Ontario College of Pharmacists
Putting patients first since 1871

# Board Meeting Agenda

## MONDAY JUNE 12, 2023

## 9:30 AM – 3:00 PM

MS TEAMS MEETING LINK

| Time | Topic |
|---|---|
| 9:30 am | **1. National Indigenous History Month: Land Acknowledgement**<br>Dan Stapleton will provide the land acknowledgement. |
| | **2. Pride Month: Inclusivity and Language**<br>James Morrison, Board Chair and Jacq Hixson-Vulpe, Strategic Advisor, Equity, Diversity and Inclusion will present on inclusive practises and the use of gendered language. |
| | **3. Declaration of Conflict of Interest, if Any**<br>Directors will be asked to identify any items on the agenda with which they have or may appear to have a conflict of interest. |
| 9:55 am | **4. Consent Agenda – for Approval**<br>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.<br>1. Minutes of the Board Meeting March 21, 2022<br>2. Appointment of the Scrutineers & review of election timeline<br>3. 2023-2024 Executive Committee and Board Meeting Dates |
| 10:00 am | **5. Chair's Opening Remarks – for Information**<br>1. Chair's Report for June 2023 Board<br>2. March 2023 Board Meeting Evaluation<br>3. 2023 Skills Inventory |

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| 10:15 am | **6.** | **Registrar's Report – for Information**<br>The College can only be effective in delivering its mandate if it is operating effectively and this report assists in ensuring that is done. Another element of public interest is transparency. This report provides information to the Board and the public about significant activities the College has been involved in since the March 2023 Board meeting. |
| 10:30 am | | **BREAK** |
| 10:45 am | **7.** | **Motion to go in Camera pursuant to the Health Professions Procedural Code, subsections 7(2)(b) and (c)** |
| 11:45 am | | **Performance Reporting**<br>Maintaining transparency 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.<br><br>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. |
| | **8.** | **College Performance Scorecard Q1 – For Information**<br>Thomas Custers, Director, Corporate Services will present the 2023 Q1 Performance Scorecard results. |
| | **9.** | **2023 Mid-Year Risk Report– For Information**<br>Rick Chen, Manager, Business Processes will provide the Board with the College's Mid-Year Risk report. |
| 12:10 pm | **10.** | **Equity, Diversity & Inclusion Strategy – For Information**<br>Patients have the right to expect to receive pharmacy care that respects their human rights, and the public expects that the College will regulate the practice of pharmacy in a manner that is effective and fair, free from unnecessary barriers, and responsive to emerging concerns related to equity.<br><br>Delia Sinclair Frigault, Equity, Diversity & Inclusion Manager will present OCP's EDI strategy |

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| 12:30 pm | **LUNCH** |
| 1:30 pm | **11. Registration Regulation Amendments – Emergency Class Provisions-- For Approval**<br><br>Amendments to General Regulation 202/94 under the Pharmacy Act, 1991 support consistency across health professions and codify the circumstances that would initiate activation of the emergency assignment class of registration when it is determined to be in the public interest.<br><br>Susan James, Director, Quality will present a summary of the consultation feedback regarding the proposed amendments to General Regulation 202/94 under the Pharmacy Act, 1991 |
| 1:50 pm | **12. Expanded Scope Regulation Amendments – Vaccines – For Approval**<br>The College is proposing to make regulatory amendments concerning vaccine administration, prescribing for Tamiflu and administrative changes to the regulatory authority for administration of the COVID vaccine and prescribing of Paxlovid, in preparation of the 2023-24 influenza season.<br><br>Susan James, Director of Quality will present the proposed amendments to OCP's scope of practice regulation. |
| 3:00 pm | **MEETING END** |

Ontario College of Pharmacists

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**MINUTES OF MEETING**

**OF BOARD OF DIRECTORS**

**MARCH 21, 2023**

**TUESDAY, MARCH 21, 2023 – 9:00 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
Christine Henderson, Toronto
Adrienne Katz, Toronto
Elnora Magboo, Brampton
Dan Stapleton, Toronto
Gene Szabo, Kanata
Cindy Wagg, Oakville
Devinder Walia, Etobicoke

**Staff Present**
Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Susan James, Director, Quality
Stephenie Summerhill, Executive Assistant to Registrar and CEO
Sharlene Rankin, Executive Assistant to the Directors
Todd Leach, Manager, Communications
Katya Masnyk, Senior Consultant, Evidence and Research

The meeting was called to order at 9:05 a.m. Mr. Morrison welcomed all Directors, staff, and observers.

## 1. Land Acknowledgement

The Chair invited Siva Sivapalan to provide a land acknowledgement in recognition and respect for Indigenous peoples.

## 2. Declaration of Conflict

Mr. Morrison noted the importance of declaring conflicts of interest when it comes to matters being discussed and approved by the Board. Concerning Item 7, he reminded the Board that in a previous meeting it had been agreed that unless members were in the business of selling time-delayed safes, there was no conflict of interest to be declared.

Mr. Morrison has noted a conflict for the item regarding his attendance at an international conference, on that item Sara Ingram took over as Chair for the consent agenda section, and Mr. Morrison made no contribution to the decision-making process.

Andrea Edginton declared a conflict regarding item 9 on minor ailment prescribing as President & COO of MAPflow a company which provides software designed to support clinical decisions in assessing and prescribing minor ailments for the Ontario pharmacy practice environment. She recused herself from the meeting for that item's discussion.

No additional conflicts were declared.

## 3. Consent agenda

3.1. Minutes of the Board Meeting December 12, 2022
3.2. Approval for Board Chair to attend an international conference.

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

## 4. Chair's Opening Remarks

### 4.1. Chair's Report for March 2023 Board
### 4.2. December 2022 Board Meeting Evaluation

Mr. Morrison acknowledged March as Pharmacy Appreciation Month, an opportunity to recognize and express appreciation for pharmacy professionals in Ontario. On behalf of the OCP Board, Leadership and Staff of the College, Billy Cheung recognized the contributions made by pharmacy professionals to the health and wellbeing of patients across the province and extended the warmest thanks for their commitment to patients and dedication to quality, ethical and safe pharmacy care.

Mr. Morrison referred to the Chair's report included in the meeting package, noting the positive evaluation results from the December Board meeting. Mr. Morrison noted that the Board would soon be sent the 2023 Board Skills Inventory survey. Completion by Board Directors will be used in Board recruitment and the development of educational activities for the Board. Mr. Morrison reported that

the executive compensation survey by Mungall Consulting is ongoing. He noted the new table that reports Committee activities by Board Directors. One Director noted a required correction and staff indicated that they would verify the information and update the table.

## 5. Registrar's Report

The Registrar and CEO provided a brief overview of her report. In particular, she notes that an increase in directives from the Ministry of Health have had an impact on College staff workloads and project progress. Some of these are captured in the Registrar's Report briefing note and others will be the focus of the conversation in other agenda items.

### In-Camera Discussion

The Board approved a motion to go in Camera pursuant to the Health Professions Procedural Code, subsections 7(2)(b) and (c), at 9:38 a.m. The Board resumed the public portion of the meeting at 11:03 a.m.

Prior to continuation of the public Board meeting, Lisa Dolovich delivered a message to recognize the International Day of the Elimination of Racial Discrimination and acknowledged the important role the College can continue to play in helping to eliminate racial discrimination in our society in all its forms.

## 6. College Scorecard

### 6.1. 2022 College Performance Scorecard – for Information

Ms. Tanchak reinforced that the purpose of the Scorecard is to help the Board monitor the performance of the organization by way of specific indicators that are proxies of overall performance.

Based on the information in the scorecard, Board Directors asked about the College's ability to see which pharmacies are not using the AIMS reporting platform. Susan James responded that the College has access to aggregate and de-identified data but not particular pharmacy activity. She indicated that we work with the vendor to engage those pharmacies directly to encourage use and engagement with the program and platform. Additional staffing resources toward engaging pharmacies has proven to be effective so far to encourage participation and get feedback on understanding barriers. The Board acknowledged the efforts made and encouraged the ongoing evolution of the tool to make it more user-friendly so that it can continue to offer value to pharmacies.

### 6.2. 2023 College Performance Scorecard Targets and Definitions – for Approval

Ms. Tanchak provided an overview of the proposed key performance indicators and targets for the 2023 Scorecard, in follow-up to the discussion at the December 2022 meeting. She noted an additional indicator related to governance engagement and elaborated on the indicators related to minor ailments implementation evaluation and IT and data infrastructure improvements.

A motion to approve the 2023 College Performance Scorecard as presented was moved and seconded. The motion **CARRIED.**

**7. Pharmacy Safety Initiative – Time-Delayed Safes**

Susan James, Director of Quality sought approval of two updated Designated Manager policies which will require the use of time-delayed safes in community pharmacies across Ontario, and the display of prominent signage indicating their use, per the briefing notes circulated in the Board meeting materials. A requirement for time-delayed safes aligns with the College's 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 and safe pharmacy practice and regulatory excellence.

A motion to approve the updated Designated Manager-Medication Procurement and Inventory Management Policy, which reflects the requirement for the use of time-delayed safes in community pharmacies, as presented was moved and seconded. The motion **CARRIED.**

A motion to approve the updated Designated Manager-Required Signage in a Community Pharmacy Policy, which reflects the requirement for the use of College-approved time-delayed safe signage in community pharmacies, as presented was moved and seconded. The motion **CARRIED.**

**8. Registration Regulations – Emergency Class Provisions**

Susan James summarized the briefing note circulated with the meeting materials related to proposed amendments to Regulation 202/94 of the Pharmacy Act, 1991 Part V.1. The amendments align with the College's existing provisions, which in 2021 created an emergency assignment (EA) class due to pharmacy pressures resulting from the pandemic, with the requirements of registration regulation 508/22 under the Regulated Health Professions Act, 1991.

Ms James noted that in addition to proposed changes to the emergency class criteria, the College would advise the Ministry that the creation of a pharmacy technician intern certificate, as proposed in the College's previously submitted registration regulation amendments, would also support the goal of reducing health human resource shortages.

A motion to approve amendments to Regulation 202/94 of the Pharmacy Act, 1991, Part V.1 and VI.1 for public consultation as presented was moved and seconded. The motion **CARRIED.**

To meet the Ministry's requested timeline, a subsequent motion to seek approval from the Minister to abridge the requirement for a 60-day public consultation on the regulation amendments was moved and seconded. The motion **CARRIED.**

**9. Expansion of Scope – Minor Ailments**

Susan James summarized the briefing note included in the Board package that outlined the request from the Minister of Health to make regulations to enable pharmacists to prescribe six additional minor ailments previously approved by the Board.

The College anticipates an implementation date of fall 2023 which would provide enough time to ensure treatment algorithms are updated appropriately and for the profession to prepare.

A motion to approve the proposed amendments to Regulation 202/94 of the Pharmacy Act, 1991, Part VII.3 (Controlled Acts), as shared in Attachments 9.3 and 9.4 of the Board materials, for submission to the Minister of Health was moved and seconded. The motion **CARRIED.**

The Board also considered seeking the Minister's approval to waive the required 60-day public consultation period for the proposed regulation change given the extensive consultation performed previously on the original list of minor ailments approved by the Board.

A motion to approve that a request be made to the Minister of Health to waive or abridge the requirement for a 60-day public consultation period for the proposed regulation changes noted above was moved and seconded. The motion **CARRIED.**

As requested by the Minister, the College will also initiate the process to re-engage the Minor Ailments Advisory Group (MAAG) to explore the addition of further minor ailments, including those that may require additional scope of practice expansion to support safe and effective prescribing, and prepare recommendations for Board consideration later this fall, prior to submission to the Minister.

The Board also discussed the use of medication categories utilizing the American Hospital Formulary Service (AHFS) classification model. The College is prepared to explore alternate options that may include drug lists should the AHFS database no longer be practical for use in the future.

**10. Audited Financial Statements**

Dan Stapleton, Chair of the Finance and Audit Committee together with Dale Tinkham, Managing Partner, Tinkham LLP Chartered Professional Accountants, presented the draft audited financial statements for 2022. It was reported that the Finance and Audit Committee had reviewed the Auditor's Report and was satisfied that the financial reporting risks outlined in the audit planning letter was being appropriately addressed. The opinion of the Auditor is that the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2022.

A motion to approve the presented audited financial statements for the operations of the Ontario College of Pharmacists for 2022 as prepared by management was moved and seconded. The motion **CARRIED.**

**11. Selection of the Investment Manager**

Dan Stapleton, Chair of the Finance and Audit Committee, presented the Board with an update on the selection of an investment manager for the College, following the approval of Policy 4.12 Investments and Investment Policy Statement and Procedure for Reserve Funds in December 2022.
He reported that the FAC had unanimously supported proceeding with the investment firm BMO Nesbitt Burns and ratified its selection of Frank Teti, Senior Portfolio Manager, BMO Nesbitt Burns as Investment Manager for the College. The FAC will meet with the Investment Manager in June 2023 to discuss next steps.

Following the report from the Chair of the FAC, the briefing note was received for information.

**12. Appointment of 2023 Screening Committee**

James Morrison, Board Chair presented the Executive Committee's recommendations for the appointments to the Screening Committee to screen for competence of individuals seeking to run for election to the Board and appointment to Committees for the 2023 - 2024 Board year. As per the by-laws, the Committee is comprised of a mix of Board Directors – both public and elected – and two Lay Committee Appointees with an understanding of regulatory governance. To provide continuity during these formative years with the new governance structure, the following Lay Committee Appointees that have served on the screening for the last three years were presented for reappointment: Governance Committee Chair; Public Director – Gene Szabo; Public Director – Dan Stapleton; Lay Committee Appointee – David Collie; and Lay Committee Appointee – Megan Sloan.

A motion to approve the appointments of the 2023 Screening Committee as presented was moved and seconded. The motion **CARRIED.**

**13. 2024 Strategic Plan**

The Board participated in an offsite retreat to develop the College's next Strategic Plan. Identification of OCP values, regulatory principles, and strategic goals (together, "The Strategic Plan") will guide operational and policy decisions in the coming years, aiming to optimize regulatory performance. Given competing priorities and limited resources, careful consideration was given about how best to achieve this outcome.

Input received through engagement and participation of College staff, and key external partners was used by the Board to inform development of the plan. Board Chair James Morrison acknowledged the importance of the staff and partner input, and expressed his appreciation for the overall effort that went into the strategic planning preparation prior to and throughout the Board retreat. The Board proceeded to consider motions to approve the Values, Regulatory Principles and Goals that collectively will make up the Strategic Plan for the next five years, effective 2024.

A motion to approve the following Values as presented was moved and seconded:

- Accountability
- Fairness
- Collaboration
- Judiciousness
- Integrity
- Transparency

The motion **CARRIED.**

A motion to approve the following Regulatory Principles, subject to minor editorial revisions, as presented was moved and seconded:

- *Mandate/Public Protection*: All our work is to ensure safe and ethical professional practice and quality health services in pharmacy and by pharmacy professionals.

- *Risk:* We use data to anticipate and measure risk. We act to reduce or prevent harms. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.
- *Right Touch:* Regulatory decisions and guidance will be judicious and consistent with the principles of right touch Regulation1.
- *Partnerships:* We strive to engage and collaborate with Ontario patients and other health system partners to protect the public.
- *Culture:* We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.
- *Person-focused:* We will act with fairness and compassion towards all participating in our processes by being clear, consistent, and timely.
- *Transparency:* Transparency is a cornerstone of the College. We will continue to strive to ensure that we communicate our expectations, requirements, activities and performance as clearly as possible.
- *Leadership and Innovation*: We will engage with partners to innovate and drive change to most effectively address identified risk.

The motion **CARRIED.**

A motion to approve the following Goals as presented was moved and seconded.

1. In all practice settings, pharmacy management practices and business metrics do not impede pharmacy professionals' ability to meet the Standards of Practice and abide by the Code of Ethics or compromise their health and well-being.
2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
3. The College has the expertise and resources to effectively address immediate demands caused by changes in the regulatory or practice environment.
4. The College uses its regulatory authority and influence to drive positive change in pharmacy practice towards ensuring all patients are treated with respect and without discrimination.

The motion **CARRIED.**

**12. Adjournment**

There being no further business**, at 1:46 p.m. the meeting ended.** The Board expressed its appreciation to Stephenie Summerhill for her support and efforts in organizing the details of the retreat for Board Directors.

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

## FOR DECISION

**From**: Shenda Tanchak, Registrar and CEO

**Topic:** Appointment of Scrutineers and review of 2023 Election timelines

**Issue/Description:** The OCP Bylaw under Article 5 requires the appointment of Scrutineers to support the Registrar in fulfilment of their electoral duties.

**Public interest rationale:** Appointing Scrutineers ensures that OCP maintains transparency, integrity, and fairness in its electoral process.

**Strategic alignment, regulatory processes, and actions**: The Board appoints Scrutineers in alignment with OCP's strategic priority to strengthen trust and confidence in the College's role and values, to be transparent about its processes, act with integrity and be held accountable for its actions.

**Background:**

- Beginning in 2020, an election of Elected Directors is held in August of every year for the number of positions on the Board that are then available
- Each year Scrutineers are appointed to support the Registrar in fulfilling their electoral duties by ascertaining the eligibility of each voting Registrant and verifying the votes following the elections.
- The Registrar has selected Wayne Hindermarsh and Zubin Austin, who have previously served in this capacity, to serve as Scrutineers for the 2023 Elections.

**2023 Election timelines:**

- Voting for the Board of Directors will take place electronically using the voting platform, Big Pulse, same as last year.
- Voting will commence July 12, 2023 and close at 5:00pm on August 2, 2023.
- Poll results will be confirmed with Scrutineers August 3, 2023.

**Motion:**

**That the Board approves the appointment of Wayne Hindermarsh and Zubin Austin to serve as Scrutineers for the 2023 Elections.**

**Next steps:**

The Scrutineers will provide the Board with a report on the fulfillment of their appointment after the election.

# 2023-2024 Board and Executive Committee Meeting Schedule

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|---|---|
| Executive | Monday, March 4, 2024 |
| **BOARD** | **Monday, March 25, 2024** |
| Executive | Monday, May 27, 2024 |
| **BOARD** | **Monday, June 10, 2024** |
| Executive | Wednesday, September 4, 2024 |
| **BOARD** | **Monday, September 16, 2024** |
| | **Tuesday, September 17, 2024** |
| Executive | Monday, November 25, 2024 |
| **BOARD** | **Monday, December 9, 2024** |

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

**FOR INFORMATION**

**From:** James Morrison, OCP Board Chair

**Topic:** Chair's Report for June 2023

**Issue/Description:** The Chair provides a regular report of their activities between meetings.

**Public interest rationale:** The Chair serves the public interest by providing leadership in the management of the OCP's Board affairs and ensuring the Board fulfills its legislated mandate and strategic goals in collaboration with the Registrar & CEO. This report serves to provide the public with valuable information about the activities, decisions, and initiatives undertaken on behalf of the OCP, ensuring transparency and building trust.

**Background:** I respectfully submit a report on my activities since the March 2023 Meeting. In addition to regular meetings and phone calls with the Registrar & 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:**

- March 29, 2023 – Discipline Hearing
- April 17, 2023 – OCP New Board Director Orientation for John Vanstone
- April 26, 2023 - HPRO Unconscious Bias Session
- April 28, 2023 - Governance Committee Meeting
- May 3-5, 2023 – CLEAR International Conference (Dublin)
- May 9-10 – NAPRA Board & Annual Meeting of Members (Ottawa)
- May 12 - OCP New Board Director Orientation for JP Eskander
- May 15, 2023 – U of W, School of Pharmacy - White Coat Ceremony
- May 18-19 – Discipline Hearing
- May 29, 2023 – Executive Committee Meeting
- June 1, 2023 – Discipline Hearing
- June 6, 2023 – Discipline Committee Meeting
- June 9, 2023 – U of T, Leslie Dan Faculty of Pharmacy - Class of 2T3: Graduation Reception and Awards Ceremony

**March Board Meeting Evaluations**

Attached to my report is a copy of the March 2023 Board Meeting Evaluation (Attachment 5.1). 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.

**2023 Skills Inventory Results**

Thank you all for participating in the 2023 Skills Inventory survey. In accordance with Board Policy 3.3 the skills assessment is run annually to allow the Board to understand its own strengths, gaps and opportunities for improvement.

Attached to this report is a briefing note along with a summary of the results (Attachment 5.2). Following the meeting each Director will receive a copy of their own results along with the aggregate results from the full Board. If you have any questions about your results, you can reach out to myself or Billy Cheung, the Interim Chair of the Governance Committee.

**Updates**

I am pleased to welcome John Vanstone and JP Eskander, our new Public Directors, appointed by the Lieutenant Governor In Council, each for a one-year term. John Vanstone has extensive experience as a business development, sales, and marketing professional and spent several years supporting fundraising efforts for muscular dystrophy research. JP Eskander, has extensive experience as a consultant in the private and public sectors and currently leads a boutique consulting firm focused on healthcare value creation services using tested and proven analytical frameworks. We are excited to have both join the Board and welcome them.

They have been assigned mentors and will be sitting on Discipline and ICRC Committee.

**Board Director Committee Activities**

The following chart provides an overview of the committee activities that each Board Director participated in since the last Board meeting in March. The table below may not be entirely accurate as at the time of its posting, but the College continues working to ensure that all activities are captured.

| **Director** | **Committee(s)** | **Meetings/Hearings** |
|---|---|---|
| Jennifer Antunes | Discipline | |
| Connie Beck | Discipline<br>Governance | April 27, May 3, 18-19, June 6<br>April 28 |
| Doug Brown | Discipline<br>Finance and Audit<br>Governance | April 3, May 9, 17<br>June 6 June 9<br>April 28 |
| Billy Cheung<br>*Interim Chair | Discipline<br>Governance* | April 6, 13<br>April 28 |
| Andrea Fernandes | Discipline | June 6 |
| Sara Ingram | Discipline<br>Executive<br>Finance and Audit<br>Governance (observer) | May 9, May 18-19, June 6<br>May 29<br>June 9<br>April 28 |
| James Morrison<br><br><br>*ex-officio | Discipline<br>Executive<br>Finance and Audit*<br>Governance* | March 29, May 18-19, June 1, 6<br>May 29<br><br>April 28 |
| Siva Sivapalan | Discipline<br>Executive<br>Finance and Audit | April 21, May 1, May 12, 31, June 5, 6<br>May 29<br>June 9 |
| Wilf Steer | Discipline<br>Finance and Audit | June 6<br>June 9 |
| Randy Baker | Discipline<br>Fitness to Practice<br>ICRC<br>Registration | March 29, April 6, 21, May 1, 12, June 6<br><br>March 31, April 28, May 15, 24 |
| JP Eskander<br>*New Board Director - appointed on April 20, 2023* | Discipline<br>ICRC | May 31<br>June 8 |
| Christine Henderson | Discipline<br>Executive | April 6, 13, May 9, 18-19, June 1, June 6<br>May 29 |

| | | |
|---|---|---|
| Adrienne Katz | Discipline<br>Finance and Audit<br>ICRC | May 31, June 6<br>June 9<br>May 4, May 11 |
| Elnora Magboo | Accred/DPP<br>ICRC<br>Quality Assurance | June 1<br>March 30, April 27, May 11, 30, 31<br>May 16, |
| Dan Stapleton | Discipline<br>Executive<br>Finance and Audit<br>ICRC | April 3, May 9, 31, June 1<br>May 29<br>June 9<br>April 25, May 11, 12, June 8 |
| Gene Szabo | Accred/DPP<br>Discipline<br>Fitness to Practice<br>ICRC | March 22, April 6, 14<br><br><br>March 28, April 13, May 11, 18 |
| John Vanstone<br>*New Board Director - appointed on March 23, 2023* | Discipline<br>ICRC | May 31, June 6<br>May 25 |
| Cindy Wagg | Discipline<br>ICRC<br>Quality Assurance | April 5, 13, 27, May 3, 17, 18-19, June 5, 6<br>April 4, May 11, May 16,<br>January 17, February 21, April 18 |
| Devinder Walia | Discipline<br>Governance<br>ICRC<br>Registration | April 3, 5, 13, 27, May 17, June 5, 6<br>April 28<br>March 23, 30, May 9, 11, June 7<br>April 11, May 2, 15, 26 |
| Lisa Dolovich | Registration | May 15 |
| Andrea Edginton | Registration | May 15 |

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

**FOR INFORMATION**

**From**: James Morrison, OCP Board Chair

**Topic:** March 2023 Board Meeting Evaluation Summary

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

**Public interest rationale:** Evaluating the effectiveness of the Board meetings is an important element of good governance. By assessing the effectiveness of the meetings, the Board can identify the strengths and weaknesses and use the results to make improvements.

**Background:** At the conclusion of the March 2023 Board meeting, the Board Directors were polled for feedback on the meeting and proceedings. It should be noted the Board of Directors also partcipated in two days of Strategic Planning prior to the Board meeting and the results reflect a total three days.

https://www.surveymonkey.com/results/SM-8o6EMp7tUbL8YcO220fJng_3D_3D/

1. **Meeting Materials**

| Answer Choices | Yes | No |
|---|---|---|
| Due to circumstances beyond staff control, you did not receive all of the materials for the meeting asfar in advance as usual. Despite this, did you feel prepared for the meeting? | 18 | 0 |
| Were the materials appropriate to exercise your oversight role? | 17 | 0 |

**Comments:**

- Maybe having the meeting materials a bit further in advance would be helpful. For example, having had the weekend prior to review would have meant less of a time crunch.
- I was able to exercise my oversight role, but it would have been easier/more complete if anenvironmental scan of Minor Ailments in other provinces had been included.

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

**YES = 18**
**NO = 0**

**Comments:**

- I thought that there was excellent participation at both the strategy session and board meeting.

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

**YES = 18**
**NO = 0**

**Comments:**

- Strongly agree that Board directors were respectful and considerate of diverse opinions, whether from College staff or one another.

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

**YES = 17**
**NO = 1**

**Comments:**

- James and Sara continue to do an amazing job ensuring this happens.
- For the most part, everyone is allowed to speak, however, there are some points during the meeting when board members are told not to speak or to wait.
- James did an excellent job of chairing the meeting including ensuring everyone who wanted to speak could do so.
- The Chair was considerate, patient and encouraging in conducting the meeting. His sense of gentle humour is a plus.

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

**YES = 18**
**NO = 0**

**Comments:**

- Occasionally got into operational issues to better understand the issues at hand, but overall, yes.

6. **Meeting Process Evaluation**

| Answer Choices | Agree | Disagree |
|---|---|---|
| Over the three days, the meetings kept to the schedule. | 17 | 1 |
| I had a clear understanding of the objectives for the strategic planning and board meetings. | 18 | 0 |
| The time spent on each item was appropriate. | 18 | 0 |
| I felt supported and valued as a member of this Board. | 18 | 0 |
| I felt comfortable and encouraged to discuss and share my opinions openly. | 18 | 0 |
| Disagreements were handled openly, honestly, directly and respectfully. | 18 | 0 |
| The Chair kept discussions on track. | 18 | 0 |

| | | |
|---|---|---|
| The Chair was prepared for the meeting. | 18 | 0 |
| Follow up action item responsibilities were clear to all meeting participants before the meeting was adjourned. | 17 | 0 |
| Overall, we accomplished our objectives for this meeting. | 18 | 0 |

**Comments:**

- The meeting was extremely well run.
- The strategic planning process was exceptionally well run and the participating staff and board members worked collaboratively and respectfully together to address our objectives.
- The last day of meeting abruptly ended, about 2 hours prior to the schedule of 3:30 pm. While this ought to be a welcome change, it would have been better if this possibility of being adjourned very early was mentioned prior to the second half of the day so some of us could have better planned our remaining day.

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

- This was a productive strategic planning exercise -- good approaches were made to get input, discuss challenges, and have a little fun to boot! The Board meeting itself ran smoothly.
- Overall excellent 3 days with the Board and a valuable opportunity to be in-person. There were a few times where I felt some discussion drifted into details not related to the decision along with some debating before the motion related to minor ailments. Nothing major however, something we all need to be diligent towards in terms of process.
- We covered a lot of ground and accomplished a lot. A very enjoyable three days.
- I believe the strategic facilitation was excellently executed. It was a very effective use of time and resulted in productive take aways - such as goals!
- The meeting was a great mix of business and socializing which allowed the Board to form deeper relationships. I feel this will make the Board more effective over the longer term and so it was time well spent. The discussion within the strategic planning portion was really important for setting the course over the coming 4-5 years. The organization of the event was stellar with special mention to Steph who was amazing.
- The venue for this strategic planning session was excellent. The participation of College staff added significantly to the effectiveness of the Board's decision making process. And the food and beverages at the hotel were A+.
- While all OCP staff who attended and participated in the planning and meeting sessions deserve our thanks, Stephenie deserves the highest commendation for pulling this off without a hitch. Her organizing capability, attention to details and thoughtfulness are just marvelous. OCP is lucky to have her back!
- When teams are picked. It would be better if they were either picked by the staff or folks just go into the groups themselves and not give this task to indivuals.
- Strategy development sessions can be very difficult to run and to produce quality results. I felt that the OCP staff did an exceptional job planning and executing the three days of meetings. This included the materials, schedule, venue and meals. Well done!
- Impressive feat developing the strategic plan. It came together nicely.

Respectfully submitted,

James Morrison, Board Chair

Ontario College of Pharmacists
Putting patients first since 1871

**BOARD BRIEFING NOTE**
**MEETING DATE: JUNE 2023**

**FOR INFORMATION**

**INITIATED BY:** Billy Cheung, Interim Chair, Governance Committee

**TOPIC:** 2023 Skills Inventory

**ISSUE:** The results of the 2023 Skills Inventory are being shared with the Board for Information

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

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

**BACKGROUND:**

- Since 2020 when the by-laws were amended to enable the Board to screen for competency against a list of desired skills and competencies, prospective Boardapplicants are asked to self-identify their level of competence against the prescribed skills and competencies using a 5-point scale.

- In 2021, the College introduced the skills inventory survey to provide structured, clear, universally applicable criteria upon which Directors could objectively assess their level of expertise or exposure on each competency.

- The 2021 skills inventory survey results were used to develop two unique Director profiles for the 2021 Board Election, with one seat reserved for registrants with experience serving patients in remote and northern regions, and the other vacancies emphasizing competencies where gaps were evident.

- In response to feedback from the independent consultants who perform the initial screening of Board Applicants for election, the skills inventory survey was further refined in 2022 to address perceived bias toward incumbent applicants.

- The purpose and process for the annual skills inventory survey is set out in Board Policy 1.4 - Board Competencies, Skills, and Experience Inventory (Appendix 1).

**ANALYSIS:**

- The 2023 skills inventory survey results are being shared with the Board for information (Appendix 2). In addition, each Board member will receive a report on their own competency profile in relation to the collective board competency profile.

- The results indicate that while collectively all competencies are effectively represented on the Board, a couple of the competencies are concentrated in a low number of Directors. The preference would be to have a Board comprised of broader skill representation to support balanced consideration of issues.

- The Governance Committee has reviewed the 2023 skills inventory survey results and the core competencies and areas of practice where additional skills are required.

- The Governance Committee considered the various factors affecting the elections and agreed not to reserve seats for specific competencies this year, rather to emphasize within the 2023 Director Profile the additional strengths required on the Board.

- In addition to emphasizing the competencies where additional strength would be desired in the 2023 Director Profile for election, the College will communicate those areas to the Public Appointments Unit for consideration in future appointments to the Board.

- Information gathered from the survey will be used to identify training for the Board.

**NEXT STEPS:**

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

**ATTACHMENTS:**

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

## Policy 1.4 Board Competencies, Skills and Experience Inventory

### Purpose:

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

### Application:

This process applies to:

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

### Process:

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

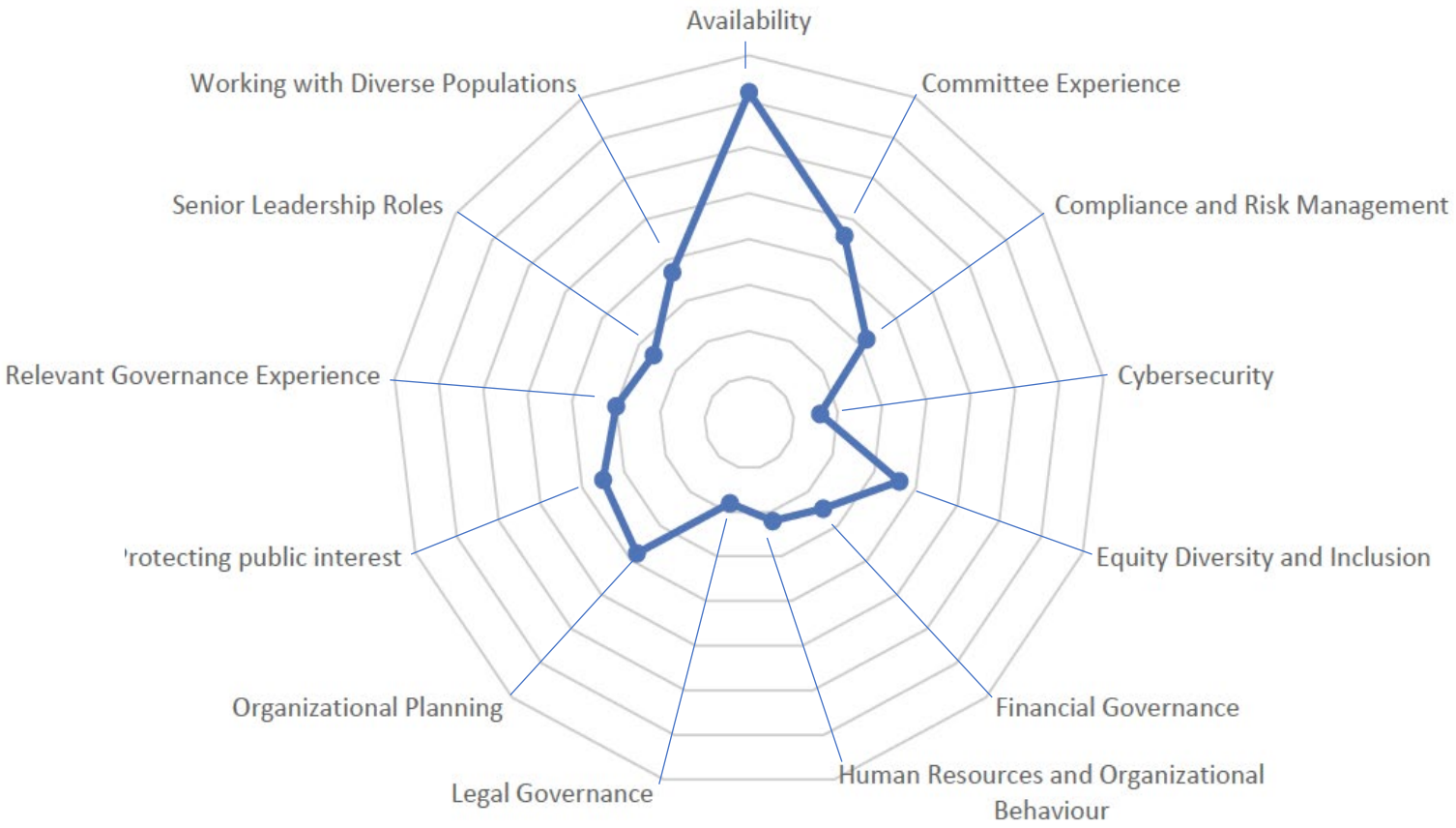
The inventory of skills[1] gathered will be used to evaluate the current and future gaps in the competencies and practice experience required to round out the Board. Annually this information will be used to create the Board Director Profile for the election and will also be used in the consideration of long range plans for the Board and for training opportunities.

