also engaged to transform the College's workplace culture.

Capital expenditures will fall short of the budget by 35% due to delays in sourcing equipment and the desire to gain experience with hybrid meetings before making a significant investment in meeting room upgrades.

Overview of 2023 Operating and Capital Budget

The budget was developed to support delivery of the objectives in the 2023 Operational Plan confirmed by the Board in September of this year, which in turn supports the Strategic Framework approved by the Board in 2018. The Strategic Priorities that remain in effect are:

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

Expenses

Council and Committee - Schedule A

Board and committee expenses in 2023 reflect the new expense limits and honoraria proposed in the revised *OCP Board and Committee Remuneration Policy and Summary of Allowable Expenses*. Budget values for Board expenses include an off-site strategic planning retreat facilitated by an external consultant, costs for an external review of Board effectiveness, and externally contracted service for Registrar & CEO performance management.

The committee costs assume that most meetings will continue to take place virtually for efficiency and convenience however opportunities for in person gatherings for committee members to personally connect and exchange ideas are encouraged. The need for in-person discipline hearings for contested matters will be considered on a case-by-case basis and ICRC panel meetings will be organized to efficiently deliver oral cautions in person to support effective communication. Discipline costs are budgeted to include enhanced member training and an allowance for extraordinary claims for complex cases. Additionally, costs for undertaking the Rules of Procedure and formal case management protocol deferred from 2022 are budgeted for 2023.

Schedule B – Personnel

The Salary budget includes an allowance of 6.7% on existing staff salaries and assumes all currently vacant positions will be filled by YE 2022 and approximately 25 new positions will be added in 2023 with staggered start dates throughout the year. As indicated in the Operational Plan priorities confirmed by the Board in September, the positions are required to align with growth in registrant population and issue complexity, the demands on staff imposed by the pandemic and the effect of staff shortages in regulatory programs which have impacted project delivery timelines. Additionally, the expectation that we will proceed with the implementation of a new customer relationship management software (CRM) will require added staff support.

The increase in salary costs has a corresponding impact on benefit costs relating to statutory payroll costs as well as pension and group benefit premiums. Employee relations and education and training costs are expected to increase significantly as we expand professional development and training opportunities to address staff expectations that impact culture. Other Personnel costs include a provision for agency fees to source specific talent for key positions.

Schedule C – Regulatory Programs

Regulatory programs include expenses associated with delivering the various Quality and Conduct programs set out in the statute and the Operational Plan. Cost for maintaining the medication error reporting system through the Pharmapod platform account for a significant portion of the costs, followed closely by the costs for external legal services to support Conduct activities. The Legal Conduct team is now fully on-boarded and oriented to the regulatory framework and the nature of prosecutorial challenges faced by OCP resulting in a reduction in the need for external legal counsel and the corresponding cost savings. We are optimistic that as the team continues to mature, they will continue to assume a higher proportion of the legal support for investigations, preparing prosecutorial assessments and undertaking in-house prosecutions for discipline cases where appropriate.

Administration of the Pharmacy Jurisprudence examination is included in this category. It was outsourced in late 2020 to improve exam security and enable computer-based testing including

remote proctoring. An increase in candidates opting to write at test centers as opposed to remotely is expected to impact costs in 2023. Costs for the working group to develop and maintain a databank of questions and the psychometric services to ensure each exam is appropriately constructed for consistency and relevancy are also included. The cost for delivering the PACE (Practice Assessment of Competence at Entry) program for pharmacists which involves workshops to train assessors and the outsourced technology to support the program is also provided for.

Communication and Practice Initiatives deferred from 2022 are budgeted to be completed in 2023. This includes work on equity, diversity and inclusion (EDI) in the profession, evaluation of Expanded Scope, work on the Patient Reported Experience, the Community Practice Initiative and the AIMS Data Strategy. Ongoing effort to imbed a risk-based approach to operational assessments and enhanced standardization continues. Funds have also been set aside to develop a strategy to advance and update hospital operations criteria to better reflect current practice standards.

Program administration costs for the Quality Assurance (QA) program include training of Peer Coaches and QA Assessors needed to manage an ever-increasing volume of registrants identified for QA re-assessment. Also provided is the cost for maintaining questions for a computer-based Clinical Knowledge Assessment.

Schedule D – Operations

Operations costs in most categories are expected to remain consistent with current year actuals and budget aside from consulting, software support/maintenance, telecommunications, and travel.

The consulting budget includes the culture work, IT consulting for the CRM replacement and the Office 365 transition, and an HR review of executive compensation.

Software licensing and support as well as telecommunications is impacted by the planned increase to staff count as well as our ongoing journey to transform the technology infrastructure to cloud-based platforms for added flexibility and security. The rollout of Office 365 should be completed in 2023 with the initiative supported by external consultants to guide the process and educate our technology staff to support the new environment moving forward. While the move to cloud-based services will increase software subscription costs, it will ultimately reduce overall costs as it will replace other software license fees. Several new products are also planned to improve efficiency of processes and security as the threat of cyber-attacks continues to grow.

An increase in the number of assessors and more on-site assessments as well as increased conference attendance and business travel will increase travel costs in 2023.

It should be noted that the property cost budget includes rental income for three floors of 186 St. George effective mid-year. The building is currently unoccupied and securing a tenant may be difficult given that there is significant competition as businesses across all sectors have rethought the need for permanent office space.

