



**MONDAY SEPTEMBER 18, 2023**

**9:30 AM – 5:00 PM**

[MEETING LINK - Day 1](#)

| Time     | Topic  |
|----------|--|
| 9:30 am  | <b>1. Land Acknowledgement</b><br>Siva Sivapalan will provide the land acknowledgement.  |
|          | <b>2. Appointment of New Directors</b><br>Appointment of new academic directors and directors who were successful at the 2023 OCP Elections.   |
|          | <b>3. Declaration of Conflict of Interest, if Any</b><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.  |
|          | <b>4. Minutes of June 12, 2023 Board Meeting – For Decision</b><br>The Board will consider the minutes of its last meeting for revision or approval.   |
| 9:45 am  | <b>5. Chair's Report - for Information</b><br>The Chair's report serves to provide the public with valuable information about the activities, decisions, and initiatives undertaken on behalf of the OCP, ensuring transparency and accountability.  |
| 10:00 am | <b>6. Registrar's Report – for Information</b><br>The College can only be effective in delivering its mandate if it is operating effectively. The Registrar's Report is one contributor to the Board's ability to exercise oversight of College performance.<br><br>This report provides a snapshot of the activities that have taken place since the June 2023 Board meeting. |

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|-----------------|---|
| 10:15 am        | <b>7. Election of the Executive Committee</b><br>Each year Elections for membership of the Executive Committee are held at the September Board meeting for the coming year.   |
| 10:35 am        | <b>8. OCP Risk Overview – Risk Appetite &amp; Risk Reporting – For Information</b><br>Thomas Custers, Director, Corporate Services will present the Board with an overview of the Risk appetite and reporting mechanisms of the College.  |
| <b>10:45 am</b> | <b>BREAK (+ Board Group Photo)</b>  |
| 11:15 am        | <b>9. Overview of Committees, Regulatory Programs and Committee Reports</b><br>The Board will be presented with information on the various Board Committees, regulatory programs and reports by Committee Chairs in support of the College's accountability and responsibility objectives.        |
| <b>12:15 pm</b> | <b>LUNCH</b><br><i>Governance Committee meets to adjust Committee Slate</i>   |
| 1:45 pm         | <b>9. Overview of Committees, Regulatory Programs and Committee Reports (cont.)</b><br>The Board will be presented with information on the various Board Committees, regulatory programs and reports by Committee Chairs in support of the College's accountability and responsibility objectives |
| <b>3:45 pm</b>  | <b>BREAK</b>  |
| 4:00 pm         | <b>9. Overview of Committees, Regulatory Programs and Committee Reports (cont.)</b><br>The Board will be presented with information on the various Board Committees, regulatory programs and reports by Committee Chairs in support of the College's accountability and responsibility objectives |
| 5:00 pm         | <b>MEETING END</b>  |



**TUESDAY SEPTEMBER 19, 2023**

**9:30 AM – 4:00 PM**

[MEETING LINK - Day 2](#)

| Time     | Topic  |
|----------|--|
| 9:30 am  | <b>9. Introductions &amp; Remaining Overview of Committees, Regulatory Programs and Committee Reports and Questions</b><br>The Board will be presented with information on the various Board Committees, regulatory programs and reports by Committee Chairs in support of the College's accountability and responsibility objectives. |
| 10:20 am | <b>10. Results of 2023 OCP Employee Engagement Survey</b><br>McLeans & Company to present the results from the 2023 OCP Employee Engagement Survey   |
| 11:05 am | <b>BREAK</b>   |
| 11:20 am | <b>11. Motion to go in Camera pursuant to the Health Professions Procedural Code, subsections 7(2)(b) and (c)</b>  |
| 12:25 pm | <b>LUNCH</b>   |
| 1:10 pm  | <b>12. 2023-2024 Committee Slate - for Decision</b>  |
| 1:30 pm  | <b>13. Standardizing Auditor Selection and Appointment of Auditor – For Decision</b><br>Dan Stapleton, Chair of the Finance and Audit Committee, will present the Committee's recommendation for standardizing auditor selection and appointment of the Auditor for 2023.  |
| 1:40 pm  | <b>14. Expansion of Scope – Minor Ailments and Other Therapies – For Decision</b><br>The College received a request from the Minister of Health in March 2023 for the College to reengage the Minor Ailments Advisory Group to explore the addition of further minor ailments, including those that may require additional scope of    |

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practice expansion to support safe and effective prescribing. Board recommendations in response to this request are to be submitted to the Minister by November 1st.

Vivan Ng, Manager, Strategic Policy and Analytics will present the briefing note, outlining recommendations from the Advisory Group and considerations for the Board's deliberation regarding whether to recommend adding additional minor ailments to pharmacists' scope of practice.

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2:40 pm

**15. Maximizing the College's effectiveness as a risk-informed, right touch regulator – Exploring practice-based risk – for Discussion**

In keeping with the Board's commitment to right-touch regulation, Katya Masnyk, OCP's Senior Consultant, Evidence and Research will facilitate a generative discussion with Board members on risks that arise in pharmacy practice that can cause harm to patients. The Board's input will be incorporated into a framework that uses data and evidence to prioritize regulatory initiatives.

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3:25 pm

**BREAK**

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3:40 pm

**Performance Reporting**

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

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.

**16. College Performance Scorecard Q2 – For Information**

Thomas Custers, Director, Corporate Services will present the 2023 Q2 Performance Scorecard results.

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4:05 pm

**17. 2024 Operational Plan – For Decision**

Thomas Custers, Director, Corporate Services will present the Operational Plan and priorities for 2024.

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4:15 pm

**MEETING END**

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**Ontario College  
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING  
OF BOARD OF DIRECTORS**

**JUNE 12, 2023**

DRAFT

**TUESDAY, JUNE 12, 2023 – 9:30 A.M.**

**Attendance**

**Elected Members**

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

Dr. Andrea Edginton, Hallman Director, School of Pharmacy, University of Waterloo (AM only)

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

Randy Baker, Toronto  
Christine Henderson, Toronto  
Adrienne Katz, Toronto  
Elnora Magboo, Brampton  
Dan Stapleton, Toronto  
Gene Szabo, Kanata  
Cindy Wagg, Oakville  
Devinder Walia, Etobicoke  
John Vanstone, Severn  
JP Eskander, Oakville

**Staff Present**

Shenda Tanchak, Registrar and CEO  
Angela Bates, Director, Conduct  
Susan James, Director, Quality  
Thomas Custers, Director, Corporate Services  
Stephenie Summerhill, Executive Assistant to Registrar and CEO  
Sharlene Rankin, Executive Assistant to the Directors  
Jimmy Le, Manager, Investigations  
Rick Chen, Manager, Business Processes  
Todd Leach, Manager, Communications and Government Relations  
Katya Masnyk, Senior Consultant, Evidence and Research  
Delia Sinclair Frigault, Manager, Equity, Diversity & Inclusion  
Jacq Hickson-Vulpe, Strategic Advisor, Equity, Diversity & Inclusion  
Rob van Doorn, Facilities & Building Lead  
Valentina Egboh, Governance Advisor

### **Regrets**

Randy Baker, Toronto

Connie Beck, Petrolia

Dr. Lisa Dolovich, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto

The meeting was called to order at 9:32 a.m. Mr. Morrison welcomed all Directors, staff, and observers. He introduced the new Public Directors John Vanstone and JP Eskander.

### **1. National Indigenous History Month: Land Acknowledgement**

Dan Stapleton to provide a land acknowledgement in recognition and respect for Indigenous peoples.

Mr. Stapleton took the opportunity to recognize that it was National Indigenous Peoples Day and National Indigenous History Month.

### **2. Pride Month: Inclusivity and Language**

2.1. In recognition of Pride Month, the Chair and Mx. Hickson-Vulpe gave a presentation on Inclusivity and language.

2.2. The Chair started by informing the meeting of the origin of Pride celebration and the rise of hate and violence against the LGBTQ2S+ community seen on the news. He proceeded to describe some of the challenges faced by members of the LGBTQ2S+ community to access Pharmacy services, presenting the case of Chris Cochrane and the challenges she experienced in Nova Scotia while trying to fill a prescription, and some of the common negative pharmacy experiences reported by members of the LGBTQ2S+ in response to a survey by Wholehealth in 2023. The Committee noted that some of the complaints by Chris Cochrane had the potential to end up at a Human Right's tribunal.

2.3. Mx. Hickson-Vulpe explained how inclusive language could be used instead of gendered language and pronouns. They explained the relationship between sex, gender identity, gender expression and sexual orientation, and how to neutralise our language. The Board commended them for the presentation and received tips and resources to support their learning.

### **3. Declaration of Conflict, if Any**

The Chair called for a declaration of Conflict of Interest. Sara Ingram and Douglas Brown being up for election this year declared conflict concerning the discussions on the election and recused themselves from that portion of the meeting. No additional conflicts were declared.

### **4. Consent agenda**

4.1. Minutes of the Board Meeting March 21, 2023

There were no amendments or comments provided on the minutes.

4.2. Appointment of the Scrutineers & review of election timeline

The Board was informed that the 2023 Board election will be for two pharmacists and one pharmacy technicians and will open July 12th and close August 2nd. The Election results will be announced on August 4, and Wayne Hindmarsh and Zubin Austin had agreed to serve as scrutineers for the election.

4.3. 2023-2024 Executive Committee and Board Meeting Dates

The dates were noted.

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

## **5. Chair's Opening Remarks**

The Chair's report was noted and an amendment to the table outlining the Board of Directors committee activities was noted. He went on to commend Ms. Tanchak & Ms. Summerhill for all the effort made setting up the March Board strategy session. The Chair went to provide a brief explanation for the benefit of the new public members on the purpose of the 2023 Skills Inventory and report.

## **6. Registrar's Report – for Information**

The Registrar-CEO provided a brief overview of her report, highlighting the Regulation Status table within the report which presents the status of all the College's regulation amendment submissions. The Board commended Ms. Tanchak on all the work done and noted the helpfulness of the regulation status report.

## **7. 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 10:45 am. The Board resumed the public portion of the meeting at 11:45am.

## **8. College Performance Scorecard Q1 – For Information**

- 8.1 Mr. Custers and Mr. Le presented the Scorecard to the Board. They provided context, especially for the new Board members, explaining that a quarterly report on the College's performance against key performance indicators (KPIs) was a standard presentation at each Board meeting.
- 8.2 The Board engaged in a comprehensive discussion about the various KPIs and milestones that had been achieved. Notably, they discussed the significant impact of several factors, including multiple delay events, staffing shortages, and a notable increase in complaints during Q3/Q4 2021 and Q1 2022 on the College's Q1 performance for specific indicators. Additionally, the Board explored the strategies that were being developed to address the challenges identified.
- 8.3 The Board expressed its commendation for the staff's efforts in successfully meeting most performance targets and milestones. They also acknowledged the strategic measures that had been devised to drive further improvements.