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

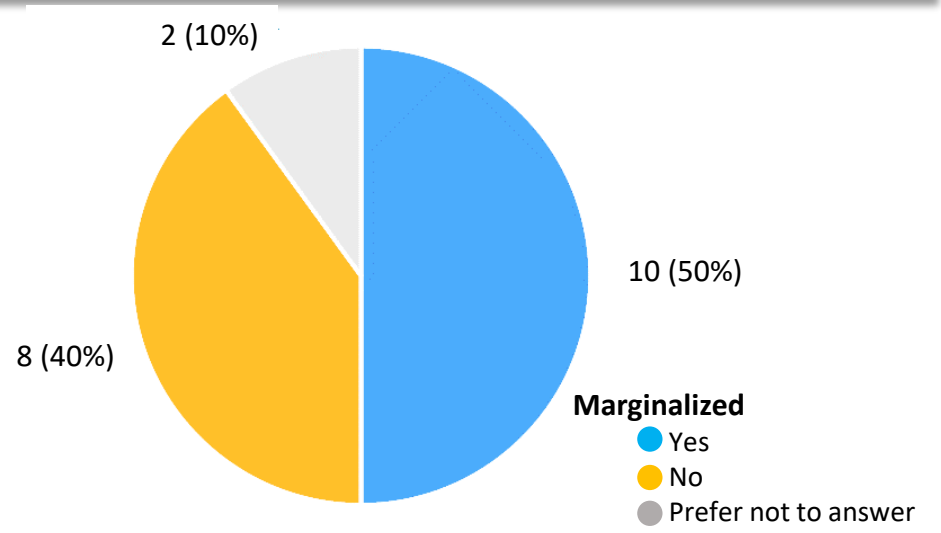
Amendment: The Board may amendthis policy.
Approval Date: December 7,2020
Last Review: December 7,2020
Last Revision: December7, 2020
Next Review Date:XXXX

[1] *The Skills Inventory is not a public document*

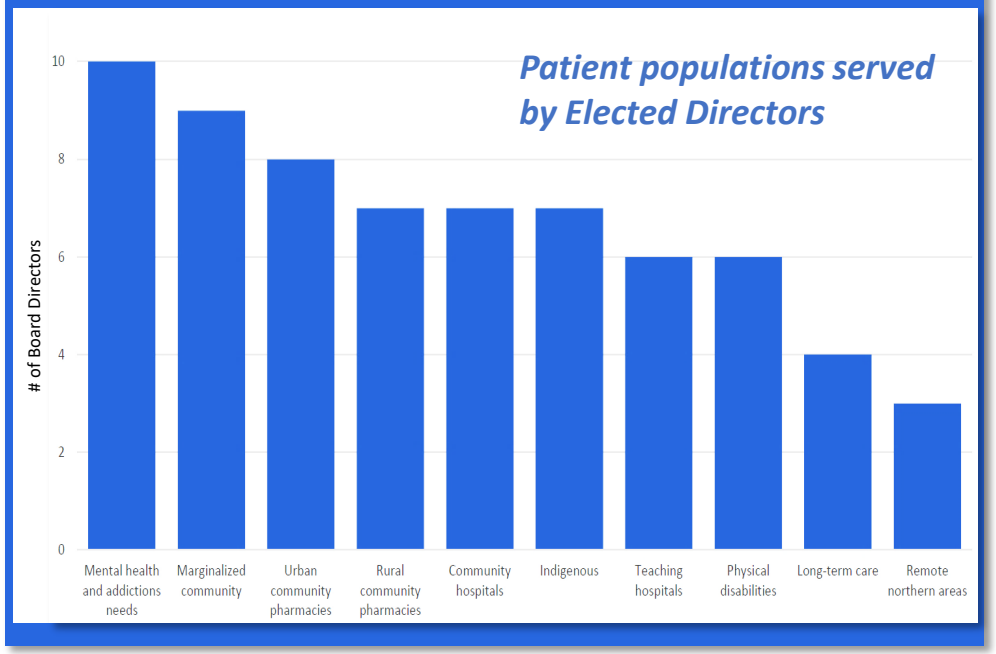
# 2023 OCP Board of Director Competencies - Weighted




# Diversity on the Board




# Areas of Service



**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

**FOR INFORMATION**

**From:** Shenda Tanchak, Registrar and CEO

**Topic:** Registrar's Report for June 2023

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. One element of public interest is the delivery of our protection mandate. The College can only be effective in delivering its mandate if it is operating effectively and this report assists in ensuring we are doing so. Another element of public interest is transparency. This report provides information to the Board and the public about significant activities the College is involved with.

## Client Records Management (CRM) System | Data |Information Technology

OCP has selected a vendor for our new CRM. Our preference was based on the 'out of the box' suitability of the product design as well as its customizability to meet future needs. College staff across the organization participated in the analysis of vendor proposals to help us reach this conclusion. Design and development are expected to begin within the next few months, with implementation anticipated to be approached one business area at a time.

## Strategic planning

The Board approved the strategic plan at its March meeting. Some elements of the plan were approved subject to final editing. The final wording of the principles and the goals are included in this report (Attachment 7.1), which also describes the process by which they were developed.

We are beginning the preliminary operational planning processes to ensure we support the plan with sound operational tactics and an appropriate budget.

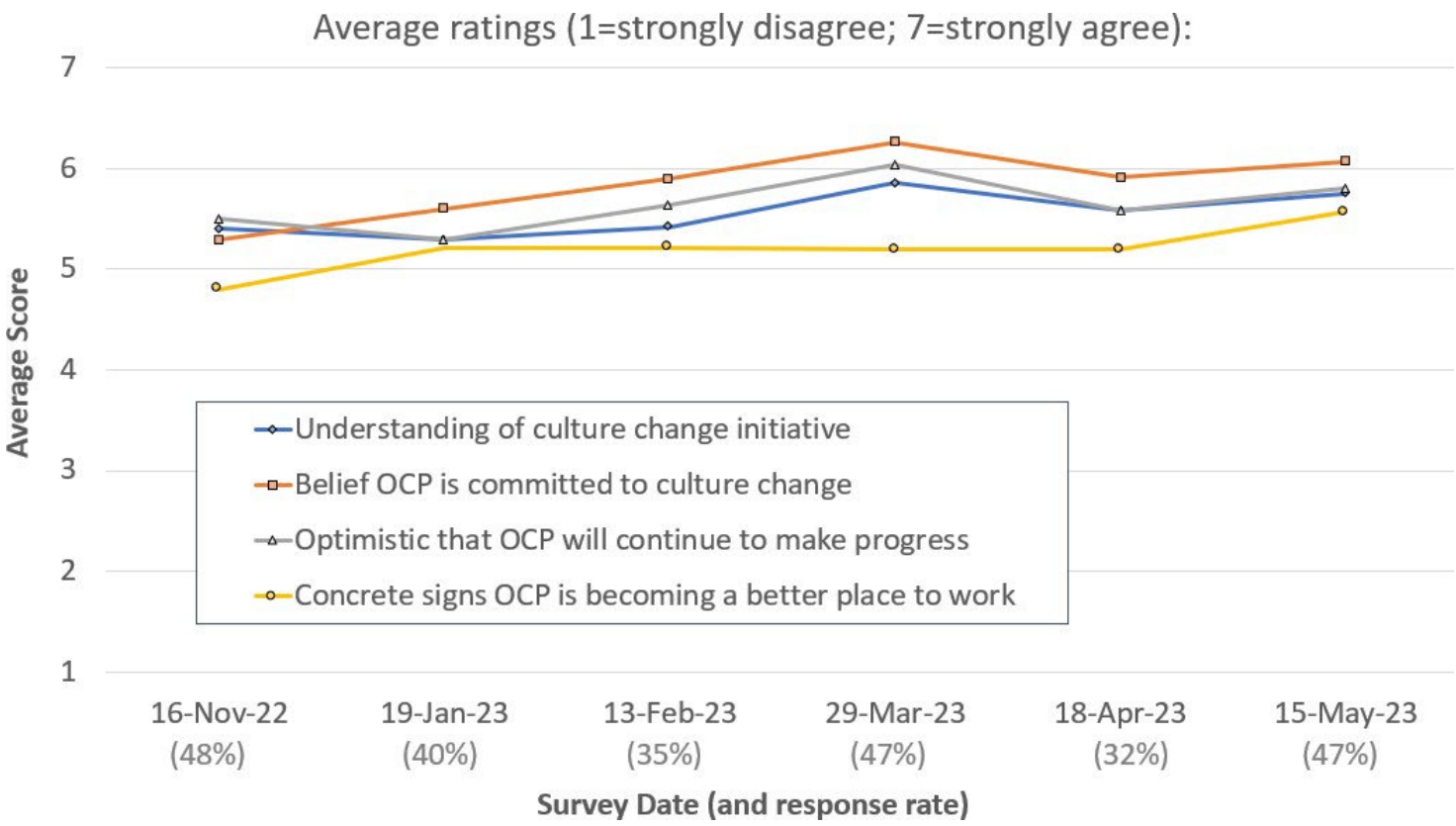
## Scorecard

### 2022 College Performance Measurement Framework report and Annual Report

- On March 31st, the College published the 2022 College Performance Measurement Framework report.
- The College also published its most recent annual report which includes highlights from the year, relevant statistics about the profession, activities of the College links to other resources the latest CPMF report and summary audited financial statements.
- The publication and submission of an annual report to the Minister of Health is required under regulation, and the College will continue to explore the most effective complementary relationship between the annual report and CPMF. CPMF Ascend Podcast: "The development, value, and future of Ontario's CPMF: Ascend Radio"

**People/Culture**

- The College held its first post-pandemic in-person Quarterly All-Staff meeting on March 29, 2023. The purpose of the meeting was to provide staff with an update on the decisions made at the March Board meeting, engage in cross-college educational activities, and brainstorm about opportunities to support development of tactics for achieving the OCP strategic goals.
- Monthly all-staff meetings continue virtually. Following each meeting, we survey staff to monitor engagement/culture trends. The culture change survey plays a vital role in understanding, shaping, and monitoring the College's cultural goal to create a more positive and productive work environment. The data collected from the surveys inform decision-making by leadership and measures the effectiveness of initiatives, interventions and strategies that have been implemented to drive cultural changes. The results for the period November 2022 – May 2023 follows.




Survey questions:

1. I have a reasonably good understanding of the broad goals of the culture change initiative and what it is
2. I believe that OCP, as an organization, is committed to becoming a place where people can work more happily and effectively
3. I feel optimistic that, over the coming months, OCP will continue to make progress on becoming a better place to work
4. Over the past months, I have seen concrete signs that OCP is becoming a better place to work

**Government and Legislative/Regulatory Change**

Regulation change has become increasingly frequent for the College in past few years. Many changes were driven by COVID-related access to care needs. Now, as these specific demands have begun to abate, they are the result of efforts to address acute health human resource shortages. Pharmacy is not the only profession that has experienced scope expansion in recent months.

Other changes include addition of the controlled act of applying soundwaves for diagnostic purposes to the scopes of medical radiation technologists, respiratory therapists and some nurses, additional wound treatment acts to nursing scope, addition of the authority to administer Alpha Lipoic Acid and Tyrosine by injection and administration and dispensing of Vitamin B1 through B6 and Vitamin D for naturopaths and amendments to the drugs that chiropodists are authorized to prescribe.

Exploration of further expansion of the pharmacy authority and scope continues, and the Board may expect to see these issues on the Board agenda for the foreseeable future. Following the March Board meeting, we determined that a more concerted focus on government relations was warranted. We have formally added this responsibility to Todd Leach's portfolio: now Manager, Communications and Government Relations. We have also retained Counsel Public Affairs to advise us.

In response to a request by the Minister of Health, reported at the March Board meeting, we have convened a Scope of Practice Advisory Group which includes Board representation by Sara Ingram. This group will consider the clinical and educational elements of additional activities (prescribing and others, as they arise) and make recommendations about what activities it is advisable to add to pharmacists' scope of practice and under what conditions. The group will make recommendations for Board consideration. Since the letter from the Minister prompted this action, Ministry staff have asked that the College explore additional authorities, as will be reported on a file-by-file basis.

Some of you will be familiar with the scopes of practice of pharmacists in other provinces, others may wish to get a sense of the broadest Canadian scope (in Alberta) by listening to, or reading this CBC broadcast. This may give you a sense of the type of activities the Advisory Group is discussing.

**Regulation Status Report**

This table identifies the status of all College regulation amendment submissions. All proposed amendments to regulations must be, and have been, approved by the Board. They are then submitted to the government for final approval. We will report on the status of these submissions on a regular basis.

| Act/Regulation | Primary purpose for the proposed amendment | Date of Submission to MOH | Current Status | Next Steps | Other Comments |
|---|---|---|---|---|---|
| **Outstanding Submissions** | | | | | |
| Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections | **Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach. | February 2018 | Awaiting policy approval and legislative drafting at the MOH | Revise in accordance with direction received from Ministry, if any.<br><br>Once final, Ministry will provide the sealed regulation to the College, this is anticipated in the fall of 2023. After the sealed regulation has | OCP has advised MOH of the need for pharmacy technician intern class to address workforce challenges/shortages - particularly in hospital. Corresponding changes for class of certificates are approved in the Drug and Pharmacies Regulation Act |

| | | | | | |
|---|---|---|---|---|---|
| | **Quality Assurance** – to include pharmacy technicians and align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to practice to standards. | | | been signed by the College, it will be submitted for final government approval | (Section 149 (1)) pending approval of these Pharmacy Act changes. |
| Pharmacy Act, General regulation (202/94) Registration - Emergency Assignment Certificates | To achieve alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA | Planned for June 13, 2023 | Public consultation complete, analysis and recommendation for submission to Board on June 12, 2023 | If approved by Board, submit to MOH to initiate approval process | To achieve regulatory compliance with recent amendments to the RHPA, government approval is required by August 31, 2023. |
| Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing) | To add six additional minor ailments to the pharmacy scope of practice. | April 14, 2023 | Final review prior to being sealed | Seal the regulation for final government approval - anticipated before end of June with an October 1st implementation date | The OCP submission relied on lists of drugs for identification of the parameters of the prescribing authority. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information).<br>The change was a result of intellectual property -based impediments to access to the AHFS information. |

| | | | | | |
|---|---|---|---|---|---|
| Recently Approved | | | | | |
| Pharmacy Act, General regulation 202/94 – Controlled Acts (Administration by injection and inhalation) | Enable administration of drugs for purposes beyond education and demonstration | November 2019 | Approved May 15, 2023 | Implementation July 1, 2023 | College guidelines updated. |
| Other | | | | | |
| Pharmacy Act (and all other Acts referencing the College) | Request to change the College name to "College of Pharmacy" | February 2019, Letter to the Minister of Health and June 2021 as part of response to governance consultation. | Minister responded that evidence and support that patients would benefit is required | | |
| Regulated Health Professions Act and Pharmacy Act – government consultation on governance reform | Board supported: Reduction in Board size, separate Board and Statutory Committees, Competency Based elections, flexibility to investigate, continue 50/50 balance of professional and public directors, and eliminating academic directors | June 30 2021 Response to government consultation through letter to Ministry | No further action from government to date | Dependent on government direction | |
| N/A - Advice to Government re - closed Preferred Provider networks | Board recommendation to government to consider negative impact of closed preferred provider networks: impact on patient choice and continuity of care. | January 2019 Letter to Minister of Health | N/A – no response expected, letter provided advice only | Closed Provider Networks continue to be in existence | |

**Meetings with Partners**

**Health Professional Regulators of Ontario (HPRO)**

- Meeting with Ministry of Health/HPRO re: Bill 60 – March 27, 2023
- HPRO Regular Bi-Weekly Information-Sharing Session – April 4, 2023
- HPRO Management Committee Meeting – April 5, 2023
- HPRO Management Committee Meeting – April 20, 2023
- HPRO Management Committee Meeting with Auditor re. 2022 Financial Statements – April 28,2023
- HPRO Regular Bi-Weekly Information-Sharing Session – April 4 and May 16, 2023
- HPRO Board Meeting – May 19, 2023
- **HPRO Elections**: HPRO has reelected me to the Management Committee as Treasurer for the 2023-2024 year. Attached to this report are the news release and Chair and Management Committee Report providing the highlights for 2022-2023 (Attachments 6.1 and 6.2)

**NAPRA**

- NAPRA Board of Directors Meeting - March 28, 2023
- PRA Discussion: NS Bill 256 – April 4, 2023
- NAPRA Board of Directors Meeting – April 25, 2023
- NAPRA Board of Directors Meeting – May 9-10, 2023
- NAPRA Annual Meeting of Members – May 9, 2023 (attended by the Registrar and Board Chair)
- PRA Roundtable & Emerging Issues – June 6, 2023

OCP/PharmD uOttawa Meeting – March 30, 2023 OPA/OCP Meetings – April 11 and May 15, 2023 CSHP OB & OCP – April 12, 2023

TASHN Monthly Meeting – May 8, 2023

**Presentations**

CNAR - May 2023 Virtual Discussion Event: Regulatory Excellence – May 10, 2023

Pharmacy Technician Professional Development conference: Strategic Plan, Pharmacy Technician Practices Assessments, AIMs with Tracy Wills and Saira Lalliani – May 27, 2023

CSHP Ontario Branch Hospital Pharmacy Management Seminar (OHPMS): Strategic Plan – June 5, 2023

**Conferences**

James Morrison and I attended CLEAR's International Congress on Professional and Occupational Regulation in Dublin, Ireland from May 3 to 5 with other regulators and the conference covered the following:

- What does Regulatory Transformation Look Like In The Real World?
- Academia and Regulation Working in Partnership, Making a Difference: The Symbiotic Value of Workforce Wellbeing Research for Regulators
- Compassionate Regulation and Health of Registrants
- Collaboratively creating a life-cycle approach to professional regulatory board member onboarding
- Experience, Innovation and Social Media – Managing the Social Media Presence of the Regulated and the Regulator
- DEI in Practice: Accountability versus implementation
- Regulatory relationships: interactions between regulators and the people or organizations they regulate

**Horizon Scan**

- **Emergency Assignment Registration Extended until July 23, 2023**

  The College is extending access to existing emergency assignment (EA) registration certificate holders until July 23, 2023 and continues to accept new applications for EA registration for pharmacists and pharmacy technicians.

  The decision acknowledges that there is sustained demand and pressure on the pharmacy workforce. In collaboration with the provincial government, the College will continue to monitor the situation to determine any future extensions to EA registration beyond the current expiry date.

- The Prince Edward Island Pharmacy College has received a human rights complaint related to its requirements for methadone dispensing. PEI HR complaint - Jonathan Tsamantanis v College of Pharmacy (File #2276-19). OCP staff will monitor this file to identify implications for our own requirements and a potential connection to our Equity, Discrimination and Inclusion work.

- The Nova Scotia legislature has made it easier for internationally educated professionals to become registered in that province. Those coming from certain jurisdictions will no longer be required to meet the usual entry to practice requirements. The jurisdictions to which this will apply, and other details will not be known until regulations are introduced. This may be relevant for our College because of labour mobility laws that require us to provide certificates of registration to those who are registered in other Canadian jurisdictions. We will monitor this file and report back about any necessary actions.

- In response to cross border sales of drugs and resulting shortages in British Columbia, that government introduced a regulation that limits sales of Semaglutide to Canadians or in person sales. Given increasing drug shortages, it will be interesting to see if additional drugs are added to the list or if this approach is adopted by other provinces.
- A recent report from the Standing Committee on Health (HESA), entitled "Addressing Canada's Health Workforce Crisis" made three recommendations related to health professional regulation, set out below. It is unknown whether action will be taken based on these recommendations.

  **Internationally-trained Health Care Workers**

  ***Recommendation 3:*** *That the Government of Canada collaborate with provincial and territorial governments and professional regulatory bodies to improve upon and expand pathways to licensure for international physicians who have already completed their residency and who practiced abroad, such as the National Assessment Collaboration's (NAC) Practice- Ready Assessment (PRA) program and other similar initiatives.*

  **Pan-Canadian Licensure**

  ***Recommendation 7:*** *That the Government of Canada work with the provinces, territories, and professional regulatory bodies to establish pan-Canadian licensure for health professionals.*

  ***Recommendation 8:*** *That the Government of Canada work with the provinces, territories, and professional regulatory bodies to optimize the scope of practice for primary care professionals, including nurse practitioners and pharmacists.*

HPRO Health Profession Regulators of Ontario

# 2022-2023 HIGHLIGHTS

## HEALTH PROFESSION REGULATORS OF ONTARIO

CONTENTS



The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's*) 26 Colleges and the Registrars, who make up the Board of Directors. Collaboration and consensus are key for HPRO, helping its members live out its statement of purpose, "advancing excellence in public safety through collaboration of Ontario's health profession regulators". That is achieved through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

HPRO's leadership is thankful to all who support the work of HPRO, making a definitive difference in health profession regulation in Ontario.

## WINDING DOWN—COVID-19 PANDEMIC

*For the first time since March 3, 2020, HPRO's Board held an in-person meeting - Strategic Planning, facilitated by Deanna Williams (at the College of Chiropractors of Ontario on February 9th). The World Health Organization's May 5th statement that COVID-19 no longer constitutes a public health emergency of international concern, now allows everyone to reflect on that experience and to find ways to implement positive change for themselves and the greater good.*

**Management Committee Members:**

Elinor Larney, Chair

Dan Faulkner, Vice-Chair

Judy Rigby, Treasurer

Shenda Tanchak, Member (Past President) - as of October 6, 2022

Maureen Boon, Member

Joe Jamieson, Member - as of October 6, 2022

and

Rod Hamilton, Member until his passing on August 11, 2022 *(see Page 7)*

# CHAIR & MANAGEMENT COMMITTEE REPORT

*This report covers HPRO's corporate year from the June 1, 2022, Annual Meeting, reporting to the May 19, 2023, Annual Meeting.*

## STRATEGIC PLANNING

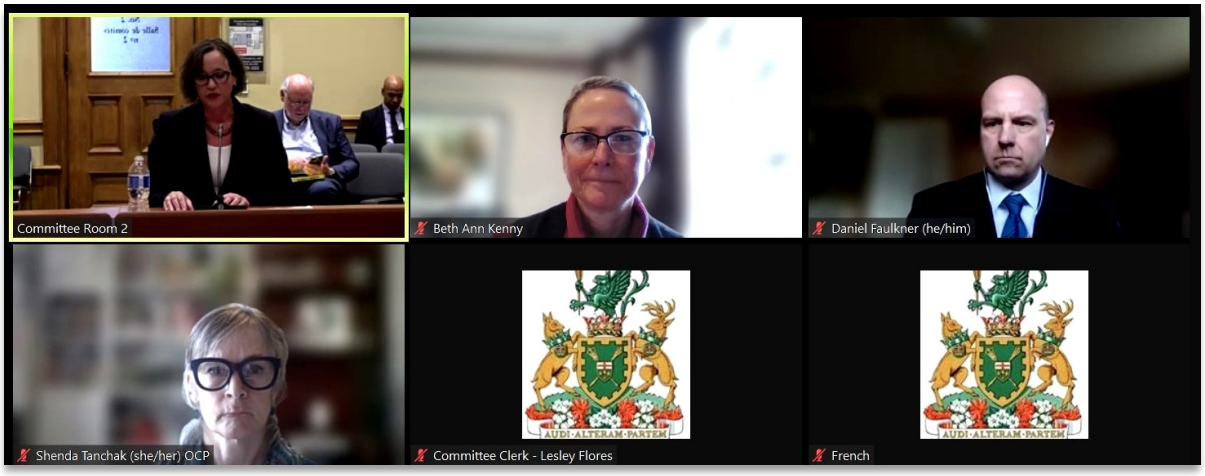
HPRO's Board of Directors was able to dedicate time to strategic planning (see photo on first page). This follows priority planning preparation and an extensive review and update to HPRO's By-Laws, ensuring consistency with the *Ontario Not-for-Profit Corporations Act* which took effect on October 19, 2021. Thanks are extended to Deanna Williams of Dundee Consulting Group Ltd. for facilitating the session and continuing to share her expertise.

## FOCUS ON LEGISLATION

The 2022-2023 corporate year included many meetings and discussions related to new or potentially amended legislation in Ontario. Trends across Canada were also being monitored, particularly noting major changes to regulated health professional registration. Some of HPRO's focus on legislation is highlighted below.

### PRESENTATION TO STANDING COMMITTEE ON SOCIAL POLICY RE. BILL 60, *YOUR HEALTH ACT, 2023*

On March 21, 2023, Management Committee representative Maureen Boon presented in person to the Standing Committee on Social Policy on Bill 60, *Your Health Act, 2023,* with virtual support of Dan Faulkner and Shenda Tanchak. The presentation focused on certain aspects of the "as of right" provisions, sharing, "HPRO's goal is to ensure that patients can be confident that the health professionals they see are safe, competent and professional, and that if something goes wrong, there is clear accountability." HPRO's support was offered with the hope to work with Government on regulations as the legislative process continues.



## CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

**FEEDBACK ON BILL 106, *PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022***

On June 9, 2022, HPRO wrote to the Ministry of Health's Assistant Deputy Minister Sean Court regarding its Bill 106, *Pandemic and Emergency Preparedness Act, 2022,* regulation consultation, focusing on section six and issues such as language proficiency, timely registration decisions, and emergency class of certificates of registration. At the time of publication of this edition of "Highlights", Colleges are completing their public consultation and internal regulation approval processes to include an "emergency class" of registration. HPRO's Chair Elinor Larney wrote, "Be assured that HPRO's member Colleges are committed to preventing any barriers to registration for healthcare professionals, recognizing the paramount need for regulators to fulfill their mandate to protect the public."

**COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)**

HPRO wrote to the Ministry of Health on December 7th to offer feedback on the 2022 CPMF reporting tool in anticipation of Colleges' third annual submission of their CPMF reports which are made publicly available by each College as of March 31st each year. These reports were designed to help the public understand how well regulatory Colleges are doing their job and to help continually improve accountability, transparency, and oversight. A network of HPRO members met weekly to share information about their CPMF reports and how to adopt commendable practices, such as governance modernization reforms, from October 28, 2022, to March of 2023.

**ANTI-RACISM IN HEALTH REGULATION PROJECT**

The Anti-Racism in Health Regulation Project, led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, continued to advance the Project to assist Colleges in their work related to equity, diversity, and inclusion (EDI). A grant from the Federal Government's Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program, announced on November 25, 2022, supports three areas:

1. An EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation;
2. An EDI self-assessment checklist and reporting tool; and
3. The development of an EDI toolkit, including internal training components for colleges.

As noted in the announcement, "This work will reach hundreds of college staff, Board and committee members, and ultimately, (hundreds of thousands of) regulated health professionals and their patients/clients." Additionally, HPRO has committed to share the outcomes of this project with other provinces and territories to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

**Anti-Racism in Health Regulation Project Steering Committee:**

Judy Rigby (CDTO), Chair
Deborah Adams (CRPO)
Brian Fehst (CKO)
Naakai Garnette (CMTO)
Zahra Grant (CMO)
Tim Mbugua (COTO)
Kevin McCarthy (CNO)
Brian O'Riordan (CASLPO)
Delia Sinclair Frigault (OCP)

## CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

**MEETINGS WITH REGULATORY SECTOR ORGANIZATIONS/PRESENTATIONS :**

- ADM Sean Court and ADM Karima Velji, Director Allison Henry, Manager Stephen Cheng, Manager Jason Maurier and others re. proposed legislation, the CPMF, governance modernization, and other government priorities
- David A. Wright, Ontario Physicians and Surgeons of Ontario Discipline Tribunal (OPSDT) Chair, on the newly formed process for hearings
- Christine Elliott, Counsel, Fasken re. insights on health regulatory sector
- Presentation by Richard Steinecke on "Reflections on Retirement"

## HPRO MEMBER STAFF KEY AREA NETWORKS

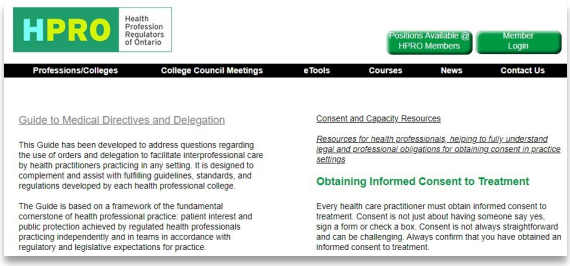
Staff have access to Networks of College areas of activity, including:

- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

## EDUCATIONAL OPPORTUNITIES

HPRO's members' Boards/Councils, committees, and staff are provided with resources for orientation, education, and training, including:

- Governance Training (*see page 6*)
- Discipline Orientation Workshops (*see page 6*)
- Education for Health Professional Regulators of Ontario (EHPRO) *(*all aspects of the *RHPA* available online for members)
- Training Videos about Patient Sexual Abuse *(*available online for members)
- Communicators' Day Conference (*see page 5*)




## HPRO'S ONLINE RESOURCES

- **Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario**
- **Consent and Capacity Resources**
- **Positions available at HPRO Member Colleges**
- **Information on College Board of Directors/Council Meeting dates**

## COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Ryan Pestana, continues to focus on encouraging public use of HPRO's public-facing website - ontariohealthregulators.ca (OHR) - which provides links to Colleges, specifically their public registers, information about complaints, and public consultations. This work is consistent with Colleges' duty to promote and enhance relations between Colleges and the public. Included on that site are a number of featured stories that share trusted information about "regulated health professionals and the organizations that oversee them". These articles and more are also featured through media outlets such as "Zoomer Marketing" and social media through Facebook.

In addition to that work, Colleges' communications teams are supported through a Network for information-sharing and an annual Communicators' Day Conference, which was held on December 1, 2022. This conference offered sessions on governance communications lessons (Ontario College of Teachers), using the CPMF as a new communications tool, genuine EDI communications, and Accessibility for Ontarians with Disabilities Act (AODA) compliance and accessible/inclusive communication.

**Communications Committee :**

- Ryan Pestana, Chair (CMTO)
- Dave Bourne (OCP)
- Lynn Butler (CKO)
- Jef Ekins (CMRITO)
- Michelle Price (CMLTO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

**Communicators' Day Planning Subcommittee :**

- Ryan Pestana, Chair (CMTO)
- Lynn Butler, CKO
- Michelle Price, CMLTO
- Taylor Turner (College of Physiotherapists of ON)

*The OHR website features stories , written to inform the public about regulated health professionals and the organizations that oversee them*


## NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO's Officers and Management Committee members as well as HPRO's Committee membership appointments for the 2023-2024 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

**Nominations Committee:**

- Linda Gough (CMRITO), Chair (to February 28, 2023)
- Carole Hamp (CRTO)
- Anne Zeng (CTCMPAO)

## DISCIPLINE ORIENTATION COMMITTEE

**Discipline Orientation Committee Members:**

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO) (to August 2022)

**Discipline Orientation Faculty:**

- Luisa Ritacca (Stockwoods, LLP)
- Richard Steinecke (Steinecke Maciura LeBlanc) to December 31, 2022
- Julie Maciura (Steinecke Maciura LeBlanc) as of January 1, 2023

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. With virtual training options now available, HPRO is able to offer more opportunities for these training sessions.

**Fall 2022 Workshops**

October 14 – Basic Session 46 registrants (18 Colleges represented)
October 7 – Advanced Session 27 registrants (11 Colleges represented)

**Spring 2023 Scheduled Workshops**

May 26 – Basic Session

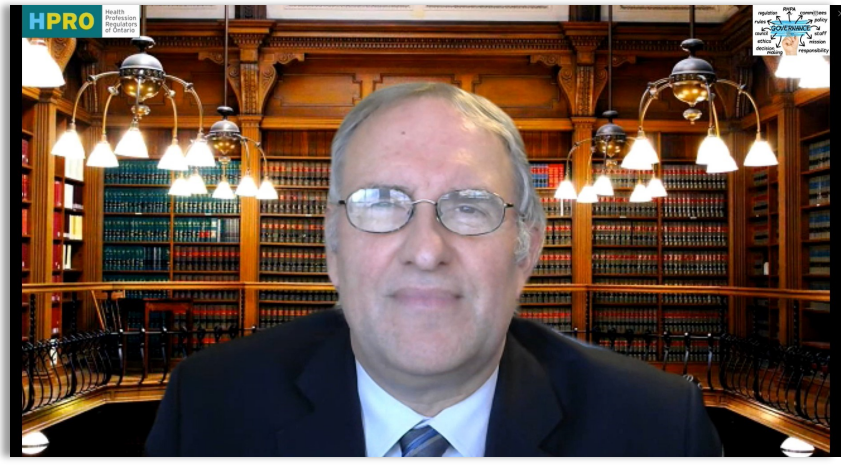
June 9 – Advanced Session

## REASONS WRITING WORKSHOP

This is the second year that HPRO has provided an interactive workshop based on feedback from the Discipline Orientation sessions to enhance attendees' abilities to write reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Sessions were held on June 20, 2022 (30 registrants from 11 Colleges) and October 7, 2022 (20 registrants from 10 Colleges).

## GOVERNANCE TRAINING FOR *RHPA* COLLEGES




This webinar for College Staff, Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. Sessions were held on the mornings of November 3 and 10, 2022 (20 registered from 8 Colleges).

*Richard Steinecke, past Faculty for HPRO's Governance Training Workshops*

## TRANSITIONS

**HPRO MEMBERS:**

- **College of Denturists of Ontario: Roderick Tom-Ying** was appointed Registrar &CEO as of December 12, 2022, following a term as Acting Registrar when **Glenn Pettifer** became Registrar of the College of Dental Hygienists of Ontario (January 3, 2022).
- **College of Medical Radiation and Imaging Technologists of Ontario: Pree Tyagi** was appointed Registrar & CEO as of March 1, 2023, following the retirement of **Linda Gough**, effective February 28, 2023. Linda Gough had served as HPRO's longest-serving Past President - eight years in total.
- **College of Nurses of Ontario: Silvie Crawford** was appointed Executive Director & CEO, effective September 8, 2022. **Carol Timmings** has served as Acting Executive Director & CEO, effective April 1, 2022, following **Anne Coghlan's** retirement.
- **College of Physiotherapists of Ontario: Anita Ashton** was appointed Interim Registrar upon the passing of **Rod Hamilton** on August 11, 2022. It was announced on April 4, 2023, that **Craig Roxborough** would become Registrar, effective May 23, 2023.
- **College of Psychologists of Ontario: Tony DeBono** was appointed Registrar & Executive Director following **Rick Morris's** retirement, effective February 27, 2023.

**REGULATORY SECTOR PARTNERS AND ORGANIZATIONS:**

- **Richard Steinecke**, Steinecke Maciura LeBlanc, HPRO's legal counsel, retired on December 31, 2022. **Julie Maciura** was appointed counsel as of January 1, 2023.
- **Ministry of Health: Sylvia Jones** was announced as Ontario's Deputy Premier and Minister of Health following the June 2022 provincial election. On July 7th, **Karima Velji** was appointed Assistant Deputy Minister and Chief of Nursing and Professional Practice, replacing Sean Court.

## RECOGNIZING THE PASSING OF ROD HAMILTON

It was with profound sadness that HPRO learned of the passing of Rod Hamilton on August 11, 2022. Having served on the Board for many years, Rod had joined the Management Committee on June 1st, and we were looking forward to his contributions, recognizing his extensive experience in regulation and his gentle, sincere, and straightforward way of sharing his knowledge and valued opinions.

This photo of Rod was taken during HPRO's last pre-pandemic meeting (March 3, 2020), when Rod shared his thoughts about the potential for major disruptions to life as we knew it. This was just another demonstration of Rod's insight and foresight, something we continue to miss, organizationally and individually.

HPRO Health Profession Regulators of Ontario

# 2022-2023 HIGHLIGHTS

## Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
College of Chiropodists of Ontario (COCOO)
College of Chiropractors of Ontario (CCO)
College of Dental Hygienists of Ontario (CDHO)
College of Dental Technologists of Ontario (CDTO)
College of Denturists of Ontario
College of Dietitians of Ontario
College of Homeopaths of Ontario (CHO)
College of Kinesiologists of Ontario (CKO)
College of Massage Therapists of Ontario (CMTO)
College of Medical Laboratory Technologists of Ontario (CMLTO)
College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
College of Midwives of Ontario (CMO)
College of Naturopaths of Ontario (CONO)
College of Nurses of Ontario (CNO)
College of Occupational Therapists of Ontario (COTO)
College of Opticians of Ontario
College of Optometrists of Ontario
College of Physicians and Surgeons of Ontario (CPSO)
College of Physiotherapists of Ontario
College of Psychologists of Ontario
College of Registered Psychotherapists Therapists of Ontario (CRPO)
College of Respiratory Therapists of Ontario (CRTO)
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
Ontario College of Pharmacists (OCP)
Royal College of Dental Surgeons of Ontario (RCDSO)

Health Profession Regulators of Ontario (HPRO)

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Beaverton ON L0K 1A0

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Fax: 1-866-814-6456
Email: info@regulatedhealthprofessions.on.ca

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301-396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
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web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

**FOR IMMEDIATE RELEASE:** Beaverton, Ontario – Thursday, May 25, 2023 – The Health Profession Regulators of Ontario (HPRO) has elected its Officers for the 2023-2024 year:

- **Dan Faulkner, Royal College of Dental Surgeons of Ontario – Chair**
- **Maureen Boon, College of Massage Therapists of Ontario – Vice-Chair**
- **Shenda Tanchak, Ontario College of Pharmacists – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Joe Jamieson, College of Optometrists of Ontario**
- **Judy Rigby, College of Dental Technologists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee, with thanks from HPRO's membership for years of successful leadership.

- **Elinor Larney, College of Occupational Therapists of Ontario – Past Chair**

HPRO is the organization for Ontario's 26 health regulatory colleges, which govern almost 400,000 health professionals. HPRO advances excellence in regulation through the collaboration of its members, supporting Colleges in fulfilling their regulatory mandate. For more information about HPRO, visit our website: regulatedhealthprofessions.on.ca.

HPRO's member Colleges focus on the public interest to provide the people of Ontario with safe, competent, and ethical health care, and they hold healthcare professionals accountable for their conduct and practice. Colleges also have a duty to provide information to the public, and, to that end, a public-facing website is a resource supported by HPRO that shares helpful links to all regulatory College websites. The site offers simply stated facts about healthcare providers and regulation with information available on the site in the 10 most used languages in the province. See ontariohealthregulators.ca to find out more and see how Colleges support safe healthcare in Ontario.

– 30 –

For more information, contact:

Beth Ann Kenny, Executive Director
Phone: 416-493-4076
Email: bakenny@regulatedhealthprofessions.on.ca
Website: regulatedhealthprofessions.on.ca

# Developing OCP's Strategic Plan

## Summary

The Ontario College of Pharmacists (OCP) has established its 2024-28 Strategic Plan:

### Values

- Accountability
- Fairness
- Collaboration
- Integrity
- Transparency
- Judiciousness

### Regulatory Principles

- All our work is to ensure safe, competent, and ethical professional practice.
- We act to reduce or prevent harms. We use data to anticipate and measure risk. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.
- Our regulatory actions are proportionate to the level of risk to the public.
- We engage and collaborate with Ontario patients and other health system partners to protect the public.
- We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.
- We will act with fairness and compassion towards all participating in our processes.
- We clearly communicate our expectations, requirements, activities and performance as transparently as possible.
- We will innovate and endeavour to drive change to most effectively address identified risk.