Capital

Capital expenditures for 2023 includes \$250K for user equipment, completing the transition to laptops for all college staff, improvement to the storage capacity and miscellaneous hardware to support the technology infrastructure. Most significantly, as indicated in the Operational Plan confirmed by the Board in September, is a provision of \$1.6 million for the replacement of the CRM.

That value is an estimate based on the highest quote from vendors who submitted a response to the RFP issued in 2022 and is subject to change.

CRM refers to Customer Relationship Management system which is the core database that the College uses to capture information on applicants, registrants, and pharmacies and the regulatory processes that involve them. In addition to being the central repository for all information related to the people and entities we regulate, the CRM manages all information related to non-registrant stakeholders involved in regulatory processes, e.g., complainants, and provides automated workflows to move information and work processes through the College. It is relied upon by all staff daily and is the key source for data reporting.

Facility related capital includes upgrades to the elevator at 483 Huron Street as it has now been 30 years since installation. No other facility related capital expenditures are anticipated in 2023.

Revenue - Schedule E

As set out in the College by-laws, the budget includes an increase of 6.7% across all fee categories, equivalent to the Consumer Price Index (CPI) for all items for Ontario on September 30, 2022. Entry-to-practice volumes are expected to stabilize after fluctuations over the past three years due to pandemic impacts. New registrations for internationally educated applicants are expected to remain modest for the coming year. The budget assumes the Registration and Quality Assurance regulations will not be proclaimed in 2023 so student class registrations will continue throughout the year. Pharmacy transactions (sales, relocations, openings, closures) are also expected to stabilize to pre-pandemic levels.

Budgeted Profit or Loss

Expenses will exceed revenue for 2023 resulting in an operating deficit of \$1.8 million and a deficit after capital of \$3.8 million. Throughout 2023, a multi-year budget estimate will be developed to anticipate how required staff levels will moderate as the benefits of the culture initiative are realized as well as any other changes anticipated as an outcome of the new strategic plan. The required fee increases will be proposed to the Board to fund future cost projections and replenish reserves to desired values. In accordance with legislation, any proposed fee increase beyond CPI will need to be circulated to the registrants for consultation for at least 60 days prior to being approved by the Board. This circulation will need to take place no later than September 2023 to support the budget cycle for 2024.

Reserves

The College's combined reserve values coming into 2022 were \$9.1 million and the 2022 surplus after capital is projected to be \$0.82 million bringing the total accumulated surpluses to approximately \$10 million. The budgeted deficit for 2023 will be covered by the current operating surplus and the remainder to be drawn from the contingency reserve.

**Ontario College of Pharmacists
Summary - Budget 2023**

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
REVENUE - "Schedule E"	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	-0.47%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%
Schedule "B" - Personnel	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%
Schedule "C" - Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%
Schedule "D" - Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%
TOTAL EXPENDITURES	29,458,474	24,354,493	26,011,364	5,103,981	20.96%	3,447,110	13.25%	-1,656,871	-6.37%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	-1,773,470	1,061,654	-474,525	-2,835,124	-267.05%	-1,298,945	273.74%	1,536,179	-323.73%
Capital Expenditures	-2,055,000	-241,871	-368,500	-1,813,129	749.62%	-1,686,500	457.67%	126,629	-34.36%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	-3,828,470	819,783	-843,025	-4,648,253	-567.01%	-2,985,445	354.13%	1,662,808	-197.24%

SCHEDULE A
Board & Committee Expenses

	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Board	195,500	72,020	85,000	123,480	171.45%	110,500	130.00%	-12,980	-15.27%
Committees:									
Accreditation	9,667	6,734	10,933	2,932	43.54%	-1,266	-11.58%	-4,199	-38.40%
Discipline	486,387	345,032	522,689	141,355	40.97%	-36,302	-6.95%	-177,657	-33.99%
DPP	5,267	3,813	7,293	1,454	38.13%	-2,026	-27.79%	-3,480	-47.72%
Executive	8,000	5,500	5,000	2,500	45.45%	3,000	60.00%	500	10.00%
Finance & Audit	5,787	23,462	4,000	-17,675	-75.34%	1,787	44.67%	19,462	486.55%
Fitness to Practice	11,821	16,687	25,493	-4,866	-29.16%	-13,672	-53.63%	-8,806	-34.54%
ICRC	165,036	100,040	150,249	64,996	64.97%	14,787	9.84%	-50,209	-33.42%
Patient Relation	28,702	28,767	26,376	-65	-0.22%	2,326	8.82%	2,391	9.06%
Quality Assurance	11,425	6,250	19,831	5,175	82.80%	-8,406	-42.39%	-13,581	-68.48%
Registration	31,258	21,904	25,464	9,354	42.70%	5,794	22.76%	-3,560	-13.98%
Screening	8,462	2,500	6,600	5,962	238.46%	1,862	28.21%	-4,100	-62.12%
Governance	6,000	3,000	6,700	3,000	100.00%	-700	-10.45%	-3,700	-55.22%
Selection Committee	0	2,444	5,000	-2,444	-100.00%	-5,000	-100.00%	-2,556	-51.12%
Total Committees	777,811	566,134	815,628	211,677	37.39%	-37,817	-4.64%	-249,494	-30.59%
Total Board and Committee	973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%