## **9. 2023 Mid-Year Risk Report– For Information**

- 9.1 Mr. Chen presented the mid-year report to the Board, highlighting resource constraints as one of the four risks. He reported that the College had an active risk management approach in place, including daily risk identification and that all significant risks were being reported on a dashboard, and at present, all key risk categories were rated as medium.
- 9.2 The Board expressed concerns over some of the risks indicated and discussed the mitigation strategies that had been designed to address those risks.

#### **10. Equity, Diversity & Inclusion Strategy – For Information**

- 10.1 Ms. Sinclair Frigault delivered a presentation on the OCP's EDI (Equity, Diversity, and Inclusion) strategy to the Board. She emphasized the strategy's alignment with the College's strategic plan for 2024-2028, specifically focusing on goal #4: "The College utilizes its regulatory authority and influence to drive positive change in pharmacy practice, ensuring respectful and discrimination-free treatment of all patients." She highlighted that the strategy aimed to tackle four additional problem statements while harmonizing with the objectives of the college's EDI strategy across those categories.
- 10.2 The Board engaged in a discussion regarding the potential review of pharmacists' expectations within the college's regulations, exploring opportunities for change that fell within the OCP's mandate. Furthermore, they deliberated on the methods and potential metrics for assessing whether the expected outcomes were being met. Additionally, it was highlighted that the results of the EDI work would be presented to the Board, allowing them to make informed decisions on the recommendations.

#### **11. Registration Regulation Amendments – Emergency Class Provisions-- For Approval**

- 11.1 Ms. James informed the Board that the 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 its meeting in March 2023. She reminded the Board that it had approved posting of the proposed amendments for public consultation and directed the College to seek approval from the Minister of Health to abridge the required 60-day public consultation. In response to the Board direction, Ms. James confirmed the Minister's approval of an abridged consultation period of 30 days, which was carried out from March 30th through April 28th.
- 11.2 Ms James added that the Ministry had informed the College that the creation of the regulatory changes to create a pharmacy technician intern certificate would be considered later. The Board discussed the feedback from the consultation (as summarized in attachment 11.1) and considered the information from the Ministry of Health concerning the amendments.

A motion to 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 was moved and seconded. The motion **CARRIED**.

#### **12. Expanded Scope Regulation Amendments – Vaccines – For Approval**

- 12.1 Ms. James briefed the Board on the proposal for consultation and subsequent submission of amendments to General Regulation 202/94 under the Pharmacy Act, 1991 which would enable additional authority for the following changes to the scope of practice for pharmacists and pharmacy technicians as outlined in attachment 12. 1.
- 12.2 The Board extensively discussed the implications of the scope expansion and how these measures would support the public during the upcoming 2023-24 respiratory illness season. Ms. James informed the Board that if the proposed amendments were approved, the regulation would be posted on the College's website for the mandated 60-day public consultation period, along with targeted consultation from specific clinical experts. A full implementation and communication plan will be developed in collaboration with partners.

A motion to 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. The motion **CARRIED**.

### **13. Number of Elected Directors**

The Board considered the advantages and disadvantages associated with expanding the Board's size. They carefully considered whether it was beneficial to increase the number of directors while taking into account their governance renewal goals of maintaining a compact Board structure.

Following the debate on whether to increase the number of Elected Directors, the motion “The Board approve that 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” was moved and defeated.

### **14. Adjournment**

There being no further business, at 3:28 pm, the meeting ended.



## BOARD BRIEFING NOTE

**MEETING DATE: SEPTEMBER 2023**

### FOR INFORMATION

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

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

- June 15, 2023 - RCDSO Council Presentation on Governance Modernization
- June 22, 2023 – OCP Quarterly All Staff Day Presentation
- July 6, 2023 – Executive Committee Meeting
- July 10, 2023 – Special Board Meeting
- July 21, 2023 – Discipline Hearing
- July 28, 2023 – Governance Committee Meeting
- July 31, 2023 - Additional Minor Ailments Feedback Session
- August 22, 2023 – Finance & Audit Committee Meeting
- September 5, 2023 – Executive Committee Meeting
- September 7, 2023 – New Member Orientation Session
- September 15, 2023 - Governance Committee Meeting

#### **June Board Meeting Evaluation**

Attached to my report is a copy of the June 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.

#### **Updates**

##### **New Directors Joining the Board**

I am pleased to welcome Micheline Piquette-Miller and Dr. Daniel Figeys, our new academic board Directors. Micheline is stepping in for Lisa Dolovich as Interim Dean at University of Toronto from Sept 1-Dec 31, 2023. Micheline is an internationally recognized biomolecular sciences researcher with expertise in maternal-child health and Pharmacist. Daniel is the Director of the new School of Pharmaceutical Sciences at the Faculty of Medicine, University of Ottawa. The new School will initially offer a four-year French-language undergraduate PharmD program in pharmacy starting in 2023; aimed at Francophone clientele, it will train students to practice the profession of pharmacist and aims to meet the need for Francophone and bilingual pharmacists in minority communities. We are excited to have Micheline and Daniel join the Board and welcome them.

### Expanded Scope related to Respiratory Illness – Confirmation of Submission to the Ministry of Health

At its June meeting, the Board approved submission of proposed regulatory amendments to expand the scope of practice for pharmacists and pharmacy technicians that would support the health system during the 2023 – 24 respiratory illness season, pending my approval that substantive changes were not required following public consultation. In August I reviewed the consultation summary and analysis provided to me and determined that submission of the proposed amendments should proceed. Attached is a briefing note that provides further information about my review along with a summary of the consultation process and findings (Attachment 5.2).

### 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  | July 28, Sept 15   |
| Doug Brown                        | Discipline<br>Finance and Audit<br>Governance                         | Aug 1<br>Aug 23<br>July 28, Sept 15  |
| Billy Cheung<br>*Interim Chair    | Discipline<br>Governance*<br>Screening                                | June 15, 16, Aug 3, 8, 15,<br>17 July 28, Sept 15<br>June 23, 27, 28, 29, Aug 10 |
| Andrea Fernandes                  | Discipline  | June 14  |
| Sara Ingram                       | Discipline<br>Executive<br>Finance and Audit<br>Governance (observer) | June 15, 16, Aug 15, 17<br>July 6<br>Aug 23<br>July 28, Sept 15                  |
| James Morrison<br><br>*ex-officio | Discipline<br>Executive<br>Finance and Audit*<br>Governance*          | July 21<br>July 6, Sept 5<br>July 28<br>Sept 15                                  |
| Siva Sivapalan                    | Discipline<br>Executive<br>Finance and Audit                          | June 26<br>July 6, Sept 5<br>Aug 23  |
| Wilf Steer                        | Discipline<br>Finance and Audit                                       | July 21<br>Aug 23  |
| Randy Baker                       | Discipline<br>Fitness to Practice<br>ICRC<br>Registration             | June 26<br><br>June 20, July 11, 26, August 9<br>June 23, Aug 25                 |
| JP Eskander                       | Discipline<br>ICRC  | August 17  |
| Christine Henderson               | Discipline<br>Executive   | June 14, 15, 16, Aug 1, 3, 8, 15, 17<br>July 6, Sept 5                           |
| Adrienne Katz                     | Discipline<br>Finance and Audit<br>ICRC                               | Aug 1<br>Aug 23<br>June 21, July 12, Sept 13                                     |
| Elnora Magboo                     | Accred/DPP<br>ICRC<br>Quality Assurance                               | July 20<br>June 27, July 6, 25, Aug 1<br>July 18, Sept 19                        |



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|-----------------|--|--|
| Dan Stapleton   | Discipline<br>Executive<br>Finance and Audit<br>ICRC<br>Screening    | July 6, Sept 5<br>Aug 23<br>June 14, July 5, Aug 17, Sept 13<br>June 23, Aug 10                      |
| Gene Szabo      | Accred/DPP<br>Discipline<br>Fitness to Practice<br>ICRC<br>Screening | June 21, 28, July 27<br>June 23  |
| John Vanstone   | Discipline<br>ICRC   |  |
| Cindy Wagg      | Discipline<br>ICRC<br>Quality Assurance                              | June 15, 16, Aug 3, 8, 15, 17<br>Aug 9, 22, Sept 7, 12<br>June 20, Aug 15                            |
| Devinder Walia  | Discipline<br>Governance<br>ICRC<br>Registration                     | June 14, July 21, Aug 3, 8<br>July 28, Sept 15<br>July 18, Aug 2, 15, 16, 23, 29, Sept 14<br>July 28 |
| Lisa Dolovich   | Registration   |  |
| Andrea Edginton | Registration   |  |

**BOARD BRIEFING NOTE****MEETING DATE: SEPTEMBER 2023****FOR INFORMATION**

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

**Topic:** June 2023 Board Meeting Evaluation Report

**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 June 2023 Board meeting, the Board Directors were polled for feedback on the meeting and proceedings.

**Result Analysis:**

The Board was asked to score a variety of elements of the Board meeting to evaluate its effectiveness. All Board members who attended the meeting completed the evaluation. With respect to Meeting Materials, Board Preparedness and Participation, Respectful and Considerate Behavior, Consistency with the Public Interest, and Focus on Strategic Direction and Oversight, all participants offered the highest possible scores.

Five participants felt that the Board unnecessarily strayed into operational matters, but the comments noted that the discussion was effectively refocused on oversight rather than operations.

Most participants (ranging from 88.89% to 100%) agreed that various aspects of the meeting process, such as meeting start time, objectives clarity, background information, time allocation, support and value as a member, comfort level for open discussions, handling of disagreements, Chair's facilitation, and preparedness of peer participants, were satisfactory. Participants who expressed dissenting views did so based on the time spent on each material and the technical difficulties experienced during the meeting.

**Conclusion:**

Overall, the evaluation reflects a positive board meeting with high levels of preparedness, active participation, respectful behavior, and alignment with the organization's mandate. The meeting process was generally well-received, although some participants indicated a need for clearer differentiation between strategic and operational discussions. The feedback regarding virtual attendance highlighted a range of audio and video quality experiences. Based on the feedback, the Board would be steered towards providing strategic direction and oversight, and more support would be offered to address any audio or video quality concerns for virtual attendees.