### Goals

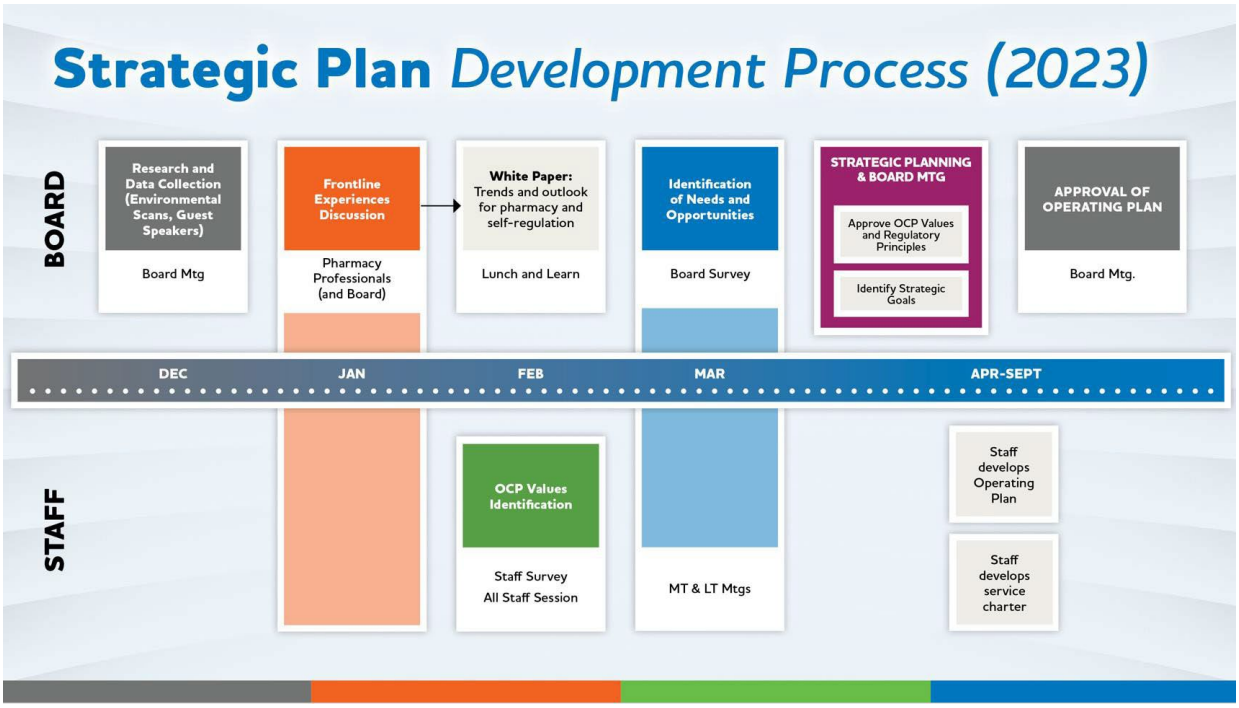
1. Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.
2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
3. The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment.
4. The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.

This report outlines the process used to establish the Strategic Plan, which was approved by the Board on March 21, 2023.

## Methods

The development of OCP's Strategic Plan included a combination of research, consultation, and information gathering, involving staff, stakeholders, and the Board (summarized in Figure 1 below).

*Figure 1: Strategic Plan Development Process*




In preparation for the strategic planning process, the Board was provided with information and context over a three-month period. This included:

- A **brainstorming session** at the December 2022 Board meeting, outlining the key political, economic, social, and technological factors that need to be considered as part of the strategic planning process;
- A discussion held between the Board and staff at OCP who regularly engage with the frontline, uncovering issues and risks in pharmacy practice;
- The development of a **White Paper** that identifies the trends and future outlook that should be considered in the strategic planning process. An important part of strategic planning includes gathering information from other jurisdictions, identifying current issues in the environment, and exploring trends that may predict future needs. This information was gathered and synthesized in a White Paper to help inform the Board's perspective on what things are most important for public protection. The White Paper was presented at two Lunch and Learn Sessions offered to all staff and Board members in February 2023;
- Input received through Board and Stakeholder surveys, regarding the **key priorities** of OCP.

Staff input was also obtained throughout the strategic plan development process. Staff were involved in the Frontline Experience Session, the White Paper Lunch and Learns, and were also asked to identify key OCP priorities. Staff also participated in a session to identify the most important values they feel should guide the work of OCP.

Stakeholders also had an opportunity to provide input into the strategic plan development process, through a survey that was shared with them in February 2023.

All of the information gathering was documented and compiled in a pre-reading package that was provided to the board in advance of the Strategic Planning Retreat which took place on March 19-20, 2023.

At the retreat, the Board was provided with additional information including Government Relations advice from a Public Affairs expert, and a presentation on how regulators can use data.

The core purpose of the retreat was to identify a set of values, regulatory principles, and goals that would form the strategic plan. Each of these elements is described below.

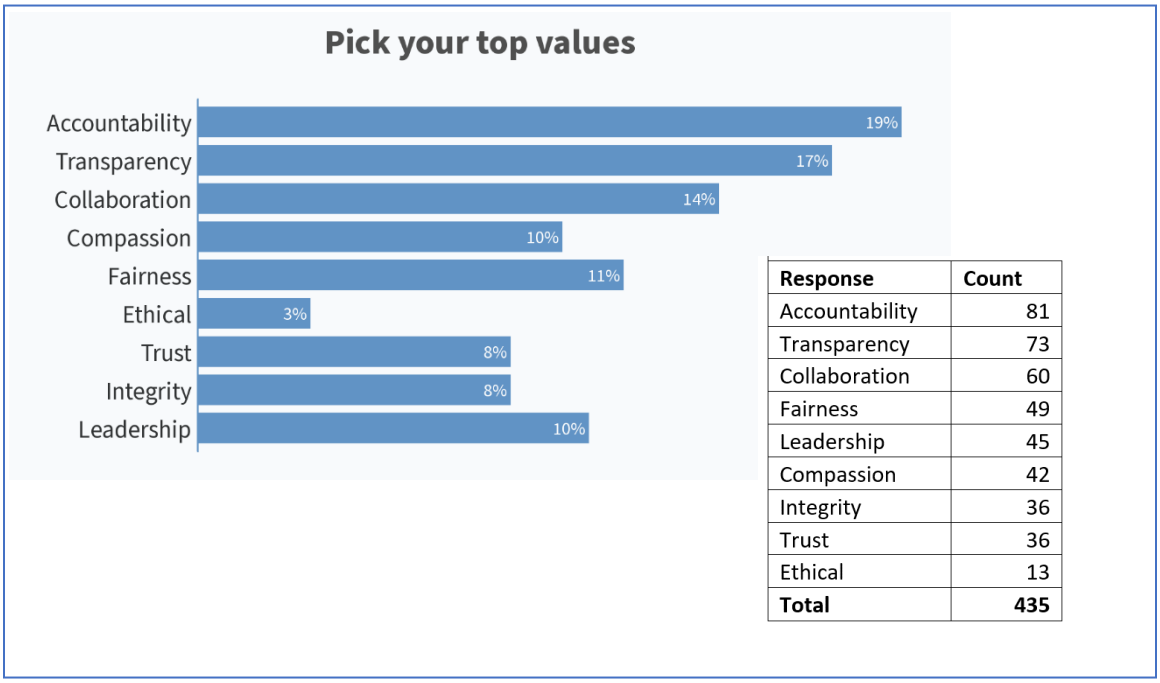
# Establishing Values and Regulatory Principles

## Identifying the most important staff values

Values are the underlying motivation for every decision made or action taken and define everything about an organization: How OCP treats registrants, how it treats the public, how OCP treats systems partners, and how staff and directors treat each other. In February 2023, OCP staff participated in a Values Generation Session, with the purpose of identifying a new set of organizational values to guide the College. A survey was conducted in advance of the session. The session itself consisted of a facilitated prioritization process, which allowed staff to identify the following as their most important organizational values, noting the overlap between the values, the prioritization process was challenging (see results in Figure 2):

- Accountability
- Transparency
- Collaboration
- Fairness
- Leadership
- Compassion
- Integrity
- Trust
- Ethical

*Figure 2: Results of Staff Values Generation Session*



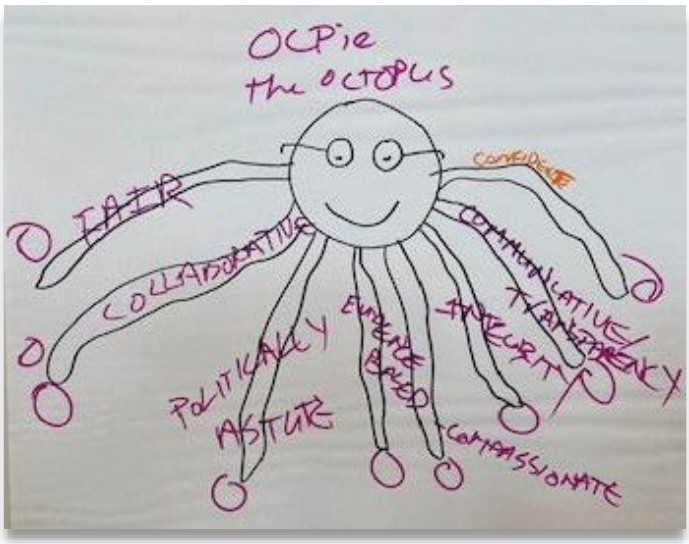

| Response | Count |
|---|---|
| Accountability | 81 |
| Transparency | 73 |
| Collaboration | 60 |
| Fairness | 49 |
| Leadership | 45 |
| Compassion | 42 |
| Integrity | 36 |
| Trust | 36 |
| Ethical | 13 |
| **Total** | **435** |

These values were brought to the Board during their Strategic Planning Retreat on March 19, 2023.

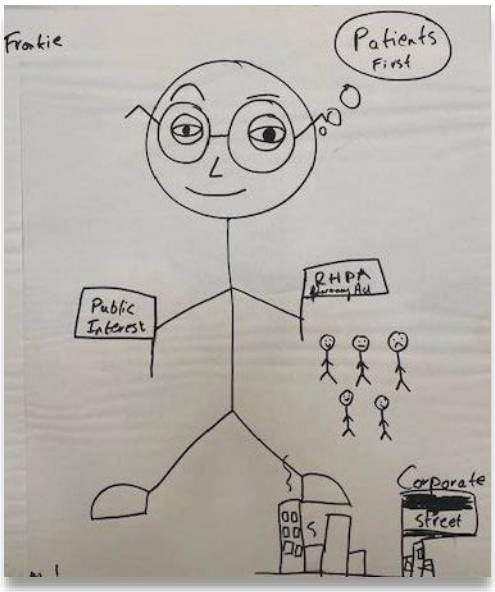
## Designing an Avatar: Who is the College?

At the March 19 Strategic Planning session, the Board was asked to design an "avatar" for the College. This exercise allowed participants to think about who OCP is as an organization, and the characteristics they want the College to have. Working in small groups, participants designed a single-person, fictional profile of the OCP, to describe, "If the College were a person, what would they be like?" The results are shown in Figure 3 below.

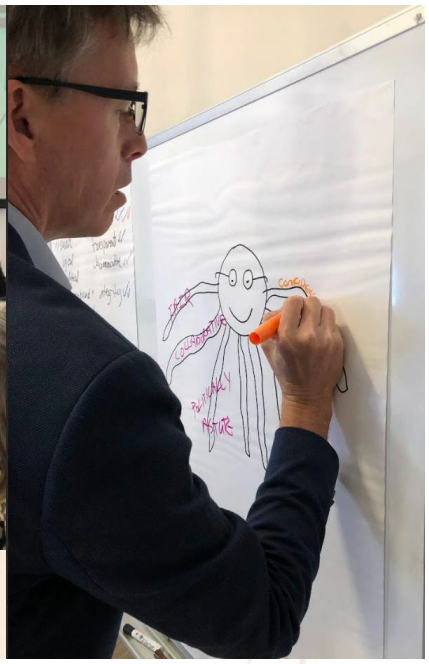
*Figure 3: OCP's Avatar*






Breakout
#1




ARCHIMEDES
RPH
Breakout
#4


Breakout
#3

## Board-approved values

The next task was for the Board to define a set of values for the organization. Building off what was identified by staff, participants worked in small groups to discuss the values. Next, they participated in a "dotmocracy" process, where each person was given 5 dots to vote for the values, they felt were most important. The results of the dotmocracy are shown in Figure 4.

*Figure 4: Dotmocracy results - Identifying OCP's values*


The following values were approved by the Board at their Board Meeting on March 21, 2023:

**OCP Values:**

- Accountability
- Fairness
- Collaboration
- Integrity
- Transparency
- Judiciousness

All of these values, with the exception of "Judiciousness," had previously been identified by staff. Judiciousness was added by board members to acknowledge the importance of applying wisdom, being insightful, and evidence-driven.

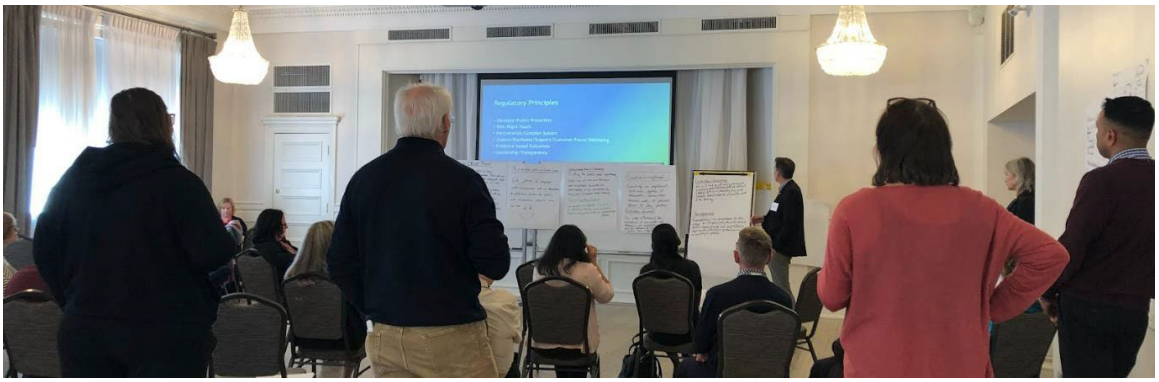
## Regulatory Principles

### Board-drafted principles

With the values articulated, the Board was then asked to define a set of regulatory principles. Building from examples of others (such as the Australian Health Practitioner Regulation Agency (AHPRA)), participants worked in small groups to draft these regulatory principles.

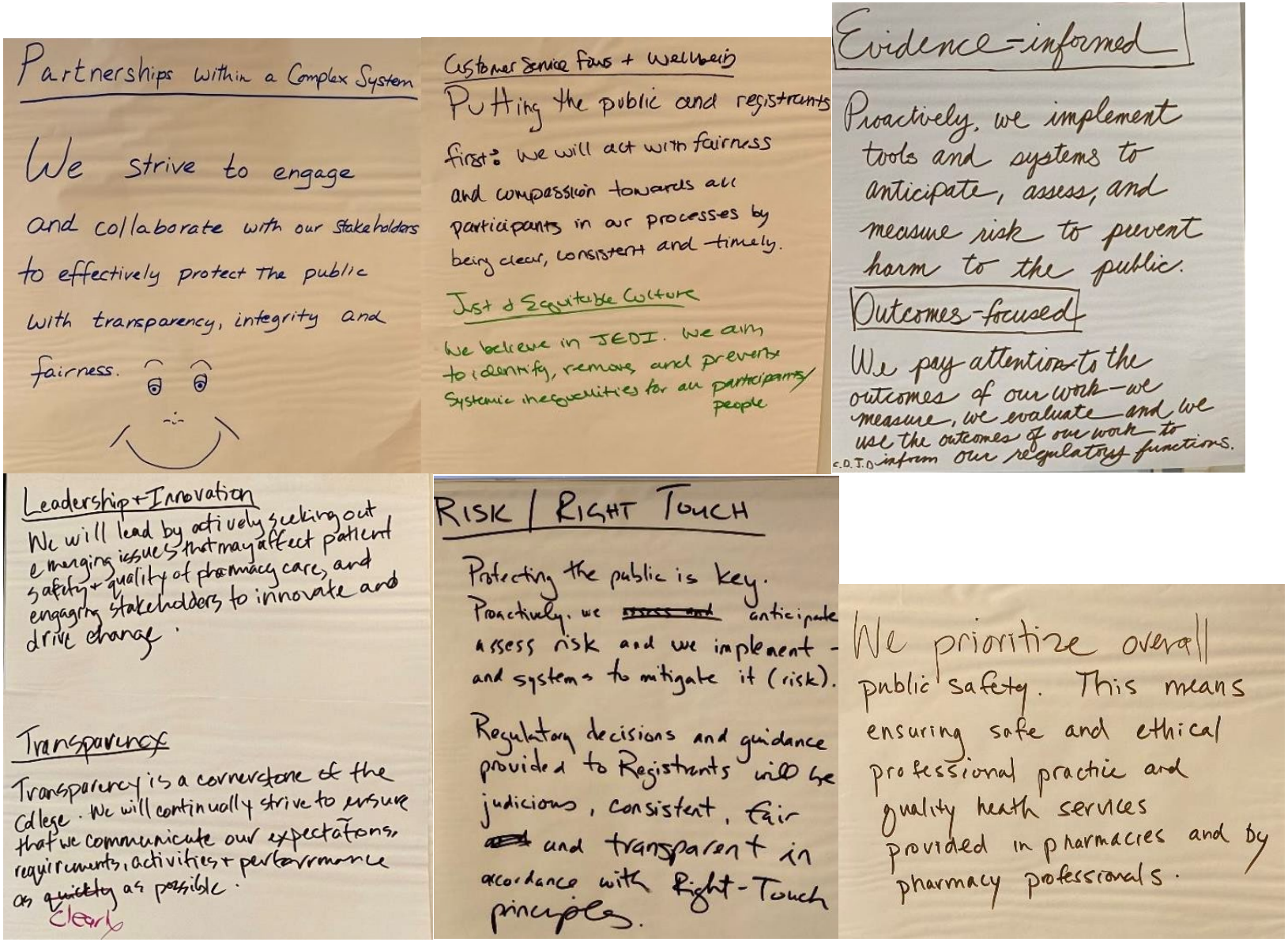
The following principles were identified and approved by the Board (subject to minor revisions) at their Board Meeting on March 21, 2023 (initial drafts are shown in Figure 5):

- All our work is to ensure safe and ethical professional practice and quality health services in pharmacy and by pharmacy professionals.
- We use data to anticipate and measure risk. We act to reduce or prevent harms. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.
- Regulatory decisions and guidance will be judicious and consistent with the principles of right touch regulation.
- We strive to engage and collaborate with Ontario patients and other health system partners to protect the public.
- We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.
- We will act with fairness and compassion towards all participating in our processes by being clear, consistent, and timely.
- Transparency is a cornerstone of the College. We will continue to strive to ensure that we communicate our expectations, requirements, activities and performance as clearly as possible.
- We will engage with partners to innovate and drive change to most effectively address identified risk.


Regulatory Principles


Regulatory Principles

*Figure 5: Board-drafted principles*



### Refined principles

To ensure the principles were clear, the regulatory principles were shared with staff, who were asked to provide feedback on any principles that were not clear. In response to this, some minor changes were made to the principles. The refined list of principles is provided below.

**OCP Regulatory Principles**

- All our work is to ensure safe, competent, and ethical professional practice.
- We act to reduce or prevent harms. We use data to anticipate and measure risk. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.
- Our regulatory actions are proportionate to the level of risk to the public.
- We engage and collaborate with Ontario patients and other health system partners to protect the public.
- We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.
- We will act with fairness and compassion towards all participating in our processes.
- We clearly communicate our expectations, requirements, activities and performance as transparently as possible.
- We will innovate and endeavour to drive change to most effectively address identified risk.

## Goals

Strategic planning, in the regulatory context, is the act of identifying the few most important areas of focus for OCP over the next several years. Given limitations on resources and power, what can OCP do that will have the most impact? Board members, stakeholders, and staff were asked to provide input on what strategic priorities the College should focus on in its plan.

### Identifying Priorities

In preparation for the Strategic Planning Retreat, Board Directors were asked to complete a survey, to answer 3 questions:

1. What one problem should OCP focus on solving?
2. What one risk to public safety should OCP focus on mitigating?
3. What is the most important thing OCP must accomplish to meet its mandate?

The survey was conducted in February 2023 and was completed by 15 of 20 Directors (75% response rate).

The same survey was shared with the following stakeholders in February 2023:

<u>Associations</u>

- Ontario Pharmacists Association
- Canadian Pharmacists Association (CPhA)
- Canadian Society of Hospital Pharmacists (CSHP-Ontario)
- Neighbourhood Pharmacy Association of Canada (NPAC)
- Canadian Association of Pharmacy Technicians

Educational groups

- Canadian Council on Continuing Education in Pharmacy (CCCEP)
- The Canadian Council for Accreditation of Pharmacy Programs (CCAPP)
- Pharmacy Examining Board of Canada (PEBC)

Hospital representation*

- Toronto
  - UHN
    - Sinai Health
    - Humber
    - Michael Garron
    - SHN
- Other
  - Baycrest
  - Northwest
  - Stratford
  - Kingston
  - Sudbury

*5 Individuals were randomly selected from each group.

Only four of the stakeholders completed the survey (the provincial pharmacy association, and 3 hospitals representatives).

The answers to these questions were analyzed and grouped into "strategic priorities" that were shared with the Board in advance of the retreat.

This was complemented by a similar exercise conducted by OCP's management team. After consulting with their individual teams, the management team discussed the same 3 questions above and achieved a general consensus around a set of key priority areas. The results of this discussion were also shared with the Board.

## Board Prioritization

In advance of the Retreat, the Board was provided with a pre-reading package that included the survey results, a synthesis of the analysis, and an overview of the priorities that were identified by Board members, stakeholders, and staff.

At the Retreat, staff presented the Board with a list of potential strategic goals to consider, based on the priorities that had been collectively identified. After the presentation, Board members had an opportunity to discuss the goals in groups, and then were instructed to "vote" for the Goals they felt were most important. Each Board member was given 4 dots to vote with, and a picture of the final vote is shown in Figure 6 and Figure 7 below.

*Figure 6: Top 4 Goals, based on Dotmocracy vote*

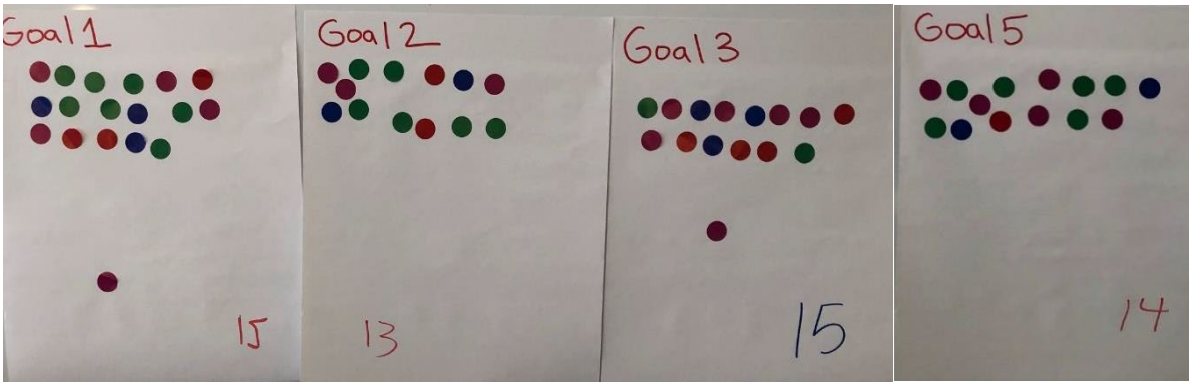
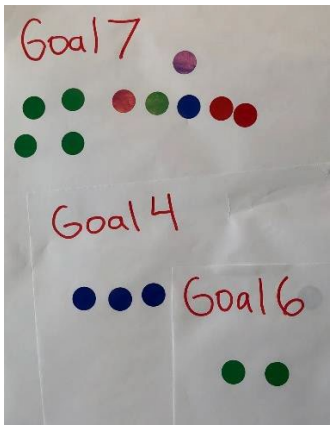



*Figure 7: Remaining Goals, based on Dotmocracy vote:*




## Board-approved goals:

The four goals that were prioritized by the Board were:

1. In all practice settings, pharmacy management practices and business metrics do not impede pharmacy professionals' ability to meet the Standards of Practice and abide by the Code of Ethics or compromise their health and well-being.
2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
3. The College has the expertise and resources to effectively address immediate demands caused by changes in the regulatory or practice environment.
4. The College uses its regulatory authority and influence to drive positive change in pharmacy practice towards ensuring all patients are treated with respect and without discrimination.

## Refined goals

To ensure the goals were clear, the goals were shared with staff, and some minor changes were made. The refined list of goals is provided below:

**OCP Goals:**

1. Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.
2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
3. The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment.
4. The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.

# Duration

Once goals were identified, the Board was asked to consider an appropriate duration for the Strategic Plan. It was agreed that the Goals were achievable within a 5-year time frame.

# Next steps:

Staff will be reengaged over the following months to determine how the regulatory principles can be operationalized (how OCP does its work and what service the public can expect). They will be built into both the operating plan and a "service charter" that will outline standards of service for OCP and guide how it operates.

Staff will use the goals to inform the development of the 2024 Operating Plan, which will be brought to the Board for approval in September.

**BOARD BRIEFING NOTE**

**MEETING DATE: June 2023**

**FOR INFORMATION**

| | |
|---|---|
| **From**: | Thomas Custers, Director, Corporate Services |
| **Topic:** | 2023 College Performance Scorecard, Q1 Reporting |
| **Issue/Description:** | Q1 performance update to the Board on the College's progress on its 2023 key indicators and milestones |

**Public interest rationale:** To support the Board in providing oversight and being accountable to the Board and the public on the College's performance on its 2023 goals.

**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 enable the Board (and the public) to evaluate how well the College is performing in achieving its goals and executing its strategic initiatives.

- The College provides the Board quarterly with updates on its performance on the indicators and milestones ("scorecard measures") included in the College Performance Scorecard.

- The College's performance is highlighted 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 an indicator or achieving a milestone.

- Descriptions of the indicators, and project milestones are available in the 2023 Scorecard Measure Definitions document, which accompanies the scorecard. This document explains the rationale behind each indicator and milestone, along with the assumptions and targets set for the year.

- The Q1 2023 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 achieving the stated objective.

**Analysis:**

- The 2023 College Performance Scorecard has 18 scorecard measures (14 indicators and 4 milestones) crossing seven domains of the Ministry of Health's College Performance Measurement Framework (CPMF).

- In Q1, four of the 14 indicators have surpassed the target, while two are nearing the target, and three are at risk of not meeting the 2023 target. All four milestones are progressing according to plan.

| Overview Q1 2023 Performance | | | | |
|---|---|---|---|---|
| **Indicators or Milestones** | **Meets or exceeds target (or completed)** | **Approaching target < 25% or at potential risk** | **Beyond target > 25% or at risk/roadblock** | **Measured once per year/ Collecting Baseline** |
| 14 Indicators | 4 | 2 | 3 | 5 |
| 4 Milestones | 4 | 0 | 0 | - |

- The College is currently not meeting the 2023 target on three indicators for various reasons, including but not limited to catching up on backlogs due to staff turnover and shortages, COVID, compliance. The College has various improvement strategies in place to close the gap between current performances and the 2023 targets.

- One amendment was made to the AIMS performance indicator (#16). Instead of reporting performance progress against the target only at the end of the year, the College will now provide quarterly performance updates to the Board. This will help the Board gain a better understanding of the challenges the College is encountering in achieving the 2023 target.

- The attached Q1 2023 Performance Summary/Improvement Strategies report provides future details on each indicator and milestone.

**Attachments:**

8.1 - Q1 2023 College Performance Scorecard
8.2 - Q1 2023 Performance Summary/Improvement Strategies
8.3 - 2023 Scorecard Measures Definitions

# 2023 College Performance Scorecard

| No. | Strategic Alignment SP1 | SP2 | SP3 | 2022 Actual | BOARD MONITORED Key Performance Indicators and Milestones (M) | 2023 YTD (year-to-date) YTD Q1 | YTD Q2 | YTD Q3 | YTD Q4 | 2023 Target |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | *Domain 1: Governance* | | | | | |
| 1 | | | ✓ | 95% | **Percentage of Board Directors voluntarily contributing at each Board meeting** | 94% | | | | ≥95% |
| 2 | | | ✓ | 87% | **Percentage of Board Directors completing evaluation surveys** | 95% | | | | 100% |
| | | | | | *Domain 2: Resources* | | | | | |
| 3 | | | ✓ | -6.0% | **Variance of year-end actuals to annual operating budget** | Annual Report January 2024 | | | | +/- 5% |
| 4 | | | ✓ | 78% | **Percentage of employee engagement (Inclusion survey subset)** | Scheduled for June 2023 | | | | ≥78% |
| 5 | | | ✓ | 62% | **Percentage of employee engagement (Culture survey subset)** | Scheduled for June 2023 | | | | ≥70.5% |
| 6 | | | ✓ | n/a | ***Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks(M)*** | | | | | 12/31/23 |
| | | | | | *Domain 3: System Partner* | | | | | |
| 7 | ✓ | ✓ | | n/a | ***Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)*** | | | | | 12/31/23 |
| | | | | | *Domain 4: Information Management* | | | | | |
| 8 | | | ✓ | n/a | ***SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)*** | | | | | 12/31/23 |
| | | | | | *Domain 5: Regulatory Policies* | | | | | |
| 9 | ✓ | | ✓ | 82% | **Percentage of community pharmacists passing quality assurance (QA) re-assessment** | 100% (18/18) | | | | ≥82% |
| 10 | ✓ | | ✓ | 25% | **Prioritized practice documents (policies/guidelines/guidance) updated within target timeline** | 0% (0/6) | | | | ≥50% |
| 11 | ✓ | ✓ | ✓ | n/a | ***Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)*** | | | | | 12/31/23 |
| | | | | | *Domain 6: Suitability To Practice* | | | | | |
| 12 | | ✓ | ✓ | 27% | **Percentage of high and moderate risk complaints disposed of within 150 days** | 9% (4/44) | | | | ≥30% |
| 13 | | ✓ | ✓ | 58% | **Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days** | 68% (13/19) | | | | ≥50% |
| 14 | | ✓ | | 96% | **Percentage of HPARB complaint decisions confirmed** | 100% (4/4) | | | | ≥88% |
| 15 | ✓ | | | 582 | **Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category** | 496 | | | | ≤365 days |
| 16 | ✓ | ✓ | ✓ | 51% | **Percentage of community pharmacies entering events on AIMS platform** | 23% | | | | ≥80% |
| | | | | | *Domain 7: Measurement, Reporting & Improvement* | | | | | |
| 17 | | | ✓ | 98% | **Percentage of Board Directors report receiving appropriate info. to exercise oversight role** | 100% | | | | ≥95% |
| 18 | | | ✓ | n/a | **Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel** | 40% | | | | 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 |

Approve by: Board of Directors

Approve on: Mar 21, 2023

Last updated: 07/06/2023

| Scorecard Measure | Q1 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#1** Percentage of Board Directors voluntarily contributing at each Board meeting | The Q1 score of 94% is approaching the 2023 targeted contribution of 95%. This target is intended to heighten awareness about having an OCP Board environment that encourages equal participation by all members. |
| **#2** Percentage of Board Directors completing evaluation surveys | The Q1 score of 95% is approaching the 2023 targeted response rate of 100%. The Board meeting evaluation survey is an important tool to identify opportunities for improving Board member contributions at Board meetings. |
| **#3** Variance of year-end actuals to annual operating budget | Results will be available for Q4 reporting. |
| **#4** Percentage of Employee engagement (Inclusion survey subset) | The next survey will be conducted in June and reported at the September Board meeting. |
| **#5** Percentage of Employee engagement (Culture survey subset) | The next survey will be conducted in June and results will be reported at the September Board meeting. |
| **#6** *Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M)* | This project is progressing as planned. A decision was made at the end of May on the preferred vendor for the new CRM system. |
| **#7** *Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)* | This project is progressing as planned. The internal team is identifying the relevant stakeholders to engage when defining the next set of minor ailments, which will contribute to the stakeholder engagement strategy. |
| **#8** *SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)* | This project is progressing as planned. The test migration phase concluded by moving 20,000 documents into SharePoint. In Q2, the team will implement joint-design sessions with business areas to layout the best user experience. |
| **#9** Percentage of community pharmacists passing quality assurance (QA) re-assessment | Achieved 100% and exceeding 2023 target of 82%. |
| **#10** Prioritized practice documents (policies/guidelines/guidance) updated within target timeline | Year-end-measure. Targeting 3 out of 6 practice documents in 2023. |

| Scorecard Measure | Q1 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#11**<br>*Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)* | This project is progressing as planned. Completed research and organizational assessment and are currently developing the strategy. Introduction of the EDI strategy is aimed for end of Q2, and implementation in Q3. |
| **#12**<br>Percentage of high and moderate risk complaints disposed of within 150 days | In Q1 the rate was nine percent, which is below the 2023 target of 30%. This is a result of several factors, including the ongoing elimination of a 2021/22 backlog caused by a spike in new complaints received and staffing shortages from that time. The high volume of older (post 150-day) cases disposed of in Q1 increased this KPI denominator, which also results in a lower rate. Processing times are improving with stabilized staffing and CQI strategies to continue reducing processing times. However, external factors such as extensions to response times will continue to play a role in this indicator. |
| **#13**<br>Percentage high and moderate risk Registrar's inquiries disposed of within 365 days | Achieved 68% in Q1, exceeding 2023 target of 50%. |
| **#14**<br>Percentage of HPARB complaint decisions confirmed | Achieved 100% in Q1, exceeding 2023 target of 88%. |
| **#15**<br>Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category | The average cycle time 496 days between assessments is beyond the 2023 target of 365 days as set out by the College.<br><br>**Q1's performance was impacted by the following factors:**<br>• Human health resources concern in pharmacies. Pharmacy managers asked to reschedule the assessment due to inadequate staffing.<br>• COVID pandemic repercussions. Public health measures restricted Community Operation Advisors (COA) from onsite pharmacy assessment on numerous occasions. This continued into Q1 2022.<br>• Staffing turnover for the COA team.<br><br>**Improvement Strategies:**<br>• Prioritization of sterile compounding pharmacies – with intent to conduct an assessment at all sites in 2023, barring any unforeseen circumstances.<br>• Territory realignment allows COA with sterile compounding knowledge to prioritize high-risk assessments. |

| Scorecard Measure | Q1 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#16**<br>Percentage of community pharmacies entering events on AIMS platform | In Q1, the aggregate score is 23%, which is below the 2023 target of 80%. Community pharmacies should be reporting one or more safety events in any given quarter.<br><br>**Q1's performance was impacted by the following factors:**<br>• Based on user feedback on the AIMS platform, the incident reporting form is not user-friendly and is difficult to use.<br>• Need to stress more the importance of robust data entry.<br>• Aggregated data limits the College in developing improvement strategies to support specific pharmacies or groups.<br><br>**Improvement Strategies:**<br>• A user-friendly version of the incident reporting form will be deployed later this year.<br>• The upcoming 'Safety Insights Group Bulletin' report, compiled from the collected AIMS data, is expected to be available in the fall of 2023.<br>• The College requested access to the platform's engagement report to initiate outreach activities with specific pharmacies or groups with low engagement scores. |
| **#17**<br>Percentage of Board Directors receiving appropriate info. to exercise oversight role | Achieved 100% in Q1, exceeding 2023 target of 95%. |
| **#18**<br>Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel | Achieved 40% in Q1. No target has been established for this indicator yet, as this is a new indicator and the first time the College is collecting this data.<br><br>The 2023 data will be used to establish a baseline and inform the target for next year.<br><br>The data for calculating this indicator includes availability for 12 hearings, with a mix of uncontested, partially contested, and contested hearings. |

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

# 2023 Scorecard Measure Definitions

| Scorecard Measure | Indicator or Milestone Definition | Target Justification | Performance |
|---|---|---|---|
| **#1**<br>Percentage of Board Directors voluntarily contributing at each Board meeting. | The purpose of this indicator is to ensure that the OCP Board is creating an environment that encourages equal participation by all. This indicator measures the % of Board Directors providing input without being called upon individually during all Board meetings (quarterly & emergency). | Maintain and demonstrate governance principles relating to preparedness, expertise, and inclusion. | % Performance is:<br>≥ 95.0%<br>71.3 – 94.9%<br>≤ 71.2% |
| **#2**<br>Percentage of Board Directors completing evaluation surveys. | The purpose of this indicator is to ensure that the OCP Board is creating an environment that encourages equal participation by all. This indicator measures the % of Board Directors that complete the evaluation following quarterly board meetings. | High performing boards are conscientious about self-assessment, which is used as a basis for continuing quality improvement. | % Performance is:<br>100%<br>75.0 – 99.9%<br>≤ 74.9% |
| **#3**<br>Variance of year-end actuals to annual operating budget. | This indicator measures the variance of actual operating expenses against the annual budget. | Accurate forecasting is essential to balancing cost containment against mandate achievement. | % Variation is:<br>+/- 5.0%<br>+/- 6.0 – 25.0%<br>+/- 25.1% or more |
| **#4**<br>Percentage of employee engagement (Inclusion survey subset). | This indicator measures staff perception of inclusion, as measured by certain questions in the annual survey. | Achievement of the target will demonstrate the impact of our internal HR Equity, Diversity, and Inclusion initiative. The target is based on McLean's industry benchmark. | % Engagement is:<br>≥ 78.0%<br>58.5 - 77.9%<br>≤ 58.4% |
| **#5**<br>Percentage of employee engagement (Culture survey subset). | This indicator measures staff's evaluation of the college's culture. | Achievement of the target will demonstrate the impact of efforts to improve college culture. The target is based on McLean's industry benchmark. | % Engagement is:<br>≥ 70.5%<br>52.9 – 70.4%<br>≤ 52.8% |

# 2023 Scorecard Measure Definitions

| | | | |
|---|---|---|---|
| **#6**<br>*Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M).* | This milestone-based measure tracks progress on modernization of the college's information technology infrastructure. | Milestones will be established based on a project schedule and will include completion of the signed contract, project initiation and planning phases by December 2023. | Milestone is:<br>On Track<br>Potential Risk<br>Risk/Roadblock |
| **Scorecard Measure** | **Indicator or Milestone Definition** | **Target Justification** | **Performance** |
| **#7**<br>*Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).* | Through the development and implementation of a stakeholder engagement strategy, this milestone tracks planned stakeholder activities related to recent and potentially new expanded scope of practice with health system stakeholders that are impacted by expanded scope. | Achievement of this milestone will be based on the creation and implementation of the stakeholder engagement strategy by December 2023. | Milestone is:<br>On track<br>Potential Risk<br>Risk/Roadblock |
| **#8**<br>*SharePoint Online implementation for Corporate Service & Quality division on time in keeping with benchmarks (M).* | This milestone measures the completion of SharePoint software in Corporate Service & Quality division, key to modernizing the college's information technology infrastructure, which includes a transition of all college documents from the current platform to the cloud-based SharePoint. | Milestones set based on approved project schedule. Milestones will include migration of documents, staff training and skill levels, and adequate staff access to create, access and update documents in accordance with privacy protocols by December 2023. | Milestone is:<br>On track<br>Potential Risk<br>Risk/Roadblock |
| **#9**<br>Percentage of community pharmacists passing Quality Assurance (QA) re-assessment. | This indicator measures the % of community pharmacists that pass the practice re-assessment following peer coaching. | Maintain 2022 target and performance. | % Success is:<br>≥ 82.0%<br>61.5 – 81.9%<br>≤ 61.4% |
| **#10**<br>Prioritized practice documents (policies/guidelines/guidance) updated within target timeline. | This indicator measures the completion rate of the review of selected practice documents by year end. | Target based on completing 3 out of 6 practice documents in 2023. Success will depend on the current practice environment as it relates to the policy review process and supporting resources. | % Completion is:<br>≥ 50%<br>37.5% - 49.9%<br>≤ 37.4% |

# 2023 Scorecard Measure Definitions

| | | | |
|---|---|---|---|
| **#11**<br>*Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping benchmarks (M).* | This milestone-based measure tracks progress on developing an EDI strategy that encompasses the Colleges' programs, policy and governance functions, and the implementation of the first prioritized action plan. | Milestones will be based on approved project schedule and will include engagement with relevant external & internal stakeholders. | Milestone is:<br>On Track<br>Potential Risk<br>Risk/Roadblock |
| **Scorecard Measure** | **Indicator or Milestone Definition** | **Target Justification** | **Performance** |
| **#12**<br>Percentage of high and moderate risk complaints disposed of within 150 days. | This 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. | 2022 target performance not met. Continue with same target for 2023. | % Complaints are:<br>≥ 30.0%<br>22.5 – 29.9%<br>≤ 22.4% |
| **#13**<br>Percentage of high and moderate risk Registrar's Inquiries disposed within 365 days. | This 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. | 2022 performance exceeded target. Target set to maintain performance at 50%. | % Registrar's Inquiries are:<br>≥ 50.0%<br>37.5 – 49.9%<br>≤ 37.4% |
| **#14**<br>Percentage of HPARB complaint decisions confirmed. | This 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. | Maintain 2022 performance. Keep same target for 2023. | % Complaints are:<br>≥ 88.0%<br>66.0 – 87.9%<br>≤ 65.9% |
| **#15**<br>Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category. | This indicator measures the average days between assessments (cycle time) from the previous assessment date to the most recent assessment date. The subset category is the highest-risk sites in community pharmacies. | Target based on best practice and available resources. | Average days are:<br>≤ 365<br>366 – 456<br>≥ 457 |
| **#16**<br>Percentage of community pharmacies entering events on AIMS platform. | This 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. | Target set to the terms in the contractual agreement with vendor. | % Pharmacies are:<br>≥ 80.0%<br>60.0 – 79.9%<br>≤ 59.9% |

# 2023 Scorecard Measure Definitions

| | | | |
|---|---|---|---|
| **#17**<br>Percentage of Board Directors report receiving appropriate info. to exercise oversight role. | This indicator measures the % of Board Directors indicating their level of satisfaction in response to an information package (meeting materials) | Maintain an acceptable level of performance. | % Performance is:<br>≥ 95.0%<br>71.0 – 94.9%<br>≤ 70.9% |
| **Scorecard Measure** | **Indicator or Milestone Definition** | **Target Justification** | **Performance** |
| **#18**<br>Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel. | This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing. | New indicator. Collecting baseline. | |

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

**BOARD BRIEFING NOTE**

**MEETING DATE: June 2023**

**FOR INFORMATION**

**From** Rick Chen, Manager, Business Processes

**Topic** 2023 Mid-Year Risk Report

**Issue** Provide the Board with an updated Risk Dashboard to support the Board's oversight role in the College's management of risks.