SCHEDULE B
Personnel

	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Salaries	17,671,800	14,545,743	15,266,188	3,126,057	21.49%	2,405,612	15.76%	-720,445	-4.72%
Benefits	3,510,260	2,893,565	3,122,776	616,695	21.31%	387,484	12.41%	-229,211	-7.34%
Other Personnel <i>(Education, training, professional dues)</i>	796,661	445,220	579,418	351,441	78.94%	217,243	37.49%	-134,198	-23.16%
Total Personnel Costs	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%

SCHEDULE C
Regulatory Programs

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
Association Fees - NAPRA	135,000	132,769	132,769	2,231	1.68%	2,231	1.68%	0	0.00%
Communication Initiatives	69,000	20,726	85,000	48,274	232.91%	-16,000	-18.82%	-64,274	-75.62%
Consulting - Regulatory	0	0	1,000	0	0.00%	-1,000	-100.00%	-1,000	-100.00%
Donations, Contributions and Grants	0	0	2,000	0	0.00%	-2,000	-100.00%	-2,000	-100.00%
DPP Inspection	500	0	500	500	0.00%	0	0.00%	-500	-100.00%
Election	6,000	5,500	6,000	500	9.09%	0	0.00%	-500	-8.33%
Examinations, Certificates and Registration	239,906	229,194	183,905	10,712	4.67%	56,001	30.45%	45,289	24.63%
HIP / Investigation / Intake	92,400	54,158	80,650	38,242	70.61%	11,750	14.57%	-26,492	-32.85%
Legal Conduct	1,193,000	1,144,053	1,268,578	48,947	4.28%	-75,578	-5.96%	-124,525	-9.82%
Legal - Regulatory	32,000	23,239	75,000	8,761	37.70%	-43,000	-57.33%	-51,761	-69.01%
Medication Safety Programs	1,405,783	1,387,551	1,365,703	18,231	1.31%	40,080	2.93%	21,849	1.60%
Practice Assessment of Competence at Entry	83,344	81,062	72,515	2,282	2.82%	10,829	14.93%	8,547	11.79%
Practice Initiatives	246,000	114,648	238,960	131,352	114.57%	7,040	2.95%	-124,312	-52.02%
Professional Development / Remediation	2,525	2,232	3,024	293	13.13%	-499	-16.50%	-792	-26.19%
Professional Health Program	95,000	80,818	115,000	14,182	17.55%	-20,000	-17.39%	-34,182	-29.72%
Quality Assurance	152,061	144,593	190,017	7,468	5.16%	-37,956	-19.98%	-45,424	-23.91%
Total Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%

SCHEDULE D
Operations

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
Association Fees - General	15,000	14,904	15,000	96	0.65%	0	0.00%	-96	-0.64%
Audit	28,800	27,089	27,000	1,711	6.32%	1,800	6.67%	89	0.33%
Bank / Credit Card Charges	577,200	536,547	557,000	40,653	7.58%	20,200	3.63%	-20,453	-3.67%
Consulting - Operation	425,000	350,448	177,500	74,553	21.27%	247,500	139.44%	172,948	97.44%
Courier/Delivery	4,450	3,457	3,750	993	28.73%	700	18.67%	-293	-7.82%
Insurance - E & O	8,500	6,761	7,500	1,739	25.72%	1,000	13.33%	-739	-9.86%
Legal - Operation	17,500	14,695	15,000	2,805	19.09%	2,500	16.67%	-305	-2.03%
Niagara Apothecary	36,000	35,493	37,330	507	1.43%	-1,330	-3.56%	-1,837	-4.92%
Office Equipment Leasing & Maintenance	16,000	15,000	20,000	1,000	6.67%	-4,000	-20.00%	-5,000	-25.00%
Postage	1,500	1,722	2,500	-222	-12.91%	-1,000	-40.00%	-778	-31.11%
Property	260,246	273,625	276,963	-13,380	-4.89%	-16,717	-6.04%	-3,338	-1.21%
Publications-Pharmacy Connection & Annual Report	11,000	10,773	10,000	227	2.11%	1,000	10.00%	773	7.73%
Software Subscriptions / Support / Maintenance	697,572	666,497	669,369	31,075	4.66%	28,203	4.21%	-2,872	-0.43%
Subscriptions	50,703	36,500	45,837	14,203	38.91%	4,866	10.62%	-9,337	-20.37%
Supplies/Stationery	41,275	26,115	28,150	15,160	58.05%	13,125	46.63%	-2,035	-7.23%
Telecommunications	260,757	200,730	227,601	60,027	29.90%	33,156	14.57%	-26,870	-11.81%
Travel	302,421	190,910	201,234	111,511	58.41%	101,187	50.28%	-10,324	-5.13%
Total Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%