## BOARD BRIEFING NOTE

DATE: SEPTEMBER 2023

### FOR INFORMATION

**INITIATED BY:** Jennifer Leung, Senior Strategic Policy Advisor, Strategic Policy and Analytics

**TOPIC:** Expansion of Scope - Regulation amendments to expand the scope for pharmacists and pharmacy technicians to support the health system during the 2023-24 respiratory illness season.

**ISSUE:** Following review of the key findings from the public consultation, the Board Chair found that no substantive changes were required to the proposed regulatory amendments, and thus the proposal has been submitted to the Ministry of Health.

### PUBLIC INTEREST RATIONALE:

Expanding the scope of pharmacists and pharmacy technicians to administer additional vaccines and offer treatment options for COVID-19 and influenza will improve patient access to care 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 a decision/activity related to the 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 the General Regulation O. Reg 202/94 under the *Pharmacy Act*.

### BACKGROUND:

In June 2023, following discussions with the Ministry of Health, the College proposed the following regulatory amendments to the Board:

- 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 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, Controlled Acts Regulation (107/96)* to the *Pharmacy Act, General Regulation (202/94)*.

In June 2023, the Board approved proposed amendments to *Regulation 202/94 of the Pharmacy Act, 1991* for 60-day public circulation and consultation, and subsequent submission to the Ministry, pending the Board Chair’s determination that substantive changes were not required following circulation. If substantive changes were required, this would have required that the regulation be brought back for Board review and approval.

In August 2023, the public consultation closed and an analysis of the feedback was completed. In summary there was a balance of supportive feedback and concerns, which were primarily focused on the overall

impact these additional services could have on existing challenges within the pharmacy workforce and practice environment. The concerns raised were consistent with those the Board considered in their previous discussion about the amendments and have already committed to addressing as a key strategic priority. The summary of findings was presented to the Board Chair, who found that no substantive changes were required to the proposed amendments. As such, the proposed regulatory amendments were submitted to the Ministry on August 31, 2023.

A detailed overview of the consultation process and findings which were reviewed by the Board Chair, including concerns and the College's response can be found in Appendix 1.

#### **RECOMMENDATION/MOTION:**

**This item is for information only. Following the review of feedback received through the open consultation and system partner engagements, the Board Chair, finding no substantive changes were needed to the proposed amendments to Regulation 202/94 of the Pharmacy Act, 1991, sustains the Board's approval of the amendments from June 2023.**

#### **NEXT STEPS:**

After it is submitted to the Minister of Health, the regulation undergoes the Ministry's policy review. The Ministry of Health will post the proposed regulatory changes on the Public Registry for public consultation. The regulation will not take effect until it is approved by the Ontario government and given Royal Assent, however, the College hopes that approval will occur in time to support the 2023 influenza season.

#### **ATTACHMENTS:**

- 4.1a - Appendix 1: Summary of Public Consultation Process and Findings
- 4.1b - June 2023 Board Briefing Note which includes:
  - Proposed Amendments, O. Reg 202/94
  - Blackline, Proposed Amendments Reg 202/94

Comments were received by the College during the 60-day consultation period through the Open Consultation web page and through outreach to system partners. A brief overview of each follows:

### ***Open Consultation Process and Response***

The proposed regulations were posted on the College's website on June 14, 2023, and the consultation closed at midnight on August 12, 2023. Registrants, stakeholders, and members of the public were informed of the proposal through the College's website, the College's major publications and digital newsletters, targeted outreach to key stakeholders, and promotion through social media posts.

The College received a total of 132 comments, via the [consultation page](#). Comments received during the open consultation were primarily from registrants. All the posted comments were considered in the analysis and remain publicly accessible online. The breakdown of respondents by type was as follows:

- |                            |                            |
|----------------------------|----------------------------|
| • Pharmacists: 99          | • Applicant: 2             |
| • Pharmacy Technicians: 14 | • Member of the Public: 11 |
| • Pharmacy Assistants: 3   | • Other: 3                 |

### ***Consultation with System Partners***

A number of system partners were consulted and invited to provide feedback through the public consultation, in dedicated meetings, or through formal submissions via e-mail (Appendix 2). These partners included:

- |  |   |
|--|---|
| • Post-secondary pharmacy programs                       | • Other health regulatory colleges              |
| • Continuing education programs                          | • Pharmacy regulatory authorities across Canada |
| • Practicing pharmacy professionals                      | • Pharmacy education accreditors                |
| • Pharmacy professional associations and advocacy groups | • Other health professional associations        |

System partners who provided a formal submission included:

- [Ontario Medical Association](#)
- [Ontario College of Family Physicians](#)
- [Neighbourhood Pharmacy Association of Canada](#)
- [Ontario Pharmacy Association \(OPA\)](#)
- [Ontario Chamber of Commerce](#)
- [Ontario Long Term Care Association](#)
- [McKesson Canada](#)
- [Life Sciences Ontario](#)
- [Sobeys Inc.](#)

## **ANALYSIS AND SUMMARY:**

### ***Support for Proposed Regulatory Amendments***

Consulted system partners expressed overall support for the proposed amendments. Partners were supportive of the vaccination expansions and wished to see future expansion to include other vaccines, including expanded access to publicly funded vaccines. Among the schools of pharmacy, it was noted that current pharmacy curricula already include education and training to support these proposed amendments.

Among the open consultation respondents, 38% expressed an overall positive response to the proposed regulation amendments; and 22% expressed a mixed response. Respondents noted the potential improvement to patient access to care, and mitigating pressures across the health system at large. Some pharmacists expressed an appreciation for the opportunity to increasingly work to full scope, utilizing their

knowledge and training. Among the positive commentary, there was notable support around the addition of RSV and Paxlovid. Pharmacy Technicians expressed a largely positive response, welcoming the opportunity to better support patients and relieve workload from their pharmacy colleagues, and noting the positive step forward for the pharmacy technician role.

### ***Concerns and Considerations***

Among the open consultation respondents, 38% expressed opposition to further expanded scope more broadly or had specific concerns related to the proposed amendments and as noted above, 22% expressed a mixed response. The concerns were primarily focused on the overall impact of these proposed amendments on exacerbating existing challenges within the pharmacy profession. These challenges, which include high workload and burnout, seeking compensation for additional practice scope, updating employment standards for pharmacy professionals, setting minimum staffing requirements, patient safety concerns related to the compromises required by the environment and increased pressure from the public and pharmacy management, have been previously brought to the attention of the College by the pharmacy community and continue to be important considerations for the College moving forward. The Board of Directors has committed to prioritize and address these challenges as part of the new strategic plan beginning in January next year. The project planning for this work is well underway.

Concerns that were specific to the proposed regulatory amendments were voiced to a lesser extent. These concerns included:

- *Public Safety Risk*: 13% of respondents expressed concern that continued scope expansion and increase in workload may lead to increased errors and risk to public safety.
- *Administering Injections to Infants and Young Children*: 11% of respondents noted that many community pharmacies lack the necessary infrastructure and resources to appropriately administer injections to infants and young children.
- *Education and Training*: 10% of respondents noted that even with the available resources, they did not feel sufficiently trained to perform elements of the expanded scope. Specifically, several comments focused on the skills and confidence around injecting infants.
- *Tamiflu*: 4% of respondents and some system partners expressed concern around the efficacy and safety of Tamiflu as a treatment for influenza.
- *Infection Prevention and Control*: 2% of respondents expressed concern around increased exposure of the public to influenza and COVID-19 when patients who are actively ill seek treatment (i.e., Tamiflu and Paxlovid) in the community pharmacy environment.
- *Barriers to Implementation*: Concerns were raised regarding the lack of specific tools and resources to enable implementing the proposed expanded scope. For example, having more consistent access to patient laboratory results, access to Connecting Ontario ClinicalViewers, and the availability of point of care testing for influenza and COVID-19.

### ***OCP Response***

Some of the concerns raised are outside the mandate of the College, such as inquiry into the safety and efficacy of Tamiflu prescribing, for which the College continues to follow the most current, national, [evidence-based guidance available](#). The College shares the concerns around workload and human resources, and the potential risk to patient safety, as well as the concerns around the appropriateness of the pharmacy environment for injecting infants and young children. The College is expressly committed to addressing the issues of practice environments and experience through the 2024-28 Strategic Plan.

The commitment of pharmacy professionals and operators to uphold their responsibilities and obligations under the [Standards of Practice](#) and [Standards of Operation](#), respectively, follow available guidance (e.g., [IPAC Policies and Procedures](#)), clinical best practices, and [professional jurisprudence](#) continues to be a fundamental element of patient safety. Registrants should continually self-assess their ability to provide safe patient care, and to implement the necessary safeguards where needed.

Ensuring appropriate and adequate education and training to support the proposed expanded scope is a key implementation consideration for the College. Pharmacy education providers who were consulted noted there are opportunities to enhance the training and resources around injecting infants and young children. The College will continue to work diligently to ensure proper clinical guidance, practical training and support are in place to enable safe administration of the RSV, influenza, COVID and other vaccines among all age groups, expansion of vaccination authority among pharmacy technicians, and prescribing of evidence-based treatments such as Tamiflu and Paxlovid.

### ***Summary***

The College has reviewed and considered all the feedback received through the consultation process. Pharmacists with the knowledge, skills, and abilities to safely adopt these changes to practice scope have expressed willingness and enthusiasm to do so. Patient safety continues to be the primary mandate of the College, and it is through the practice decisions of individual pharmacy professionals based on available evidence and standards of practice, that enables continued patient safety. Implementing these regulatory amendments will support the objective to increase access to routine and seasonal vaccinations and manage the demand for assessment and treatment during the 2023-24 respiratory illness season across the health system.

## BOARD BRIEFING NOTE

**MEETING DATE: SEPTEMBER 2023**

### FOR INFORMATION

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

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

**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. This report is intended to provide the Board with information to support its oversight of College work.

Another element of public interest is transparency. This report provides information to the Board and the public about significant activities in which the College is involved.

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

#### **CRM update**

We have entered into an agreement with a CRM provider and anticipate the development work beginning in October. CRM development and implementation will be demanding on staff. We have tried to anticipate the extra work in setting our operational priorities for the balance of this year and as we engage in planning for 2024.

We are confident in our next steps largely due to the expertise of Eamon O'Toole, our Digital Transformation Officer. Eamon has worked on several similar implementations in the past and brings an analytical perspective and skill in change management to this work.

#### **OCP Board Elections**

The election for the 2023-2024 Board of Directors for the College was held on August 2, 2023. The Scrutineers, Dr. Zubin Austin and Wayne Hindmarsh met August 3 to verify the results.