**Public interest rationale:** Systematically identifying, assessing, and addressing major risks will mitigate potential threats that could prevent the College from executing its statutory mandate and achieving its strategic goals and objectives.

**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.

**Background:**

- Since 2021, the College has had a Risk Register and a risk management program in place. The Risk Register helps the College identify, analyse, and manage potential threats that may affect the College's business processes and could prevent the College from fulfilling its statutory mandate and achieving its strategic goals and objectives.

- The College reviews emerging risks continuously throughout the year and prioritizes work effort to mitigate top risks.

- Each risk reported on the College Risk Register has one or more mitigation strategies executed by staff, led by a risk owner.

- The Board's role and responsibility in the College's risk management is to (1) assess and confirm the Board's risk tolerance level and (2) to assess the College's response to key risks, including monitoring the College's risk management plan and Risk Register (Policy 4.4, Board of Director Policies and Guidelines).

- At the September 2022 Board Meeting, the Board approved for the first time risk appetite statements and ratings for seven outcomes to define the level of risk the Board is willing to accept before the College needs to undertake action to reduce the risk.

- A summary of the top risks and the progress the College has made towards mitigating identified risks is provided to the Board in June and December with the intent to inform the Board about the College's current risk status.

**Analysis of *Status Quo*:**

- At the 2023 mid-year assessment, the College identified four top risks (see attached Risk Dashboard for more details).

- The College rated the four top risks at a 'medium' risk level:  using a rating tool which looks at the impact the risk has on the College's operations and the likelihood of the risk occurring.

- The four top risks currently identified were also top risks in the 2022 year-end assessment, and all but one, have the same risk rating. The exception is the IT infrastructure disruption/failure risk, which was rated as a 'high risk' in 2022. However, given the success of some mitigation efforts, in the 2023 mid-year assessment the risk rating has been reduced to 'medium.'

- To date, the College has developed 15 mitigation strategies to address the four top risks. 80% of them are underway, while the remaining strategies are scheduled for the latter half of this year.

**Next Steps:**

- The College will continue to:
    - Monitor and evaluate the impact of the mitigation strategies and adjust as needed.
    - Strengthen our internal risk reporting process based on a new Risk Management policy.
    - Review emerging risks against the College's risk appetite statements to ensure we manage them in accordance with Board direction.

- Consider how best to enhance all staff awareness of risk and ensure they have the knowledge to respond to appropriately.

**Attachment:**
9.1 - 2023 Mid-Year Risk Dashboard

Ontario College of Pharmacists

Putting patients first since 1871

# Attachment 9.1: 2023 Mid-Year Risk Dashboard

# 2023 Mid-Year Risk Dashboard

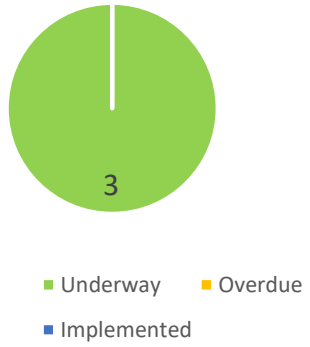
| 2023 Top Organizational Risks (As of June 2023) | June 2023 Risk Rating | December 2022 Risk Rating | Mitigation Strategies | Implementation Status Mitigation Strategies |
|---|---|---|---|---|
| 1. **IT Infrastructure Disruption/Failure** | MEDIUM (9)[1] | HIGH (12) | 3 | 3 |
| 2. **Loss of Business Continuity (People and Process)** | MEDIUM (9) | MEDIUM (9) | 6 | 4, 1, 1 |
| 3. **Cyberattacks on OCP information, data & financial assets** | MEDIUM (8) | MEDIUM (8) | 4 | 3, 1 |
| 4. **Failure to resource of core regulatory functions & meet public mandate & regulatory benchmarks** | MEDIUM (6) | MEDIUM (6) | 2 | 2 |

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

Implemented | Underway | Overdue | On Hold | Not Started

# 1. Risk of IT Infrastructure Disruption/Failure

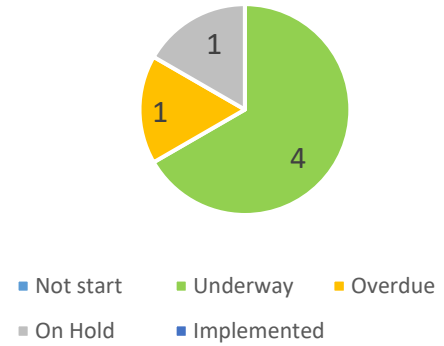
| 2023 MID-YEAR STATUS | | | | | |
|---|---|---|---|---|---|
| Risk Description | **Risk Categories** | **Risk Impact Score (1-5)** | **Risk Likelihood Score (1-5)** | **2023 Mid-year Risk-Level (Impact x Likelihood)** | **Progress Status of Risk Response(s)** |
| • **Current IT infrastructure does not support high availability, ease of maintenance and scalability to meet the growing needs of the College.** | ✓ Information & Communications<br>✓ Quality | Moderate (3) | Possible (3) | MEDIUM (9) | 3 Mitigation Strategies |




## RISK TREATMENT SUMMARY

| | |
|---|---|
| 3 Mitigation Strategies Underway | The College upgraded its network's reliability and continues to migrate towards a cloud services model. Modernization of the College's Customer Relation Management (CRM) system and SharePoint are both on schedule for initial implementation in 2023 (SharePoint) and end of 2024 (CRM). |

# 2. Risk of Loss of Business Continuity

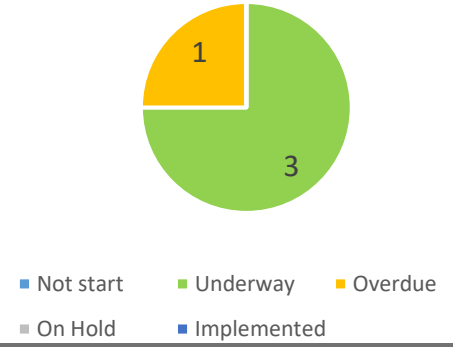
| 2023 MID-YEAR STATUS | | | | | |
|---|---|---|---|---|---|
| **Risk Description** | **Risk Categories** | **Risk Impact Score (1-5)** | **Risk Likelihood Score (1-5)** | **2023 Mid-year Risk-Level (Impact x Likelihood)** | **Progress Status of Risk Response(s)** |
| • **The College is experiencing high staff turnover and disengagement.**<br>• **Vacancies add additional burden on existing staff compounding work pressures.**<br>• **Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult.** | ✓ People & Culture<br>✓ Information & Communications<br>✓ Finance & Efficiency | Moderate (3) | Possible (3) | MEDIUM (9) | 6 Mitigation Strategies<br>  |

## RISK TREATMENT SUMMARY

| | |
|---|---|
| 4 Mitigation strategies underway | Several initiatives are in progress to enhance the culture and address work pressures. These initiatives include staff volunteering their time to identify existing gaps and collaboratively develop solutions. Results from the engagement resulted in positive staff culture engagement surveys. In addition, recruiting new positions is underway to level workload concerns. |
| 1 Mitigation strategy overdue | Departments have paused or slowed down streamlining and documenting processes and procedures due to emerging priorities. |
| 1 Mitigation strategy on hold | The HR campaign to attract top talent and position the College as an employer of choice for current and future employees has been postponed to the latter half of 2023. |

# 3. Risk of Cyberattacks on OCP Information, Data & Financial Assets

| 2023 MID-YEAR STATUS | | | | | |
|---|---|---|---|---|---|
| Risk Description | **Risk Categories** | **Risk Impact Score (1-5)** | **Risk Likelihood Score (1-5)** | **2023 Mid-year Risk-Level (Impact x Likelihood)** | **Progress Status of Risk Response(s)** |
| • **Cyberattacks (e.g., ransomware, malware, fraud, phishing attacks and breaches) have increased by 400% during the pandemic.** | ✓ Reputation<br>✓ Information & Communications<br>✓ Finance & Efficiency | High (4) | Unlikely (2) | MEDIUM (8) | 4 Mitigation Strategies |

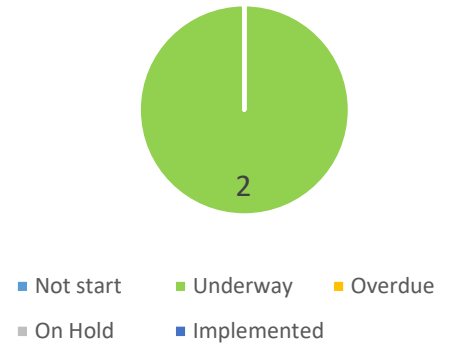



## RISK TREATMENT SUMMARY

| | |
|---|---|
| 3 Mitigation strategies underway | All staff members continue to keep up-to-date with their security awareness training and simulations. In addition, the College has a cybersecurity protocol to ensure the latest security controls are deployed, threats are monitored, and potential vulnerabilities are reviewed regularly. |
| 1 Mitigation strategy overdue | The College continues to strengthen its incident response plan (IRP) and IT disaster response plan (DRP) towards leading practices in the industry and other health regulators. |

# 4. Risk of Failure to Resource Core Regulatory Functions & Meet Public Mandate & Regulatory Benchmarks

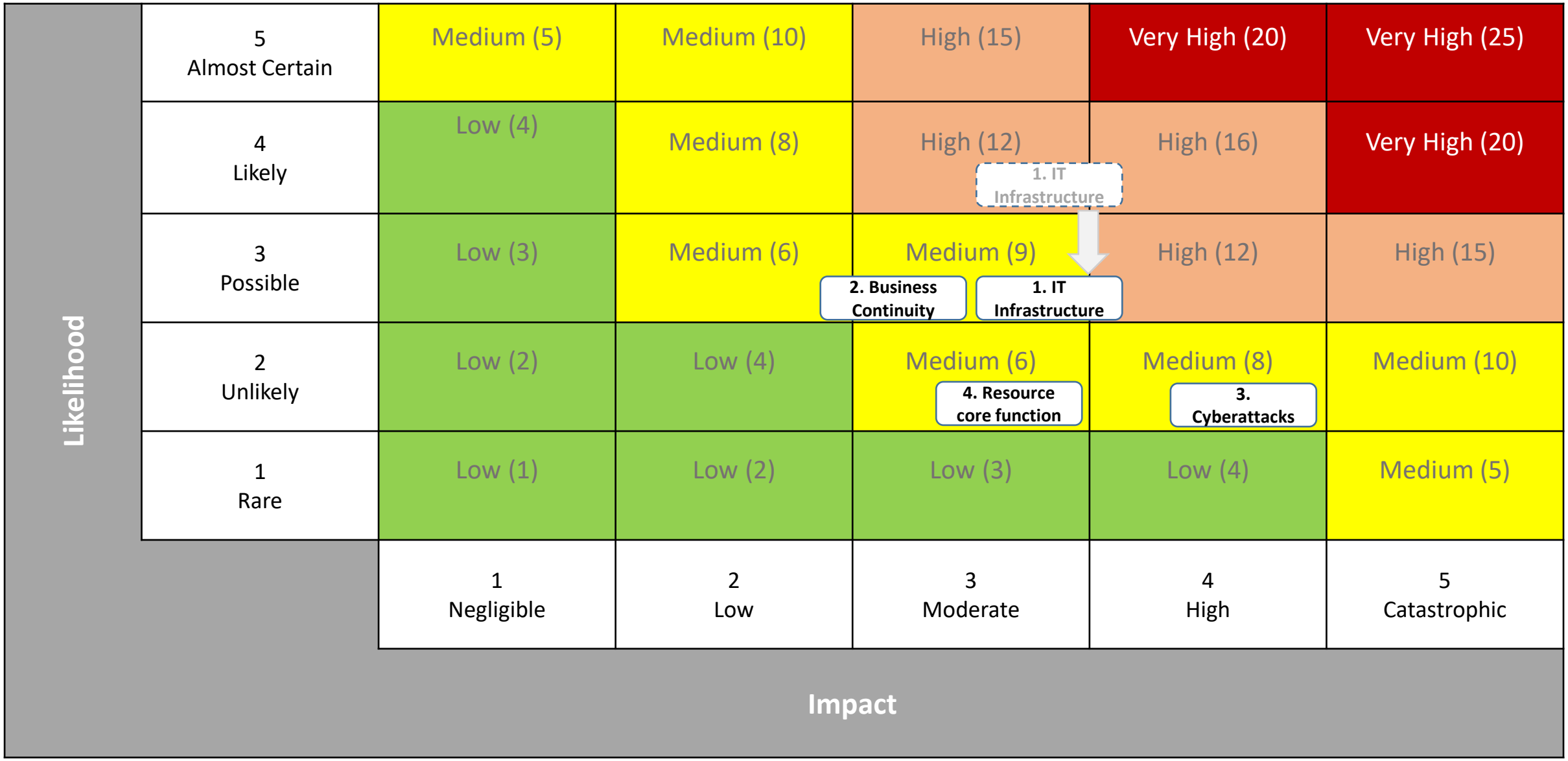
| 2023 MID-YEAR STATUS | | | | | |
|---|---|---|---|---|---|
| **Risk Description** | **Risk Categories** | **Risk Impact Score (1-5)** | **Risk Likelihood Score (1-5)** | **2023 Mid-year Risk-Level (Impact x Likelihood)** | **Progress Status of Risk Response(s)** |
| • **Failure to properly resource core regulatory operations (i.e., ensure that the necessary resources are engaged in appropriate work with an acceptable workload), resulting in increased organizational risk.** | ✓ Quality<br>✓ Regulation & Compliance<br>✓ Reputation | | Unlikely (2) | MEDIUM (6) | 2 Mitigations |




## RISK TREATMENT SUMMARY

| | |
|---|---|
| 2 Mitigation strategies underway | The College continues to apply risk-based, right-touch principles to our assessments and recently strengthened this regulatory function by the addition of staff positions. The impact of the additional resources is expected later in the year. |

# Appendix: Board-monitored Risk Heat Map



**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

## FOR INFORMATION

**From**: Shenda Tanchak, Registrar and CEO

**Topic:** Equity, Diversity & Inclusion Strategy

### Issue/Description:

Following the Board's commitment to equity, diversity, and inclusion, the College recognised the need for organizational leadership to develop and implement a comprehensive Equity, Diversity & Inclusion Strategy and resulting action plans that encompass the College's regulatory programs, policy, and governance portfolios in addition to being a resource to all College Divisions. The Board is provided with an update on this activity.

### Public interest rationale:

Patients have the right to expect to receive pharmacy care that respects their human rights, and the public expects that the College will regulate the practice of pharmacy in a manner that is effective and fair, free from unnecessary barriers, and responsive to emerging concerns related to equity.

### Strategic alignment, regulatory processes, and actions:

The information outlined within this document supports the College's 2024-2028 Strategic Plan goals, with specific alignment with goal #4: "The College uses our regulatory authority and influence to drive positive change in pharmacy practice towards ensuring all patients are treated with respect and without discrimination".

### Background:

- Throughout 2022, the Human Resources department led the development of the College's internal HR EDI Plan to create an organization with an inclusive culture that celebrates and promotes equity and diversity in the workplace and amongst staff.
- In December, the Board approved the 2023 budget which included the establishment of a new Equity, Diversity, & Inclusion department staffed with an EDI Manager and EDI Strategic Advisor to lead the organization through the development and implementation of an EDI Strategy that provides overall direction and plans of action to ensure an intentional approach to identifying and achieving institution-wide equity, diversity, and inclusion objectives and outcomes.
- Between January and March, College staff conducted research into:
    - Gaps, challenges, and barriers to achieving equitable pharmacy care for patients and an inclusive working environment for pharmacy professionals
    - Issues that limit equitable, diverse, and inclusive experiences throughout licensure and ongoing registrant-college interactions
    - Pain points during interaction/communication between registrants, patients/public, and the College
    - EDI programs, plans or activities undertaken by leading Canadian regulators and other relevant bodies

- In April and May, the EDI department led the College through an organizational self-assessment using a toolkit developed through the Health Profession Regulators of Ontario (HPRO) Anti-Racism/EDI Working Group, of which OCP is an active partner. Based on the College Performance Measurement Framework (CPMF) domains, the HPRO organizational self-assessment toolkit includes:
    - A self-assessment grid divided along the seven CPMF domains and that cover most of the work of the College
    - Assessment markers that help identify the level of EDI achievement for each domain, along a continuum from inactive, to reactive, to proactive, to progressive.
    - Relevant guidance for selected areas that provide specific steps for improvement within each domain.

**Analysis:**

The outcomes of these research and self-assessment activities indicate that there are opportunities to:

- Drive positive change in how registrants provide pharmacy care to all patients, with specific emphasis on patients living with disabilities, HIV, substance use disorder, limited English fluency, as well as patients who identify as Indigenous, 2SLGBTQ+, and/or ethnically diverse.
- Enhance Board, Committee and staff awareness and understanding of the effect that bias has on the way processes are established, norms are entrenched, and decisions are made, with specific emphasis on identifying areas for improving current approaches to training and skills development in intercultural humility, recognizing and mitigating bias, and reflexive and appreciative inquiry.
- Push forward on existing commitments while critically reviewing past approaches to improve future plans, with specific emphasis on honouring our commitment to Indigenous cultural competency and upholding human rights within pharmacy practice and regulation.

In addition to the objectives of the internal HR EDI Plan, the College's EDI Strategy seeks to address the following problems, within the College's mandate and authority:

1. Patients are experiencing barriers to accessing pharmacy services, with specific concerns related to the effect of bias and stigma on access.
    - This affects certain patient populations more than others, including Indigenous peoples, patients living with disabilities and certain medical conditions (e.g. substance use disorder, HIV), patients who are immigrants, who are Black, or who have limited English fluency.
2. It is unknown whether there are systemic barriers within College functions that are having unintended outcomes for some registrants or members of the public over others.
    - Initial observations and staff insights indicate the presence of bias in committee processes and staff interactions with registrants/public, presenting an opportunity for further investigation.
3. There is variability in knowledge, awareness, and comfort-level amongst the Board, committee membership, and staff in identifying and addressing inequities they may be privy to as part of their roles.
    - Initial observations indicate an opportunity to better understand existing competencies and improve the capacity of Board, committees, and staff to effectively employ the values of equity, diversity, and inclusion as they fulfill their respective regulatory functions.
4. There is variability in knowledge, awareness, and comfort-level amongst registrants in understanding the impact of inequities on the provision of pharmacy care to patients.
    - Current practice resources can be strengthened by applying an EDI lens with a focus on improving the patient experience when receiving pharmacy care.

The objectives of the College's EDI Strategy intend to respond to these problems by:

- Systematically reviewing policies, processes, and procedures to explore the existence of limitations to equitable pharmacy practice and regulation and identify opportunities for improvement.
- Developing intercultural competencies and reflexive awareness amongst Council, committees, and staff

through intentional and effective capacity building plans
- Applying an EDI lens to practice resources and determining an approach for supporting registrants to provide equitable pharmacy care to patients.
- Explore appropriate partnership opportunities with third-parties to effect positive change across pharmacy care.

**Next Steps:**
A presentation at the Board meeting will elaborate on the overview presented below.

**Decision for the Board:**

This item is for information only.

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

**FOR DECISION**

**From:** Susan James, Director, Quality

**Topic:** Registration Regulation Amendments – Emergency Class Provisions

**Issue/Description:** Approval of amendments to General Regulation 202/94 under the Pharmacy Act, 1991

**Public interest rationale:** The Ontario College of Pharmacists has a duty to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. When fulfilling its legislated obligation, the College needs to balance workforce needs with appropriate registration requirements to ensure safe practice. Amendments to General Regulation 202/94 under the Pharmacy Act, 1991 support consistency across health professions and codify the circumstances that would initiate activation of the emergency assignment class of registration when it is determined to be in the public interest.

**Background:**

- Proposed amendments to General Regulation 202/94 under the *Pharmacy Act, 1991*, Registration, Part V.1 and VI.1 (Emergency Assignment (EA) Certificates) were first introduced to the Board at their meeting in March 2023 (Attachment 11.1).

- The amendments include provisions that allow:
    - issuance of EA certificates to be triggered by government or the Board when it is determined to be in the public interest,
    - a renewal period for EA class certificate holders to transition to another class of registration and avoid unnecessary service delivery interruptions at the conclusion of issuance of EA class certificates,
    - an EA certificate holder to apply for another class of registration and,
    - the exemption of fees for applicants transitioning from an EA class certificate to another class of registration.

- During the March meeting, the Board approved posting of the proposed amendments for public consultation and directed the College to seek approval (Attachment 11.2) from the Minister of Health to abridge the required 60-day public consultation, noting the amendments are necessary for compliance with regulation 508/22 (Attachment 11.3), and require sufficient time for government approval by August 31, 2022.

- On April 12, 2023, Sylvia Jones, Minister of Health, notified the College of her approval to abridge the public consultation to 30 days (Attachment11.4).

- The College posted the proposed amendments to General Regulation 202/94 under the *Pharmacy Act, 1991* on the College website for public consultation for 30 days, from March 30th through April 28th, 2023. Notice of the consultation was made public through the College's online news publication, e-Connect, and social media postings.

- A total of 39 comments were received through the consultation. All consultation feedback is publicly available on the consultation page. Below is a summary of the feedback by respondent type and response:

| Online consultation respondent type | # of responses | In support of changes | Not in support of changes | Response unclear or unrelated |
|---|---|---|---|---|
| Pharmacists | 28 | 10 | 5 | 13 |
| Pharmacy Technician | 4 | 1 | 0 | 3 |
| Applicant | 4 | 4 | | |
| Other (including 1 Association/OPA) | 2 | 2 | | |
| Member of the Public | 1 | 1 | | |
| **Total** | **39** | **18** | **5** | **16** |

**Analysis:**

- About half of the respondents supported the amendments and use of EA certificate registration in general.
- Less than 10% of respondents stated they were not in support of the amendments.
- Many respondents did not specify their support but rather provided feedback on other aspects of the registration requirements or process for international and new graduate applicants.
- A summary of the themes from the open consultation are presented below.

Key Themes

**Workforce Needs/Impact**

- Respondents in support of the changes noted their importance to increase workforce capacity in the pharmacy sector, alleviate pressures on the profession, stabilize labour demand and protect against burnout.
    - For example, one respondent noted: "It is imperative that provisions are in place to ensure that any situation that may negatively impact the pharmacy workforce can be addressed in a timely and efficient manner."
- Several respondents noted the improved access for international pharmacists and new graduates entering the workforce and felt the EA certificate provides a timely pathway that supports creation of confident, qualified pharmacy professionals.
- Several respondents did not specify their support for the proposed amendments but commented that the pandemic-related pressures are now over, the workforce has stabilized, and it is unnecessary to continue with issuance of EA certificates.
- Some respondents commented that availability of EA certificate holders is contributing to driving down wages of pharmacy professionals.

**Public Safety**

- Respondents in support noted the EA certificate pathway helps sustain and improve access to safe patient care and pharmacy services across the province.
- Some respondents commented that EA pharmacists may jeopardize public safety as they have not yet fully met registration requirements before entering the workforce.

**Approval of new intern classification**

- Two respondents emphasized the need for the creation of the pharmacy technician intern class in conjunction with the EA amendments to improve workforce stability.
- The public consultation did not result in a recommendation to make changes to the proposed amendments for EA class provisions.

**RECOMMENDATION: The Board approve the proposed amendments to General Regulation 202/94 under the *Pharmacy Act, 1991*, Registration, Part V.1 and VI.1, for submission to the Ministry of Health.**

# Pharmacy Act, 1991
# Loi de 1991 sur les pharmaciens

## ONTARIO REGULATION 202/94
## GENERAL

**Consolidation Period:** From January 1, 2023 to the e-Laws currency date.

Last amendment: 460/22.

Legislative History: 750/94, 539/95, 280/96, 121/97, 98/98, 642/98, 548/99, 270/04, 451/10, 59/11, 302/12, 154/13, 225/13, 452/16, 126/20 (as am. by 766/21), 742/20, 187/21, 766/21, 46/22, 460/22.

***This Regulation is made in English only.***

### CONTENTS

## PART I
## INTERPRETATION

### DEFINITIONS

**1.** In this Regulation,

"direct supervision" means supervision that is provided by a person who is physically present on the premises where the practice that is being supervised is being carried out;

"non-restricted registration" means the holding of a licence, permit, certificate or registration as a pharmacist from an authority responsible for the regulation of pharmacists in one of the states of the United States of America, or in another non-Canadian jurisdiction that has been approved by the Council, where that licence, permit, certificate or registration is not subject to any restrictions, terms, conditions or limitations, including terms, conditions or limitations that,

(a) relate to the holder's ability to practise independently,

(b) require the holder to practise under supervision or direction,

(c) require the holder to maintain a position or appointment as a condition of continued registration,

(d) require the holder to practise only in a part of the geographical area over which the authority has jurisdiction,

(e) restrict the holder to temporary or time-limited registration or practice,

(f) were imposed by that authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding, or

(g) were placed on the holder's registration by agreement between the holder and that authority;

"pharmacy" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*;

"remote dispensing location" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*. O. Reg. 451/10, ss. 1, 6 (1).

## PART II
## GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

### CLASSES OF CERTIFICATES OF REGISTRATION

**2.** (1) The following are prescribed as classes of certificates of registration:

1. Pharmacist.
2. Registered pharmacy student.
3. Intern.
4. Pharmacy technician.
5. Pharmacist (emergency assignment).
6. Pharmacy technician (emergency assignment). O. Reg. 451/10, s. 1; O. Reg. 187/21, s. 1.

(2) Every certificate of registration that was in existence immediately before December 3, 2010 is continued as the equivalent certificate of registration with the same status under this Regulation until such time as it otherwise ceases to be effective. O. Reg. 451/10, s. 1.

(3) Where an application for a certificate of registration had been made but not finally dealt with before December 3, 2010, the application shall be dealt with in accordance with this Regulation as amended by Ontario Regulation 451/10. O. Reg. 451/10, s. 1.

### APPLICATION FOR CERTIFICATE OF REGISTRATION

**3.** A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any supporting documentation requested by the Registrar and the applicable fees. O. Reg. 451/10, s. 1.

### REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

**4.** (1) The following are requirements for the issuance of a certificate of registration of any class:

1. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
2. The applicant must not have been found guilty of any offence in any jurisdiction.
3. The applicant must not be the subject of a current proceeding in respect of any offence in any jurisdiction.

4. The applicant must not have been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any like proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation.
5. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of the profession in Ontario in the manner permitted by the certificate of registration for which he or she has applied.
6. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
    i. will practise pharmacy with decency, honesty and integrity, and in accordance with the law,
    ii. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise pharmacy in a safe manner,
    iii. has sufficient knowledge, skill and judgment to competently engage in the practice of pharmacy authorized by the certificate of registration, and
    iv. will display an appropriately professional attitude.
7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.
8. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration for which the applicant applied. O. Reg. 451/10, s. 1; O. Reg. 187/21, s. 2 (1).

(2) Subject to section 15.3(1) and 18.3(1), the requirement under paragraph 8 of subsection (1) is non-exemptible. O. Reg. 451/10, s. 1.

(3) An applicant must meet all of the requirements for registration within one year following the filing his or her application, but this does not prevent the applicant from filing a new application. O. Reg. 451/10, s. 1.

(3.1) Despite subsection (3), an applicant for a certificate in the pharmacist (emergency assignment) or pharmacy technician (emergency assignment) class must meet all the requirements for registration at the time the application is filed. O. Reg. 187/21, s. 2 (2).

(4) An applicant shall be deemed not to have satisfied the requirements for the issuance of a certificate of registration if the applicant makes a false or misleading statement or representation in his or her application or supporting documentation. O. Reg. 451/10, s. 1.

### TERMS, ETC., OF EVERY CERTIFICATE

**5.** Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide to the Registrar the details of any of the following that relate to the member and that occur or arise after the registration of the member:
    i. a finding of guilt arising in any jurisdiction relating to any offence,
    ii. a charge arising in any jurisdiction relating to any offence,
    iii. a finding of professional misconduct, incompetence or incapacity or any like finding in any jurisdiction in relation to pharmacy or any other profession or occupation,
    iv. a proceeding for professional misconduct, incompetence or incapacity or any like proceeding in any jurisdiction in relation to pharmacy or any other profession or occupation.
2. The member shall not engage in the practice of pharmacy unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.
3. The member shall immediately advise the Registrar in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.
4. If a member to whom paragraph 3 applies subsequently obtains Canadian citizenship or becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario permitted by the certificate of registration, the member shall immediately advise the Registrar in writing of that fact.
5. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws.

6. A member who fails to meet the condition in paragraph 5 shall immediately advise the Registrar in writing of that fact and immediately cease to engage in the practice of pharmacy until such time as the member obtains professional liability insurance as required in paragraph 5.

7. Where a member to whom paragraph 6 applies subsequently obtains professional liability insurance, the member shall notify the Registrar in writing of that fact and, if requested by the Registrar, shall provide details of that coverage. O. Reg. 451/10, s. 1.

## PART III
## REGISTRATION — PHARMACISTS

### ADDITIONAL REQUIREMENTS

**6.** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist:

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or
   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,
      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or
      B. have successfully completed the examination provided for in paragraph 4 on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.
2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacist.
3. Subject to subsection (5), the applicant must have successfully completed a structured practical training program approved by the Council, while holding a certificate of registration as an intern and while under the supervision of a preceptor approved by the Registration Committee.
4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists at a time when the examination was approved by the Council or have successfully completed another examination that has been approved by the Council for that purpose. O. Reg. 451/10, s. 1.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as an intern at the time. O. Reg. 451/10, s. 1.

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council;

(b) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist. O. Reg. 451/10, s. 1.

(4) The requirement in paragraph 2 of subsection (1) shall not be considered to be met unless the applicant is issued a certificate of registration as a pharmacist within three years of meeting that requirement. O. Reg. 451/10, s. 1.

(5) An applicant is deemed to have met the requirement in paragraph 3 of subsection (1) if, at the time of application, the applicant,

(a) has successfully completed a structured practical training program which is, in the opinion of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1); or

(b) has other education, training or experience that is, in the opinion of a panel of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1). O. Reg. 451/10, s. 1.

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacist within two years of meeting the requirement or within such greater time as is specified by a panel of the Registration Committee. O. Reg. 451/10, s. 1.

(7) Subject to subsection (8), the requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, specified by a panel of the Registration Committee. O. Reg. 451/10, s. 1.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant obtains a new degree mentioned in subparagraph 1 i of subsection (1). O. Reg. 451/10, s. 1.

(9) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period. O. Reg. 451/10, s. 1.

(10) The requirements in paragraphs 1, 3 and 4 of subsection (1) are deemed to have been met by an applicant,

(a) who previously held a certificate of registration as a pharmacist in Ontario; and

(b) who,

(i) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council, or

(ii) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees. O. Reg. 451/10, s. 1.

(11) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as an intern on December 3, 2010; or

(b) becomes registered as an intern after December 3, 2010 but before December 3, 2011. O. Reg. 451/10, s. 1.

(12) Subject to subsections (2), (5), (10) and (11) and sections 7 and 8, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 1.

(13) A reference in this section or section 7 to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section. O. Reg. 451/10, s. 1.

MOBILITY FROM OUTSIDE CANADA

**7.** An applicant is deemed to have met the requirements in paragraph 1 of subsection 6 (1) if the applicant meets all the following non-exemptible requirements:

1. The applicant must,

i. hold a non-restricted registration in at least one jurisdiction at the time of application and have held that registration continuously for at least two years, and

ii. satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours.

2. The applicant must,

i. satisfy the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in one or more of the jurisdictions where he or she held the non-restricted registration,

ii. undergo a review of his or her practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pay the required fees, or

iii. successfully complete the examination referred to in paragraph 4 of subsection 6 (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist. O. Reg. 451/10, s. 1.

MOBILITY WITHIN CANADA

**8.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 6 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacist in that jurisdiction. O. Reg. 451/10, s. 1.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a pharmacist. O. Reg. 451/10, s. 1.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 1.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 1.

TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST

**9.** (1) Every certificate of registration of a pharmacist listed in Part B of the register is subject to the following terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not dispense, sell or compound drugs.
3. The member shall not supervise that part of the pharmacy where drugs are kept.
4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.
5. The member shall not supervise the practice of pharmacy of an intern, registered pharmacy student or pharmacy technician.
6. The member shall, when working in a pharmacy or any other environment where patient care is being provided, clearly identify him or herself as a non-practising pharmacist. O. Reg. 451/10, s. 1.

(2) With the prior written approval of the Registrar, and despite paragraphs 1 and 2 of subsection (1), a pharmacist listed in Part B of the register may dispense, sell or compound a drug and provide care to a patient under the direct supervision of a pharmacist who is registered in Part A of the register, or of a pharmacist (emergency assignment), where the sole purpose is to assist the member in preparing to meet the requirements specified in subsection 46 (3) to transfer a member holding a certificate of registration as a pharmacist who is registered in Part B of the register to Part A of the register. O. Reg. 187/21, s. 3.

(3) Where a member wishes to seek the approval of the Registrar under subsection (2), the member shall provide to the Registrar, in writing, the name of the pharmacist or pharmacists who will be providing the required supervision, the name and address of the pharmacy or pharmacies at which the member proposes to practise under that supervision and the proposed date upon which the member wishes to commence practice. O. Reg. 451/10, s. 1.

(4) Any approval provided by the Registrar under subsection (2) must specify,

(a) the name of the pharmacist or pharmacists who will be required to supervise the member;

(b) the name and address of the pharmacy or pharmacies where the member will be practising; and

(c) the term of the approval, which must not exceed six months. O. Reg. 451/10, s. 1.