SCHEDULE E
Revenue

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
Pharmacist Fees	14,705,459	13,525,193	13,603,620	1,180,267	8.73%	1,101,839	8.10%	-78,428	-0.58%
Pharmacy Technician Fees	3,190,683	2,910,024	2,874,231	280,659	9.64%	316,451	11.01%	35,793	1.25%
Community Pharmacy Fees	6,765,865	6,267,263	6,292,086	498,602	7.96%	473,779	7.53%	-24,823	-0.39%
Hospital Pharmacy Fees	1,138,426	1,065,857	1,082,286	72,569	6.81%	56,140	5.19%	-16,429	-1.52%
DPP Inspection Fees	28,072	16,443	26,309	11,629	70.72%	1,763	6.70%	-9,866	-37.50%
Health Profession Corporation	205,775	192,719	182,583	13,057	6.77%	23,192	12.70%	10,136	5.55%
Registration Fees and Income	800,724	771,993	735,723	28,731	3.72%	65,001	8.83%	36,270	4.93%
Investment Income	475,000	309,656	140,000	165,344	53.40%	335,000	239.29%	169,656	121.18%
Discipline Costs Order	375,000	357,000	600,000	18,000	5.04%	-225,000	-37.50%	-243,000	-40.50%
TOTAL REVENUE	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	-0.47%

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.

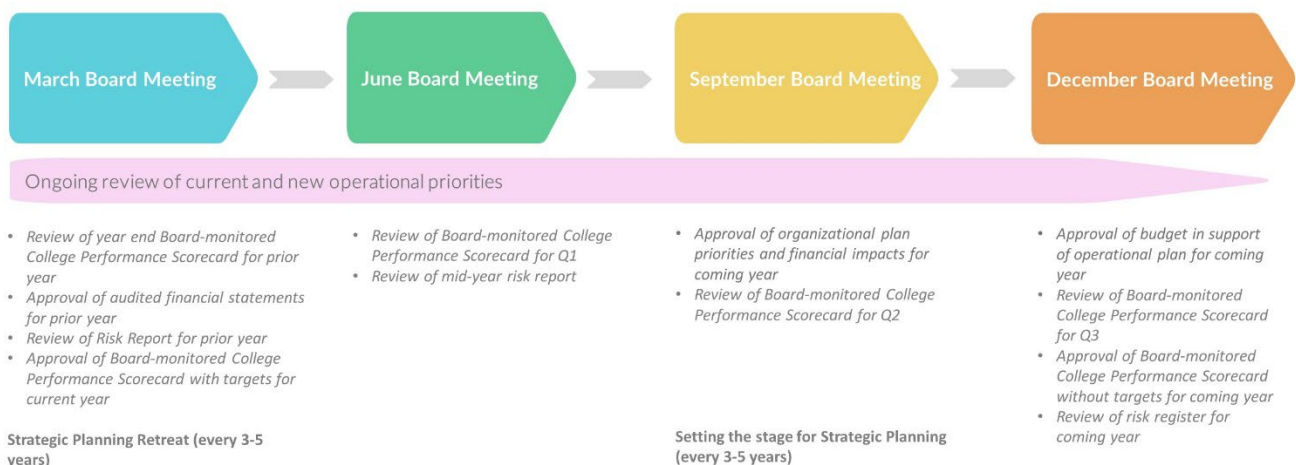
BACKGROUND

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?



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Agenda Item 13

2023 Operating and Capital Budget



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2022 Projected year-end position

Projected 2022 Summary

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
REVENUE - "Schedule E"	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	→ -0.47%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%
Schedule "B" - Personnel	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%
Schedule "C" - Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%
Schedule "D" - Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%
TOTAL EXPENDITURES	29,458,474	24,354,493	26,011,364	5,103,981	20.96%	3,447,110	13.25%	-1,656,871	→ -6.37%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	-1,773,470	1,061,654	-474,525	-2,835,124	-267.05%	-1,298,945	273.74%	1,536,179	-323.73%
Capital Expenditures	-2,055,000	-241,871	-368,500	-1,813,129	749.62%	-1,686,500	457.67%	126,629	→ -34.36%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	-3,828,470	→ 819,783	→ -843,025	-4,648,253	-567.01%	-2,985,445	354.13%	1,662,808	-197.24%

- Revenue forecast to be 0.5% under budget
- Expenses forecast to be 6.4% below budget overall
- Capital expenditures will be below budget by 35% due to delays in sourcing equipment and deferred investment in meeting room upgrades
- The net impact is a projected surplus of \$820,000 after capital compared with a budgeted deficit of \$843,000

Board & Committee Expenses – 2022 Projected

SCHEDULE A			Var. 2023 Budget		Var. 2023 Budget		Var. 2022 Projected		
Board & Committee Expenses			to 2022 Projected		to 2022 Budget		to 2022 Budget		
	2023	2022	2022						
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Board	195,500	72,020	85,000	123,480	171.45%	110,500	130.00%	-12,980	-15.27%
Committees:									
Accreditation	9,667	6,734	10,933	2,932	43.54%	-1,266	-11.58%	-4,199	-38.40%
Discipline	486,387	345,032	522,689	141,355	40.97%	-36,302	-6.95%	-177,657	-33.99%
DPP	5,267	3,813	7,293	1,454	38.13%	-2,026	-27.79%	-3,480	-47.72%
Executive	8,000	5,500	5,000	2,500	45.45%	3,000	60.00%	500	10.00%
Finance & Audit	5,787	23,462	4,000	-17,675	-75.34%	1,787	44.67%	19,462	486.55%
Fitness to Practice	11,821	16,687	25,493	-4,866	-29.16%	-13,672	-53.63%	-8,806	-34.54%
ICRC	165,036	100,040	150,249	64,996	64.97%	14,787	9.84%	-50,209	-33.42%
Patient Relation	28,702	28,767	26,376	-65	-0.22%	2,326	8.82%	2,391	9.06%
Quality Assurance	11,425	6,250	19,831	5,175	82.80%	-8,406	-42.39%	-13,581	-68.48%
Registration	31,258	21,904	25,464	9,354	42.70%	5,794	22.76%	-3,560	-13.98%
Screening	8,462	2,500	6,600	5,962	238.46%	1,862	28.21%	-4,100	-62.12%
Governance	6,000	3,000	6,700	3,000	100.00%	-700	-10.45%	-3,700	-55.22%
Selection Committee	0	2,444	5,000	-2,444	-100.00%	-5,000	-100.00%	-2,556	-51.12%
Total Committees	777,811	566,134	815,628	211,677	37.39%	-37,817	-4.64%	-249,494	-30.59%
Total Board and Committee	973,311	➡ 638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	➡ -29.14%