The Pharmacy Technician seat was won by acclamation, Jennifer Antunes being the only candidate found to have the required competencies. Ten candidates ran for two positions on the Board of Directors. The seats were won by the incumbent directors, Sara Ingram and Douglas Brown.

### **Equity Diversity and Inclusion (EDI)**

#### **OCP Committees Governance Review**

In 2018, OCP undertook a governance renewal strategy which led to significant changes in the Board elections process, the Committees appointment process and a prohibition against Board members sitting on most Committees.

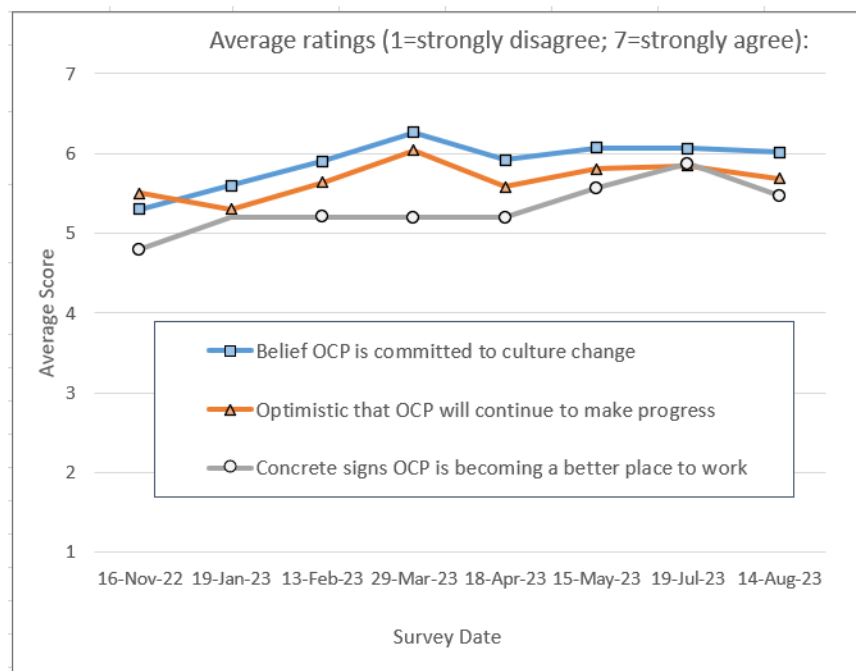
Apart from the appointment process, the 2018 review did not focus on the activities and governance policies related to the Committees themselves. A comprehensive review is required to ensure that the practices related to Committees are consistent with applicable regulatory requirements, in keeping with Board governance policies, adhere to best business practices and the principles related to equity, diversity and inclusion and support best quality decision-making.

This process is already underway. An independent third party, lawyer Bonni Ellis, has been retained to review Discipline Committee practices and decisions. OCP's other committees, both statutory and non-statutory, will be reviewed by Valentina Egboh, Governance Advisor.



## People/Culture

- The Employee Engagement Results will be reported by McLean & Company.
- College staff have adopted a Mutual Learning communications framework, as championed by [Roger Schwarz](#), which emphasizes working from core values and following eight specific behaviours. This framework underpins our meetings and major operational decisions. We have found it valuable in shaping and enhancing how we work together.
- Mutual learning is not wildly different from good policy development practices. We need to hear from parties who may have relevant information before we can develop a course of action. To facilitate opportunities to gather staff input on matters relating to their areas of work or to human resource matters, we use in person Quarterly All-Staff meetings.. At the meeting on June 22, staff held orientation-like educational sessions for their peers to increase interdepartmental awareness and met in small groups to discuss several human resources-related issues which led to significant changes in our manager training and performance evaluation activities. Our next meeting is September 28. The morning will focus on Indigenous Cultural Competency and the afternoon will feature discussions about the optimal organizational structure for OCP, with a view to identifying recommendations for change.
- Monthly all-staff meetings continue. Following each meeting, we survey to monitor engagement/culture trends. The culture change survey has been important in understanding, shaping, and monitoring the College's 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 – August 2023 follow.
- Based on the more comprehensive Employee Engagement survey results gathered by McLean & Company, we have identified a few areas in which to continue to focus and seek improvement, but our overall scores are extremely high. Accordingly, we should not expect to see increased ratings in our monthly surveys. Precipitous decline, however, will be an important early warning.



### Survey questions:

1. I believe that OCP, as an organization, is committed to becoming a place where people can work more happily and effectively.
2. I feel optimistic that, over the coming months, OCP will continue to make progress on becoming a better place to work.
3. Over the past months, I have seen concrete signs that OCP is becoming a better place to work.

## **Government and Legislative/Regulatory Change**

### **Regulation Status Report**

We have attached a table summarizing the status of outstanding and recently approved regulation amendments the College has submitted to the Ministry (Attachment 6.1).

### **Meetings with Partners**

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

- Regular Bi-Weekly Information-Sharing Session – June 13, 2023
- Cross-Jurisdictional Roundtable and Info-Sharing – June 20, 2023
- Regular Bi-Weekly Information-Sharing Session – June 27, 2023
- Management Committee Meeting – June 29, 2023
- Regular Bi-Weekly Information-Sharing Session – July 11, 2023
- Regular Bi-Weekly Information-Sharing Session – July 25, 2023
- Regular Bi-Weekly Information-Sharing Session – August 8, 2023
- Regular Bi-Weekly Information-Sharing Session – August 22, 2023
- Regular Bi-Weekly Information-Sharing Session – September 5, 2023
- Management Committee Meeting – September 14, 2023

#### **NAPRA**

- Governance and Nominating Committee Meeting – June 28, 2023
- Compounding Competence Meeting
- Board of Directors Meeting – July 25, 2023
- Health Canada Meeting re: Outsourced Drug Preparation – July 27, 2023
- Board of Directors Meeting (follow up) – August 3, 2023
- PRA Roundtable & Emerging Issues Meeting – August 29, 2023
- PRA Meeting re: Compounding Competence – September 6, 2023

#### **Other**

- Schedule 3 Discussion with Bev Zwicker (Nova Scotia College of Pharmacy), Michelle Wyand (Prince Edward Island College of Pharmacy) and Suzanne Solven (College of Pharmacists of British Columbia) – June 27, 2023
- PEBC – June 28, 2023, and September 13
- Ministry of Health Quarterly Meetings – July 10 and September 15
- RCDSO Eligibility Review Committee Panel Meetings – July 17, 20, August 10, 14 and 21
- Ontario Pharmacists Association (OPA) Workforce Planning for Pharmacists and Pharmacy Technicians Interview – September 5, 2023
- Prescribing Authority Discussion with Ontario Health Regulators and Associations – September 11, 2023
- OPA Quarterly Meeting – September 11, 2023
- PEBC Strategic Planning Interview – September 13, 2023
- Ministry of Health Quarterly Meeting – September 15, 2023

### **Presentations**

RCDSO Council Presentation with James Morrison on Governance Modernization – June 15, 202

## **Horizon Scan**

- **Emergency Assignment (EA) Registration Extended until September 22, 2023**

The College has extended access to existing [emergency assignment \(EA\) registration certificate](#) holders until September 22, 2023 and continues to accept new applications for EA registration for pharmacists and pharmacy technicians, to support workforce challenges that remain in some practice locations.

- **Compounding Standards and Competencies**

The College adopted NAPRA compounding standards in September 2016 (sterile compounding) and December 2017 (non-sterile compounding). These standards were a significant departure from their predecessor which offered minimal detail.

Assessments reveal that there remains a significant compliance gap with the standard itself, although few patient safety concerns have been identified.

Compliance was hampered because the COVID-19 pandemic necessarily shifted time, money, human resources, and sustained burnout/stress.

Apart from systemic barriers to compliance, pharmacies and assessors report that some aspects of the Standards are unrealistic and do not reflect actual practice.

The Standards are not consistent with Accreditation Standards, leading to the potential that we accredit a pharmacy that is non-compliant.

The Standards may be presenting a barrier to access as pharmacies decline to compound in fear of failure or to avoid implementation costs.

Assessors have been managing non-compliance by assessing the risk mitigation strategies undertaken by the pharmacies. This permits pharmacies to continue to operate safely but does not bring them into compliance.

A related concern is a disconnection between the articulation of compounding competencies required of pharmacy professionals, the mapping of competencies to education accreditation and inconsistency among the educational programs.

NAPRA is undertaking a review of the sterile compounding standard as well as the competencies.

Standards are intended to reflect the real expectations of the reasonable professional. Once adopted, their enforcement should demonstrably protect the public. It is contrary to the philosophy of risk-based regulation to enforce an overly rigorous standard. Moreover, if the standard inhibits the delivery of safe care, it is contrary to our public interest mandate.

OCP staff are working to identify next steps to provide transparent realistic expectations to the profession. It is likely that this issue will come to the Board at the December or March meeting.

## **Appointment of Inspectors**

In accordance with the College's [by-laws](#), attached is a list of the staff members appointed as Inspectors for the College. Inspectors as referenced under the Drug and Pharmacies Regulation Act (section 148(1)), are also referred to as Operations Advisors in the field and by the College (Attachment 6.2).

### Status Report of Regulatory Submissions to the Ministry of Health (MOH)

This table identifies the status of new, outstanding or recently approved regulation amendment submissions by the College to the MOH. All proposed amendments to Acts or their regulations must be approved by the Board prior to submission to the MOH. Once submitted, the government must complete their policy review and legislative drafting. Regulations are sealed once the College and Ministry agree with the legislative draft. Once sealed, the Ministry seeks final government approval.

This report is updated prior to each Board meeting.