(5) Where the Registrar is satisfied that it is appropriate to do so the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Quality Assurance Committee approves of a further extension. O. Reg. 451/10, s. 1.

## PART IV
## REGISTRATION — REGISTERED PHARMACY STUDENTS

### ADDITIONAL REQUIREMENT

**10.** (1) It is an additional requirement for the issuance of a certificate of registration as a registered pharmacy student that the applicant must,

(a) have been accepted as a student in a university program referred to in subparagraph 1 i of subsection 6 (1) or in an approved program referred to in sub-subparagraph 1 ii A of that subsection;

(b) be engaged in attaining any education or training referred to in sub-subparagraph 1 ii B of subsection 6 (1); or

(c) be engaged in attaining any education or training specified by a panel of the Registration Committee as a condition for the issuance of another certificate of registration, other than a certificate of registration as a pharmacy technician. O. Reg. 451/10, s. 2.

(2) Subject to section 11, the requirement in subsection (1) is non-exemptible. O. Reg. 451/10, s. 2.

### MOBILITY WITHIN CANADA

**11.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 10 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy student in that jurisdiction. O. Reg. 451/10, s. 2.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a registered pharmacy student. O. Reg. 451/10, s. 2.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 2.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 2.

### TERMS, CONDITIONS AND LIMITATIONS

**12.** (1) Every certificate of registration as a registered pharmacy student is subject to the following terms, conditions and limitations:

1. The member,
   i. in the case of a member to whom subsection 11 (1) does not apply, shall only engage in the practice of pharmacy while enrolled in and actively participating in a program provided for in subsection 10 (1) or while actively engaged in any education or training specified in that subsection, and
   ii. in the case of a member to whom subsection 11 (1) applies, shall only engage in the practice of pharmacy while enrolled in and actively participating in an educational program that is a requirement for the issuance of an applicable out-of-province certificate authorizing practice as an intern or pharmacist.
2. The member may only engage in the practice of pharmacy,
   i. while under the direct supervision of a member who holds a certificate of registration as a pharmacist, or as a pharmacist (emergency assignment), or
   ii. where a program or any education or training provided for in subsection 10 (1) includes a clinical component in a premises that is not a pharmacy but at which drugs may be prescribed or dispensed, while under the direct supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who has been approved for this purpose by the faculty that provides the program, education or training.
3. Despite subparagraph 2 ii, the member shall not dispense, compound or sell a drug unless under the direct supervision of a member holding a certificate of registration as a pharmacist.
4. Despite subparagraph 2 ii, the member may not supervise that part of the pharmacy where drugs are kept.

5. The member may neither delegate a controlled act nor accept the delegation of a controlled act. O. Reg. 451/10, s. 2; O. Reg. 187/21, s. 4.

(2) A certificate of registration as a registered pharmacy student automatically expires when the member is issued a certificate of registration as a pharmacist or an intern. O. Reg. 451/10, s. 2.

(3) A certificate of registration as a registered pharmacy student automatically expires,

(a) in the case of a member engaged in a program referred to in subparagraph 1 i of subsection 6 (1), when the member is refused readmission to the program, ceases to be enrolled in the program or ceases to actively participate in the program;

(b) in the case of a member engaged in an approved program referred to in sub-subparagraph 1 ii A of subsection 6 (1), two years after registration as a registered pharmacy student unless that period of time is extended by a panel of the Registration Committee;

(c) in the case of a member engaged in attaining any education or training or combination of education and training referred to in sub-subparagraph 1 ii B of subsection 6 (1) or in attaining any education or training or combination of education and training required by a panel of the Registration Committee as a condition for the issuance of another class of certificate of registration, on the date specified by the panel in its decision or, if no date was specified, one year from that decision, unless extended by a panel of the Registration Committee; and

(d) in the case of a member whose application for a certificate of registration as a registered pharmacy student was considered under subsection 11 (1), on the date on which the member ceases to hold an out-of-province certificate that is equivalent to a certificate of registration as a registered pharmacy student. O. Reg. 451/10, s. 2.

## PART V
## REGISTRATION — INTERNS

### ADDITIONAL REQUIREMENTS

**13.** (1) The following are additional requirements for the issuance of a certificate of registration as an intern:

1. The applicant must,

   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,

      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or

      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or

   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,

      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or

      B. have successfully completed the examination provided for in paragraph 4 of subsection 6 (1) on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

2. Subject to subsections (3) and (4), the applicant must have successfully completed a structured practical training program approved by the Council while holding a certificate of registration as a registered pharmacy student and while under the direct supervision of a preceptor approved by the Registration Committee. O. Reg. 451/10, s. 3.

(2) Subject to subsections (3) and (4) and section 14, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 3.

(3) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 2 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as a registered pharmacy student at the time. O. Reg. 451/10, s. 3.

(4) An applicant shall be deemed to have met the requirement in paragraph 2 of subsection (1) if, at the time of application, the applicant holds a non-restricted registration as a pharmacist, has held that registration for at least two years and the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours;

(b) successfully completed a structured practical training program which is, in the opinion of a panel of the Registration Committee at least equivalent to a program mentioned in paragraph 2 of subsection (1), or has other education, training or experience that, in the opinion of a panel of the Registration Committee is at least equivalent to the program mentioned in paragraph 2 of subsection (1); or

(c) successfully completed the education and obtained the additional training or experience that a panel of the Registration Committee has specified. O. Reg. 451/10, s. 3.

(5) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as an intern within one year of meeting that requirement or within such greater time as is specified by a panel of the Registration Committee. O. Reg. 451/10, s. 3.

(6) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as a registered pharmacy student on December 3, 2010; or

(b) becomes registered as a registered pharmacy student after December 3, 2010 but before December 3, 2011. O. Reg. 451/10, s. 3.

MOBILITY WITHIN CANADA

**14.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 13 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as an intern in that jurisdiction. O. Reg. 451/10, s. 3.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as an intern. O. Reg. 451/10, s. 3.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 3.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 3.

TERMS, CONDITIONS AND LIMITATIONS

**15.** (1) Every certificate of registration as an intern is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or
   ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
2. The member shall not supervise that part of the pharmacy where drugs are kept.
3. The member shall not delegate a controlled act. O. Reg. 451/10, s. 3; O. Reg. 187/21, s. 5.

(2) A certificate of registration as an intern automatically expires,

(a) when the member is issued a certificate of registration as a pharmacist; or

(b) one year from the date on which it was issued unless a panel of the Registration Committee specifies otherwise. O. Reg. 451/10, s. 3.

## PART V.1
## REGISTRATION — PHARMACISTS (EMERGENCY ASSIGNMENT)

**15.1** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment):

1. The Government of Ontario requests, or the Council determines that it is in the public interest, that the College issue certificates of registration for the pharmacist (emergency assignment) class to address emergency circumstances.

2. The applicant must,

   i. have satisfied the educational requirements of paragraph 1 of subsection 6 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist (emergency assignment),

   ii. currently be practising as a pharmacist in a jurisdiction approved by the Council, and provide, for each jurisdiction where the applicant holds a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacist in that jurisdiction, or

   iii. have practised as a pharmacist in a jurisdiction approved by the Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment), and provide, for each jurisdiction where the applicant held a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacist in that jurisdiction. O. Reg. 187/21, s. 6.

(2) Without in any way limiting the generality of subparagraphs 2 ii and 2 iii of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant's certificate as a pharmacist. O. Reg. 187/21, s. 6.

TERMS, CONDITIONS AND LIMITATIONS

**15.2** (1) Every certificate of registration as a pharmacist (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacist (emergency assignment).

2. The member shall only engage in the practice of the profession while under the supervision of a member holding a certificate of registration as a pharmacist listed in Part A.

3. The member shall not be the designated manager of a pharmacy. O. Reg. 187/21, s. 6.

(2) A certificate of registration as a pharmacist (emergency assignment) expires on the later of,

(a) 60 days from the date on which the certificate was issued or extended under subsection (3); and

(b) three months after either the Government of Ontario or the Council declares that the emergency circumstances that gave rise to the issuance of certificates of registration in the pharmacist (emergency assignment) class have ended. O. Reg. 187/21, s. 6.

(3) The Registrar may extend a certificate of registration as a pharmacist (emergency assignment) for one or more periods of 60 days as long as emergency circumstances persist. O. Reg. 187/21, s. 6.

(4) The Registrar may revoke a certificate of registration as a pharmacist (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 6.

(5) Where a member listed in Part B of the register also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in section 9 shall not apply to the member during the time that the member holds the emergency assignment certificate. O. Reg. 187/21, s. 6.

(6) Where a member who holds a certificate of registration as an intern also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in subsection 15 (1) shall not apply to the member during the time that the member holds the emergency assignment certificate. O. Reg. 187/21, s. 6.

TRANSFER TO OTHER CLASS OF REGISTRATION

**15.3** (1) A member who holds a certificate of registration as a pharmacist (emergency assignment) may apply for a certificate of registration in another class, and if he or she does so, he or she is exempt from the requirement to pay the fee set out in paragraph 8 of subsection 4 (1).

## PART VI
## REGISTRATION — PHARMACY TECHNICIANS

ADDITIONAL REQUIREMENTS

**16.** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician:

1. The applicant must,

i. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians which was, at the time the applicant graduated, accredited by the Canadian Council for Accreditation of Pharmacy Programs or such other accrediting body approved by the Council for that purpose,

ii. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians other than one referred to in subparagraph i or have a university degree or university diploma in pharmacy and, in either case,

A. must have successfully completed a program that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or

B. must have successfully completed the examination referred to in paragraph 4 on the applicant's first attempt, and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i,

iii. have successfully completed a program before January 1, 2015 that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or

iv. have met the requirements of paragraph 1 of subsection 6 (1).

2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacy technician.

3. The applicant must have successfully completed a structured practical training program approved by the Council and must have done so under the direct supervision of a preceptor approved by the Registration Committee.

4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians or successfully completed another examination that has been approved by the Council for that purpose. O. Reg. 451/10, s. 4.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in subparagraph 1i of subsection (1) or sub-subparagraph 1 ii A of subsection (1). O. Reg. 451/10, s. 4.

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacy technician unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council;

(b) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacy technician. O. Reg. 451/10, s. 4.

(4) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacy technician within three years of meeting that requirement. O. Reg. 451/10, s. 4.

(5) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period. O. Reg. 451/10, s. 4.

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant,

(a) is issued a certificate of registration as a pharmacy technician within two years of meeting that requirement;

(b) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council; or

(c) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel. O. Reg. 451/10, s. 4.

(7) Subject to subsection (8), paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, that was specified by a panel of the Registration Committee. O. Reg. 451/10, s. 4.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant successfully completes a new program mentioned in subparagraph 1 i of subsection (1). O. Reg. 451/10, s. 4.

(9) An applicant shall be deemed not to have met the requirement of subparagraph 1 iii of subsection (1) unless, before January 1, 2012 and before commencing the program referred to in that subparagraph, the applicant successfully completed,

(a) the College's Pharmacy Technician Certification Examination;

(b) the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or

(c) another examination approved by the Council. O. Reg. 451/10, s. 4.

(10) Subject to subsection (2) and section 17, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 4.

(11) A reference in this section to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section. O. Reg. 451/10, s. 4.

MOBILITY WITHIN CANADA

**17.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 16 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy technician in that jurisdiction. O. Reg. 451/10, s. 4.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority in that issued the applicant that out-of-province certificate as a pharmacy technician. O. Reg. 451/10, s. 4.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 4.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 4.

TERMS, CONDITIONS AND LIMITATIONS

**18.** Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or
   ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
2. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies the member shall not supervise that part of a pharmacy where drugs are kept.
3. The member shall not delegate a controlled act.
4. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment. O. Reg. 451/10, ss. 4, 6 (2); O. Reg. 187/21, s. 7.

## PART VI.1
## REGISTRATION — PHARMACY TECHNICIANS (EMERGENCY ASSIGNMENT)

**18.1** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment):

1. The Government of Ontario requests, or the Council determines that it is in the public interest, that the College issue certificates of registration for the pharmacy technician (emergency assignment) class to address emergency circumstances.
2. The applicant must,
   i. have satisfied the educational requirements of paragraph 1 of subsection 16 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician (emergency assignment),
   ii. currently be practising as a pharmacy technician in a jurisdiction approved by the Council, and provide, for each jurisdiction where the applicant holds a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy technician in that jurisdiction, or
   iii. have practised as a pharmacy technician in a jurisdiction approved by the Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment), and provide, for each jurisdiction where the applicant held a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacy technician in that jurisdiction. O. Reg. 187/21, s. 8.

(2) Without in any way limiting the generality of subparagraphs 2 ii or 2 iii of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the certificate as a pharmacy technician. O. Reg. 187/21, s. 8.

### TERMS, CONDITIONS AND LIMITATIONS

**18.2** (1) Every certificate of registration as a pharmacy technician (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacy technician (emergency assignment).
2. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or
   ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
3. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, the member shall not supervise that part of a pharmacy where drugs are kept.
4. The member shall not delegate a controlled act.
5. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment. O. Reg. 187/21, s. 8.

(2) A certificate of registration as a pharmacy technician (emergency assignment) expires the later of,

(a) 60 days from the date on which the certificate was issued or extended under subsection (3); and

(b) three months after either the Government of Ontario or the Council declares that the emergency circumstances that gave rise to the issuance of certificates of registration in the pharmacy technician (emergency assignment) class have ended. O. Reg. 187/21, s. 8.

(3) The Registrar may extend a certificate of registration as a pharmacy technician (emergency assignment) for one or more periods of 60 days as long as emergency circumstances persist. O. Reg. 187/21, s. 8.

(4) The Registrar may revoke a certificate of registration as a pharmacy technician (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 8.

TRANSFER TO OTHER CLASS OF REGISTRATION

**18.3** (1) A member who holds a certificate of registration as a pharmacy technician (emergency assignment) may apply for a certificate of registration in another class, and if he or she does so, he or she is exempt from the requirement to pay the fee set out in paragraph 8 of subsection 4(1).

Ontario College of Pharmacists
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Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

March 28, 2023

Hon. Sylvia Jones
Deputy Premier
Minister of Health
College Park 5th Floor, 777 Bay Street
Toronto, ON, M7A 2J3

Dear Minister Jones,

On behalf of the Board (Council) of the Ontario College of Pharmacists (the College), I am writing to request your approval to abridge to 30 days the public consultation required under subsection 95 (1.6) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, in respect of proposed amendments to O. Reg. 202/94 under the Pharmacy Act, 1991. These amendments, approved for consultation by the Board at its meeting on March 21st, are necessary to align the College's existing emergency assignment registration provisions with the new emergency class requirements under O. Reg. 508/22 under the Regulated Health Professions Act, 1991.

The basis for this request is two-fold. First, the amendments required to O.Reg 202/94 will not have a significant impact on OCP practices. Rather, they serve to codify aspects of the College's existing emergency assignment regulation that has been successfully in place since February 2021. Second, the College has been asked to submit these amendments to the Ministry by early May, making the usual consultation timeline impossible.

The College understands and values public consultation and we began the process to initiate a public consultation immediately following our Board meeting. We anticipate posting it to our website shortly.

Thank you for considering this request, I look forward to receiving your response.

Respectfully submitted,

James Morrison B.Sc. B.Sc.Phm. R.Ph.
Chair, Ontario College of Pharmacists

CC: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice
Patrick Dicerni, Assistant Deputy Minister, Health Programs and Delivery Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Shenda Tanchak, Registrar and Chief Executive Officer, Ontario College of Pharmacists

Français

# Regulated Health Professions Act, 1991

## ONTARIO REGULATION 508/22
## REGISTRATION REQUIREMENTS

**Consolidation Period:** From January 1, 2023 to the e-Laws currency date.

Last amendment: 508/22.

Legislative History: 508/22.

***This is the English version of a bilingual regulation.***

**Definition**

**1.** In the Act,

"Canadian experience" means any work experience or experiential training obtained in Canada.

**Timely decisions and responses**

**2.** (1) The Registrar shall, within 15 days after receiving an application for registration, provide the applicant with a written acknowledgment of receipt of the application along with either,

(a) confirmation that the applicant has submitted all of the required materials and information; or

(b) details regarding what other materials or information are required from the applicant in order to complete the application.

(2) If an applicant provides materials or information in response to a notice under clause (1) (b), the Registrar shall, within 15 days after receiving the materials or information, provide the applicant with a written acknowledgement of receipt along with either,

(a) confirmation that the applicant has submitted all of the required materials and information; or

(b) details regarding what other materials or information are required from the applicant in order to complete the application.

(3) The Registrar shall make their decision under subsection 15 (1) of the Code to register an applicant or refer the application to the Registration Committee within 30 days after receiving a complete application that includes all of the required materials and information.

(4) Subsection (3) does not apply if the Registrar needs to verify the authenticity or accuracy of the materials and information or assess an applicant's educational program or prior learning experience for equivalency with programs or experiences that have already been approved, but,

(a) the Registrar must complete their verification or assessment within a reasonable period of time; and

(b) the Registrar must make the decision described in subsection (2) within 15 days after completing the verification or assessment.

**Language proficiency testing requirements**

**3.** (1) An applicant for registration satisfies a College's English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act* (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

**Exemption from Canadian experience requirements**

**4.** (1) Section 16.2 of the Code does not apply to a requirement for Canadian experience if the College permits applicants that have equivalent experience in another country to meet the requirement.

(2) Section 16.2 of the Code does not apply to a requirement for Canadian experience if that requirement must be met while the applicant is registered in a different class of registration established by the College.

(3) Section 16.2 of the Code does not apply to the requirement to complete a structured practical training program as a condition of registration as a pharmacy technician.

**Note: On December 31, 2024, subsection 4 (3) of the Regulation is revoked. (See: O. Reg. 508/22, s. 6)**

**Note: Section 5 comes into force on August 31, 2023, the day subsection 3 (3) of Schedule 6 to the *Pandemic and Emergency Preparedness Act, 2022* comes into force.**

**Emergency classes of registration**

**5.** (1) The regulations establishing an emergency class of registration required by section 16.3 of the Code must include at least the following requirements:

1. They must specify emergency circumstances that will cause the class to be open for issuance and renewal.
2. They must specify that the emergency class of certificates of registration expire no more than one year after they are issued but are renewable for the same period of time, with no limit on the number of times they may be renewed as long as the emergency circumstances persist.
3. They must specify circumstances in which a member of the emergency class may apply for another class of registration and must exempt the applicant from at least some registration requirements that would ordinarily apply to the application.

(2) Paragraph 3 of subsection (1) does not prevent the Council from establishing alternative requirements that must be met by the applicant.

**6.** OMITTED (PROVIDES FOR AMENDMENTS TO THIS REGULATION).

**7.** OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

Français

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Ontario

April 12, 2023

James Morrison
Chair
Ontario College of Pharmacists
483 Huron Street
Toronto, ON
M5R 2R4

Dear James Morrison,

Thank you for your March 28 letter requesting approval of an abridged 30-day circulation period for the proposed amending regulation in O. Reg. 202/94 (General) made under the *Pharmacy Act, 1991*. I understand that this amendment is necessary to ensure the College's emergency class registration provisions meet the requirements set out under O. Reg. 508/22 (Registration Requirements) under the *Regulated Health Professions Act, 1991* by August 31, 2023, which is the day that the requirement for the College to have an emergency class of registration is set to come into force.

Subsection 95 (1.6) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, permits the exemption of a proposed regulation from the requirement that it be circulated or the abridgement of the 60-day period with the approval of the Minister of Health. In this circumstance and because the regulation amendment must be approved by the Lieutenant Governor in Council before August 31, 2023, I am approving your request to abridge the circulation requirement to 30 days for public consultation.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister, Ministry of Health
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, Ministry of Health
Shenda Tanchak, Registrar and Chief Executive Officer, Ontario College of Pharmacists

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

## FOR DECISION

**From**: Susan James, Director Quality

**Topic:** Expansion of Scope – Additional vaccine administration, including removal of specific age restriction, Tamiflu prescribing and other related administrative changes.

**Issue/Description:** The Board is being asked to approve for consultation and subsequent submission to the Ministry, amendments to General Regulation 202/94 under the *Pharmacy Act*, *1991*, enabling additional authority for vaccine administration with no age restriction, prescribing of oseltamivir (Tamiflu) and transition of authority for administration of COVID-19 vaccine by pharmacy professionals and prescribing of Nirmatrelvir/ritonavir (Paxlovid) by pharmacists from the *Regulated Health Professions Act* (*RHPA), Controlled Acts Regulation* (107/96) to the *Pharmacy Act, General Regulation* (202/94).

**Public interest rationale:**
The Ontario health care system continues to see additional pressure, impacting patient access to care. By expanding the scope of pharmacists and pharmacy technicians to administer additional vaccines and offer appropriate treatment options for COVID-19 and influenza, patients will have improved access to care in the community pharmacy when COVID-19, influenza and respiratory syncytial virus (RSV) may have significant impacts on the health system during the 2023-24 respiratory illness season.

**Strategic alignment, regulatory processes, and actions**:
The information outlined within this document supports the College's first strategic priority: "enhance system and patient outcomes through collaboration and optimization of current scope of practice" and the regulatory amendments to the controlled acts section of *General Regulation 202/94* under the *Pharmacy Act, 1991*.

**Background:**

- During the 2022-23 Fall and Winter season, Canadians experienced a surge of respiratory infections due to increased infections of influenza, RSV and COVID-19, which resulted in higher than usual hospitalizations, intensive care unit admissions and deaths compared to previous seasons. Paediatric hospitalizations incidences were persistently above historical peak levels[1].
- Based on insight from multiple health system and pharmacy partners, the 2023-24 Fall and Winter season may experience a similar surge of influenza, RSV and COVID-19 as community-based public health measures, such as masking, have relaxed.
- Pharmacy professionals in Ontario have played a significant role over the past few years immunizing patients with the influenza and COVID-19 vaccines, increasing access to care and supporting Ontario's influenza and COVID-19 vaccination programs. This role has been supported through the expansion of scope of practice of pharmacy professionals by:
    - enabling pharmacists to administer the influenza vaccine to children as young as 2 years old in December 2020, and enabling pharmacy technicians to do the same in Fall 2021,
    - enabling pharmacists and pharmacy technicians to administer the COVID-19 vaccine through a temporary legislative exemption in regulation 107/96 under the *RHPA* in early 2021,

[1] https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-1-january-2023/ccdrv49i01a03-eng.pdf

- In addition, pharmacists have played a significant role in treating COVID-19 patients by prescribing Paxlovid since December 2022. This prescribing authority meant patients had greater access to COVID-19 treatment, when appropriate.
- With the expansion of scope for pharmacy professionals over the last few years, the profession is now positioned to provide access to additional health care services for the public, at a time when the health workforce is under tremendous strain, particularly in some remote communities.
- In preparation for a surge of influenza, RSV and COVID-19 in Fall 2023, there is an opportunity to expand the scope of practice of pharmacy professionals so that community pharmacies can utilize their staff in a more efficient and effective way to meet patient demand and needs.
- Following discussions with the Ministry of Health, the College is proposing the following regulatory amendments that will prepare pharmacy professionals for the upcoming 2023-24 respiratory illness season:
    - Pharmacists and pharmacy technicians to administer the Respiratory syncytial virus (RSV) vaccine,
    - Pharmacy technicians to administer vaccines from Schedule 3,
    - Pharmacists to prescribe Tamiflu,
    - Removal of age specific age restrictions for administration of influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians; and
    - Transition of authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine and for pharmacists to prescribe Paxlovid, from the *Regulated Health Professions Act* (*RHPA), Controlled Acts Regulation* (107/96) to the *Pharmacy Act, General Regulation* (202/94).

**Analysis:**

- Recognizing the influenza season is fast approaching, there is some urgency to enable these scope changes. While the College has initiated consultation with clinical experts and received feedback that supports the proposed expansion of scope, further input will be sought through the consultation process.

**Pharmacists prescribing Tamiflu**

- Like Paxlovid, increasing access to prescribed influenza treatments, such as Tamiflu, at the community pharmacy level can support greater access to influenza treatment options. This would support the upcoming 2023-24 respiratory illness season, and divert patients from emergency departments, urgent care clinics, and primary care clinics so that health care providers can focus their efforts on higher acuity patients.
- Current recommendations for Tamiflu prescribing by the Centre for Disease Control and Prevention (CDC)[2] provides support for the appropriateness of engaging pharmacists to prescribe for the purpose of treating influenza for select patient populations.

**Pharmacy professionals administering vaccines with no specific age restriction**

- Given that pharmacy professionals have the competence and experience administering vaccines to patients from the age of 6 months and up, different age restrictions based on individual vaccines is unnecessary and may cause confusion. The assessment of appropriateness to administer a vaccine to any patient, includes consideration of multiple factors, including age.

[2] https://www.cdc.gov/flu/professionals/diagnosis/testing-guidance-for-clinicians.htm

- Removal of age restrictions is seen in other jurisdictions as well. For example, in the United States, 27 states allow pharmacists to administer all vaccines on the CDC recommended immunization schedule with no age restriction and 19 states allow pharmacists to administer the influenza vaccine with no age restriction[3].

**Administration of RSV vaccine by pharmacy professionals and Schedule 3 vaccines by pharmacy technicians**

- While the RSV vaccine has not yet been approved by Health Canada, an amendment to the regulation is required to allow pharmacy professionals to administer the vaccine, once available. Vaccine administration criteria would be set by the Ministry of Health and communicated to pharmacy professionals so that the expectations of patient population and criteria are clear.
- The same knowledge, skills, and judgment that pharmacy professionals currently use when administering the COVID-19 and influenza vaccines, apply to administration of an RSV vaccine and Schedule 3 vaccines. Training requirements are also the same, as are the expectations outlined in the Guideline – Administering a Substance by Injection or Inhalation. In the case of pharmacy technicians, the requirement to ensure patients are first assessed by a pharmacist or other regulated health professional who has the scope to perform a patient assessment and determine vaccine administration is appropriate also remains.

**Administrative change to regulatory authority for Administration of COVID-19 vaccine, and prescribing of Paxlovid**

- By adding COVID-19 vaccine administration by pharmacy professionals and Paxlovid prescribing by pharmacists to the controlled act section of the regulation under the Pharmacy Act, the temporary nature of this authority by means of an exemption under regulation 107/96 of the RHPA is removed. Additionally, the regulatory conditions and expectations associated with these acts becomes consistent with those set out for other prescribing and vaccine administration authority in regulation 202/94.

**Circulation and Submission**

- Circulation of the proposed amendments for public review is required for a period of 60 days. During this period the College will continue to consult with registrants, clinical experts in pharmacy and other health professionals and system partners to plan for and implement this expanded scope in a manner that supports patient safety.
- A consultation report, including a summary of feedback and any recommended changes to the proposed amendments, will be prepared following circulation. To expedite government approval and implementation of the changes in advance of the 2023-24 respiratory illness season, the College will submit the proposed amendments to the Ministry, unless the Board Chair determines there are substantive changes required following circulation which would necessitate the regulation be brought back to the Board for approval.
- If substantive changes are recommended, they will be presented to the Board for consideration at the Sept 2023 meeting with the intent to submit the final regulation amendments to the Minister shortly after.

[3] https://naspa.us/wp-content/uploads/2023/04/Pharmacist-Immunization-Authority-April-2023.pdf

**Motion:** **The Board approve the proposed amendments to *Regulation 202/94* of the *Pharmacy Act, 1991* for 60-day public circulation and subsequent submission to the Ministry, unless the Board Chair determines that there are substantive changes required following circulation which would necessitate the regulation be brought back to the Board for approval.**

**Next Steps:**

If approved, the proposed regulations will be posted on the College's consultation page for the mandated 60-day period for circulation and consultation as noted above will continue. A full implementation and communication plan will be developed in collaboration with partners.

**Attachments:**

12.1 - Proposed Amendments, O. Reg 202/94
12.2 - Blackline, Proposed Amendments Reg 202/94

# Pharmacy Act, 1991
# Loi de 1991 sur les pharmaciens

## ONTARIO REGULATION 202/94
## GENERAL

**Consolidation Period:** From May 15, 2023 to the e-Laws currency date.

Last amendment: 95/23.

Legislative History: 750/94, 539/95, 280/96, 121/97, 98/98, 642/98, 548/99, 270/04, 451/10, 59/11, 302/12, 154/13, 225/13, 452/16, 126/20 (as am. by 766/21), 742/20, 187/21, 766/21, 46/22, 460/22, 95/23.

***This Regulation is made in English only.***

### PART VII.3
### CONTROLLED ACTS

INTERPRETATION

**31.** (1) In this Part,

"adapt" means, subject to subsection (2), to change a patient's prescription respecting,

(a) the dose of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the directions for use of the prescribed drug, or

(d) the route of administration for taking the prescribed drug,

but does not include therapeutic substitution;

**Note: On September 30, 2026, the definition of "adapt" in section 31 of the Regulation is amended by striking out "subject to subsection (2)" in the portion before clause (a). (See: O. Reg. 126/20, s. 1 (2) and O. Reg. 766/21, s. 2)**

"coronavirus exemption" means the exemption issued by the Minister of Health for Canada on March 19, 2020 under subsection 56 (1) of the *Controlled Drugs and Substances Act* (Canada) entitled "Subsection 56(1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic", available on a website of the Government of Ontario, including any renewal or replacement of the exemption;

**Note: On September 30, 2026, the definition of "coronavirus exemption" in section 31 of the Regulation is revoked. (See: O. Reg. 126/20, s. 1 (4) and O. Reg. 766/21, s. 2)**

"Part A pharmacist" means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;

"point-of-care test" means a test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use;

"prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;

"prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;

"renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient;

"therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 1 (1, 3); O. Reg. 46/22, s. 1.

(2) While the coronavirus exemption is in effect, in this Part,

"adapt", in relation to the adaptation of a prescription for a controlled substance under the *Controlled Drugs and Substances Act* (Canada), means to change the prescription respecting,

(a) the dose and regime of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the de-prescribing of the prescribed drug, or

(d) the part-filling of the prescription,

but does not include therapeutic substitution. O. Reg. 126/20, s. 1 (5)

**Note: On September 30, 2026, subsection 31 (2) of the Regulation is revoked. (See: O. Reg. 126/20, s. 1 (6) and O. Reg. 766/21, s. 2)**

**32.** (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply. O. Reg. 302/12, s. 1.

(2) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply. O. Reg. 302/12, s. 1.

(3) In this Part,

(a) a reference to a part A pharmacist includes a member who holds a certificate of registration as a pharmacist (emergency assignment); and

(b) a reference to a pharmacy technician includes a member who holds a certificate of registration as a pharmacy technician (emergency assignment). O. Reg. 187/21, s. 9.

## CONTROLLED ACTS

**33.** A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part. O. Reg. 302/12, s. 1.

**34.** (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:

1. Administering a substance specified in Schedule 1 by injection.
2. Administering a substance specified in Schedule 2 by inhalation.
3. Administering an influenza vaccine by injection.
4. Administering one of the vaccines specified in Schedule 3 by injection.
5. Administering a coronavirus (COVID-19) vaccine by injection.
6. Administering a Respiratory Syncytial Virus (RSV) vaccine by injection.

(2) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1; O. Reg. 452/16, s. 1 (2).

(2.1) A pharmacy technician who meets all the requirements in subsection (4) is authorized to perform an act provided for in paragraphs 3 to 6 of subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 766/21, s. 1.

(3) A member referred to in subsection (2) may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,

**Note: On July 1, 2023, paragraph 1 of subsection 34 (3) of the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 1 (1))**

1. Before performing the act, the member must receive an informed consent from the patient or the patient's authorized agent.

    i. must explain that purpose to the patient or his or her authorized agent, and

    ii. must receive an informed consent from the patient or his or her authorized agent.

2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.

6. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and address of the member,
    iii. the date the act was performed,
    iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
    v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
    vi. confirmation that an informed consent was given by the patient or his or her authorized agent. O. Reg. 302/12, s. 1.

**Note: On July 1, 2023, subsection 34 (3) of the Regulation is amended by adding the following paragraphs: (See: O. Reg. 95/23, s. 1 (2))**

7. Where administering a substance specified in Schedule 1 by injection to a patient through an established central or peripheral venous access device, the member must only do so in collaboration with a member of the College of Nurses of Ontario who is a registered nurse in the extended class or a member of the College of Physicians and Surgeons of Ontario.
8. Where the act is performed for a purpose other than that of patient education or demonstration the member must, within a reasonable time after performing the act, notify the following persons that the member performed the act, and provide details respecting the act:
    i. The prescriber, if any, of the substance that was administered.
    ii. The patient's primary care provider, where the member knows that the patient has such a care provider other than the prescriber.
9. Where administering an influenza vaccine by injection, the member must administer the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website.
10. Where administering a coronavirus (COVID-19) vaccine by injection, the member must administer the vaccine in accordance with [*Ministry guidance – TBD*].
11. Where administering a Respiratory Syncytial Virus (RSV) vaccine by injection, the member must administer the vaccine in accordance with [*Ministry guidance – TBD*].

**Note: On July 1, 2023, subsection 34 (3) of the Regulation is amended by adding the following subsection: (See: O. Reg. 95/23, s. 1 (3))**

(3.1) Where a limitation or a route of administration is indicated with respect to a substance listed in Schedule 1, a member shall only administer the substance in compliance with the limitation and in accordance with the route of administration specified. O. Reg. 95/23, s. 1 (3).

(4) A member referred to in subsection (2.1) may only perform an act provided for in paragraphs 3 to 6 of subsection (1) if he or she,

(a) possesses sufficient knowledge, skill and judgment to be able to administer the vaccine safely;

(b) meets all the requirements in paragraphs 2, 3, and 6 of subsection (3);

(c) meets the requirements in paragraphs 9, 10 or 11 of subsection (3), as applicable; and

(d) has confirmed that a member referred to in subsection (2), or another regulated health professional authorized to administer the vaccine by injection, has,
    (i) received an informed consent from the patient or the patient's authorized agent,
    (ii) a sufficient understanding of the vaccine and condition of the patient for the vaccine to be administered safely, and
    (iii) considered whether administering the vaccine by injection to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances. O. Reg. 766/21, s. 1.

**35.** (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who meets all the requirements in subsection (4) is authorized to prescribe the following drugs:

1. For the sole purpose of smoking cessation, the following specified drugs:
    i. Varenicline Tartrate.
    ii. Bupropion Hydrochloride.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4: a drug in a class of drugs listed opposite the minor ailment in Column 2 of that Table. O. Reg. 460/22, s. 1 (1).

3. For the sole purpose of treating COVID-19: Nirmatrelvir/ritonavir.

4. For the sole purpose of treating influenza: Oseltamivir.

(2) REVOKED: O. Reg. 460/22, s. 1 (2).

(3) A Part A pharmacist is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(3.1) An intern or a registered pharmacy student who meets all the requirements in subsection (4) is authorized to perform an act provided for in paragraphs 1, 2 and 4 of subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only prescribe a drug under this section if he or she,

(a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) gives the prescription to the patient or his or her authorized agent;

(d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing;

(e) notifies the patient's primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription;

(f) complies with the additional requirements under sections 37 and 38; and

(g) has determined, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition. O. Reg. 302/12, s. 1; O. Reg. 460/22, s. 1 (3).

**36.** (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.

2. Renewing a patient's prescription for the purpose of continuity of care. O. Reg. 302/12, s. 1.

(2) Subject to subsection (2.1), subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the *Controlled Drugs and Substances Act* (Canada) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 2 (1).

**Note: On September 30, 2026, subsection 36 (2) of the Regulation is amended by striking out "Subject to subsection (2.1)" at the beginning. (See: O. Reg. 126/20, s. 2 (2) and O. Reg. 766/21, s. 2)**

(2.1) During the period of time in which the coronavirus exemption is in effect, subsection (2) does not apply to the extent that the coronavirus exemption or the *Controlled Drugs and Substances Act* (Canada) authorizes the member to adapt or renew a prescription for a controlled substance under that Act. O. Reg. 126/20, s. 2 (3).

**Note: On September 30, 2026, subsection 36 (2.1) of the Regulation is revoked. (See: O. Reg. 126/20, s. 2 (4) and O. Reg. 766/21, s. 2)**

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,

   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,

   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription,

   iii. have access to the medical record that contains information about the prescription, or

   iv. during the period of time in which the coronavirus exemption is in effect, if the criteria set out in subparagraphs i, ii and iii cannot be met, be satisfied as to the existence and details of the prescription from an alternative source, including, but not limited to, the prescription label, the prescription receipt with medication history, a photograph of the prescription or a facsimile of the prescription.

**Note: On September 30, 2026, paragraph 1 of subsection 36 (4) of the Regulation is amended by adding "or" at the end of subparagraph ii, by striking out "or" at the end of subparagraph iii and by revoking subparagraph iv. (See: O. Reg. 126/20, s. 2 (6) and O. Reg. 766/21, s. 2)**

2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,

i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and

ii. a 12 months' supply.

3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,

i. renews a patient's prescription, or

ii. adapts a patient's prescription, if, in the member's opinion,

A. adapting the prescription is clinically significant in relation to the patient, or

B. the notification is necessary to support the patient's care.

4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or his or her authorized agent,

i. that he or she is entitled to the prescription, and

ii. that he or she may take the prescription to a pharmacy of his or her choosing for dispensing.

5. The member must comply with the additional requirements under sections 37 and 38. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 2 (5); O. Reg. 742/20, s. 2.

**37.** A member who performs an act provided for in section 35 or 36 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.
7. The number of refills that the member authorized, if applicable.
8. Any other information required by law. O. Reg. 302/12, s. 1.

**38.** A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member's rationale for his or her decision to act under section 35 or 36 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.
2. A copy of the prescription that the member gave to the patient or his or her authorized agent.
3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36.
4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:

i. The patient's primary care provider.

ii. The patient's prescriber. O. Reg. 302/12, s. 1; O. Reg. 460/22, s. 2.