- 29% below budget due to virtual meetings, case management protocol and Rules of Procedure projects deferred to next year due to staff shortages

Personnel – 2022 Projected

SCHEDULE B Personnel									
	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Salaries	17,671,800	14,545,743	15,266,188	3,126,057	21.49%	2,405,612	15.76%	-720,445	-4.72%
Benefits	3,510,260	2,893,565	3,122,776	616,695	21.31%	387,484	12.41%	-229,211	-7.34%
Other Personnel <i>(Education, training, professional dues)</i>	796,661	445,220	579,418	351,441	78.94%	217,243	37.49%	-134,198	-23.16%
Total Personnel Costs	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%

- 5.7% below budget due to high number of vacancies throughout the year, difficulty sourcing the right talent, and deferred corporate training initiatives

Regulatory Programs – 2022 Projected

SCHEDULE C Regulatory Programs

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
Association Fees - NAPRA	135,000	132,769	132,769	2,231	1.68%	2,231	1.68%	0	0.00%
Communication Initiatives	69,000	➡ 20,726	85,000	48,274	232.91%	-16,000	-18.82%	-64,274	-75.62%
Consulting - Regulatory	0	0	1,000	0	0.00%	-1,000	-100.00%	-1,000	-100.00%
Donations, Contributions and Grants	0	0	2,000	0	0.00%	-2,000	-100.00%	-2,000	-100.00%
DPP Inspection	500	0	500	500	0.00%	0	0.00%	-500	-100.00%
Election	6,000	5,500	6,000	500	9.09%	0	0.00%	-500	-8.33%
Examinations, Certificates and Registration	239,906	229,194	183,905	10,712	4.67%	56,001	30.45%	45,289	24.63%
HIP / Investigation / Intake	92,400	54,158	80,650	38,242	70.61%	11,750	14.57%	-26,492	-32.85%
Legal Conduct	1,193,000	➡ 1,144,053	1,268,578	48,947	4.28%	-75,578	-5.96%	-124,525	-9.82%
Legal - Regulatory	32,000	➡ 23,239	75,000	8,761	37.70%	-43,000	-57.33%	-51,761	-69.01%
Medication Safety Programs	1,405,783	1,387,551	1,365,703	18,231	1.31%	40,080	2.93%	21,849	1.60%
Practice Assessment of Competence at Entry	83,344	81,062	72,515	2,282	2.82%	10,829	14.93%	8,547	11.79%
Practice Initiatives	246,000	➡ 114,648	238,960	131,352	114.57%	7,040	2.95%	-124,312	-52.02%
Professional Development / Remediation	2,525	2,232	3,024	293	13.13%	-499	-16.50%	-792	-26.19%
Professional Health Program	95,000	80,818	115,000	14,182	17.55%	-20,000	-17.39%	-34,182	-29.72%
Quality Assurance	152,061	144,593	190,017	7,468	5.16%	-37,956	-19.98%	-45,424	-23.91%
Total Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	➡ -10.47%

- 10.5% below budget due to use of in-house legal team, reduced need for external legal support for regulatory initiatives, and delay of Communication and Practice Initiatives due to pandemic




Operations – 2022 Projected

SCHEDULE D Operations				Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	2023	2022	2022						
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Association Fees - General	15,000	14,904	15,000	96	0.65%	0	0.00%	-96	-0.64%
Audit	28,800	27,089	27,000	1,711	6.32%	1,800	6.67%	89	0.33%
Bank / Credit Card Charges	577,200	536,547	557,000	40,653	7.58%	20,200	3.63%	-20,453	-3.67%
Consulting - Operation	425,000	→ 350,448	177,500	74,553	21.27%	247,500	139.44%	172,948	97.44%
Courier/Delivery	4,450	3,457	3,750	993	28.73%	700	18.67%	-293	-7.82%
Insurance - E & O	8,500	6,761	7,500	1,739	25.72%	1,000	13.33%	-739	-9.86%
Legal - Operation	17,500	14,695	15,000	2,805	19.09%	2,500	16.67%	-305	-2.03%
Niagara Apothecary	36,000	35,493	37,330	507	1.43%	-1,330	-3.56%	-1,837	-4.92%
Office Equipment Leasing & Maintenance	16,000	15,000	20,000	1,000	6.67%	-4,000	-20.00%	-5,000	-25.00%
Postage	1,500	1,722	2,500	-222	-12.91%	-1,000	-40.00%	-778	-31.11%
Property	260,246	273,625	276,963	-13,380	-4.89%	-16,717	-6.04%	-3,338	-1.21%
Publications-Pharmacy Connection & Annual Report	11,000	10,773	10,000	227	2.11%	1,000	10.00%	773	7.73%
Software Subscriptions / Support / Maintenance	697,572	666,497	669,369	31,075	4.66%	28,203	4.21%	-2,872	-0.43%
Subscriptions	50,703	36,500	45,837	14,203	38.91%	4,866	10.62%	-9,337	-20.37%
Supplies/Stationery	41,275	26,115	28,150	15,160	58.05%	13,125	46.63%	-2,035	-7.23%
Telecommunications	260,757	200,730	227,601	60,027	29.90%	33,156	14.57%	-26,870	-11.81%
Travel	302,421	190,910	201,234	111,511	58.41%	101,187	50.28%	-10,324	-5.13%
Total Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	→ 3.86%