(Updated Sept 8, 2023)

| Act/Regulation   | Primary purpose for the proposed amendment  | Date of Submission to MOH | Current Status   | Next Steps   | Other Comments |
|--|---|---------------------------|--|--|----------------|
| <b>Newly Submitted</b>                                     |   |                           |  |  |                |
| Pharmacy Act, General regulation (202)94 – Controlled Acts | Expand scope to support the 2023-24 respiratory illness session by allowing:<br>- administration of respiratory syncytial virus (RSV)vaccine,<br>- pharmacy technicians to administer Schedule 3 vaccines,<br>- pharmacists to prescribe Tamiflu,<br>- removal of specific age restrictions for administration of vaccines,<br>-Transition of authority for COVID-19 vaccine Paxlovid prescribing from the <i>Regulated Health Professions Act (RHPA)</i> ,<br><i>Controlled Acts</i> | August 31, 2023           | In process of MOH policy review and legislative drafting | Ministry to provide a final version of the regulation to be sealed in preparation for final government approval – anticipated by end of Sept, 2023 |                |

|  |   |               |  |   |   |
|--|---|---------------|--|---|---|
|  | <i>Regulation (107/96) to the Pharmacy Act, General Regulation (202/94).</i>  |               |  |   |   |
| <b>Outstanding Submissions</b>   |   |               |  |   |   |
| Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections    | <p><b>Registration</b> – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.</p> <p><b>Quality Assurance</b> – 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.</p> | February 2018 | Awaiting policy approval and legislative drafting at the MOH | <p>Revise in accordance with direction received from Ministry, if any.</p> <p>Once final, Ministry will provide the sealed regulation to the College, this is anticipated in the fall of 2023. After the sealed regulation has been signed by the College, it will be submitted for final government approval</p> | 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 <i>Drug and Pharmacies Regulation Act</i> (Section 149 (1)) pending approval of these <i>Pharmacy Act</i> 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   | June 15, 2023 | Sealed July 28, 2023, awaiting cabinet approval              | Implementation anticipated by August 31, 2023   | To achieve regulatory compliance with amendments to the RHPA, government approval is required by August 31, 2023.   |

| Recently Approved  |  |   |  |   |   |
|--|--|---|--|---|---|
| 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  | Approved August 21st   | Implementation October 1 <sup>st</sup> , 2023 | <p>The OCP submission used lists of drugs for identification of prescribing authority parameters. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information).</p> <p>The change was a result of intellectual property -based impediments to access to the AHFS information.</p> |
| 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<br>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<br>Letter to Minister of Health                                    | N/A – no response expected, letter provided advice only | Closed Provider Networks continue to be in existence |  |



**Ontario College  
of Pharmacists**  
Putting patients first since 1871

# Memo

**Date:** September 18, 2023  
**To:** Board of Directors  
**From:** Shenda Tanchak, Registrar and CEO  
**RE:** Appointment of Inspectors

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

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

Shelina Manji  
Karen Matthew Tong  
Jane McKaig  
Michelle Nagy  
Ruth Schunk  
Brittney Shaw  
Lisa Simpson  
Sanjeet (Sonia) Sohal  
Jovana Tomic  
Kristin Reid  
Braden Nguyen  
Joshua Martell  
Ijeoma Onyegbula  
Geoffrey Sokolowski  
Roshni Chaudhari

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

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



## BOARD BRIEFING NOTE

### MEETING DATE: SEPTEMBER 2023

#### FOR DECISION

**From:** Governance Committee

**Topic:** 2023 – 2024 Executive Committee Election

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

**Issues/Description:** Annual election and appointment of the Chair, Vice-Chair and three additional directors to the Executive Committee.

#### **Background:**

In accordance with [Article 9.2.1 of the OCP By-laws](#), the Executive Committee shall be composed of 5 members, the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

Following the annual elections to the Board, all Directors were asked to indicate their interest in serving on the Executive Committee and if so, to provide a statement outlining their qualifications.

#### **ANALYSIS:**

The names of individuals expressing interest in serving on the Executive Committee, along with their statement of qualifications, were reviewed by the Governance Committee.

As only one candidate each submitted application for the position of Chair and Vice Chair, the Governance Committee finding both qualified in accordance with the criteria set out in Board Policy 1.6, acclaimed them to the Committee for the 2023 -2024 Board year:

**Chair:** James Morrison

**Vice Chair:** Sara Ingram

The Committee is required to have a minimum of two Public Directors. Only two Public Directors expressed an interest: Christine Henderson and Adrienne Katz. While nominations will be sought at the Board meeting, in the absence of any other candidates, Ms Henderson and Ms Katz will be acclaimed to the Committee. Should there be a nomination of another Public Member candidate from the floor, an election will be held for the two public member positions.

Apart from the Chair and Vice Chair, two Elected Board members have expressed an interest in serving on the Executive Committee: Siva Sivapalan and Douglas Brown. One position remains on the Executive Committee. In accordance with 12.1.4 of the by-law, the Board shall hold an election for the remaining position.

**Candidates for the Election:**

**Public Directors:** Christine Henderson  
Adrienne Katz

**Elected Director:** Siva Sivapalan  
Doug Brown

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

**Motion:**

- The Board approves the appointment of James Morrison as Chair of the Board of Directors of OCP for the 2023 – 2024 Board year.
- The Board approves the appointment of Sara Ingram as Vice-Chair of the Board of Directors of OCP for the 2023 – 2024 Board year.
- *The Board approves the Christine Henderson, Adrienne Katz, and xxx to the Executive Committee for the 2023 – 2024 Board year.*

**Appendices:** Candidate Statement

- 7.1 – James Morrison Chair Bio and Statement
- 7.2 – Sara Ingram Vice Chair Bio and Statement
- 7.3 – Christine Henderson Public Director Bio and Statement
- 7.4 – Adrienne Katz Public Director Bio and Statement
- 7.5 – Siva Sivapalan Elected Director Bio and Statement
- 7.6 – Douglas Brown Elected Director Bio and Statement

## **James Morrison Candidate Statement**

Dear Fellow Board Members:

Over the last 7 years I have contributed to the Ontario College of Pharmacists Board and committees including Accreditation/Drug Preparation Premises, Inquiries Reports and Complaints, Fitness to Practice, Discipline, Governance, Finance and Audit, and Executive. I have chaired the Fitness to Practice committee and chaired panels of the ICRC and Discipline committees. I also chaired the Registrar search committee and served as Chair of the Board.

Throughout my term as Chair, I have continued to expand my skills and have received ongoing support from the Registrar, and Past Chair of the Board in my development. I maintain a keen interest in regulation and have sought out additional perspectives by attending the CLEAR International Congress.

Over the last year I have led our Board through significant changes to pharmacy practices in Ontario. I am especially proud of the important work our Board is doing including the implementation of time delayed safes and expansion of minor ailments assessments and prescribing. I look forward to seeing these initiatives make a meaningful impact for Ontarians and look forward to supporting our Registrar as she begins to tackle our strategic plan in the coming year.

I have demonstrated the competencies set out in Board Policy 1.6 over the past several years. I have fulfilled the responsibilities set out in Board Policy 2.3 over the last year while holding the Board Chair position. I bring the following in addition:

- A deep understanding to OCP committees and operations from seven years of fulsome participation on the Board
- Positive working relationships with existing and new Board Directors and senior OCP leadership
- Respected and trusted leader in the pharmacy industry
- Contributed to drafting new Board policies which fostered a strong understanding of OCP governance
- A broad understanding of community pharmacy practice in independent and corporate settings

I have attached meeting evaluation feedback that supports my proficiency as the Board Chair. I appreciate your support in this re-election.

James Morrison

## **Biography**

*James is a pharmacist and is currently the Director of Pharmacy Excellence with Wholehealth Pharmacy Partners. He is currently the Chair of the Board of the Ontario College of*

*Pharmacists. James has held leadership roles with several pharmacy organizations. Outside of his professional life James enjoys travelling and spending time with family and friends.*

*James is extremely passionate about the profession of pharmacy and is driven to ensure all Canadians have access to competent and caring pharmacy professionals. He contributes his experience in training pharmacists, and pharmacy students at the University of Waterloo and the University of Toronto.*

### **Summary**

- Graduate of the University of Toronto (Pharmacy) and Dalhousie University (Biology).
- Recognized pharmacy leader across Canada with experience in practice (independent and corporate), operations, management, regulation, education, and research.

### **OCP Involvement**

Seven years of service on College Board and committees including:

- Accreditation & Drug Preparation Premises
- Cannabis Task Force
- Discipline, Panel Chair
- Executive, Chair & Vice Chair
- Finance and Audit
- Fitness to Practice, Committee Chair
- Governance
- Inquiries Complaints, and Reports, Panel Chair
- Registrar Search, Committee Chair

### **Timelines**

- Wholehealth Pharmacy Partners, Director (2019-present)
- Ontario College of Pharmacists, Elected Board Director (2016-present)
- University of Toronto, Leslie Dan Faculty of Pharmacy, Course coordinator (2023-present)
- University of Waterloo, School of Pharmacy, Adjunct assistant professor (2023-present)
- Walmart Pharmacy, Manager (2010-2013, 2014-2019)
- Humber College, Faculty Pharmacy Technician Program (2017-2019)
- The Health Initiative, Program Developer (2013-2014)
- Canadian Association of Pharmacy Students and Interns, VP Communications (2009-2010)
- University of Toronto Undergraduate Pharmacy Society, President (2008-2009)

### **Awards and Recognition**

- Pharmacy Practice + Business Innovator Profile (2023)
- Canadian Foundation for Pharmacy Wellspring Leadership Award (2021)
- Burlington 150 Award (2017)
- Walmart Voice of Pharmacy (2017)
- Sesquicentennial Citizenship Award (2017)
- CPhA New Practitioner Award (2017)
- Walmart Commitment to Patient Care Award (2013)
- OPA Student of Distinction (2010)

- Gordon Cressy Student Leadership Award (2010)
- Dean Donald Perrier Award of Professionalism (2010)
- Pharmacy Plaque (2010)
- Wyeth Consumer Health Care Leadership Award (2009)
- President's Gavel Award (2009)

### Meeting evaluations demonstrating proficiency as Chair

| <i><b>Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?</b></i> |   |
|--|---|
| <i>September 14/14</i>   | <ul style="list-style-type: none"> <li>• James did great in continuing Billy's incredible leadership as chair. Thank you James.</li> <li>• The Chair was attentive, and ensured that all Directors who wished to speak were given the opportunity to do so; he did so with gentle humor and respect.</li> <li>• James did a very good job chairing his first board meeting. Calm, respectful approach with a touch of humour.</li> <li>• The transition from Billy to James was very well done. James did an excellent job as Chair in a meeting that while very much about forward looking strategy, had many operational elements.</li> </ul> |
| <i>December 19/19</i>  | <ul style="list-style-type: none"> <li>• I thought the Chair was very fair, even to the 1 or 2 who seemed to have a lot of questions.</li> <li>• James was very effective in ensuring this while maintaining efficiency.</li> <li>• The Chair was fair, diplomatic and demonstrated a high level of skill in leading the meeting.</li> <li>• James is a very good chair.</li> </ul>   |
| <i>March 18/18</i>   | <ul style="list-style-type: none"> <li>• James and Sara continue to do an amazing job ensuring this happens.</li> <li>• 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.</li> <li>• James did an excellent job of chairing the meeting including ensuring everyone who wanted to speak could do so.</li> <li>• The Chair was considerate, patient and encouraging in conducting the meeting. His sense of gentle humour is a plus.</li> </ul>  |

| <i><b>Meeting process evaluation selections</b></i>                        | September | December | March |
|--|-----------|----------|-------|
| The Chair kept discussions on track  | 14/14     | 19/19    | 18/18 |
| The Chair was prepared for the meeting.                                    | 14/14     | 19/19    | 18/18 |
| I felt comfortable and encouraged to discuss and share my opinions openly. | 14/14     | 19/19    | 18/18 |
| Disagreements were handled openly, honestly, directly and respectfully.    | 14/14     | 19/19    | 18/18 |