**39.** (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood. O. Reg. 302/12, s. 1.

(2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(3) A pharmacy technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act;

(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act; and

(c) if the act is performed to administer a point-of-care test, a Part A pharmacist interprets the results of the test and makes any professional decision arising from those results. O. Reg. 302/12, s. 1; O. Reg. 46/22, s. 2 (1).

(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self-care and education or for the patient's self-monitoring of his or her chronic disease, unless the act is performed to administer a point-of-care test.

1.1 The member may only perform the act to administer a point-of-care test if the test is listed in subsection 28 (2) of Ontario Regulation 45/22 and if it is administered for the purpose of assisting patients with the management of their medication to treat chronic disease.

1.2 Before performing an act described in paragraphs 1 or 1.1, the member must,

i. explain the purpose to the patient or his or her authorized agent, and

ii. receive an informed consent from the patient or his or her authorized agent.

2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.

3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.

5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.

6. The member must maintain a patient record that includes,

i. the name and address of the patient,

ii. the name and work address of the member,

iii. the date the act was performed,

iv. the circumstances relating to the performance of the act and any adverse reaction experienced by the patient,

v. confirmation that an informed consent was given by the patient or his or her agent, and

vi. if the act was performed to administer a point-of-care test,

A. the results of the test, and

B. the professional decision arising from the results of the test and the rationale for the decision.

7. If the act is performed to administer a point-of-care test, the member must notify the patient's primary care provider (if any) within a reasonable time that the member performed the act and provide details respecting the act. O. Reg. 302/12, s. 1; O. Reg. 46/22, s. 2 (2, 3).

**40.** REVOKED: O. Reg. 451/10, s. 5.

TABLES 1, 2 REVOKED: O. Reg. 452/16, s. 2.

## SCHEDULE 1
## INJECTED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents

i. 8:18 Antivirals

A. 8:18.08.04 HIV Entry and Fusion Inhibitors

1. Enfuvirtide

B. 8:18.20 Interferons

1. Interferon Alfa-2b

2. Peginterferon alfa-2a

3. Peginterferon alfa-2b

2. 10:00 Antineoplastic Agents

1. Goserelin
2. Leuprolide
3. Methotrexate

3. 12:00 Autonomic Drugs
    i. 12:12 Sympathomimetic (Adrenergic) Agents
        A. 12:12.12 Alpha- and Beta-Adrenergic Agonists
            1. Scopolamine
            2. Hyoscine
            3. Glycopyrrolate
            4. Epinephrine
4. 20:00 Blood Formation and Coagulation
    i. 20:04 Antianemia Drugs
        A. 20:04.04 Iron Preparations
            1. Iron
    ii. 20:12 Coagulants and Anticoagulants
        A. 20:12.04 Anticoagulants
            1. Dalteparin
            2. Danaparoid
            3. Enoxaparin
            4. Fondaparinux
            5. Heparin
            6. Nadroparin
            7. Tinazaparin
    iii. 20:16 Hematopoietic Agents
            1. Ancestim
            2. Darbepoetin alfa
            3. Epoetin alfa
            4. Filgrastim
            5. Pegfilgrastim
            6. Romiplostim
5. 28:00 Central Nervous System Agents
    i. 28:08 Analgesics and Antipyretics
        A. 28:08.08 Opiate Agonists
            1. Codeine
            2. Hydromorphone
            3. Meperidine
            4. Morphine
        B. 28:08.12 Opiate Partial Agonists
            1. Nalbuphine
            2. Pentazocine
    ii. 28:16 Psychotherapeutic Agents
        A. 28:16.08 Antipsychotics

1. Haloperidol
2. Methotrimeprazine

iii. 28:32 Antimigraine Agents

A. 28:32.28 Selective Serotonin Agonists

1. Sumatriptan

6. 40:00 Electrolytic, Caloric, and Water Balance

i. 40:12 Replacement Preparations

1. Normal saline

7. 48:00 Respiratory Tract Agents

i. 48:92 Respiratory Tract Agents, Miscellaneous

1. Omalizumab

8. 56:00 Gastrointestinal Drugs

i. 56:22 Antiemetics

A. 56:22.08 Antihistamines

1. Dimenhydrinate
2. Prochlorperazine

ii. 56:32 Prokinetic Agents

1. Metoclopropamide

iii. 56:92 GI Drugs, Miscellaneous

1. Certolizumab Pegol
2. Methylnaltrexone

9. 64:00 Heavy Metal Antagonists

1. Deferoxamine

10. 68:00 Hormones and Synthetic Substitutes

i. 68:18 Gonadotropins

1. Follitropin-alpha
2. Follitropin-beta
3. Gonadotropin-chorionic
4. Gonadotropin-chorionic-alfa
5. Gonadotropin-human
6. Lutropin-alfa
7. Menotropins
8. Urofollitropin

ii. 68:20 Antidiabetic Agents

1. Exenatide
2. Insulins
3. Liraglutide

iii. 68:22 Antihypoglycemic Agents

A. 68:22:12 Glycogenolytic Agents

1. Glucagon

iv. 68:24 Parathyroid

1. Calcitonin Salmon

2. Teriparatide

v. 68:28 Pituitary
    1. Desmopressin
    2. Vasopressin

vi. 68:30 Somatotropin Agonists and Antagonists
    A. 68:30.04 Somatotropin Agonists
        1. Somatropin
    B. 68:30.08 Somatotropin Antagonists
        1. Pegvisomant

vii. 68:32 Progestins
    1. Medroxyprogesterone

11. 88:00 Vitamins
    i. 88:08 Vitamin B Complex
        1. Cyanocobalamin
        2. Folic Acid
        3. Methylcobalamin
        4. Pyridoxine
        5. Thiamine
    ii. 88:12 Vitamin C
        1. Ascorbic Acid
    iii. 88:24 Vitamin K Activity
        1. Vitamin K
12. 92:00 Miscellaneous Therapeutic Agents
    i. 92:12 Antidotes
        1. Leucovorin
    ii. 92:20 Biologic Response Modifiers
        1. Denosumab
        2. Glatiramer
        3. Interferon-Beta-1A
        4. Interferon-Beta-1B
        5. Natalizumab
    iii. 92:36 Disease-modifying Antirheumatic Drugs
        1. Abatacept
        2. Adalimumab
        3. Anakinra
        4. Etanercept
        5. Gold Sodium Thiomalate
        6. Golimumab
        7. Ustekinumab
    iv. 92:40 Gonadotropin- releasing Hormone Antagonists
        1. Cetrorelix
        2. Ganirelix

v. 92:92 Other Miscellaneous Therapeutic Agents

1. Octreotide

13. Miscellaneous

1. Sterile Water for Injection (Diluent)

O. Reg. 452/16, s. 3.

**Note: On July 1, 2023, Schedule 1 to the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 2)**

SCHEDULE 1
INJECTED SUBSTANCES

Analgesics and Antipyretics

- Codeine — For patient education and demonstration only
- Hydromorphone — For patient education and demonstration only
- Morphine — For patient education and demonstration only
- Nalbuphine — For patient education and demonstration only

Antibacterials

- Amikacin
- Ampicillin
- Cefazolin
- Cefepime
- Cefotaxime
- Cefoxitin
- Ceftazidime
- Ceftriaxone
- Clindamycin
- Cloxacillin
- Ertapenem
- Gentamicin
- Penicillin G

Anticholinergic Agents

- Scopolamine — Must not be administered intravenously
- Hyoscine — Must not be administered intravenously
- Glycopyrrolate — Must not be administered intravenously

Anticoagulants

- Dalteparin — Must not be administered intravenously
- Danaparoid — Must not be administered intravenously
- Enoxaparin — Must not be administered intravenously
- Fondaparinux — Must not be administered intravenously
- Heparin — For patient education and demonstration only
- Nadroparin — Must not be administered intravenously
- Tinazaparin

Antidiabetic Agents

- Exenatide
- Insulins
- Liraglutide

- Dulaglutide
- Lixisenatide
- Semaglutide

Antihemorrhagic Agents
- Emicizumab

Antihistamines
- Diphenhydramine — Only for monitoring and management of allergic reactions
- Dimenhydrinate — Must not be administered intravenously

Antimigraine Agents
- Sumatriptan
- Erenumab

Antiparkinsonian Agents
- Apomorphine
- Benztropine

Antivirals
- Enfuvirtide
- Interferons
- Peginterferon alfa-2a

Central Nervous System Agents, Miscellaneous
- Inotersen

Complement Inhibitors
- Icatibant
- Lanadelumab

Disease-modifying Antirheumatic Drugs
- Abatacept
- Adalimumab
- Anakinra
- Etanercept
- Golimumab — Must not be administered intravenously
- Ustekinumab — Must not be administered intravenously
- Methotrexate — Must not be administered intravenously
- Sarilumab
- Tocilizumab — Must not be administered intravenously

Enzymes
- Asfotase Alfa

GI Drugs, Miscellaneous
- Certolizumab Pegol
- Methylnaltrexone

Gonadotropins and Antigonadotropins
- Follitropin-alpha
- Follitropin-beta
- Follitropin-delta

- Gonadotropin-chorionic
- Gonadotropin-chorionic-alfa
- Lutropin-alfa
- Menotropins
- Goserelin — For patient education and demonstration only
- Triptorelin acetate

Gonadotropin-releasing Hormone Antagonists

- Cetrorelix
- Ganirelix

Heavy Metal Antagonists

- Deferoxamine — For patient education and demonstration only

Hematopoietic Agents

- Darbepoetin alfa — Must not be administered intravenously
- Epoetin alfa — Must not be administered intravenously
- Filgrastim — Must not be administered intravenously
- Pegfilgrastim
- Romiplostim — For patient education and demonstration only

Immunomodulatory Agents

- Denosumab
- Glatiramer
- Interferon-Beta-1A
- Interferon-Beta-1B
- Natalizumab

Immunosuppressive Agents

- Belimumab — Must not be administered intravenously
- Mepolizumab

Miscellaneous Agents

- Sterile Water for Injection (Diluent)
- Sodium Chloride

Parathyroid

- Calcitonin Salmon — For patient education and demonstration only
- Teriparatide

Pituitary

- Desmopressin — For patient education and demonstration only
- Vasopressin — For patient education and demonstration only

Progestins

- Medroxyprogesterone
- Progesterone

Prokinetic Agents

- Metoclopramide

Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors

- Alirocumab

Evolocuma

Psychotherapeutic Agents

Haloperidol — For patient education and demonstration only

Methotrimeprazine — For patient education and demonstration only

Respiratory Tract Agents

Omalizumab

Skin And Mucous Membrane Agents

Brodalumab

Dupilumab

Guselkumab

Ixekizumab

Risankizumab — Must not be administered intravenously

Secukinumab

Somatostatin Agonists and Antagonists

Pasireotide

Octreotide — Must not be administered intravenously

Lanreotide

Somatotropin Agonists and Antagonists

Somatropin

Pegvisomant

Tesamorelin

Sympatholytic (Adrenergic Blocking) Agents

Dihydroergotamine — Must not be administered intravenously

Vitamins

Cyanocobalamin

Folic Acid — Must not be administered intravenously

Pyridoxine — Must not be administered intravenously

Thiamine — Must not be administered intravenously

Ascorbic Acid — Must not be administered intravenously

Vitamin K

O. Reg. 95/23, s. 2.

## SCHEDULE 2
## INHALED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents
    i. 8:18 Antivirals
        A. 8:18.28 Neuraminidase Inhibitors
            1. Zanamivir
    ii. 8:12 Antibacterials
        A. 8:12.07.16 Monobactams
            1. Tobramycin
            2. Aztreonam

2. 12:00 Autonomic Drugs
    i. 12:08 Anticholinergic Agents
        A. 12:12.08 Antimuscarinics/Antispasmodics
            1. Ipratropium
            2. Tiotropium
    ii. 12:12 Sympathomimetic (Adrenergic) Agents
        A. 12:12.08.12 Selective Beta2- Adrenergic Agonists
            1. Fenoterol
            2. Formoterol
            3. Salbutamol
            4. Salmeterol
            5. Terbutaline
    iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
        A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents
            1. Dihyroergotamine
    iv. 12:92 Autonomic Drugs, Miscellaneous
            1. Nicotine
3. 28:00 Central Nervous System Agents
    i. 28:08 Analgesics and Antipyretics
        A. 28:08.12 Opiate Partial Agonists
            1. Butorphanol
    ii. 28:32 Antimigraine Agents
        A. 28:32.28 Selective Serotonin Agonists
            1. Sumatriptan
            2. Zolmitriptan
4. 40:00 Electrolytic, Caloric, and Water Balance
    i. 40:12 Replacement Preparations
            1. Sodium chloride
5. 48:00 Respiratory Tract Agents
    i. 48:24 Mucolytic Agents
            1. Dornase alfa
6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations
    i. 52:02 Antiallergic Agents
            1. Sodium Cromoglycate
            2. Levocabastine
    ii. 52:08 Anti-inflammatory Agents
        A. 52:08.08 Corticosteroids
            1. Beclomethasone
            2. Budesonide
            3. Ciclesonide
            4. Flunisolide
            5. Fluticasone

6. Mometasone
7. Triamcinolone

iii. 52:32 Vasoconstrictors

1. Oxymetazoline
2. Phenylephrine
3. Xylometazoline

7. 68:00 Hormones and Synthetic Substitutes

i. 68:18 Gonadotropins

1. Buserelin
2. Nafarelin

ii. 68:24 Parathyroid

1. Calcitonin Salmon

iii. 68:28 Pituitary

1. Desmopressin
2. Vasopressin

8. 92:00 Miscellaneous Therapeutic Agents

i. 92:12 Antidotes

1. Acetylcysteine

O. Reg. 452/16, s. 3.

**Note: On July 1, 2023, Schedule 2 to the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 2)**

SCHEDULE 2
INHALED SUBSTANCES

Anticholinergic Agents

- Ipratropium
- Tiotropium
- Aclidinium
- Glycopyrronium
- Umeclidinium
- Formoterol
- Indacaterol
- Olodaterol
- Salbutamol
- Salmeterol
- Terbutaline
- Vilanterol

Anti-infective Agents

- Zanamivir
- Levofloxacin
- Tobramycin
- Aztreonam

Autonomic Drugs, Miscellaneous

- Nicotine

Eye, Ear, Nose and Throat (EENT) Preparations

Sodium Cromoglycate
Beclomethasone
Budesonide
Ciclesonide
Fluticasone
Mometasone
Miscellaneous Agents
Sodium chloride
Sterile water for inhalation
Respiratory Tract Agents
Acetylcysteine
Dornase alfa

O. Reg. 95/23, s. 2.

SCHEDULE 3
VACCINES

1. Bacille Calmette-Guerin (BCG) Vaccines
2. Haemophilus Influenzae type b (Hib) Vaccines
3. Meningococcal Vaccines
4. Pneumococcal Vaccines
5. Typhoid Vaccines
6. Combined Typhoid and Hepatitis A Vaccines
7. Hepatitis A Vaccines
8. Hepatitis B Vaccines
9. Hepatitis A and B combined Vaccines
10. Herpes Zoster Vaccines
11. Human Papillomavirus (HPV) Vaccines
12. Japanese Encephalitis Vaccines
13. Rabies Vaccines
14. Varicella Vaccines
15. Yellow Fever Vaccines

O. Reg. 452/16, s. 3.

SCHEDULE 4
DRUGS — MINOR AILMENTS

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

| Item | Column 1<br>Minor Ailment | Column 2<br>AHFS Classification |
|---|---|---|
| 1. | Allergic rhinitis | 4:08<br>Second Generation Antihistamines<br>52:02<br>Eye, Ear, Nose and Throat (EENT) Preparations — Antiallergic Agents<br>52:08.08<br>Eye, Ear, Nose and Throat (EENT) Preparations — Anti-inflammatory Agents — Corticosteroids |
| 2. | Candidal stomatitis | 8:14.28<br>Anti-infectives — Antifungals — Polyenes |
| 3. | Conjunctivitis (bacterial, allergic or viral) | 04:04.20<br>Propylamine Derivatives<br>52:32 |

| | | |
|---|---|---|
| | | Eye, Ear, Nose and Throat (EENT) Preparations — Vasoconstrictors<br>52:04.04<br>Eye, Ear, Nose and Throat (EENT) Preparations — Anti-infectives — Antibacterials<br>52:02<br>Eye, Ear, Nose and Throat (EENT) Preparations — Antiallergic Agents |
| 4. | Dermatitis (atopic/eczema, allergic or contact) | 84:06 Skin and Mucous Membrane Agents — Anti-inflammatory Agents |
| 5. | Dysmenorrhea | 28:08.04<br>Central Nervous System Agents — Analgesics and Antipyretics — Nonsteroidal Anti-inflammatory Agents |
| 6. | Gastroesophageal reflux disease (GERD) | 56:04<br>Gastrointestinal Drugs — Antacids and Adsorbents<br>56:28.12<br>Gastrointestinal Drugs — Antiulcer Agents and Acid Suppressants — Histamine $H_2$-Antagonists<br>56:28.36<br>Gastrointestinal Drugs — Antinuclear Agents and Acid Suppressants — Proton-Pump Inhibitors |
| 7. | Hemorrhoids | 12:12.04<br>Autonomic Drugs — Sympathomimetic (Adrenergic) Agents — Alpha-Adrenergic Agonists<br>52:04.92<br>Eye, Ear, Nose and Throat (EENT) Anti-infectives — Miscellaneous<br>84:06<br>Skin and Mucous Membrane Agents — Anti-inflammatory Agents<br>84:08<br>Skin and Mucous Membrane Agents — Antipruritics and Local Anesthetics<br>84:04.04<br>Skin and Mucous Membrane Agents — Anti-infectives — Antibacterials |
| 8. | Herpes labialis | 8:18.32<br>Anti-infective Agents — Antivirals — Nucleosides and Nucleotides<br>84:06<br>Skin and Mucous Member Agents — Anti-inflammatory Agents<br>84:04.06<br>Skin and Mucous Membrane Agents — Anti-infectives — Antivirals |
| 9. | Impetigo | 84:04.04<br>Skin and Mucous Membrane Agents — Anti-infectives — Antibacterials<br>84:06<br>Skin and Mucous Member Agents - Anti-inflammatory Agents |
| 10. | Insect bites and urticaria | 4:04<br>Antihistamine Drugs — First Generation Antihistamines<br>4:08<br>Antihistamine Drugs — Second Generation Antihistamines<br>84:06<br>Skin and Mucous Member Agents — Anti-inflammatory Agents<br>84:08<br>Skin and Mucous Membrane Agents — Antipruritics and Local Anesthetics |
| 11. | Tick bites, post-exposure prophylaxis to prevent Lyme disease | 8.12.24<br>Anti-infective Agents — Antibacterials — Tetracyclines |
| 12. | Musculoskeletal sprains and strains | 28:08.04<br>Central Nervous System Agents — Analgesics and Antipyretics — Nonsteroidal Anti-inflammatory Agents<br>28.08.92<br>Central Nervous System Agents — Analgesics and Antipyretics — Miscellaneous |
| 13. | Urinary Tract Infection (uncomplicated) | 8:12.20<br>Anti-infective Agents — Antibacterials — Sulfonamides<br>8:36<br>Anti-infective Agents — Urinary Anti-infectives |

O. Reg. 460/22, s. 3.

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# Pharmacy Act, 1991
# Loi de 1991 sur les pharmaciens

## ONTARIO REGULATION 202/94

## GENERAL

**Consolidation Period:** From May 15, 2023 to the e-Laws currency date.

Last amendment: 95/23.

Legislative History: 750/94, 539/95, 280/96, 121/97, 98/98, 642/98, 548/99, 270/04, 451/10, 59/11, 302/12, 154/13, 225/13, 452/16, 126/20 (as am. by 766/21), 742/20, 187/21, 766/21, 46/22, 460/22, 95/23.

***This Regulation is made in English only.***

### CONTENTS

## PART I
## INTERPRETATION

Definitions

**1.** In this Regulation,

"direct supervision" means supervision that is provided by a person who is physically present on the premises where the practice that is being supervised is being carried out;

"non-restricted registration" means the holding of a licence, permit, certificate or registration as a pharmacist from an authority responsible for the regulation of pharmacists in one of the states of the United States of America, or in another non-Canadian jurisdiction that has been approved by the Council, where that licence, permit, certificate or registration is not subject to any restrictions, terms, conditions or limitations, including terms, conditions or limitations that,

(a) relate to the holder's ability to practise independently,

(b) require the holder to practise under supervision or direction,

(c) require the holder to maintain a position or appointment as a condition of continued registration,

(d) require the holder to practise only in a part of the geographical area over which the authority has jurisdiction,

(e) restrict the holder to temporary or time-limited registration or practice,

(f) were imposed by that authority or any committee or panel of that authority as a result of a disciplinary, registration, fitness to practise or similar proceeding, or

(g) were placed on the holder's registration by agreement between the holder and that authority;

"pharmacy" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*;

"remote dispensing location" has the same meaning as in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*. O. Reg. 451/10, ss. 1, 6 (1).

## PART II
## GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION

Classes of Certificates of Registration

**2.** (1) The following are prescribed as classes of certificates of registration:

1. Pharmacist.
2. Registered pharmacy student.
3. Intern.
4. Pharmacy technician.
5. Pharmacist (emergency assignment).
6. Pharmacy technician (emergency assignment). O. Reg. 451/10, s. 1; O. Reg. 187/21, s. 1.

(2) Every certificate of registration that was in existence immediately before December 3, 2010 is continued as the equivalent certificate of registration with the same status under this Regulation until such time as it otherwise ceases to be effective. O. Reg. 451/10, s. 1.

(3) Where an application for a certificate of registration had been made but not finally dealt with before December 3, 2010, the application shall be dealt with in accordance with this Regulation as amended by Ontario Regulation 451/10. O. Reg. 451/10, s. 1.

APPLICATION FOR CERTIFICATE OF REGISTRATION

**3.** A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any supporting documentation requested by the Registrar and the applicable fees. O. Reg. 451/10, s. 1.

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

**4.** (1) The following are requirements for the issuance of a certificate of registration of any class:

1. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
2. The applicant must not have been found guilty of any offence in any jurisdiction.
3. The applicant must not be the subject of a current proceeding in respect of any offence in any jurisdiction.
4. The applicant must not have been the subject of a finding of professional misconduct, incompetence or incapacity or any like finding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation and must not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any like proceeding in Ontario or any other jurisdiction in relation to pharmacy or any other profession or occupation.
5. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of the profession in Ontario in the manner permitted by the certificate of registration for which he or she has applied.
6. The applicant's past and present conduct must afford reasonable grounds for the belief that the applicant,
    i. will practise pharmacy with decency, honesty and integrity, and in accordance with the law,
    ii. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise pharmacy in a safe manner,
    iii. has sufficient knowledge, skill and judgment to competently engage in the practice of pharmacy authorized by the certificate of registration, and
    iv. will display an appropriately professional attitude.
7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.
8. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration for which the applicant applied. O. Reg. 451/10, s. 1; O. Reg. 187/21, s. 2 (1).

(2) The requirement under paragraph 8 of subsection (1) is non-exemptible. O. Reg. 451/10, s. 1.

(3) An applicant must meet all of the requirements for registration within one year following the filing his or her application, but this does not prevent the applicant from filing a new application. O. Reg. 451/10, s. 1.

(3.1) Despite subsection (3), an applicant for a certificate in the pharmacist (emergency assignment) or pharmacy technician (emergency assignment) class must meet all the requirements for registration at the time the application is filed. O. Reg. 187/21, s. 2 (2).

(4) An applicant shall be deemed not to have satisfied the requirements for the issuance of a certificate of registration if the applicant makes a false or misleading statement or representation in his or her application or supporting documentation. O. Reg. 451/10, s. 1.

TERMS, ETC., OF EVERY CERTIFICATE

**5.** Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide to the Registrar the details of any of the following that relate to the member and that occur or arise after the registration of the member:
    i. a finding of guilt arising in any jurisdiction relating to any offence,
    ii. a charge arising in any jurisdiction relating to any offence,

iii. a finding of professional misconduct, incompetence or incapacity or any like finding in any jurisdiction in relation to pharmacy or any other profession or occupation,

iv. a proceeding for professional misconduct, incompetence or incapacity or any like proceeding in any jurisdiction in relation to pharmacy or any other profession or occupation.

2. The member shall not engage in the practice of pharmacy unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

3. The member shall immediately advise the Registrar in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario in the manner permitted by the certificate of registration.

4. If a member to whom paragraph 3 applies subsequently obtains Canadian citizenship or becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of pharmacy in Ontario permitted by the certificate of registration, the member shall immediately advise the Registrar in writing of that fact.

5. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws.

6. A member who fails to meet the condition in paragraph 5 shall immediately advise the Registrar in writing of that fact and immediately cease to engage in the practice of pharmacy until such time as the member obtains professional liability insurance as required in paragraph 5.

7. Where a member to whom paragraph 6 applies subsequently obtains professional liability insurance, the member shall notify the Registrar in writing of that fact and, if requested by the Registrar, shall provide details of that coverage. O. Reg. 451/10, s. 1.

## PART III
## REGISTRATION — PHARMACISTS

### Additional Requirements

**6.** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist:

1. The applicant must,

   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,

      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or

      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or

   ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,

      A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or

      B. have successfully completed the examination provided for in paragraph 4 on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacist.

3. Subject to subsection (5), the applicant must have successfully completed a structured practical training program approved by the Council, while holding a certificate of registration as an intern and while under the supervision of a preceptor approved by the Registration Committee.

4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists at a time when the examination was approved by the Council or have successfully completed another examination that has been approved by the Council for that purpose. O. Reg. 451/10, s. 1.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as an intern at the time. O. Reg. 451/10, s. 1.

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council;

(b) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist. O. Reg. 451/10, s. 1.

(4) The requirement in paragraph 2 of subsection (1) shall not be considered to be met unless the applicant is issued a certificate of registration as a pharmacist within three years of meeting that requirement. O. Reg. 451/10, s. 1.

(5) An applicant is deemed to have met the requirement in paragraph 3 of subsection (1) if, at the time of application, the applicant,

(a) has successfully completed a structured practical training program which is, in the opinion of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1); or

(b) has other education, training or experience that is, in the opinion of a panel of the Registration Committee at least equivalent to the program mentioned in paragraph 3 of subsection (1). O. Reg. 451/10, s. 1.

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacist within two years of meeting the requirement or within such greater time as is specified by a panel of the Registration Committee. O. Reg. 451/10, s. 1.

(7) Subject to subsection (8), the requirement in paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, specified by a panel of the Registration Committee. O. Reg. 451/10, s. 1.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant obtains a new degree mentioned in subparagraph 1 i of subsection (1). O. Reg. 451/10, s. 1.

(9) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period. O. Reg. 451/10, s. 1.

(10) The requirements in paragraphs 1, 3 and 4 of subsection (1) are deemed to have been met by an applicant,

(a) who previously held a certificate of registration as a pharmacist in Ontario; and

(b) who,

(i) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in Canada, the United States of America or another jurisdiction approved by the Council, or

(ii) undergoes a review of his or her practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pays the required fees. O. Reg. 451/10, s. 1.

(11) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as an intern on December 3, 2010; or

(b) becomes registered as an intern after December 3, 2010 but before December 3, 2011. O. Reg. 451/10, s. 1.

(12) Subject to subsections (2), (5), (10) and (11) and sections 7 and 8, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 1.

(13) A reference in this section or section 7 to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section. O. Reg. 451/10, s. 1.

MOBILITY FROM OUTSIDE CANADA

**7.** An applicant is deemed to have met the requirements in paragraph 1 of subsection 6 (1) if the applicant meets all the following non-exemptible requirements:

1. The applicant must,
   i. hold a non-restricted registration in at least one jurisdiction at the time of application and have held that registration continuously for at least two years, and
   ii. satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours.
2. The applicant must,
   i. satisfy the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act for at least 600 hours during the three years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacist in the course of providing patient care while practising as a pharmacist in one or more of the jurisdictions where he or she held the non-restricted registration,
   ii. undergo a review of his or her practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee within the time set by the panel, and pay the required fees, or
   iii. successfully complete the examination referred to in paragraph 4 of subsection 6 (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacist. O. Reg. 451/10, s. 1.

MOBILITY WITHIN CANADA

**8.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 6 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacist in that jurisdiction. O. Reg. 451/10, s. 1.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a pharmacist. O. Reg. 451/10, s. 1.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 1.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 1.

TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST

**9.** (1) Every certificate of registration of a pharmacist listed in Part B of the register is subject to the following terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not dispense, sell or compound drugs.
3. The member shall not supervise that part of the pharmacy where drugs are kept.
4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.

5. The member shall not supervise the practice of pharmacy of an intern, registered pharmacy student or pharmacy technician.

6. The member shall, when working in a pharmacy or any other environment where patient care is being provided, clearly identify him or herself as a non-practising pharmacist. O. Reg. 451/10, s. 1.

(2) With the prior written approval of the Registrar, and despite paragraphs 1 and 2 of subsection (1), a pharmacist listed in Part B of the register may dispense, sell or compound a drug and provide care to a patient under the direct supervision of a pharmacist who is registered in Part A of the register, or of a pharmacist (emergency assignment), where the sole purpose is to assist the member in preparing to meet the requirements specified in subsection 46 (3) to transfer a member holding a certificate of registration as a pharmacist who is registered in Part B of the register to Part A of the register. O. Reg. 187/21, s. 3.

(3) Where a member wishes to seek the approval of the Registrar under subsection (2), the member shall provide to the Registrar, in writing, the name of the pharmacist or pharmacists who will be providing the required supervision, the name and address of the pharmacy or pharmacies at which the member proposes to practise under that supervision and the proposed date upon which the member wishes to commence practice. O. Reg. 451/10, s. 1.

(4) Any approval provided by the Registrar under subsection (2) must specify,

(a) the name of the pharmacist or pharmacists who will be required to supervise the member;

(b) the name and address of the pharmacy or pharmacies where the member will be practising; and

(c) the term of the approval, which must not exceed six months. O. Reg. 451/10, s. 1.

(5) Where the Registrar is satisfied that it is appropriate to do so the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Quality Assurance Committee approves of a further extension. O. Reg. 451/10, s. 1.

## PART IV
## REGISTRATION — REGISTERED PHARMACY STUDENTS

### Additional Requirement

**10.** (1) It is an additional requirement for the issuance of a certificate of registration as a registered pharmacy student that the applicant must,

(a) have been accepted as a student in a university program referred to in subparagraph 1 i of subsection 6 (1) or in an approved program referred to in sub-subparagraph 1 ii A of that subsection;

(b) be engaged in attaining any education or training referred to in sub-subparagraph 1 ii B of subsection 6 (1); or

(c) be engaged in attaining any education or training specified by a panel of the Registration Committee as a condition for the issuance of another certificate of registration, other than a certificate of registration as a pharmacy technician. O. Reg. 451/10, s. 2.

(2) Subject to section 11, the requirement in subsection (1) is non-exemptible. O. Reg. 451/10, s. 2.

### Mobility within Canada

**11.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 10 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy student in that jurisdiction. O. Reg. 451/10, s. 2.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as a registered pharmacy student. O. Reg. 451/10, s. 2.

(3) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 2.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 2.

TERMS, CONDITIONS AND LIMITATIONS

**12.** (1) Every certificate of registration as a registered pharmacy student is subject to the following terms, conditions and limitations:

1. The member,
   i. in the case of a member to whom subsection 11 (1) does not apply, shall only engage in the practice of pharmacy while enrolled in and actively participating in a program provided for in subsection 10 (1) or while actively engaged in any education or training specified in that subsection, and
   ii. in the case of a member to whom subsection 11 (1) applies, shall only engage in the practice of pharmacy while enrolled in and actively participating in an educational program that is a requirement for the issuance of an applicable out-of-province certificate authorizing practice as an intern or pharmacist.
2. The member may only engage in the practice of pharmacy,
   i. while under the direct supervision of a member who holds a certificate of registration as a pharmacist, or as a pharmacist (emergency assignment), or
   ii. where a program or any education or training provided for in subsection 10 (1) includes a clinical component in a premises that is not a pharmacy but at which drugs may be prescribed or dispensed, while under the direct supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who has been approved for this purpose by the faculty that provides the program, education or training.
3. Despite subparagraph 2 ii, the member shall not dispense, compound or sell a drug unless under the direct supervision of a member holding a certificate of registration as a pharmacist.
4. Despite subparagraph 2 ii, the member may not supervise that part of the pharmacy where drugs are kept.
5. The member may neither delegate a controlled act nor accept the delegation of a controlled act. O. Reg. 451/10, s. 2; O. Reg. 187/21, s. 4.

(2) A certificate of registration as a registered pharmacy student automatically expires when the member is issued a certificate of registration as a pharmacist or an intern. O. Reg. 451/10, s. 2.

(3) A certificate of registration as a registered pharmacy student automatically expires,

(a) in the case of a member engaged in a program referred to in subparagraph 1 i of subsection 6 (1), when the member is refused readmission to the program, ceases to be enrolled in the program or ceases to actively participate in the program;

(b) in the case of a member engaged in an approved program referred to in sub-subparagraph 1 ii A of subsection 6 (1), two years after registration as a registered pharmacy student unless that period of time is extended by a panel of the Registration Committee;

(c) in the case of a member engaged in attaining any education or training or combination of education and training referred to in sub-subparagraph 1 ii B of subsection 6 (1) or in attaining any education or training or combination of education and training required by a panel of the Registration Committee as a condition for the issuance of another class of certificate of registration, on the date specified by the panel in its decision or, if no date was specified, one year from that decision, unless extended by a panel of the Registration Committee; and

(d) in the case of a member whose application for a certificate of registration as a registered pharmacy student was considered under subsection 11 (1), on the date on which the member ceases to hold an out-of-province certificate that is equivalent to a certificate of registration as a registered pharmacy student. O. Reg. 451/10, s. 2.

## PART V
## REGISTRATION — INTERNS

ADDITIONAL REQUIREMENTS

**13.** (1) The following are additional requirements for the issuance of a certificate of registration as an intern:

1. The applicant must,
   i. have a minimum of a baccalaureate degree in pharmacy evidencing the successful completion of a program designed to educate and train persons to be practising pharmacists which was,
      A. awarded on or before December 31, 1993 by a constituent faculty of the Association of Faculties of Pharmacy of Canada, or
      B. awarded by a university as a result of successful completion of a program which was, at the time of the award, accredited by the Canadian Council for Accreditation of Pharmacy Programs or by another accrediting body approved by the Council for that purpose, or

ii. have a university degree in pharmacy that does not meet the requirements of subparagraph i but that evidences the successful completion of a program designed to educate and train persons to be practising pharmacists, and,

A. have successfully completed a program that, at the time the applicant commenced it, was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B, or

B. have successfully completed the examination provided for in paragraph 4 of subsection 6 (1) on the applicant's first attempt and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equal to those of current graduates of a program mentioned in sub-subparagraph i B.

2. Subject to subsections (3) and (4), the applicant must have successfully completed a structured practical training program approved by the Council while holding a certificate of registration as a registered pharmacy student and while under the direct supervision of a preceptor approved by the Registration Committee. O. Reg. 451/10, s. 3.

(2) Subject to subsections (3) and (4) and section 14, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 3.

(3) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 2 of subsection (1) may be completed as part of a program referred to in paragraph 1 of subsection (1), even if the applicant did not hold a certificate of registration as a registered pharmacy student at the time. O. Reg. 451/10, s. 3.

(4) An applicant shall be deemed to have met the requirement in paragraph 2 of subsection (1) if, at the time of application, the applicant holds a non-restricted registration as a pharmacist, has held that registration for at least two years and the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant engaged in the full scope of practice as a pharmacist in that jurisdiction for at least 600 hours;

(b) successfully completed a structured practical training program which is, in the opinion of a panel of the Registration Committee at least equivalent to a program mentioned in paragraph 2 of subsection (1), or has other education, training or experience that, in the opinion of a panel of the Registration Committee is at least equivalent to the program mentioned in paragraph 2 of subsection (1); or

(c) successfully completed the education and obtained the additional training or experience that a panel of the Registration Committee has specified. O. Reg. 451/10, s. 3.

(5) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as an intern within one year of meeting that requirement or within such greater time as is specified by a panel of the Registration Committee. O. Reg. 451/10, s. 3.

(6) An applicant who has a university degree in pharmacy mentioned in subparagraph 1 ii of subsection (1), and who successfully completes any further education or training or combination of education and training specified by a panel of the Registration Committee shall be deemed to have met the requirement in paragraph 1 of subsection (1) if the applicant,

(a) was registered as a registered pharmacy student on December 3, 2010; or

(b) becomes registered as a registered pharmacy student after December 3, 2010 but before December 3, 2011. O. Reg. 451/10, s. 3.

MOBILITY WITHIN CANADA

**14.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of subsection 13 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as an intern in that jurisdiction. O. Reg. 451/10, s. 3.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant that out-of-province certificate as an intern. O. Reg. 451/10, s. 3.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 3.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 3.

TERMS, CONDITIONS AND LIMITATIONS

**15.** (1) Every certificate of registration as an intern is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,
   i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or
   ii. in all other cases, while under the supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).
2. The member shall not supervise that part of the pharmacy where drugs are kept.
3. The member shall not delegate a controlled act. O. Reg. 451/10, s. 3; O. Reg. 187/21, s. 5.

(2) A certificate of registration as an intern automatically expires,

(a) when the member is issued a certificate of registration as a pharmacist; or

(b) one year from the date on which it was issued unless a panel of the Registration Committee specifies otherwise. O. Reg. 451/10, s. 3.