- 3.8% above budget due to use of external consultants for support of technology refresh and workplace culture initiatives

Revenue – 2022 Projected

SCHEDULE E Revenue

	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Pharmacist Fees	14,705,459	13,525,193	13,603,620	1,180,267	8.73%	1,101,839	8.10%	-78,428	-0.58%
Pharmacy Technician Fees	3,190,683	2,910,024	2,874,231	280,659	9.64%	316,451	11.01%	35,793	1.25%
Community Pharmacy Fees	6,765,865	6,267,263	6,292,086	498,602	7.96%	473,779	7.53%	-24,823	-0.39%
Hospital Pharmacy Fees	1,138,426	1,065,857	1,082,286	72,569	6.81%	56,140	5.19%	-16,429	-1.52%
DPP Inspection Fees	28,072	16,443	26,309	11,629	70.72%	1,763	6.70%	-9,866	-37.50%
Health Profession Corporation	205,775	192,719	182,583	13,057	6.77%	23,192	12.70%	10,136	5.55%
Registration Fees and Income	800,724	771,993	735,723	28,731	3.72%	65,001	8.83%	36,270	4.93%
Investment Income	475,000	 309,656	140,000	165,344	53.40%	335,000	239.29%	169,656	121.18%
Discipline Costs Order	375,000	 357,000	600,000	18,000	5.04%	-225,000	-37.50%	-243,000	-40.50%
TOTAL REVENUE	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	 -0.47%

- Revenue forecast to be 0.5% under budget
- Investment income increase due to increased interest rates
- Discipline Cost Order decrease due to uncollectable cost orders



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2023 Proposed Operating and Capital Budget

2023 Budget Summary

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
REVENUE - "Schedule E"	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	-0.47%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%
Schedule "B" - Personnel	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%
Schedule "C" - Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%
Schedule "D" - Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%
TOTAL EXPENDITURES	29,458,474	24,354,493	26,011,364	5,103,981	20.96%	3,447,110	13.25%	-1,656,871	-6.37%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	➡ -1,773,470	1,061,654	-474,525	-2,835,124	-267.05%	-1,298,945	273.74%	1,536,179	-323.73%
Capital Expenditures	-2,055,000	-241,871	-368,500	-1,813,129	749.62%	-1,686,500	457.67%	126,629	-34.36%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	➡ -3,828,470	➡ 819,783	-843,025	-4,648,253	-567.01%	-2,985,445	354.13%	1,662,808	-197.24%

- Expenses will exceed revenue for 2023 resulting in an operating deficit of \$1.8 million and a deficit after capital of \$3.8 million
- 2022 surplus after capital expenditures is projected to be \$0.82 million. The deficit will be covered by current operating surplus and the remainder drawn from the contingency reserve. Total accumulated surpluses: \$10 million

Schedule A – Board and Committee Expenses

SCHEDULE A Board & Committee Expenses				Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	2023	2022	2022						
	Budget	Projected	Budget	\$	%	\$	%	\$	%
	➡ 195,500	72,020	85,000	123,480	171.45%	110,500	130.00%	-12,980	-15.27%
Committees:									
Accreditation	9,667	6,734	10,933	2,932	43.54%	-1,266	-11.58%	-4,199	-38.40%
Discipline	➡ 486,387	345,032	522,689	141,355	40.97%	-36,302	-6.95%	-177,657	-33.99%
DPP	5,267	3,813	7,293	1,454	38.13%	-2,026	-27.79%	-3,480	-47.72%
Executive	8,000	5,500	5,000	2,500	45.45%	3,000	60.00%	500	10.00%
Finance & Audit	5,787	23,462	4,000	-17,675	-75.34%	1,787	44.67%	19,462	486.55%
Fitness to Practice	11,821	16,687	25,493	-4,866	-29.16%	-13,672	-53.63%	-8,806	-34.54%
ICRC	➡ 165,036	100,040	150,249	64,996	64.97%	14,787	9.84%	-50,209	-33.42%
Patient Relation	28,702	28,767	26,376	-65	-0.22%	2,326	8.82%	2,391	9.06%
Quality Assurance	11,425	6,250	19,831	5,175	82.80%	-8,406	-42.39%	-13,581	-68.48%
Registration	31,258	21,904	25,464	9,354	42.70%	5,794	22.76%	-3,560	-13.98%
Screening	8,462	2,500	6,600	5,962	238.46%	1,862	28.21%	-4,100	-62.12%
Governance	6,000	3,000	6,700	3,000	100.00%	-700	-10.45%	-3,700	-55.22%
Selection Committee	0	2,444	5,000	-2,444	-100.00%	-5,000	-100.00%	-2,556	-51.12%
Total Committees	777,811	566,134	815,628	211,677	37.39%	-37,817	-4.64%	-249,494	-30.59%
Total Board and Committee	➡ 973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%