August 2023

Dear Governance Committee and OCP Board of Directors,

I am requesting your support to continue to serve as Vice Chair of the Board for the upcoming year. Since joining the Board of Directors at the Ontario College of Pharmacists in 2020, I have been privileged to sit with a highly effective and coordinated group of respected individuals, each contributing invaluable knowledge and skills to our Board. After 15 years in a clinical and teaching pharmacist role with a mandate for effective patient care and public safety, I am now an actively contributing member at the regulatory table. As part of that trajectory, I have served on the Governance Committee, and sit on the Executive, Discipline, and Finance and Audit Committees. I am also part of the Scope of Practice Advisory Group. It has been an honour to serve with you on the Board and Committees, working with the CEO Registrar, and the entire OCP team to ensure the successful alignment and implementation of the strategic plan. As a Director and Vice Chair, I trust I have continued to inspire your confidence in my ability and commitment to serve the Board and its public safety mandates and am requesting your support to serve as the Vice Chair for a second term.

As an ever-changing group of Directors, many of you know me, but I wanted to take this opportunity to tell you a little more about myself. My pharmacy background is relatively varied and allowed me to experience many different facets of healthcare: first as a hospital pharmacy technician, then pharmacist with more than 15 years in clinical hospital practice. In my current work as a pharmacy consultant, I provide clinical support to community pharmacies, and can appreciate the practice changes and public safety initiatives we have been integral in instituting. Ensuring the patient receives the best possible care and public safety are key tenants that have shaped much of my pharmacy career. Once a need is identified, I seek practical solutions to improve efficiencies and communication. My years in the Emergency Department have honed my triage skills when faced with challenging situations, to work effectively and collaboratively to achieve positive outcomes.

Through my experiences, I have honed a wealth of skills and competencies: caring for diverse patient populations, working with medical teams, hospital pharmacists and technicians, liaising with community pharmacies, public health and integrating with various levels of administration. In complement to my clinical practice, teaching and mentoring in professional programs have been an integral part of my role. I have lectured and coordinated seminar groups at the University of Toronto Faculty of Pharmacy over much of that time, and now as an Assistant Professor, I work as a Clinical Coordinator for the Experiential Program.

With teaching and learning being so intrinsically linked, I strive to be a lifelong learner. The completion of my Excellence in Executive Leadership certificate at the Rotman School of Management in 2021, has been invaluable piece in my development as a professional, leader, and Director. With a focus on governance, risk management and oversight, the knowledge and skills I acquired through the program in addition to my pharmacy background, have been integral to my ability to contribute meaningfully to the Board. Through the past few years, my understanding of the oversight, core functioning and organization of the College and Board has been strengthened and continues to grow. I am confident with my unique perspective and valuable skill set, I can continue to effectively contribute as Vice Chair.

Thank you for your consideration. With your support, I hope to continue to serve in this role to help ensure the trust in the profession of pharmacy and the safety of the public is maintained.

Kind regards,

Sara Ingram, BA, MSc, BSc Pharm, ACPR

# **Sara Ingram**

[www.linkedin.com/in/sara-ingram](http://www.linkedin.com/in/sara-ingram)

## **LEADERSHIP PROFILE**

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Established leader and healthcare professional with expertise in clinical pharmacy, teaching, organizational oversight, Canadian healthcare regulation and leading clinical and operational change with a practical approach to problem solving. Respected educator and mentor, with experience working as part of a dynamic multidisciplinary team, in hospital, academic and regulatory settings. Demonstrated experience coordinating groups of healthcare professionals and students to enhance learning and achieve established objectives. Motivated by problem solving and learning, engaging healthcare groups and stakeholders with a focus on improved outcomes, risk management and public safety.

## **EMPLOYMENT**

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**Vice Chair/ Elected Director** **Nov 2020-present**

***Ontario College of Pharmacists (OCP) Board of Directors***

- Vice Chair of the Board Sept 2022-23
- Elected Board Member responsible for oversight, strategic planning and policy-making for the OCP
- Committees: Executive, Finance and Audit, Governance
- Working remotely/in person as per COVID restrictions

**Clinical Coordinator- Advanced Pharmacy Practice Experience (APPE)**

**Assistant Professor- Teaching Stream**

**Aug 2020-present**

***Leslie Dan Faculty of Pharmacy, University of Toronto***

- Faculty liaison and coordination of APPE institutional rotations for PharmD & PharmD for Pharmacist students and pharmacist preceptors as part of the Office of Experiential Education
- Coaching, remedial support and crisis management
- Reports to the Academic Lead, Experiential Education
- Member: Faculty Board of Examiners, TAHSN Education Committee & Preceptor Advisory Group
- Working remotely/in person as per COVID restrictions

**Pharmacist Consultant**

**April 2020-present**

***Various locations***

- Injection & Minor Ailments certified.
- Casual/part-time availability to assist with vaccination clinics, RAT, MedsCheck, & practice consultation
- COVaxON data entry and paper documentation

**Small Group Seminar Course Coordinator (Asthma/COPD)**

**Adjunct Lecturer Status**

**July 2011-July 2020**

***Leslie Dan Faculty of Pharmacy, University of Toronto***

- Delivery of clinical course for ~240 pharmacy students annually
- Annual recruitment, training and development of clinical pharmacist and resident instructors (CI), budget management/payroll hours, oversight of marking, student petitions and feedback.
- Creation and dissemination of teaching materials via online shared portal, delegation of tasks

**Clinical Hospital Pharmacist, Emergency Medicine**

**March 2008–2020**

***University Health Network, Toronto General***

- Sole charge pharmacist in a high-volume advanced practice area, triaging and responding to complex and acutely ill patient care needs, supporting critical care.
- Active member of ED Leadership committee, Code Orange team, ED Quality Committee.
- Frontline management of ED Provincial Antidote Sharing Depot
- Review and debrief of all Medication Incidents and Critical Incidents in the ED
- Champion for hospital wide implementation of Medication Reconciliation at Admission.
- Author of the international resource: Best Possible Medication History Interview Guide

#### **Pharmacist**

**2007**

##### ***Shoppers Drug Mart, Toronto, ON***

Identifying and resolving drug related issues, medication counseling & dispensing

#### **Clinical Hospital Pharmacist, Multi-Organ Transplant**

**2005-2008**

##### ***University Health Network, Toronto General***

Managing solid organ transplant patients' drug-related needs, patient teaching.

#### **Relief Retail Pharmacist/Supervisor**

**2005**

##### ***Rexall Drugs, Whistler, BC***

Supervision of pharmacy & front store, identifying and resolving drug related issues, medication counseling & dispensing

#### **Hospital Pharmacy Resident (see Education)**

**2004-2005**

##### ***Vancouver Coastal Health, Vancouver General Hospital***

#### **Inpatient Pharmacy Technician**

**2001-2004**

##### ***Vancouver Coastal Health, Vancouver General Hospital***

Inpatient dispensary, sterile preparation of IV admixtures (standard and cytotoxic), unit dosing medications, working with Omnicell automated dispensing cabinets

## **EDUCATION**

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- ***Rotman School of Management, University of Toronto***, Excellence in Executive Leadership Certificate, completed December 2020. Focus: Leadership, Negotiations, Risk Management
  - ***ACPR (Pharmacy Hospital Residency)*** Vancouver General Hospital, Vancouver, BC 2004-05
  - ***B.Sc. Pharmacy*** University of British Columbia (UBC), 2004
  - ***M.Sc. Psychiatry*** McGill University, 1999
  - ***B.A. Psychology*** McGill University 1997



## CONTINUING PROFESSIONAL DEVELOPMENT, SERVICE AND CERTIFICATIONS

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- **Registered Pharmacist of Ontario**, Part A, 2005-present
- **HPRO Unconscious Bias Training in the Regulation of Healthcare Professions (EDI)**, Spring 2023
- **Public Facilitative Chair Training Course, Facilitation First Inc**, January 2023
- **VITAL Program (Virtual Interprofessional Teaching and Learning)**, Fall 2022
- **Immunizations and Injections Training for Pharmacists, Pharmachieve**, April 2021
- **Standard First Aid and CPR/AED Level C**, May 2021
- **Equity, Diversity, Inclusion and Belonging (EDI-B) Health Regulatory Sector Focus Group** July 2021
- **HPRO Governance Training for RHPA Colleges**, December 2020.
- **Rotman School of Management, University of Toronto**, Leadership Development for Early Career Women (Athena Program) October 2019
- **Emergency Department Provincial Antidote Depot Management**, 2008-2020
- **Emergency Department Leadership Committee** 2016-2020
- **Nursing Dispensing in the ED** Working Group, 2018
- **QIP-EMITT discharge summary electronic tool** Working Group, UHN, 2016-2018
- **Quality Committee**, UHN Emergency Department, 2012-2020
- **Code Orange UHN planning**, ED Pharmacist representative, 2010-2020
- **Pharmacist Reference Group & Clinician Reference Group**: Canada Health Infoway 2009-2016

## PUBLICATIONS AND RESEARCH ACTIVITIES

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**1) Author of multiple articles and research posters. Link to all publications available here (PDF form also included in email submission):**

<https://drive.google.com/file/d/1KiSTT49Ios06QHUQldUZmS-VvqJvBuh0/view?usp=sharing>

**2) Presentations: Invited Speaker at Multiple National and International presentations, including:** American Association of Pharmacy Technicians AGM, University Health Network Emergency Medicine Conference, and CSHP AGM Conference, Safer Healthcare Now!/WHO panelist.