## PART V.1
## REGISTRATION — PHARMACISTS (EMERGENCY ASSIGNMENT)

**15.1** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacist (emergency assignment) class.
2. The applicant must,
   i. have satisfied the educational requirements of paragraph 1 of subsection 6 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist (emergency assignment),
   ii. currently be practising as a pharmacist in a jurisdiction approved by the Council, and provide, for each jurisdiction where the applicant holds a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacist in that jurisdiction, or
   iii. have practised as a pharmacist in a jurisdiction approved by the Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacist (emergency assignment), and provide, for each jurisdiction where the applicant held a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacist in that jurisdiction. O. Reg. 187/21, s. 6.

(2) Without in any way limiting the generality of subparagraphs 2 ii and 2 iii of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant's certificate as a pharmacist. O. Reg. 187/21, s. 6.

TERMS, CONDITIONS AND LIMITATIONS

**15.2** (1) Every certificate of registration as a pharmacist (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacist (emergency assignment).
2. The member shall only engage in the practice of the profession while under the supervision of a member holding a certificate of registration as a pharmacist listed in Part A.
3. The member shall not be the designated manager of a pharmacy. O. Reg. 187/21, s. 6.

(2) A certificate of registration as a pharmacist (emergency assignment) expires 60 days from the date on which the certificate was issued, unless extended under subsection (3). O. Reg. 187/21, s. 6.

(3) The Registrar may extend a certificate of registration as a pharmacist (emergency assignment) for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 6.

(4) The Registrar may revoke a certificate of registration as a pharmacist (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 6.

(5) Where a member listed in Part B of the register also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in section 9 shall not apply to the member during the time that the member holds the emergency assignment certificate. O. Reg. 187/21, s. 6.

(6) Where a member who holds a certificate of registration as an intern also holds a certificate of registration as a pharmacist (emergency assignment), the terms, conditions and limitations listed in subsection 15 (1) shall not apply to the member during the time that the member holds the emergency assignment certificate. O. Reg. 187/21, s. 6.

## PART VI
## REGISTRATION — PHARMACY TECHNICIANS

ADDITIONAL REQUIREMENTS

**16.** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician:

1. The applicant must,
   i. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians which was, at the time the applicant graduated, accredited by the Canadian Council for Accreditation of Pharmacy Programs or such other accrediting body approved by the Council for that purpose,
   ii. have successfully completed a pharmacy technician program designed to educate and train persons to be pharmacy technicians other than one referred to in subparagraph i or have a university degree or university diploma in pharmacy and, in either case,
      A. must have successfully completed a program that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or
      B. must have successfully completed the examination referred to in paragraph 4 on the applicant's first attempt, and have successfully completed any further education or training or combination of education and training that was specified by a panel of the Registration Committee to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i,
   iii. have successfully completed a program before January 1, 2015 that, at the time the applicant commenced was approved by the Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to a current graduate of a program referred to in subparagraph i, or
   iv. have met the requirements of paragraph 1 of subsection 6 (1).
2. The applicant must have successfully completed an examination in pharmaceutical jurisprudence approved by the Council for applicants for a certificate of registration as a pharmacy technician.
3. The applicant must have successfully completed a structured practical training program approved by the Council and must have done so under the direct supervision of a preceptor approved by the Registration Committee.
4. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians or successfully completed another examination that has been approved by the Council for that purpose. O. Reg. 451/10, s. 4.

(2) With the approval of the Council, all or any part of a structured practical training program referred to in paragraph 3 of subsection (1) may be completed as part of a program referred to in subparagraph 1i of subsection (1) or sub-subparagraph 1 ii A of subsection (1). O. Reg. 451/10, s. 4.

(3) The requirement in paragraph 1 of subsection (1) must be met within two years before the date on which the applicant met all of the other requirements for the issuance of a certificate of registration as a pharmacy technician unless the applicant,

(a) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council;

(b) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel; or

(c) successfully completes the examination referred to in paragraph 4 of subsection (1) within three years of the date on which he or she meets all of the other requirements for the issuance of a certificate of registration as a pharmacy technician. O. Reg. 451/10, s. 4.

(4) The requirement of paragraph 2 of subsection (1) shall not be considered to have been met unless the applicant is issued a certificate of registration as a pharmacy technician within three years of meeting that requirement. O. Reg. 451/10, s. 4.

(5) An applicant is only eligible to take the examination referred to in paragraph 2 of subsection (1) three times in any 24-month period. O. Reg. 451/10, s. 4.

(6) The requirement in paragraph 3 of subsection (1) shall not be considered to have been met unless the applicant,

(a) is issued a certificate of registration as a pharmacy technician within two years of meeting that requirement;

(b) satisfies the Registrar or a panel of the Registration Committee that the applicant has practised pharmacy within the scope of practice of the profession as set out in section 3 of the Act under the supervision or direction of a pharmacist for at least 600 hours during the three years before the date on which the applicant met all the other requirements for the issuance of a certificate of registration as a pharmacy technician and did so while practising as a pharmacy technician in Canada or in another jurisdiction approved by the Council; or

(c) meets any requirements regarding any further education or training or a combination of education or training, if any, set by a panel of the Registration Committee within the time set by the panel. O. Reg. 451/10, s. 4.

(7) Subject to subsection (8), paragraph 4 of subsection (1) is not considered to have been met unless the applicant,

(a) successfully completed the examination within three attempts; or

(b) successfully completed the examination on the applicant's fourth attempt having first successfully completed the further education or training or combination of education and training required by the examining body responsible for the administration of the examination or, if no further education or training was required by that body, the further education or training or combination of education and training, if any, that was specified by a panel of the Registration Committee. O. Reg. 451/10, s. 4.

(8) Where, by virtue of subsection (7), an applicant is not considered to have met the requirement in paragraph 4 of subsection (1), the applicant may not attempt the examination again until the applicant successfully completes a new program mentioned in subparagraph 1 i of subsection (1). O. Reg. 451/10, s. 4.

(9) An applicant shall be deemed not to have met the requirement of subparagraph 1 iii of subsection (1) unless, before January 1, 2012 and before commencing the program referred to in that subparagraph, the applicant successfully completed,

(a) the College's Pharmacy Technician Certification Examination;

(b) the Pharmacy Technician Evaluating Examination of the Pharmacy Examining Board of Canada; or

(c) another examination approved by the Council. O. Reg. 451/10, s. 4.

(10) Subject to subsection (2) and section 17, the requirements in subsection (1) are non-exemptible. O. Reg. 451/10, s. 4.

(11) A reference in this section to "all of the other requirements for the issuance of a certificate of registration" includes, without being limited to, a requirement set out in subsection 4 (1) or subsection (1) of this section. O. Reg. 451/10, s. 4.

MOBILITY WITHIN CANADA

**17.** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant the requirements of paragraphs 1, 3 and 4 of subsection 16 (1) are deemed to have been met by the applicant if he or she provides, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy technician in that jurisdiction. O. Reg. 451/10, s. 4.

(2) Without in any way limiting the generality of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority in that issued the applicant that out-of-province certificate as a pharmacy technician. O. Reg. 451/10, s. 4.

(3) An applicant referred to in subsection (1) is deemed to meet the requirements of paragraph 1 of subsection 4 (1) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 451/10, s. 4.

(4) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 451/10, s. 4.

TERMS, CONDITIONS AND LIMITATIONS

**18.** Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:

1. The member shall only engage in the practice of pharmacy,

i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or

ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).

2. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies the member shall not supervise that part of a pharmacy where drugs are kept.

3. The member shall not delegate a controlled act.

4. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment. O. Reg. 451/10, ss. 4, 6 (2); O. Reg. 187/21, s. 7.

**PART VI.1**
**REGISTRATION — PHARMACY TECHNICIANS (EMERGENCY ASSIGNMENT)**

**18.1** (1) The following are additional requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment):

1. The Government of Ontario must request that the College issue certificates of registration for the pharmacy technician (emergency assignment) class.

2. The applicant must,

i. have satisfied the educational requirements of paragraph 1 of subsection 16 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician (emergency assignment),

ii. currently be practising as a pharmacy technician in a jurisdiction approved by the Council, and provide, for each jurisdiction where the applicant holds a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a pharmacy technician in that jurisdiction, or

iii. have practised as a pharmacy technician in a jurisdiction approved by the Council within three years prior to the day on which the applicant met all other requirements for the issuance of a certificate of registration as a pharmacy technician (emergency assignment), and provide, for each jurisdiction where the applicant held a certificate, a letter, certificate or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant was in good standing as a pharmacy technician in that jurisdiction. O. Reg. 187/21, s. 8.

(2) Without in any way limiting the generality of subparagraphs 2 ii or 2 iii of subsection (1), "good standing" shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant has complied with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the certificate as a pharmacy technician. O. Reg. 187/21, s. 8.

TERMS, CONDITIONS AND LIMITATIONS

**18.2** (1) Every certificate of registration as a pharmacy technician (emergency assignment) is subject to the following terms, conditions and limitations:

1. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify himself or herself as a pharmacy technician (emergency assignment).

2. The member shall only engage in the practice of pharmacy,

i. when practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, other than a remote dispensing location, while under the direct supervision of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment), or

ii. in all other cases, while under the supervision or direction of a member holding a certificate of registration as a pharmacist or as a pharmacist (emergency assignment).

3. When practising in a pharmacy to which the *Drug and Pharmacies Regulation Act* applies, the member shall not supervise that part of a pharmacy where drugs are kept.

4. The member shall not delegate a controlled act.

5. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information requires therapeutic knowledge, clinical analysis or clinical assessment. O. Reg. 187/21, s. 8.

(2) A certificate of registration as a pharmacy technician (emergency assignment) expires 60 days from the date on which the certificate was issued, unless extended under subsection (3). O. Reg. 187/21, s. 8.

(3) The Registrar may extend a certificate of registration as a pharmacy technician (emergency assignment) for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 8.

(4) The Registrar may revoke a certificate of registration as a pharmacy technician (emergency assignment) prior to the expiry of the certificate if, in the opinion of the Registrar, it is advisable to do so. O. Reg. 187/21, s. 8.

## PART VII
## SUSPENSIONS, RESIGNATIONS, REINSTATEMENTS, ETC.

### Administrative Suspensions

**19.** (1) If a member fails to provide information about the member in the manner and in the form as required under the by-laws, the Registrar may give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the information 60 days after notice is given. O. Reg. 451/10, s. 5.

(2) Where the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that the required information has been filed with the College and that any fees required for the lifting of that suspension has been paid. O. Reg. 451/10, s. 5.

**20.** (1) If, pursuant to the by-laws, the College requests evidence that the member holds professional liability insurance in the amount and in the form as required by the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so, the Registrar shall immediately give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the evidence 30 days after notice is given. O. Reg. 451/10, s. 5.

(2) Where the Registrar suspends the member's certificate of registration under subsection (1), the Registrar shall lift that suspension upon being satisfied that the member holds professional liability insurance in the amount and in the form required by the by-laws and that any fee required for the lifting of that suspension has been paid. O. Reg. 451/10, s. 5.

**21.** Where the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a fee, the Registrar shall lift the suspension upon being satisfied that the member,

(a) has paid all amounts owed to the College;

(b) holds professional liability insurance in the amount and in the form required by the by-laws; and

(c) pays any fees required for the lifting of that suspension. O. Reg. 451/10, s. 5.

### Deemed Resignations

**22.** (1) A member shall be deemed to have resigned where,

(a) the member's certificate of registration was suspended for failure to pay a fee that the member was required to pay in accordance with the regulations or by-laws and that suspension continued for 120 days; or

(b) the member's certificate of registration was suspended pursuant to subsection 19 (1) or subsection 20 (1) and the suspension continued for 60 days. O. Reg. 451/10, s. 5.

(2) The resignation is effective,

(a) in the case of a resignation under clause (1) (a), on the 121st day following the commencement of that suspension;

(b) in the case of a suspension under clause (1) (b), on the 61st day following the commencement of the suspension. O. Reg. 451/10, s. 5.

### Return of Certificate, etc.

**23.** A member who resigns, or whose certificate of registration is suspended or revoked shall, if so requested, immediately return to the College,

(a) his or her certificate of registration; and

(b) any card or other form of identification issued to him or her by the College for the purpose of identifying him or her as a member of the College. O. Reg. 451/10, s. 5.

REINSTATEMENT

**24.** (1) A former member who held a certificate of registration as a pharmacist or pharmacy technician and who resigned as a member of the College may apply for the reinstatement of his or her certificate of registration by submitting a completed application to the Registrar in the form provided by the Registrar. O. Reg. 451/10, s. 5.

(2) Subject to subsections (3), (4) and (6), the Registrar may reinstate the former member's certificate of registration if,

(a) the former member has paid,

(i) the required reinstatement fee,

(ii) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid,

(iii) the annual fee for the year in which the former member resigned or was deemed to have resigned, if not previously paid unless the Registrar is satisfied that the former member did not engage in the practice of pharmacy in Ontario during that year, and

(iv) any other money owed by the former member to the College at the date the application for reinstatement is submitted, including, without being limited to, any penalty fees that were due at the time that he or she ceased to be a member and any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a Court and any amount owing to the College under a by-law or former regulation made under the Act;

(b) the application for reinstatement was submitted to the Registrar within three years of the date on which the former member resigned or in the case of a former member who was deemed to have resigned under subsection 22 (1), three years from the date on which the former member was suspended where that suspension resulted in a deemed resignation; and

(c) the application meets the requirement set out in paragraph 7 of subsection 4 (1) with necessary modifications. O. Reg. 451/10, s. 5.

(3) A former member is ineligible for reinstatement under subsection (2) if he or she,

(a) is the subject of a proceeding for professional misconduct, incompetence or incapacity in Ontario or any like proceeding in any other jurisdiction in relation to the practice of pharmacy or another profession, or was the subject of such a proceeding, other than a proceeding that was completed on its merits;

(b) was, at the time he or she ceased to be a member or at any time since, the subject of a proceeding in respect of,

(i) any criminal offence in any jurisdiction,

(ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,

(iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or

(iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(c) was, after he or she ceased to be a member, found guilty of,

(i) any criminal offence in any jurisdiction,

(ii) any offence relating to the use, possession or sale of drugs in any jurisdiction,

(iii) any offence arising in any jurisdiction relating to the practice of pharmacy or any other profession or occupation, or

(iv) any offence under the *Controlled Drugs and Substances Act* (Canada);

(d) is the subject of an inquiry or investigation by the Registrar, a committee, a panel of a committee or a board of inquiry of the College, or was the subject of such an inquiry or investigation, that was not completed on its merits or which resulted in the member's resignation;

(e) was, at the time he or she ceased to be a member, the subject of an outstanding order or requirement of a committee, a panel of a committee, or a board of inquiry of the College;

(f) was, at the time he or she ceased to be a member, in breach of an order or requirement of a committee, a panel of a committee, or a board of inquiry of the College;

(g) was, at the time he or she ceased to be a member, in violation of a decision of a panel of the Inquiries, Complaints and Reports Committee or of any predecessor committee, including a decision requiring the member to attend to be cautioned;

(h) was, at the time he or she ceased to be a member, in breach of any written agreement with or undertaking provided to the College; or

(i) had, at the time he or she ceased to be a member, terms, conditions or limitations on his or her certificate of registration, other than those applicable to all members of the class of certificate of registration he or she previously held. O. Reg. 451/10, s. 5.

(4) A former member must meet all of the requirements set out in subsection (2) within one year of submitting his or her application for reinstatement. O. Reg. 451/10, s. 5.

(5) Nothing in this section prevents a former member from making any number of applications for reinstatement or from making an application for a new certificate of registration. O. Reg. 451/10, s. 5.

(6) A former member who is seeking reinstatement of a certificate of registration as a pharmacist and who is otherwise eligible for the reinstatement shall be reinstated into Part B of the register unless the former member satisfies the Registrar that,

(a) the former member did not resign at a time when the member had been selected for but had not successfully completed a practice review under the College's Quality Assurance Program; and

(b) the member had performed at least 600 hours of patient care in Canada, the United States of America or another jurisdiction approved by the Council during the period of three years commencing immediately before the date of the member's resignation. O. Reg. 451/10, s. 5.

REINSTATEMENT, PURSUANT TO ORDER

**25.** If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Registrar shall reinstate the certificate of registration upon payment of,

(a) the required reinstatement fee; and

(b) the annual fee for the year in which the certificate of registration is to be reinstated, if not previously paid. O. Reg. 451/10, s. 5.

## PART VII.1
## NOTICES OF MEETINGS AND HEARINGS

NOTICE OF MEETINGS

**26.** (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this section. O. Reg. 451/10, s. 5.

(2) The notice must be published at least 14 days before the date of the meeting in a daily newspaper of general circulation throughout Ontario. O. Reg. 451/10, s. 5.

(3) The notice must be in English and French. O. Reg. 451/10, s. 5.

(4) The notice must contain the following information:

1. The date, time and place of the meeting.

2. A statement of the purpose of the meeting. O. Reg. 451/10, s. 5.

(5) The Registrar shall provide the information contained in the notice to every person who requests it by telephone. O. Reg. 451/10, s. 5.

NOTICE OF HEARINGS

**27.** (1) The Registrar shall ensure that the information concerning an impending hearing by a panel of the Discipline Committee to deal with allegations of professional misconduct or incompetence made against a member is given, in accordance with this section, to a person who requests the information. O. Reg. 451/10, s. 5.

(2) The information shall be given,

(a) at least 14 days before the date of the hearing, if the request is received 14 days before the date of the hearing; or

(b) as soon as possible after the request is made, if the request is received after that time but before the date of the hearing. O. Reg. 451/10, s. 5.

(3) The information given shall be as follows:

1. The name of the member against whom the allegations have been made.

2. The member's principal place of practice.

3. The date, time and place of the hearing.

4. A statement of the purpose of the hearing. O. Reg. 451/10, s. 5.

(4) The Registrar shall provide the information in French to a person who requests that the information be provided in French, wherever reasonably possible. O. Reg. 451/10, s. 5.

## PART VII.2
## ADVERTISING

ADVERTISING

**28**. (1) In this section,

"advertisement" includes an announcement, directory listing or other form of communication similar to an advertisement;

"drug services" means one or more of the compounding, dispensing or sale by retail of drugs or the provision of information or advice with respect to drugs. O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (1, 2).

(2) A member shall not, through any medium, publish, display, distribute or use, or permit, directly or indirectly, the publication, display, distribution or use through any medium of, an advertisement relating to drug services that,

(a) is false, misleading or deceptive, whether as a result of the inclusion of information or the omission of information;

(b) is not readily comprehensible to the persons to whom it is directed;

(c) is not dignified and in good taste;

(d) contains anything that cannot be verified;

(e) contains testimonials, comparative statements or endorsements;

(f) contains a reference to a member's area of practice or to a procedure or treatment available from a member practising in the pharmacy, unless the advertisement discloses whether or not the member has an area of expertise and, if the member does have such an area of expertise, the particular expertise;

(g) contains references to a particular brand of equipment used to assist in providing drug services;

(h) contains information that is not relevant to the choice of a pharmacist; or

(i) contains any representations as to the safety or effectiveness or an indication for use of any drug referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act*.

(j) REVOKED: O. Reg. 59/11, s. 1 (4).

O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (3, 4).

(3) An advertisement by a member that includes price information relating to drugs referred to in Schedule I established by the regulations under the Drug and Pharmacies Regulation Act shall include the price information for at least 15 different drugs, 10 of which each belong to a different one of the following drug classifications:

1. Anti-infective agents.
2. Antineoplastic agents.
3. Autonomic agents.
4. Blood formation and coagulation drugs.
5. Cardiovascular drugs.
6. Central nervous system drugs.
7. Diagnostic agents.
8. Electrolytic, caloric and water balance drugs.
9. Cough preparations.
10. Eye, ear, nose and throat preparations.
11. Gastrointestinal drugs.
12. Gold compounds.
13. Heavy metal antagonists.
14. Hormones and substitutes.
15. Oxytocics.
16. Skin and mucous membrane preparations.
17. Spasmolytics.
18. Unclassified therapeutic agents.
19. Vitamins. O. Reg. 451/10, s. 5; O. Reg. 59/11, s. 1 (5).

(4) Where an advertisement by a member includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act*, the advertisement shall include at a minimum the following information with respect to each drug:

1. The quantity of the drug being advertised at the advertised price.
2. The total cost for the drug to the purchaser including any dispensing fee.
3. The time period during which the advertised price will be available. O. Reg. 59/11, s. 1 (6).

(5) An advertisement by a member that includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act* shall include, in addition to the price information referred to in subsection (4), the following information with respect to each advertised drug:

1. The strength of the drug.
2. The brand name of the drug.
3. The dosage form of the drug. O. Reg. 59/11, s. 1 (6).

(6) Where an advertisement by a member includes price information relating to drugs referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act,* equal prominence shall be given to each drug and, for each of those drugs, equal prominence shall be given to all the information required under subsections (4) and (5). O. Reg. 59/11, s. 1 (6).

(7), (8) REVOKED: O. Reg. 59/11, s. 1 (6).

PROFESSIONAL MISCONDUCT RE ADVERTISING

**29.** It is professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code for a member who advertises price information with respect to a drug referred to in Schedule I established by the regulations under the *Drug and Pharmacies Regulation Act* to charge any purchaser, including the executive officer under the *Ontario Drug Benefit Act* more for the drug than the member has advertised, pursuant to paragraph 2 of subsection 28 (4), as the total cost for the drug to the purchaser including any dispensing fee. O. Reg. 59/11, s. 2.

CLARIFICATION RE APPLICATION OF PART

**30.** Nothing in this Part prohibits a member from publishing, displaying, distributing or using, or permitting directly or indirectly the publication, display, distribution or use of, an advertisement that relates solely to the co-payment or dispensing fee charged by the member for supplying a drug that is a listed drug product under the *Ontario Drug Benefit Act* to an eligible person under that Act. O. Reg. 451/10, s. 5.

## PART VII.3
## CONTROLLED ACTS

INTERPRETATION

**31.** (1) In this Part,

"adapt" means, subject to subsection (2), to change a patient's prescription respecting,

(a) the dose of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the directions for use of the prescribed drug, or

(d) the route of administration for taking the prescribed drug,

but does not include therapeutic substitution;

**Note: On September 30, 2026, the definition of "adapt" in section 31 of the Regulation is amended by striking out "subject to subsection (2)" in the portion before clause (a). (See: O. Reg. 126/20, s. 1 (2) and O. Reg. 766/21, s. 2)**

"coronavirus exemption" means the exemption issued by the Minister of Health for Canada on March 19, 2020 under subsection 56 (1) of the *Controlled Drugs and Substances Act* (Canada) entitled "Subsection 56(1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic", available on a website of the Government of Ontario, including any renewal or replacement of the exemption;

**Note: On September 30, 2026, the definition of "coronavirus exemption" in section 31 of the Regulation is revoked. (See: O. Reg. 126/20, s. 1 (4) and O. Reg. 766/21, s. 2)**

"Part A pharmacist" means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;

"point-of-care test" means a test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use;

"prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;

"prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;

"renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient;

"therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 1 (1, 3); O. Reg. 46/22, s. 1.

(2) While the coronavirus exemption is in effect, in this Part,

"adapt", in relation to the adaptation of a prescription for a controlled substance under the *Controlled Drugs and Substances Act* (Canada), means to change the prescription respecting,

(a) the dose and regime of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the de-prescribing of the prescribed drug, or

(d) the part-filling of the prescription,

but does not include therapeutic substitution. O. Reg. 126/20, s. 1 (5)

**Note: On September 30, 2026, subsection 31 (2) of the Regulation is revoked. (See: O. Reg. 126/20, s. 1 (6) and O. Reg. 766/21, s. 2)**

**32.** (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply. O. Reg. 302/12, s. 1.

(2) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply. O. Reg. 302/12, s. 1.

(3) In this Part,

(a) a reference to a part A pharmacist includes a member who holds a certificate of registration as a pharmacist (emergency assignment); and

(b) a reference to a pharmacy technician includes a member who holds a certificate of registration as a pharmacy technician (emergency assignment). O. Reg. 187/21, s. 9.

CONTROLLED ACTS

**33.** A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part. O. Reg. 302/12, s. 1.

**34.** (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:

1. Administering a substance specified in Schedule 1 by injection ~~to a patient~~.
2. Administering a substance specified in Schedule 2 by inhalation ~~to a patient. O. Reg. 452/16, s. 1 (1).~~.
3. Administering an influenza vaccine by injection.
4. Administering one of the vaccines specified in Schedule 3 by injection.
5. Administering a coronavirus (COVID-19) vaccine by injection.
6. Administering a Respiratory Syncytial Virus (RSV) vaccine by injection.

(2) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in ~~subsections~~subsection (1~~), (4) and (5~~), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1; O. Reg. 452/16, s. 1 (2).

(2.1) A pharmacy technician who meets all the requirements in subsection (4) is authorized to perform an act provided for in paragraphs 3 to 6 of subsection (~~4.1~~1), subject to the terms, conditions and limitations imposed on ~~their~~his or her certificate of registration. O. Reg. 766/21, s. 1.

(3) A member referred to in subsection (2) may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,

**Note: On July 1, 2023, paragraph 1 of subsection 34 (3) of the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 1 (1))**

1. Before performing the act, the member must receive an informed consent from the patient or the patient's authorized agent.
    i. must explain that purpose to the patient or his or her authorized agent, and
    ii. must receive an informed consent from the patient or his or her authorized agent.
2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.
6. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and address of the member,
    iii. the date the act was performed,
    iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
    v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
    vi. confirmation that an informed consent was given by the patient or his or her authorized agent. O. Reg. 302/12, s. 1.

**Note: On July 1, 2023, subsection 34 (3) of the Regulation is amended by adding the following paragraphs: (See: O. Reg. 95/23, s. 1 (2))**

7. Where administering a substance specified in Schedule 1 by injection to a patient through an established central or peripheral venous access device, the member must only do so in collaboration with a member of the College of Nurses of Ontario who is a registered nurse in the extended class or a member of the College of Physicians and Surgeons of Ontario.
8. Where the act is performed for a purpose other than that of patient education or demonstration the member must, within a reasonable time after performing the act, notify the following persons that the member performed the act, and provide details respecting the act:
    i. The prescriber, if any, of the substance that was administered.
    ii. The patient's primary care provider, where the member knows that the patient has such a care provider other than the prescriber.
9. Where administering an influenza vaccine by injection, the member must administer the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website.
10. Where administering a coronavirus (COVID-19) vaccine by injection, the member must administer the vaccine in accordance with [*Ministry guidance – TBD*].
11. Where administering a Respiratory Syncytial Virus (RSV) vaccine by injection, the member must administer the vaccine in accordance with [*Ministry guidance – TBD*].

**Note: On July 1, 2023, subsection 34 (3) of the Regulation is amended by adding the following subsection: (See: O. Reg. 95/23, s. 1 (3))**

(3.1) Where a limitation or a route of administration is indicated with respect to a substance listed in Schedule 1, a member shall only administer the substance in compliance with the limitation and in accordance with the route of administration specified. O. Reg. 95/23, s. 1 (3).

(4) ~~For the purposes of paragraph 2 of subsection 4 (1) of the Act, a~~A member referred to in subsection (~~2) is authorized to administer influenza vaccine by injection to a patient who is two years of age or older, if the member~~2.1) may only perform an act provided for in paragraphs 3 to 6 of subsection (1) if he or she,

~~(a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website;~~

~~(b) receives an informed consent from the patient or his or her authorized agent; and~~

~~(c) meets all the requirements in paragraphs 2 to 6 of subsection (3). O. Reg. 302/12, s. 1; O. Reg. 452/16, s. 1 (3); O. Reg. 742/20, s. 1.~~

~~(4.1) For the purpose of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2.1) is authorized to administer influenza vaccine by injection to a patient who is two years of age or older, if the member,~~

~~(a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website;~~

(~~b~~a) possesses sufficient knowledge, skill and judgment to be able to administer the ~~influenza~~ vaccine safely;

(~~c~~b) meets all the requirements in paragraphs 2, 3, and 6 of subsection (3); ~~and~~

(c) meets the requirements in paragraphs 9, 10 or 11 of subsection (3), as applicable; and

(d) has confirmed that a member referred to in subsection (2), or another regulated health professional authorized to administer the ~~influenza~~ vaccine by injection, has,

(i) received an informed consent from the patient or the patient's authorized agent,

(ii) a sufficient understanding of the ~~influenza~~ vaccine and condition of the patient for the ~~influenza~~ vaccine to be administered safely, and

(iii) considered whether administering the ~~influenza~~ vaccine by injection to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances. O. Reg. 766/21, s. 1.

~~(5) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) is authorized to administer a vaccine from one of the vaccines specified in Schedule 3 by injection to a patient who is five years of age or older, if the member,~~

~~(a) receives an informed consent from the patient or his or her authorized agent;~~

~~(b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and~~

~~(c) notifies the patient's primary care provider (if any) within a reasonable time that the member administered a vaccine to the patient and provides details respecting the administration. O. Reg. 452/16, s. 1 (4).~~

**35.** (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who ~~complies with the other~~meets all the requirements ~~of this section~~in subsection (4) is authorized to prescribe the following drugs:

1. For the sole purpose of smoking cessation, the following specified drugs:
   i. Varenicline Tartrate.
   ii. Bupropion Hydrochloride.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4~~,~~: a drug in a class of drugs listed opposite the minor ailment in Column 2 of that Table. O. Reg. 460/22, s. 1 (1).
3. For the sole purpose of treating COVID-19: Nirmatrelvir/ritonavir.
4. For the sole purpose of treating influenza: Oseltamivir.

(2) REVOKED: O. Reg. 460/22, s. 1 (2).

(3) A Part A pharmacist is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration.

(~~3) A Part A pharmacist, an~~3.1) An intern or a registered pharmacy student who meets all the requirements in subsection (4) is authorized to perform ~~the~~an act provided for in paragraphs 1, 2 and 4 of subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only prescribe a drug under this section if he or she,

(a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) gives the prescription to the patient or his or her authorized agent;

(d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing;

(e) notifies the patient's primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription;

(f) complies with the additional requirements under sections 37 and 38; and

(g) ~~in the case of a drug referred to in paragraph 2 of subsection (1),~~ has determined, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's ~~minor ailment~~condition. O. Reg. 302/12, s. 1; O. Reg. 460/22, s. 1 (3).

**36.** (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.
2. Renewing a patient's prescription for the purpose of continuity of care. O. Reg. 302/12, s. 1.

(2) Subject to subsection (2.1), subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the *Controlled Drugs and Substances Act* (Canada) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 2 (1).

**Note: On September 30, 2026, subsection 36 (2) of the Regulation is amended by striking out "Subject to subsection (2.1)" at the beginning. (See: O. Reg. 126/20, s. 2 (2) and O. Reg. 766/21, s. 2)**

(2.1) During the period of time in which the coronavirus exemption is in effect, subsection (2) does not apply to the extent that the coronavirus exemption or the *Controlled Drugs and Substances Act* (Canada) authorizes the member to adapt or renew a prescription for a controlled substance under that Act. O. Reg. 126/20, s. 2 (3).

**Note: On September 30, 2026, subsection 36 (2.1) of the Regulation is revoked. (See: O. Reg. 126/20, s. 2 (4) and O. Reg. 766/21, s. 2)**

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,
   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription,
   iii. have access to the medical record that contains information about the prescription, or
   iv. during the period of time in which the coronavirus exemption is in effect, if the criteria set out in subparagraphs i, ii and iii cannot be met, be satisfied as to the existence and details of the prescription from an alternative source, including, but not limited to, the prescription label, the prescription receipt with medication history, a photograph of the prescription or a facsimile of the prescription.

**Note: On September 30, 2026, paragraph 1 of subsection 36 (4) of the Regulation is amended by adding "or" at the end of subparagraph ii, by striking out "or" at the end of subparagraph iii and by revoking subparagraph iv. (See: O. Reg. 126/20, s. 2 (6) and O. Reg. 766/21, s. 2)**

2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,
   i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
   ii. a 12 months' supply.
3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,
   i. renews a patient's prescription, or
   ii. adapts a patient's prescription, if, in the member's opinion,
      A. adapting the prescription is clinically significant in relation to the patient, or
      B. the notification is necessary to support the patient's care.
4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or his or her authorized agent,
   i. that he or she is entitled to the prescription, and
   ii. that he or she may take the prescription to a pharmacy of his or her choosing for dispensing.
5. The member must comply with the additional requirements under sections 37 and 38. O. Reg. 302/12, s. 1; O. Reg. 126/20, s. 2 (5); O. Reg. 742/20, s. 2.

**37.** A member who performs an act provided for in section 35 or 36 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.
7. The number of refills that the member authorized, if applicable.
8. Any other information required by law. O. Reg. 302/12, s. 1.

**38.** A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member's rationale for his or her decision to act under section 35 or 36 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.
2. A copy of the prescription that the member gave to the patient or his or her authorized agent ~~under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under clause 35 (4) (d) or paragraph 4 of subsection 36 (4)~~.
3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36.
4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:
   i. The patient's primary care provider ~~notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4)~~.
   ii. The patient's prescriber ~~notified under paragraph 3 of subsection 36 (4)~~. O. Reg. 302/12, s. 1; O. Reg. 460/22, s. 2.

**39.** (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood. O. Reg. 302/12, s. 1.

(2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(3) A pharmacy technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act;

(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act; and

(c) if the act is performed to administer a point-of-care test, a Part A pharmacist interprets the results of the test and makes any professional decision arising from those results. O. Reg. 302/12, s. 1; O. Reg. 46/22, s. 2 (1).

(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self-care and education or for the patient's self-monitoring of his or her chronic disease, unless the act is performed to administer a point-of-care test.

1.1 The member may only perform the act to administer a point-of-care test if the test is listed in subsection 28 (2) of Ontario Regulation 45/22 and if it is administered for the purpose of assisting patients with the management of their medication to treat chronic disease.

1.2 Before performing an act described in paragraphs 1 or 1.1, the member must,
   i. explain the purpose to the patient or his or her authorized agent, and
   ii. receive an informed consent from the patient or his or her authorized agent.

2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.
5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.
6. The member must maintain a patient record that includes,
   i. the name and address of the patient,
   ii. the name and work address of the member,
   iii. the date the act was performed,
   iv. the circumstances relating to the performance of the act and any adverse reaction experienced by the patient,
   v. confirmation that an informed consent was given by the patient or his or her agent, and
   vi. if the act was performed to administer a point-of-care test,
      A. the results of the test, and
      B. the professional decision arising from the results of the test and the rationale for the decision.
7. If the act is performed to administer a point-of-care test, the member must notify the patient's primary care provider (if any) within a reasonable time that the member performed the act and provide details respecting the act. O. Reg. 302/12, s. 1; O. Reg. 46/22, s. 2 (2, 3).

**40.** REVOKED: O. Reg. 451/10, s. 5.

## PART VIII
## QUALITY ASSURANCE

### GENERAL

**41.** In this Part,

"assessor" means an assessor appointed under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee. O. Reg. 98/98, s. 2.

**42.** The Committee shall administer the quality assurance program, which shall include the following components:

1. Maintenance of a portfolio of continuous learning.
2. Maintenance of a two-part register for pharmacist members.
3. Practice review and remediation.
4. Remediation of behaviour and remarks of a sexual nature. O. Reg. 98/98, s. 2.

### CONTINUOUS LEARNING PORTFOLIO

**43.** (1) A pharmacist shall maintain a portfolio of continuous learning activities in accordance with guidelines on such activities published by the College and distributed to the members.

(2) A pharmacist shall submit the portfolio to the College on request. O. Reg. 98/98, s. 2.

### TWO-PART REGISTER FOR PHARMACISTS

**44.** (1) The part of the College's register that lists pharmacists shall have a Part A (patient care) and a Part B (no patient care). O. Reg. 451/10, s. 7.

(2) Every pharmacist shall be listed in either Part A or Part B. O. Reg. 451/10, s. 7.

**45.** (1) Upon being issued a certificate of registration as a pharmacist for the first time, the member shall ask to be listed in Part A or Part B of the register by completing and submitting the form provided by the Registrar. O. Reg. 451/10, s. 7.

(2) Every year at the time of paying the annual membership fee, a pharmacist shall ask for a renewal of his or her listing in Part A or Part B or for a transfer to the other Part. O. Reg. 451/10, s. 7.

(3) A member who asks for a renewal of a listing in Part A after the third anniversary of being issued a certificate of registration as a pharmacist for the first time shall not be listed in that Part unless he or she has dispensed, sold or compounded drugs, provided non-prescription drugs, health care aids and devices or information related to drug use for at least 600 hours during the preceding three years in the course of providing patient care while practising the profession in Canada. O. Reg. 451/10, s. 7.

**46**. (1) A pharmacist may ask for a transfer from Part A of the register to Part B or from Part B to Part A at any time. O. Reg. 451/10, s. 7.

(2) If a member listed in Part A asks for a transfer to Part B, the member shall be transferred to Part B. O. Reg. 451/10, s. 7.

(3) If a member listed in Part B asks for a transfer to Part A, the member shall be transferred to Part A if he or she,

(a) undergoes a practice review in accordance with section 47; and

(b) satisfies the educational and practice requirements that may be specified by the Quality Assurance Committee. O. Reg. 451/10, s. 7.

(4) If the Registrar proposes to reject a request for a transfer to Part A, the request shall be referred to a panel of the Quality Assurance Committee. O. Reg. 451/10, s. 7.

(5) The member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision. O. Reg. 451/10, s. 7.

(6) A member whose request to be listed in Part A is rejected by the panel may appeal to another panel of the Quality Assurance Committee. O. Reg. 451/10, s. 7.

(7) No member of a panel that rejects a request to be listed in Part A shall sit on a panel hearing an appeal of that decision. O. Reg. 451/10, s. 7.

(8) On an appeal, the member shall be given a reasonable opportunity to make written submissions to the panel before it makes a decision. O. Reg. 451/10, s. 7.