- Board and Committee Expenses increase reflects new expense limits and honoraria; Board off-site strategic planning retreat with external consultant; external review of Board effectiveness; and externally contracted Registrar & CEO performance management
- DC costs to include enhanced member training, and allowance for extraordinary claims; Rules of Procedure and formal case management protocol (deferred from 2022, budgeted for 2023)
- Most committee meetings remain virtual with some in-person meetings (DC on case-by-case and ICRC panel meetings for oral cautions in-person)

Schedule B - Personnel

SCHEDULE B Personnel									
	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Salaries	➡ 17,671,800	14,545,743	15,266,188	3,126,057	21.49%	2,405,612	15.76%	-720,445	-4.72%
Benefits	➡ 3,510,260	2,893,565	3,122,776	616,695	21.31%	387,484	12.41%	-229,211	-7.34%
Other Personnel <i>(Education, training, professional dues)</i>	➡ 796,661	445,220	579,418	351,441	78.94%	217,243	37.49%	-134,198	-23.16%
Total Personnel Costs	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%

- Salary budget includes an allowance of 6.7% (in line with CPI) on existing staff salaries and assumes all currently vacant positions will be filled by YE 2022
- Approximately 25 new positions will be added in 2023 with staggered start dates throughout the year
- New positions impact benefit costs relating to statutory payroll costs as well as pension and group benefit premiums
- Employee relations and education and training costs are expected to increase significantly as we expand professional development, training, and employee engagement activities
- Other Personnel costs include a provision for agency fees to source specific talent for key positions

Schedule C – Regulatory Programs

	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Association Fees - NAPRA	135,000	132,769	132,769	2,231	1.68%	2,231	1.68%	0	0.00%
Communication Initiatives	→ 69,000	20,726	85,000	48,274	232.91%	-16,000	-18.82%	-64,274	-75.62%
Consulting - Regulatory	0	0	1,000	0	0.00%	-1,000	-100.00%	-1,000	-100.00%
Donations, Contributions and Grants	0	0	2,000	0	0.00%	-2,000	-100.00%	-2,000	-100.00%
DPP Inspection	500	0	500	500	0.00%	0	0.00%	-500	-100.00%
Election	6,000	5,500	6,000	500	9.09%	0	0.00%	-500	-8.33%
Examinations, Certificates and Registration	239,906	229,194	183,905	10,712	4.67%	56,001	30.45%	45,289	24.63%
HIP / Investigation / Intake	92,400	54,158	80,650	38,242	70.61%	11,750	14.57%	-26,492	-32.85%
Legal Conduct	→ 1,193,000	1,144,053	1,268,578	48,947	4.28%	-75,578	-5.96%	-124,525	-9.82%
Legal - Regulatory	32,000	23,239	75,000	8,761	37.70%	-43,000	-57.33%	-51,761	-69.01%
Medication Safety Programs	→ 1,405,783	1,387,551	1,365,703	18,231	1.31%	40,080	2.93%	21,849	1.60%
Practice Assessment of Competence at Entry	83,344	81,062	72,515	2,282	2.82%	10,829	14.93%	8,547	11.79%
Practice Initiatives	→ 246,000	114,648	238,960	131,352	114.57%	7,040	2.95%	-124,312	-52.02%
Professional Development / Remediation	2,525	2,232	3,024	293	13.13%	-499	-16.50%	-792	-26.19%
Professional Health Program	95,000	80,818	115,000	14,182	17.55%	-20,000	-17.39%	-34,182	-29.72%
Quality Assurance	152,061	144,593	190,017	7,468	5.16%	-37,956	-19.98%	-45,424	-23.91%
Total Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%


- Significant costs within legislated programs are external legal services and the AIMS program (Pharmapod)
- Communications and Practice Initiatives deferred from 2022 are budgeted for 2023
 - EDI, Expanded Scope, Patient Reported Experience, Community Practice Initiative, AIMS Data Strategy
 - Imbed risk-based approach to operational assessments, enhanced standardization
 - Advance and update hospital operations criteria