## LANGUAGES

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- **English**: written/spoken
- **French**: conversational fluency spoken, working level written

## VOLUNTEER ACTIVITIES

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- Executive member, SAC Parent Council 2019-present

## AWARDS/PRIZES

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- Wightman-Berris Academy, Excellence in Individual Teaching Award Nominee 2019
- Wightman-Berris Academy, Excellence in Individual Teaching Award 2009
- Wyeth Award for Excellence in Pharmacy 2004
- Golden Key Honours Society Member (UBC) 2004-present

Christine Henderson

August 14, 2023

Dear Ms. Egbah,       **RE: Statement for Executive Committee Application**

Thank you so much for the invitation to apply for membership on the College's Executive Committee. I have had the honour and pleasure of serving on the Executive Committee for four years.

I believe that I can bring unique insights to the Executive Committee, along with a deep knowledge of the health regulatory legislative scheme (due to my past life).

I have served on the Board since 2017, participated on ICRC for one year, the Registration Committee for two years, Quality Assurance for one year, and as Chair of the Discipline Committee since 2018.

This is a time of change: the pharmacy profession has undergone rapid changes in its scope of practice, and there may be new and extensive legislative reforms around the corner.

For the College, maintaining the public's, and the profession's confidence as one of Ontario's most highly regarded regulators in a time of significant health system change creates its own challenges.

I would be honoured to once again serve on the Executive Committee as a Public Director, mindful that patient safety, and serving and protecting the public interest always come first.

Sincerely,

Christine Henderson

## **Christine Henderson**

### **Education**

**Call to the Bar** 1987  
**LL.B.** University of Windsor, Faculty of Law  
**B.A.** University of Windsor, Fine Arts 1985  
Neighbourhood Playhouse School of the Theatre (NYC, NY)

### **Awards**

**Dean's Honour Roll** Law III, Standing 6/125 students  
**Dean's Honour Roll** 3<sup>rd</sup> year, BA University of Windsor

### **Public Appointment**

Appointment to the Council of the Ontario College of Pharmacists **April 2017**  
Reappointment (3 year term) **April 2023**

Served on Discipline Committee (6 years), Executive Committee (4 years), ICRC (1 year), Quality Assurance (1 year), Registration Committee (2 years)

Chair of the Discipline Committee **December 2018-September 2023**

**Duties include:** Ensuring the DC understands the public interest mandate and that each DC member is engaged and working to their full potential

Appointing Panels, Panel Chairs and Pre-Hearing Conference (PHC) Chairs with the requisite skill, knowledge and judgment, bearing in mind the need for succession training and statutory requirements

Working with the Hearings Office on routine and emergent DC issues of concern and projects, including the PHC Chairs project

### **Employment**

**Ministry of the Attorney General** **October 1992-December 2015**  
**Retired: March, 2016**

**Senior Legal Counsel, Ministry of Health and Long-Term Care, Legal Services Branch**, providing legal services for the following ministry clients over the course of my career:

- **Regulatory Policy Branch** – Responsible for providing advice to the Minister/ministry client dealing with all aspects of Ontario's regulated health professions legislative scheme, the *Regulated Health Professions Act, 1991* (RHPA), all 26 health professions Acts, regulations under those Acts and the regulatory bodies, the Colleges. Worked with the client on a number of priority issues including, *e.g.*,
  - the creation of new health profession Acts to regulate four new health professions in Ontario under the RHPA, attending various Committees of Cabinet, drafting Government Motions, briefing senior ministry officials
  - instructing litigation counsel respecting various College, court or tribunal proceedings and prosecutions, Judicial Reviews, Claims, Notices of Constitutional Questions, including College discipline proceedings
  - providing advice on the qualification of public appointees to College Councils
  - responding to media/communications issues and requests for records under the *Freedom of Information and Protection of Privacy Act*
  - instructing on the drafting a number of Bills, including legislative amendments to the RHPA, involving legal and policy review of the draft legislation with the client, Legislative Counsel, assisting with drafting submissions for Cabinet Committees, including Draft Minutes, briefing and responding to questions from senior ministry officials, Cabinet Office and appearances before Standing Committee, Legislation and Regulations Committee, as needed
  - reviewing draft regulations with the client made by many College Councils under their health profession Acts, preparing for the government approvals process, including regulations relating to:
    - Professional misconduct
    - Quality Assurance
    - Numerous others in areas of professional concern, including, Controlled Acts, Inspections, Conflict of Interest, Advertising, Registration, Drugs, Standards of Practice
- **Public Health Division** – Provided advice to Ontario's Chief Medical Officer of Health and ministry officials, including advice about reporting of diseases of public health concern and powers under Ontario's *Health Protection and Promotion Act*. Assigned lead counsel role on priority files including SARS, Walkerton and the creation of the Canadian Blood Services

- **AIDS Bureau** – Duties included liaising with Crown Law Office Civil lawyers on litigation issues, including the Hepatitis C National Class Action law suit which was settled by Ontario and all other Federal/Provincial/Territorial Governments. Assigned lead ministry counsel role during the negotiation period

**Ontario Law Reform Commission, Counsel**

**October 1989 – October 1992**

Preparation of comprehensive research reports; providing oral and written legal opinions, consulting with experts and the media, OLRC assignments: Report on Testing for Aids, Project on Genetic Testing, Mandatory Physician Reporting of Child Abuse

**Ontario Legal Aid Plan, Research Counsel**

**March 1988 – September 1989**

Research and draft materials for cases before courts and tribunals for legally aided clients

**Ministry of the Attorney General, Law Clerk**

**February 1987 – March 1988**

**Law Clerk to the Chief Justice of the Ontario Supreme Court (Trial Division)**

Assigned to a panel of judges, researching points of law, assisting the judges at court and in the preparation of judgments

**Community/Volunteer Work**

**Board Member**, North York Aquatic Club, Secretary to the Board, drafting Resolutions, By-Laws and Board Minutes; officiating at meets, fundraising, providing support as needed in all aspects of the club's activities. Swim club sanctioned by Swim Ontario

**Review Committee Member**, (Lay Member) University of Toronto Human Subjects Review Committee, a body whose purpose is to review research proposals involving human subjects to determine whether the requirements of the University in the use of human subjects are met

**Reference**

Madam Justice Beth A. Allen  
Ontario Superior Court of Justice  
361 University Ave  
Toronto ON

# Adrienne Katz

BA, MBA

**Dear Fellow Board Members,**

Thank you for the opportunity to put my name forward for the Executive Committee.

I was appointed to the Board in March 2022 as a public member, and actively serve on a number of committees including: Discipline, ICRC, and Finance & Audit. I have learned a tremendous amount over the course of the last 1.5 years at OCP, and have enjoyed working with many of you on panels. I hope you will consider me a strong candidate for the Executive Committee.

Clients and colleagues know me to be a substantive leader, highly analytical, skilled at strategy development, and a thoughtful decision maker. I trust that you have found the same in your work with me thus far on the Board.

This will be a big year for the College in terms of technology advancement; the new CRM will be a significant commitment both financially and in terms of human resources. My experience in the design and development of strategic technology systems for clients across key industries over the course of 18 years in business, has given me the skills and insight to help ensure alignment with the College's strategic objectives. My business' involvement with AI and Cybersecurity gives me the context and ability to *ask the right questions*.

Serving on the board has been a privilege and it has been an honour to work alongside all of you. I thank you for the opportunity to apply to the Executive Committee where I believe my skills can help fuel the College's mission and fulfill its mandate to ensure public safety, security and confidence.

Sincerely,

*Adrienne*

**Adrienne Katz**

# Adrienne Katz

BA, MBA

Clients and colleagues know Adrienne for her unstoppable momentum, uncanny judgement and ability to galvanize a plan into action.

She began her career in mobile banking services followed by brand management at General Mills. She has led major strategic initiatives with public and private corporations, entrepreneurs, foundations, and not-for-profit organizations.

An experienced leader in the areas of marketing strategy and planning, she successfully manages brands using a technology-driven, insights-based approach.

Her experience spans diverse industries including:

Cybersecurity, AI, software, management consulting, precision medicine, healthcare, education, professional services, lawtech, fintech, financial services, insurance, real estate, hospitality, and others, across North America and globally.

## Experience

Partner, Strategy (2005-Present)  
*Creative Equity Partners Inc.*

Board Member  
*Ontario College of Pharmacists*  
Committees: Discipline, Finance and Audit, ICRC

Brand Manager  
*General Mills*

Marketing Specialist, Strategic Alliances  
*724 Solutions*

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## Education

Master of Business Administration (2004)  
*McGill University*

- Dean's Honour List and Academic Distinction
- MBA Woman of the Year (peer awarded)
- Roger Bennett Marketing Prize
- Chapter President, American Marketing Association
- VP External, Student Council Executive

Bachelor of Arts (1999)  
*McGill University*  
— Dean's Honour List and Academic Distinction

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## Volunteer & Community Leadership

*Princess Margaret Cancer Centre*  
Top Fundraiser, Donor  
Multiple Myeloma Research, Magic Castle

*SickKids Hospital*  
Top Fundraiser, Donor  
Centre for Image-Guided Care

*UJA*  
Top Fundraiser, Donor

*JNF*  
Executive Board Member, Young Leadership Division

Dear Peers, Friends, and Colleagues,

It has been a privilege to serve with you all over the past 4 years in the important decision-making role we perform. As our board has evolved in recent years, we have in my mind become more and more effective in the work we do and the duties we are required to discharge in the public interest. Thank you all for your extending your faith in my abilities to serve on the executive committee. I am putting up my hand to serve again in this important leadership role on the board.

I have fortunately had a good breadth of experience in terms of committee work. This past year I have served on the executive, finance and audit, discipline as well as in previous years serving on the ICRC and governance committees. I have developed extraordinary working relationships with college staff and committee members through this work.

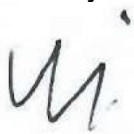
My work on the governance committee has helped me understand and contribute to determinations of important competencies required by our board. Furthermore, I have been able to understand and oversee the orientation, training and evaluation of fellow directors. This experience, I believe puts me in good stead for higher levels of leadership and continuing with any anticipated and required governance reform.

My work on the finance committee has allowed me to develop oversight skills of the financial operations of our college. My work here and on the executive committee has meant I have developed a thorough understanding of operational aspects of our organization.

As you have all seen by being able to work with you all; I have been a very active member of the discipline committee. I hope to have conveyed to you all through this work a thorough understanding and strong grasp on the various legislation, policies and standards that govern the profession.

I anticipate there to be many good candidates for the executive committee; all of whom are well qualified and would serve successfully. Please consider my knowledge, skills, and abilities for re-election to this important committee as I would like to continue to serve with you all in higher levels of leadership at the college.

Sincerely

A handwritten signature in dark ink, appearing to be 'Siva' or 'Sivapalan', written in a cursive style.