PRACTICE REVIEW AND REMEDIATION

**47.** (1) Each year the College shall select at random the names of pharmacists required to undergo a practice review.

(2) A pharmacist listed in Part A is required to undergo a practice review if his or her name is selected at random or the member is referred to the Committee by the Complaints Committee or Executive Committee.

(3) If a pharmacist listed in Part A fails to undergo a required practice review, the Committee may transfer the pharmacist to Part B after giving him or her a reasonable opportunity to make written submissions.

(4) A pharmacist listed in Part B is required to undergo a practice review if he or she is referred to the Committee by the Complaints Committee or Executive Committee or if the pharmacist has asked to be listed in Part A under subsection 46 (3).

(5) The Committee shall appoint an assessor to conduct a practice review.

(6) The assessor shall prepare a written report on the review and submit it to the Committee.

(7) After considering the report, the Committee may decide,

(a) that no further action is required;

(b) that the pharmacist is required to undertake the remediation specified by the Committee to correct any deficiency in his or knowledge, skills or judgment identified by the review; or

(c) that the pharmacist is to be listed in Part A where the review took place pursuant to a request to be listed in Part A.

(8) If the Committee proposes to require a pharmacist to undertake remediation under clause (7) (b), it shall not do so unless,

(a) the pharmacist has been given a report of the results of the review;

(b) the pharmacist has been given written notice of the Committee's intention to require him or her to undertake remediation;

(c) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee; and

(d) the Committee has considered any such submissions.

(9) After the pharmacist undertakes the specified remediation, the Committee may require him or her to undergo another practice review by an assessor, and subsections (6), (7) and (8) apply to that review. O. Reg. 98/98, s. 2.

**48.** (1) If the Committee requires a pharmacist to undertake remediation under section 47 and the pharmacist either fails to do so or fails to successfully complete the remediation, the Committee may direct the Registrar to impose terms, conditions or limitations on the pharmacist's certificate of registration for a specified period not exceeding six months.

(2) If the Committee proposes to make a direction under subsection (1), it shall not do so unless,

(a) the pharmacist has been given written notice of its intention;

(b) the pharmacist has been given at least 14 days from receipt of the notice to make written submissions to the Committee or to request an appearance before the Committee in order to make oral submissions; and

(c) the Committee has considered any such submissions.

(3) A pharmacist who requests an appearance under clause (2) (b) shall be given a reasonable opportunity to appear but the Committee may dispose of the matter if he or she has been given a reasonable opportunity to appear and does not.

(4) If the period specified under subsection (1) expires and the pharmacist still has not undertaken or successfully completed the remediation, the Committee may report him or her to the Executive Committee and provide it with such information as it considers appropriate, except information that may not be disclosed under section 83 of the Health Professions Procedural Code.

(5) If the Registrar imposes terms, conditions or limitations on a pharmacist's certificate of registration for a specified period pursuant to a direction given by the Committee under subsection (1), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if the Committee is satisfied that they are no longer needed.

(6) After directing the imposition of terms, conditions or limitations on a pharmacist's certificate of registration for a specified period not exceeding six months under subsection (1), the Committee may direct the imposition of terms, conditions or limitation on the pharmacist's certificate of registration for a second specified period not exceeding six months under subsection (1) but, after having done so, the Committee shall not direct the imposition of terms, conditions or limitations on the pharmacist's certificate of registration for any further specified period.

(7) If the Committee directs a second imposition of terms, conditions or limitations on the pharmacist's certificate, subsections (2), (3), (4) and (5) apply with respect to the second imposition. O. Reg. 98/98, s. 2.

REMEDIATION OF BEHAVIOUR AND REMARKS OF A SEXUAL NATURE

**49.** (1) This section applies to matters referred to the Committee by,

(a) a panel of the Complaints Committee under subsection 26 (3) of the Health Professions Procedural Code; and

(b) the Executive Committee under section 79.1 of the Code.

(2) The chair of the Committee shall establish a panel from among the members of the Committee for the purpose of considering a matter referred to in subsection (1).

(3) The chair of the Committee shall appoint a mediator to attempt to resolve the matter.

(4) If the mediator is unable to resolve the matter within 90 days after being appointed, the mediator shall report the failure to the chair without delay and provide the chair with a written report on the mediation.

(5) The chair shall give the member complained against a copy of the mediator's report and a notice advising him or her of the right to make written submissions to the panel.

(6) The member shall be given at least 14 days after receipt of the mediator's report and recommendations to make written submissions to the panel or to request an appearance before the panel to make oral submissions, or to do both.

(7) A member who requests an appearance shall be given a reasonable opportunity to make an appearance, but the panel may dispose of the matter without such appearance if the member has been given a reasonable opportunity to appear.

(8) If the mediation concerns a matter referred by the Complaints Committee, the chair shall give the complainant a copy of the mediator's report.

(9) A mediator's proposed resolution of a matter referred to the Committee by the Complaints Committee must be acceptable to the complainant, the member complained against and the panel.

(10) A mediator's proposed resolution of a matter referred to the Committee by the Executive Committee must be acceptable to the member complained against and the panel.

(11) After considering the mediator's report and any written or oral submissions, the panel may require the member to undergo an assessment for the purpose of establishing if he or she requires education with respect to sexual abuse.

(12) The assessment shall be carried out by an assessor appointed by the Committee.

(13) The assessor shall provide a written report to the panel and shall make such recommendations as the assessor considers appropriate about the member's need for education with respect to sexual abuse.

(14) A copy of the report and recommendations, and a notice informing him or her of the right to make submissions in accordance with subsections (6) and (7), shall be provided to the member.

(15) After considering the assessor's report and recommendations and the member's submissions, if any, the panel may require the member to attend or participate in a sexual abuse education program.

(16) If the panel proposes to take action under subsection (15), the member has the right to make submissions in accordance with subsections (6) and (7). O. Reg. 98/98, s. 2.

**50.** (1) If a member refuses to undergo an assessment under subsection 49 (11) or to attend or participate in a program under subsection 49 (15), the panel may direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months.

(2) If the panel proposes to take action under subsection (1), the member has the right to make submissions in accordance with subsections 49 (6) and (7).

(3) If the panel is satisfied that the terms, conditions and limitations imposed on a member's certificate or registration are no longer needed, it shall direct the Registrar to remove them before the end of the specified period.

(4) If, at the end of the specified period, the member continues to refuse to undergo the required assessment or to attend or participate in the program, the panel shall refer the matter to the Executive Committee. O. Reg. 98/98, s. 2.

PANEL REQUIREMENTS

**51.** (1) The Committee may sit as a panel to consider a report on a practice review or any matter arising out of a practice review, a matter relating to the imposition of terms, conditions or limitations on a member's registration under section 48 or a matter under section 49.

(2) A panel shall have at least three members appointed by the chair of the Committee from among the Committee members; at least one member of the panel shall be a member appointed to the Committee by the Lieutenant Governor in Council.

(3) Three members of a panel constitute a quorum. O. Reg. 98/98, s. 2.

## PART IX
## INSPECTION OF DRUG PREPARATION PREMISES

TEMPORAL APPLICATION

**52.** This Part applies to the College and members as of the day that it comes into force, except that,

(a) sections 54, 55, 56, 59 and 60 apply as of 90 days from the day that this Part comes into force; and

(b) the requirements in subsection 57 (1) and section 58 apply as of 30 days from the day that this Part comes into force. O. Reg. 154/13, s. 1.

INTERPRETATION

**53.** (1) In this Part,

"designated member" means,

(a) the member designated for a drug preparation premises in accordance with section 58, or

(b) where only one member engages in or supervises drug preparation activities at or in connection with a drug preparation premises, that member;

"drug" means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of "drug" in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, but does not include,

(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or

(b) a substance or preparation referred to in clause (e), (f), (g), (h) or (i) of that definition;

"drug preparation activities" means reconstituting, diluting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription;

"drug preparation premises" means any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include,

(a) a pharmacy in respect of which a valid certificate of accreditation has been issued under the *Drug and Pharmacies Regulation Act*,

(b) a premises in respect of which a valid establishment licence has been issued under the *Food and Drugs Act* (Canada), or

(c) a hospital or a health or custodial institution approved or licensed under any general or special Act;

"inspector" means a person appointed by the College to carry out an inspection on behalf of the College;

"supervise" means to supervise either directly or indirectly. O. Reg. 154/13, s. 1.

(2) Anything that may be done by the College under this Part may be done by the Council or by a committee established under clause 94 (1) (i) of the Health Professions Procedural Code. O. Reg. 154/13, s. 1.

INSPECTION

**54.** (1) All drug preparation premises are subject to inspection by the College in accordance with this Part. O. Reg. 154/13, s. 1.

(2) In carrying out an inspection of a drug preparation premises under subsection (1), the College may also require any or all of the following:

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.
2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
3. Inquiries or questions to be answered by the member that are relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
4. Direct observation of a member in his or her practice with respect to drug preparation activities at or in connection with the drug preparation premises. O. Reg. 154/13, s. 1.

**55.** An inspector may, on the production of information identifying him or her as an inspector, enter and have access to any drug preparation premises at reasonable times and may inspect the drug preparation premises and do any of the things mentioned in subsection 54 (2) on behalf of the College. O. Reg. 154/13, s. 1.

**56.** (1) It is the duty of every member engaging in or supervising drug preparation activities at or in connection with drug preparation premises that are subject to an inspection to,

(a) submit to an inspection of the drug preparation premises in accordance with this Part;

(b) promptly answer a question or comply with a requirement of the inspector that is relevant to an inspection under this Part; and

(c) co-operate fully with the College and the inspector who is conducting an inspection of a drug preparation premises in accordance with this Part. O. Reg. 154/13, s. 1.

(2) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises where an inspector has been denied entry or access. O. Reg. 154/13, s. 1.

**57.** (1) No member shall commence engaging in or supervising drug preparation activities at or in connection with drug preparation premises unless the member has previously given notice in writing to the College in accordance with subsection (5) of the member's intention to do so. O. Reg. 154/13, s. 1.

(2) Where a member has provided notice in writing to the College in accordance with subsection (1) and the drug preparation premises have not passed an inspection or passed an inspection with conditions within the previous five years, the College shall ensure that an inspection of the drug preparation premises is performed within 60 days from the day that the College receives the member's notice or 150 days from the day this Part comes into force, whichever is later. O. Reg. 154/13, s. 1.

(3) A member who engages in or supervises drug preparation activities at or in connection with a drug preparation premises as of the day that is 30 days from the day this Part comes into force shall give notice in writing to the College in accordance with subsection (5) within 90 days from the day this Part comes into force. O. Reg. 154/13, s. 1.

(4) The College shall ensure that an inspection of the drug preparation premises with respect to which a member gives notice under subsection (3) is performed within 150 days from the day this Part comes into force. O. Reg. 154/13, s. 1.

(5) The notice required in subsections (1) and (3) shall include the following information, submitted in the form and manner required by the College:

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if he or she is not the member who is required to give notice under this section.
2. The full address of the drug preparation premises.
3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.
4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part. O. Reg. 154/13, s. 1.

**58.** Where two or more members engage in or supervise drug preparation activities at or in connection with a drug preparation premises, the members shall designate a member as the designated member for the drug preparation premises, and shall immediately notify the College of the designated member's identity. O. Reg. 154/13, s. 1.

**59.** All drug preparation premises are subject to an inspection by the College once every five years after the initial inspection of the premises or more often if, in the opinion of the College, it is necessary or advisable to do so. O. Reg. 154/13, s. 1.

**60.** (1) After an inspection of a drug preparation premises, the College shall determine, in accordance with the accepted standards of practice, whether the drug preparation premises pass, pass with conditions or fail. O. Reg. 154/13, s. 1.

(2) In determining whether drug preparation premises pass, pass with conditions or fail an inspection, the College may consider,

(a) the inspection results provided to the College by the inspector;

(b) information provided by one or more members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises respecting the inspection, including the answers given by them in response to inquiries or questions asked by the inspector;

(c) the information contained in a notice given by a member under subsection 57 (1) or (3);

(d) any submissions made by the member or members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises that are relevant to the inspection; and

(e) any other information that is directly relevant to the inspection of the drug preparation premises conducted under this Part. O. Reg. 154/13, s. 1.

(3) The College shall deliver a report, in writing and in accordance with section 39 of the *Regulated Health Professions Act, 1991*, to the individual or corporation that is the owner or occupier of the drug preparation premises and to the designated member for the drug preparation premises, within a reasonable time after the inspection is completed. O. Reg. 154/13, s. 1.

(4) Any report made by the College respecting an inspection of drug preparation premises where a member is engaging in or in respect of which the member is supervising drug preparation activities shall make a finding that the drug preparation premises passed, passed with conditions or failed the inspection and shall provide reasons where the drug preparation premises passed with conditions or failed the inspection. O. Reg. 154/13, s. 1.

(5) Any report made by the College that finds that drug preparation premises failed an inspection or passed with conditions is effective on the day that it is received, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, by the designated member for the drug preparation premises. O. Reg. 154/13, s. 1.

(6) The designated member who receives a report made by the College that finds that a drug preparation premises failed an inspection or passed with conditions shall promptly provide copies of the report to all members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises. O. Reg. 154/13, s. 1.

(7) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises that fail an inspection until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection, or passed with conditions; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass or pass with conditions. O. Reg. 154/13, s. 1.

(8) A member shall not engage in or supervise drug preparation activities at or in connection with drug preparation premises that pass an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass. O. Reg. 154/13, s. 1.

(9) A member may make submissions in writing to the College within 14 days from the date on which a report made by the College that finds that the drug preparation premises passed with conditions or failed the inspection becomes effective in accordance with subsection (5). O. Reg. 154/13, s. 1.

(10) The College may or may not elect to reinspect the drug preparation premises after receiving a member's submissions, but no more than 60 days after a member provides his or her submissions, the College shall do one or more of the following:

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.
2. Make a report and find that the drug preparation premises passed with conditions.
3. Make a report and find that the drug preparation premises passed the inspection. O. Reg. 154/13, s. 1.

(11) Drug preparation premises that fail an inspection or pass with conditions may be subject to one or more further inspections within a reasonable time after the College delivers its report, at the request of a member, any other person to whom the College gave the report, or at any time at the discretion of the College. O. Reg. 154/13, s. 1.

(12) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member's knowledge, skill or judgment is unsatisfactory, the College may direct the Registrar to refer the report to the Quality Assurance Committee. O. Reg. 154/13, s. 1.

(13) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the College may direct the Registrar to refer the report to the Inquiries, Complaints and Reports Committee. O. Reg. 154/13, s. 1.

## PART X
## FUNDING FOR THERAPY AND COUNSELLING

**61.** In this Part,

"member" includes a former member. O. Reg. 225/13, s. 1.

**62.** (1) The alternative requirements that must be satisfied in order for a person to be eligible for funding under clause 85.7 (4) (b) of the Health Professions Procedural Code are prescribed in this section. O. Reg. 225/13, s. 1.

(2) A person is eligible for funding for therapy or counselling if,

(a) there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member;

(b) a member has been found guilty under the *Criminal Code* (Canada) of sexually assaulting the person while the person was a patient of the member;

(c) there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by a member; or

(d) there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient, was sexually abused by a member. O. Reg. 225/13, s. 1.

(3) For the purposes of clause (2) (d), and without limiting the generality of that clause, the following kinds of evidence may support a reasonable belief that a person, while a patient, was sexually abused by a member:

1. Evidence of reports made with respect to the member under subsection 85.1 (1) or 85.2 (1) of the Health Professions Procedural Code.

2. Evidence that corroborates the person's allegations of sexual abuse by the member. O. Reg. 225/13, s. 1.

(4) A person is not eligible under subsection (2) unless, at the time the sexual abuse occurred, the person was a patient of the member and the member was practising in Ontario. O. Reg. 225/13, s. 1.

(5) Despite subsections (2), (3) and (4), a person is eligible for funding for therapy or counselling under this Part only if,

(a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College and, in the application, the person names the member who is alleged to have sexually abused the person;

(b) the person adheres to the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding; and

(c) the person provides such other information as is required by the Patient Relations Committee. O. Reg. 225/13, s. 1.

(6) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member. O. Reg. 225/13, s. 1.

TABLES 1, 2 REVOKED: O. Reg. 452/16, s. 2.

## SCHEDULE 1
## INJECTED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents
    i. 8:18 Antivirals
        A. 8:18.08.04 HIV Entry and Fusion Inhibitors
            1. Enfuvirtide
        B. 8:18.20 Interferons
            1. Interferon Alfa-2b
            2. Peginterferon alfa-2a

3. Peginterferon alfa-2b

2. 10:00 Antineoplastic Agents
    1. Goserelin
    2. Leuprolide
    3. Methotrexate
3. 12:00 Autonomic Drugs
    i. 12:12 Sympathomimetic (Adrenergic) Agents
        A. 12:12.12 Alpha- and Beta-Adrenergic Agonists
            1. Scopolamine
            2. Hyoscine
            3. Glycopyrrolate
            4. Epinephrine
4. 20:00 Blood Formation and Coagulation
    i. 20:04 Antianemia Drugs
        A. 20:04.04 Iron Preparations
            1. Iron
    ii. 20:12 Coagulants and Anticoagulants
        A. 20:12.04 Anticoagulants
            1. Dalteparin
            2. Danaparoid
            3. Enoxaparin
            4. Fondaparinux
            5. Heparin
            6. Nadroparin
            7. Tinazaparin
    iii. 20:16 Hematopoietic Agents
            1. Ancestim
            2. Darbepoetin alfa
            3. Epoetin alfa
            4. Filgrastim
            5. Pegfilgrastim
            6. Romiplostim
5. 28:00 Central Nervous System Agents
    i. 28:08 Analgesics and Antipyretics
        A. 28:08.08 Opiate Agonists
            1. Codeine
            2. Hydromorphone
            3. Meperidine
            4. Morphine
        B. 28:08.12 Opiate Partial Agonists
            1. Nalbuphine
            2. Pentazocine

ii. 28:16 Psychotherapeutic Agents
    A. 28:16.08 Antipsychotics
        1. Haloperidol
        2. Methotrimeprazine
iii. 28:32 Antimigraine Agents
    A. 28:32.28 Selective Serotonin Agonists
        1. Sumatriptan

6. 40:00 Electrolytic, Caloric, and Water Balance
    i. 40:12 Replacement Preparations
        1. Normal saline
7. 48:00 Respiratory Tract Agents
    i. 48:92 Respiratory Tract Agents, Miscellaneous
        1. Omalizumab
8. 56:00 Gastrointestinal Drugs
    i. 56:22 Antiemetics
        A. 56:22.08 Antihistamines
            1. Dimenhydrinate
            2. Prochlorperazine
    ii. 56:32 Prokinetic Agents
        1. Metoclopropamide
    iii. 56:92 GI Drugs, Miscellaneous
        1. Certolizumab Pegol
        2. Methylnaltrexone
9. 64:00 Heavy Metal Antagonists
        1. Deferoxamine
10. 68:00 Hormones and Synthetic Substitutes
    i. 68:18 Gonadotropins
        1. Follitropin-alpha
        2. Follitropin-beta
        3. Gonadotropin-chorionic
        4. Gonadotropin-chorionic-alfa
        5. Gonadotropin-human
        6. Lutropin-alfa
        7. Menotropins
        8. Urofollitropin
    ii. 68:20 Antidiabetic Agents
        1. Exenatide
        2. Insulins
        3. Liraglutide
    iii. 68:22 Antihypoglycemic Agents
        A. 68:22:12 Glycogenolytic Agents
            1. Glucagon

iv. 68:24 Parathyroid
    1. Calcitonin Salmon
    2. Teriparatide
v. 68:28 Pituitary
    1. Desmopressin
    2. Vasopressin
vi. 68:30 Somatotropin Agonists and Antagonists
    A. 68:30.04 Somatotropin Agonists
        1. Somatropin
    B. 68:30.08 Somatotropin Antagonists
        1. Pegvisomant
vii. 68:32 Progestins
    1. Medroxyprogesterone

11. 88:00 Vitamins
    i. 88:08 Vitamin B Complex
        1. Cyanocobalamin
        2. Folic Acid
        3. Methylcobalamin
        4. Pyridoxine
        5. Thiamine
    ii. 88:12 Vitamin C
        1. Ascorbic Acid
    iii. 88:24 Vitamin K Activity
        1. Vitamin K
12. 92:00 Miscellaneous Therapeutic Agents
    i. 92:12 Antidotes
        1. Leucovorin
    ii. 92:20 Biologic Response Modifiers
        1. Denosumab
        2. Glatiramer
        3. Interferon-Beta-1A
        4. Interferon-Beta-1B
        5. Natalizumab
    iii. 92:36 Disease-modifying Antirheumatic Drugs
        1. Abatacept
        2. Adalimumab
        3. Anakinra
        4. Etanercept
        5. Gold Sodium Thiomalate
        6. Golimumab
        7. Ustekinumab
    iv. 92:40 Gonadotropin- releasing Hormone Antagonists

1. Cetrorelix
2. Ganirelix

v. 92:92 Other Miscellaneous Therapeutic Agents

1. Octreotide

13. Miscellaneous

1. Sterile Water for Injection (Diluent)

O. Reg. 452/16, s. 3.

**Note: On July 1, 2023, Schedule 1 to the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 2)**

SCHEDULE 1
INJECTED SUBSTANCES

Analgesics and Antipyretics

Codeine — For patient education and demonstration only

Hydromorphone — For patient education and demonstration only

Morphine — For patient education and demonstration only

Nalbuphine — For patient education and demonstration only

Antibacterials

Amikacin

Ampicillin

Cefazolin

Cefepime

Cefotaxime

Cefoxitin

Ceftazidime

Ceftriaxone

Clindamycin

Cloxacillin

Ertapenem

Gentamicin

Penicillin G

Anticholinergic Agents

Scopolamine — Must not be administered intravenously

Hyoscine — Must not be administered intravenously

Glycopyrrolate — Must not be administered intravenously

Anticoagulants

Dalteparin — Must not be administered intravenously

Danaparoid — Must not be administered intravenously

Enoxaparin — Must not be administered intravenously

Fondaparinux — Must not be administered intravenously

Heparin — For patient education and demonstration only

Nadroparin — Must not be administered intravenously

Tinazaparin

Antidiabetic Agents

Exenatide

- Insulins
- Liraglutide
- Dulaglutide
- Lixisenatide
- Semaglutide

Antihemorrhagic Agents
- Emicizumab

Antihistamines
- Diphenhydramine — Only for monitoring and management of allergic reactions
- Dimenhydrinate — Must not be administered intravenously

Antimigraine Agents
- Sumatriptan
- Erenumab

Antiparkinsonian Agents
- Apomorphine
- Benztropine

Antivirals
- Enfuvirtide
- Interferons
- Peginterferon alfa-2a

Central Nervous System Agents, Miscellaneous
- Inotersen

Complement Inhibitors
- Icatibant
- Lanadelumab

Disease-modifying Antirheumatic Drugs
- Abatacept
- Adalimumab
- Anakinra
- Etanercept
- Golimumab — Must not be administered intravenously
- Ustekinumab — Must not be administered intravenously
- Methotrexate — Must not be administered intravenously
- Sarilumab
- Tocilizumab — Must not be administered intravenously

Enzymes
- Asfotase Alfa

GI Drugs, Miscellaneous
- Certolizumab Pegol
- Methylnaltrexone

Gonadotropins and Antigonadotropins
- Follitropin-alpha

- Follitropin-beta
- Follitropin-delta
- Gonadotropin-chorionic
- Gonadotropin-chorionic-alfa
- Lutropin-alfa
- Menotropins
- Goserelin — For patient education and demonstration only
- Triptorelin acetate

Gonadotropin-releasing Hormone Antagonists
- Cetrorelix
- Ganirelix

Heavy Metal Antagonists
- Deferoxamine — For patient education and demonstration only

Hematopoietic Agents
- Darbepoetin alfa — Must not be administered intravenously
- Epoetin alfa — Must not be administered intravenously
- Filgrastim — Must not be administered intravenously
- Pegfilgrastim
- Romiplostim — For patient education and demonstration only

Immunomodulatory Agents
- Denosumab
- Glatiramer
- Interferon-Beta-1A
- Interferon-Beta-1B
- Natalizumab

Immunosuppressive Agents
- Belimumab — Must not be administered intravenously
- Mepolizumab

Miscellaneous Agents
- Sterile Water for Injection (Diluent)
- Sodium Chloride

Parathyroid
- Calcitonin Salmon — For patient education and demonstration only
- Teriparatide

Pituitary
- Desmopressin — For patient education and demonstration only
- Vasopressin — For patient education and demonstration only

Progestins
- Medroxyprogesterone
- Progesterone

Prokinetic Agents
- Metoclopramide

Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors

Alirocumab

Evolocuma

Psychotherapeutic Agents

Haloperidol — For patient education and demonstration only

Methotrimeprazine — For patient education and demonstration only

Respiratory Tract Agents

Omalizumab

Skin And Mucous Membrane Agents

Brodalumab

Dupilumab

Guselkumab

Ixekizumab

Risankizumab — Must not be administered intravenously

Secukinumab

Somatostatin Agonists and Antagonists

Pasireotide

Octreotide — Must not be administered intravenously

Lanreotide

Somatotropin Agonists and Antagonists

Somatropin

Pegvisomant

Tesamorelin

Sympatholytic (Adrenergic Blocking) Agents

Dihydroergotamine — Must not be administered intravenously

Vitamins

Cyanocobalamin

Folic Acid — Must not be administered intravenously

Pyridoxine — Must not be administered intravenously

Thiamine — Must not be administered intravenously

Ascorbic Acid — Must not be administered intravenously

Vitamin K

O. Reg. 95/23, s. 2.

SCHEDULE 2
INHALED SUBSTANCES

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

1. 8:00 Anti-infective Agents
    i. 8:18 Antivirals
        A. 8:18.28 Neuraminidase Inhibitors
            1. Zanamivir
    ii. 8:12 Antibacterials
        A. 8:12.07.16 Monobactams

1. Tobramycin
2. Aztreonam

2. 12:00 Autonomic Drugs
    i. 12:08 Anticholinergic Agents
        A. 12:12.08 Antimuscarinics/Antispasmodics
            1. Ipratropium
            2. Tiotropium
    ii. 12:12 Sympathomimetic (Adrenergic) Agents
        A. 12:12.08.12 Selective Beta2- Adrenergic Agonists
            1. Fenoterol
            2. Formoterol
            3. Salbutamol
            4. Salmeterol
            5. Terbutaline
    iii. 12:16 Sympatholytic (Adrenergic Blocking) Agents
        A. 12:16.04.04 Non-Selective alpha-Adrenergic Blocking Agents
            1. Dihyroergotamine
    iv. 12:92 Autonomic Drugs, Miscellaneous
            1. Nicotine
3. 28:00 Central Nervous System Agents
    i. 28:08 Analgesics and Antipyretics
        A. 28:08.12 Opiate Partial Agonists
            1. Butorphanol
    ii. 28:32 Antimigraine Agents
        A. 28:32.28 Selective Serotonin Agonists
            1. Sumatriptan
            2. Zolmitriptan
4. 40:00 Electrolytic, Caloric, and Water Balance
    i. 40:12 Replacement Preparations
            1. Sodium chloride
5. 48:00 Respiratory Tract Agents
    i. 48:24 Mucolytic Agents
            1. Dornase alfa
6. 52:00 Eye, Ear, Nose and Throat (EENT) Preparations
    i. 52:02 Antiallergic Agents
            1. Sodium Cromoglycate
            2. Levocabastine
    ii. 52:08 Anti-inflammatory Agents
        A. 52:08.08 Corticosteroids
            1. Beclomethasone
            2. Budesonide
            3. Ciclesonide

4. Flunisolide
5. Fluticasone
6. Mometasone
7. Triamcinolone

iii. 52:32 Vasoconstrictors

1. Oxymetazoline
2. Phenylephrine
3. Xylometazoline

7. 68:00 Hormones and Synthetic Substitutes

i. 68:18 Gonadotropins

1. Buserelin
2. Nafarelin

ii. 68:24 Parathyroid

1. Calcitonin Salmon

iii. 68:28 Pituitary

1. Desmopressin
2. Vasopressin

8. 92:00 Miscellaneous Therapeutic Agents

i. 92:12 Antidotes

1. Acetylcysteine

O. Reg. 452/16, s. 3.

**Note: On July 1, 2023, Schedule 2 to the Regulation is revoked and the following substituted: (See: O. Reg. 95/23, s. 2)**

SCHEDULE 2
INHALED SUBSTANCES

Anticholinergic Agents

- Ipratropium
- Tiotropium
- Aclidinium
- Glycopyrronium
- Umeclidinium
- Formoterol
- Indacaterol
- Olodaterol
- Salbutamol
- Salmeterol
- Terbutaline
- Vilanterol

Anti-infective Agents

- Zanamivir
- Levofloxacin
- Tobramycin
- Aztreonam

Autonomic Drugs, Miscellaneous

Nicotine

Eye, Ear, Nose and Throat (EENT) Preparations

Sodium Cromoglycate

Beclomethasone

Budesonide

Ciclesonide

Fluticasone

Mometasone

Miscellaneous Agents

Sodium chloride

Sterile water for inhalation

Respiratory Tract Agents

Acetylcysteine

Dornase alfa

O. Reg. 95/23, s. 2.

SCHEDULE 3
VACCINES

1. Bacille Calmette-Guerin (BCG) Vaccines
2. Haemophilus Influenzae type b (Hib) Vaccines
3. Meningococcal Vaccines
4. Pneumococcal Vaccines
5. Typhoid Vaccines
6. Combined Typhoid and Hepatitis A Vaccines
7. Hepatitis A Vaccines
8. Hepatitis B Vaccines
9. Hepatitis A and B combined Vaccines
10. Herpes Zoster Vaccines
11. Human Papillomavirus (HPV) Vaccines
12. Japanese Encephalitis Vaccines
13. Rabies Vaccines
14. Varicella Vaccines
15. Yellow Fever Vaccines

O. Reg. 452/16, s. 3.

SCHEDULE 4
DRUGS — MINOR AILMENTS

(Arranged by American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification)

| Item | Column 1<br>Minor Ailment | Column 2<br>AHFS Classification |
|---|---|---|
| 1. | Allergic rhinitis | 4:08<br>Second Generation Antihistamines<br>52:02<br>Eye, Ear, Nose and Throat (EENT) Preparations — Antiallergic Agents<br>52:08.08<br>Eye, Ear, Nose and Throat (EENT) Preparations — Anti-inflammatory Agents — Corticosteroids |
| 2. | Candidal stomatitis | 8:14.28<br>Anti-infectives — Antifungals — Polyenes |

| | | |
|---|---|---|
| 3. | Conjunctivitis (bacterial, allergic or viral) | 04:04.20<br>Propylamine Derivatives<br>52:32<br>Eye, Ear, Nose and Throat (EENT) Preparations — Vasoconstrictors<br>52:04.04<br>Eye, Ear, Nose and Throat (EENT) Preparations — Anti-infectives — Antibacterials<br>52:02<br>Eye, Ear, Nose and Throat (EENT) Preparations — Antiallergic Agents |
| 4. | Dermatitis (atopic/eczema, allergic or contact) | 84:06 Skin and Mucous Membrane Agents — Anti-inflammatory Agents |
| 5. | Dysmenorrhea | 28:08.04<br>Central Nervous System Agents — Analgesics and Antipyretics — Nonsteroidal Anti-inflammatory Agents |
| 6. | Gastroesophageal reflux disease (GERD) | 56:04<br>Gastrointestinal Drugs — Antacids and Adsorbents<br>56:28.12<br>Gastrointestinal Drugs — Antiulcer Agents and Acid Suppressants — Histamine $H_2$-Antagonists<br>56:28.36<br>Gastrointestinal Drugs — Antinuclear Agents and Acid Suppressants — Proton-Pump Inhibitors |
| 7. | Hemorrhoids | 12:12.04<br>Autonomic Drugs — Sympathomimetic (Adrenergic) Agents — Alpha-Adrenergic Agonists<br>52:04.92<br>Eye, Ear, Nose and Throat (EENT) Anti-infectives — Miscellaneous<br>84:06<br>Skin and Mucous Membrane Agents — Anti-inflammatory Agents<br>84:08<br>Skin and Mucous Membrane Agents — Antipruritics and Local Anesthetics<br>84:04.04<br>Skin and Mucous Membrane Agents — Anti-infectives — Antibacterials |
| 8. | Herpes labialis | 8:18.32<br>Anti-infective Agents — Antivirals — Nucleosides and Nucleotides<br>84:06<br>Skin and Mucous Member Agents — Anti-inflammatory Agents<br>84:04.06<br>Skin and Mucous Membrane Agents — Anti-infectives — Antivirals |
| 9. | Impetigo | 84:04.04<br>Skin and Mucous Membrane Agents — Anti-infectives — Antibacterials<br>84:06<br>Skin and Mucous Member Agents - Anti-inflammatory Agents |
| 10. | Insect bites and urticaria | 4:04<br>Antihistamine Drugs — First Generation Antihistamines<br>4:08<br>Antihistamine Drugs — Second Generation Antihistamines<br>84:06<br>Skin and Mucous Member Agents — Anti-inflammatory Agents<br>84:08<br>Skin and Mucous Membrane Agents — Antipruritics and Local Anesthetics |
| 11. | Tick bites, post-exposure prophylaxis to prevent Lyme disease | 8.12.24<br>Anti-infective Agents — Antibacterials — Tetracyclines |
| 12. | Musculoskeletal sprains and strains | 28:08.04<br>Central Nervous System Agents — Analgesics and Antipyretics — Nonsteroidal Anti-inflammatory Agents<br>28.08.92<br>Central Nervous System Agents — Analgesics and Antipyretics — Miscellaneous |
| 13. | Urinary Tract Infection (uncomplicated) | 8:12.20<br>Anti-infective Agents — Antibacterials — Sulfonamides<br>8:36<br>Anti-infective Agents — Urinary Anti-infectives |

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| Summary report:<br>Litera Compare for Word 11.2.0.54 Document comparison done on 01/06/2023 8:26:59 PM | |
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| **Changes:** | |
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| ~~Delete~~ | 45 |
| ~~Move From~~ | 9 |
| Move To | 9 |
| Table Insert | 0 |
| ~~Table Delete~~ | 0 |
| Table moves to | 0 |
| ~~Table moves from~~ | 0 |
| Embedded Graphics (Visio, ChemDraw, Images etc.) | 0 |
| Embedded Excel | 0 |
| Format changes | 0 |
| **Total Changes:** | 104 |

**BOARD BRIEFING NOTE**

**MEETING DATE: JUNE 2023**

**FOR DECISION**

**From:** Shenda Tanchak, Registrar and CEO

**Topic:** Number of Elected Directors

**Issue/Description:** Should the Board increase the number of elected directors?

**Public interest rationale:** The Board has been careful to modernize its governance practices and monitor its performance on a regular basis. Circumstances permit the addition of an elected director, and the Board must consider whether this would be beneficial.

**Background:**

- The aim of the Board, in its governance revisions, was to establish a 50:50 balance of professional and publicly appointed directors.
- The *Pharmacy Act ,* 1991 requires that the Board be comprised of at least nine and no more than 17 elected registrants and at least nine and no more than 16 persons appointed by the Lieutenant Governor in Council, plus the dean of each faculty of pharmacy in Ontario.
- Until the most recent appointment of a public director, the OCP Board had a 50:50 split of elected to publicly appointed Board members (excluding academic appointees).
- Since April, the Board has had a slight imbalance
    - Elected Directors: 9
    - Publicly Appointed Directors: 10
    - Academic Appointees:
        - 1 pharmacist
        - 1 non-pharmacist
- In September, the Board will gain an additional academic appointee, from the University of Ottawa. Dr. Figeys, the Dean, is not a pharmacist.

**Potential for Change:**

- The College's by-law states.

    *5.1.2 In the event that the number of Public Directors exceeds nine (9), the Board <u>may increase</u> the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.*

    *5.1.2 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then appointed.*

- Voting for the next Board election begins July 12, 2023. Two vacancies for pharmacist directors (and one for a pharmacy technician) were advertised. The application period to run for election has closed but we have received more applications than there are positions available, even if one were added.
- It would not be problematic to increase the number of positions to be voted on.

**Analysis:**

- Consistently maintaining a 50:50 balance of public to elected directors is impossible because the terms of the publicly appointed directors do not align with the Board's election cycle and the College has no control over this.
- There are benefits to a smaller board. This was the basis for OCP reducing its Board size in 2020.
    - At that time, the Board was reduced to the smallest it could be under the *Pharmacy Act* although it submitted to government that further reductions in Board size were desirable.
- The terms of the two most recently appointed Board members are for one year only. Three other public appointments expire in 2024. The earliest term expiration is March.
- Although there are no guarantees that our request will be satisfied, the College can seek to limit reappointments in 2024 to restore the balance. The earliest reduction could happen in March, the latest in August 2024.
- If a position were added in 2023, we could likewise seek to maintain a corresponding number of appointments, with the result that the overall Board size would be increased to 23.
- The by-laws do not permit alteration of the election terms.
- Increasing the number of positions this year will result in changes to the election cadence with three vacancies for pharmacists in 2026 and every three years thereafter.
- If the Board seeks to avoid a permanent increase in size, it could request a reduction in public appointments and then reduce the number of elected positions in 2024.
- Increasing and subsequently reducing vacancies will lead to a different number of vacancies in each election year
    - three in 2024; one in 2025, two in 2026, three in 2207, and so on
- There may be benefits to succession planning and continuity when, to the greatest extent possible, Board turnover happens at consistent intervals.

**Recommendation:**

Recognizing that it will not be possible to consistently retain a 50:50 split of elected and appointed Board members, if limiting Board size remains a priority for OCP governance then the Board may wish to tolerate the temporary variances, seeking to limit public appointments to best mange the balance.

**Decision Required:**

Whether, commencing with the election in August 2023, to increase the number of Elected Directors to ten, with the additional position to be filled by a pharmacist.