Schedule D – Operations

	2023	2022	2022	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
	Budget	Projected	Budget	\$	%	\$	%	\$	%
Association Fees - General	15,000	14,904	15,000	96	0.65%	0	0.00%	-96	-0.64%
Audit	28,800	27,089	27,000	1,711	6.32%	1,800	6.67%	89	0.33%
Bank / Credit Card Charges	577,200	536,547	557,000	40,653	7.58%	20,200	3.63%	-20,453	-3.67%
Consulting - Operation	➡ 425,000	350,448	177,500	74,553	21.27%	247,500	139.44%	172,948	97.44%
Courier/Delivery	4,450	3,457	3,750	993	28.73%	700	18.67%	-293	-7.82%
Insurance - E & O	8,500	6,761	7,500	1,739	25.72%	1,000	13.33%	-739	-9.86%
Legal - Operation	17,500	14,695	15,000	2,805	19.09%	2,500	16.67%	-305	-2.03%
Niagara Apothecary	36,000	35,493	37,330	507	1.43%	-1,330	-3.56%	-1,837	-4.92%
Office Equipment Leasing & Maintenance	16,000	15,000	20,000	1,000	6.67%	-4,000	-20.00%	-5,000	-25.00%
Postage	1,500	1,722	2,500	-222	-12.91%	-1,000	-40.00%	-778	-31.11%
Property	260,246	273,625	276,963	-13,380	-4.89%	-16,717	-6.04%	-3,338	-1.21%
Publications-Pharmacy Connection & Annual Report	11,000	10,773	10,000	227	2.11%	1,000	10.00%	773	7.73%
Software Subscriptions / Support / Maintenance	697,572	666,497	669,369	31,075	4.66%	28,203	4.21%	-2,872	-0.43%
Subscriptions	50,703	36,500	45,837	14,203	38.91%	4,866	10.62%	-9,337	-20.37%
Supplies/Stationery	41,275	26,115	28,150	15,160	58.05%	13,125	46.63%	-2,035	-7.23%
Telecommunications	➡ 260,757	200,730	227,601	60,027	29.90%	33,156	14.57%	-26,870	-11.81%
Travel	➡ 302,421	190,910	201,234	111,511	58.41%	101,187	50.28%	-10,324	-5.13%
Total Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%

- Operations costs in most categories are expected to remain consistent with current year actuals and budget aside from consulting, telecommunications and travel

Schedule E – Revenue

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
Pharmacist Fees	14,705,459	13,525,193	13,603,620	1,180,267	8.73%	1,101,839	8.10%	-78,428	-0.58%
Pharmacy Technician Fees	3,190,683	2,910,024	2,874,231	280,659	9.64%	316,451	11.01%	35,793	1.25%
Community Pharmacy Fees	6,765,865	6,267,263	6,292,086	498,602	7.96%	473,779	7.53%	-24,823	-0.39%
Hospital Pharmacy Fees	1,138,426	1,065,857	1,082,286	72,569	6.81%	56,140	5.19%	-16,429	-1.52%
DPP Inspection Fees	28,072	16,443	26,309	11,629	70.72%	1,763	6.70%	-9,866	-37.50%
Health Profession Corporation	205,775	192,719	182,583	13,057	6.77%	23,192	12.70%	10,136	5.55%
Registration Fees and Income	800,724	771,993	735,723	28,731	3.72%	65,001	8.83%	36,270	4.93%
Investment Income	475,000	309,656	140,000	165,344	53.40%	335,000	239.29%	169,656	121.18%
Discipline Costs Order	375,000	357,000	600,000	18,000	5.04%	-225,000	-37.50%	-243,000	-40.50%
TOTAL REVENUE	 27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	-0.47%

- Increase of 6.7% across all fee categories, equivalent to the Consumer Price Index (CPI)
- Assumptions:
 - Entry-to-practice volumes to stabilize; new registrations for internationally educated applicants are expected to remain modest in 2023
 - Registration and Quality Assurance regulations will not be proclaimed in 2023, so student class registrations will continue
 - Pharmacy transactions (sales, relocations, openings, closures) to stabilize to pre-pandemic levels

2023 Budget Summary

	2023 Budget	2022 Projected	2022 Budget	Var. 2023 Budget to 2022 Projected		Var. 2023 Budget to 2022 Budget		Var. 2022 Projected to 2022 Budget	
				\$	%	\$	%	\$	%
REVENUE - "Schedule E"	27,685,004	25,416,147	25,536,839	2,268,857	8.93%	2,148,165	8.41%	-120,692	-0.47%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	973,311	638,154	900,628	335,157	52.52%	72,683	8.07%	-262,474	-29.14%
Schedule "B" - Personnel	21,978,721	17,884,528	18,968,382	4,094,193	22.89%	3,010,339	15.87%	-1,083,853	-5.71%
Schedule "C" - Regulatory Programs	3,752,519	3,420,544	3,820,621	331,975	9.71%	-68,102	-1.78%	-400,077	-10.47%
Schedule "D" - Operations	2,753,924	2,411,267	2,321,734	342,656	14.21%	432,190	18.61%	89,534	3.86%
TOTAL EXPENDITURES	29,458,474	24,354,493	26,011,364	5,103,981	20.96%	3,447,110	13.25%	-1,656,871	-6.37%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	-1,773,470	1,061,654	-474,525	-2,835,124	-267.05%	-1,298,945	273.74%	1,536,179	-323.73%
Capital Expenditures	➡ -2,055,000	-241,871	-368,500	-1,813,129	749.62%	-1,686,500	457.67%	126,629	-34.36%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	-3,828,470	819,783	-843,025	-4,648,253	-567.01%	-2,985,445	354.13%	1,662,808	-197.24%

- Capital expenditures includes \$250K for computer equipment, improvement to storage capacity and miscellaneous hardware to support the technology infrastructure
- Estimated \$1.6 million for the replacement of the CRM
- Facility upgrades to the elevator at 483 Huron Street



**Ontario College
of Pharmacists**

Putting patients first since 1871

Motion:

**That the Board of Directors approve the
2023 Operating and Capital Budget**