**Siva Sivapalan MPharm. Dip. R.Ph. CDE**



# Sivajanan (Siva) Sivapalan MPharm. R.Ph. CDE

Burlington, Ontario | education@hdpha.ca

## EXPERIENCE



Professional board member with a wide breadth of committee work at the Ontario College of Pharmacists. A pharmacist that has worked in every area of patient-facing pharmacy practice including community, primary care, and hospital care. Has a thorough appreciation and understanding of the needs of the public. Committed to upholding the highest possible standards of practice for the profession. Demonstrated leadership in multiple healthcare settings. Holds a certificate in Collaborative Health Governance.

### **Primary Care Pharmacist - Hamilton Family Health Team, Hamilton, Ontario [July 2022 – Present]**

- Improve drug therapy using a collaborative care model as part of the primary health care team.
- Collaborate with physicians, nurses, dietitians, social workers, and patients to promote optimal health care in the community as part of an interdisciplinary team.
- Provide individual patient assessments to identify, prevent, and resolve drug-related problems.

### **Community Pharmacist - Pharmasave, Burlington, Ontario [January 2023 – Present]**

- Commitment to delivering the highest level of patient care
- Provide individual patient assessments to identify, prevent, and resolve drug-related problems.

### **Clinical Preceptor University of Toronto, Leslie Dan Faculty of Pharmacy & Co-Operative term preceptor, University of Waterloo [April 2020 – Present]**

- Guide, role-model, supervise, mentor and assess PharmD students during their rotation period.

### **P4T Mentor - Government of Canada Foreign Credential Recognition program and NAPRA [January 2022 – Present]**

- Introduce international pharmacy graduates to the pharmacy environment in Canada.
- Coach and prepare to successfully complete their formal training and assessment.

### **Ontario College of Pharmacists Member of Council/Board Member, Toronto, Ontario [September 2019 – Present]**

- Elected Professional member of the board.
- Fulfill governance and oversight responsibilities.
- Serves on and has served on Governance, Finance, Executive, ICRC and Discipline Committees.

### **Pharmacy Examining Board of Canada Hamilton/Welland Ontario Test Centers - OSCE/OPSE Assessor [May 2014 – Present]**

- Observe and evaluate candidates' interactions with a standardized patient in a standardized, objective manner using standardized scoring guidelines.
- Important component of assessing potential pharmacists and pharmacy technicians for their suitability to serve the public. Successful candidates enter into the entry to practice register.

### **Community Pharmacist/Associate Owner – Shoppers Drug Mart, Beamsville, Ontario [September 2011 – January 2023]**

- Commitment to delivering the highest level of patient care.
- Motivating and inspiring my team to do and be their best.
- Actively manage and oversee the day-to-day operations of all aspects of my franchised business including human resources and risk management.

### **Director, Lincoln Chamber of Commerce, Lincoln, Ontario [October 2015 – February 2020]**

- Liaise with town to bring forth issues that affect local commerce and trade, and foster economic development.
- Build strong working relationships with key stakeholders both inside and outside the Chamber.
- Human Resources committee chair.

### **Pharmacist, Basildon & Thurrock University Hospitals, United Kingdom [December 2009 – December 2010]**

- Provision of clinical services and integrated medicines management services to allocated wards.
- Provided a comprehensive medication monitoring service for inpatients and optimised medication use in allocated wards.
- Worked within a multidisciplinary team responsible for care on obstetrics & gynaecology, stroke rehabilitation, orthopaedic surgery, and care for the elderly wards.

# Sivajanan (Siva) Sivapalan MPharm. R.Ph. CDE

Burlington, Ontario | education@hdpha.ca

## AWARDS

### 2022 – Bowl of Hygieia Award

- Presented in recognition of outstanding community service and leadership in the pharmacy profession by the Ontario Pharmacists Association.

### 2021 – Community Partner Award

- Presented by the Town of Lincoln and the Lincoln Chamber of Commerce for extraordinary contributions to the community.

### 2015 and 2019 – Pathways to Opportunities Award

- Presented by the Town of Lincoln and Beamsville district secondary school for commitment to the co-operative education program for students.

### 2008 – GlaxoSmithKline Prize for Medicinal Chemistry

- Presented by the University of London for best performance in Medicinal Chemistry for the Master of Pharmacy Degree.

## CONTINUING EDUCATION

- HPRO – Governance Training for Regulated Health Colleges [2020]
- HPRO – Discipline Committee Training [2021]
- Canadian Diabetes Educator Certification Board - Certified Diabetes Educator [2013 – Present]
- University of Toronto/CAMH – Opioid Addiction Treatment Core course [2015]
- University of Toronto/CAMH – Certificate in intensive Tobacco Cessation Counselling [2022]
- Ontario Pharmacists Association – Certified Cardiovascular Health Coach [2014]

## VOLUNTARY WORK

### Gillian's Place West Niagara Ambassador [2013 – Present]

- Responsible for fundraising activities for local shelter for victims of abuse.

### Continuing Education Coordinator (Hamilton) [2016 – present]

- Organize monthly continuing education events to help improve their clinical skills and share best practices amongst pharmacy technician and pharmacist peers.

## EDUCATION

### Directors College, McMaster University, Hamilton, Ontario [December 2022]

- Certificate in Collaborative Health Governance.

### McMaster University, Hamilton, Ontario [December 2013 – April 2016]

- Post graduate diploma in Human Resources Management. (Satisfies academic requirements of the Human Resources Professional Association).

### University College London (UCL), University of London, United Kingdom [October 2004 – August 2008]

- Master of Pharmacy with honours (MPharm)(Hons).

### Aristotle University of Thessaloniki, Thessaloniki, Greece [January 2007 – June 2007]

- One Semester of pharmacy school completed through the European Union Action Scheme for the Mobility of University Students (ERASMUS).
- Research focused on in vitro testing of novel agents used to treat Chronic Myelogenous Leukemia.

## PRESENTATIONS

### Canadian Pharmacists Association Annual Conference, Ottawa 2022 [June 2022]

- Panel member for "The COVID-19 Experience: Applying lessons learned."

### PharmacyU Toronto The Pharmacist's Role with GLP-1s in the Treatment of Diabetes [April 2023]

- Delivered at Canada's largest Continuing Education Conference for Pharmacists

### Diabetes Canada Frontline Forum- Injectable Diabetes Medications- "Fitting" them into practice [June 2022]

- Delivered to Pharmacy Technicians and Pharmacists across Canada.

### Calling All Allies: The Team Approach to Preventing Asthma Attacks (AstraZeneca Sponsored) [May 2021]

- Delivered on May 1, 2021 to the Hamilton Academy of Medicine (Ontario).

### Type 2 diabetes Pathways, A Multidisciplinary Approach (NovoNordisk Sponsored) [January 2021]

- Delivered on January 27, 2021 to pharmacists across Canada.

### How Can Pharmacists Safely Immunize in this Era? (Pfizer Sponsored) [September 2020]

- Delivered on September 25, 2020 to the New Brunswick Pharmacists Association.

## Publications

Implementing a Multidisciplinary Model of CGM Care in Real-World Pharmacy Practice—A Clinical Consensus for Canadian Pharmacists, Diabetes (Journal of the American Diabetes Association) 20 June 2023, AARON S. SIHOTA, ILANA HALPERIN, AKSHAY B. JAIN, ALICIA CHIN, WALTER CHOW, SUSIE JIN, TRISHA MOLBERG, SMITA PATIL, RICK SIEMENS, SIVAJANAN SIVAPALAN, TIM SMITH

# Statement in Support of Suitability As a Member of the Executive Committee

## Ontario College of Pharmacists Board of Directors

Douglas Brown, B.Sc.Phm, R.Ph.

I am submitting this statement in support of my election to the Executive Committee.

I have been a pharmacist for over 33 years, practicing in a variety of environments including hospital, chain retail and independent community pharmacy. I have practiced in large cities and small rural towns. I have provided care to a very diverse community representing a broad range of patients, including those from different ethnic and cultural backgrounds, First Nations, patients with addictions and socioeconomic challenges. It is through these experiences that I feel I have a very good sense of the duty of care we all share in the protection of the public interest.

Professionally, my priority has always been, and will continue to be, the patient. I have practiced with this focus my entire career and have been recognized by my peers and the public for my contributions, including the Ontario Pharmacist's Association Mortar & Pestle Award, Mentorship Award and the 2017 Pharmacist of the Year. I have also been recognized locally for contributions to healthcare and the community at large.

My board and governance experience has been extensive. In addition to my past 3 years as a member of this Board, I have served as a Director at the Lakeridge Health Research Institute and, for the past 20 years, as a Director and Chair of the Lakeridge Health Port Perry Hospital Foundation. It was in the latter organization that I served as Board Chair for 3 years, leading the organization through 2 capital campaigns (including the largest in its history), undertaking a significant governance review and developing & implementing our 5-year strategic plan successfully.

My experience over the past 3 years have allowed me to more clearly understand the operation and workings of the College Board and its role. As a Director and as a member of the Governance, Discipline and Finance & Audit Committees, I have developed the skills and relationships necessary to improve my role as a Director and expand my role as a member of the Executive Committee.

With over 70% of College registrants providing care to the public in a community practice setting, and as one of only a minority of full-time practicing community pharmacists on the Board, I feel I can ensure that Board policy is accurately assessed in the public interest through a vital community practice lens.

It is my hope that I may expand my contribution to the Board, the College and the public at large through my election to the Executive Committee. I look forward to the opportunity to further serve the public interest on the Executive Committee and sincerely appreciate your consideration and support.

Douglas J. Brown

Bio: Douglas Brown, B.Sc. Phm., R.Ph.

Raised in Bowmanville, Ontario, Douglas received his degree in Pharmacy from the Leslie Dan Faculty of Pharmacy, University of Toronto in 1989 and completed his internship at Sunnybrook Health Sciences Centre. He finished his formal training and continued employment as a staff pharmacist with SHSC and in 1990, he took a pharmacy manager position with an independent Community Pharmacy in Chelmsford, Ontario. After joining the Big V Pharmacies Group in London, Ontario in 1991, he discovered his passion for Community Pharmacy and moved to Port Perry in 1994 where he owned 2 franchised pharmacies with Shoppers Drug Mart from 1998-2015. In 2015 he made the transition to independent practice and now is the Pharmacist/Owner at Pharmacy Associates of Port Perry where he continues to provide excellence in care to his patient and his community.

He has spent over 32 years as a community pharmacist, but has also been involved with educating young health professionals, acting as a Teaching Assistant with the Lesley Dan Faculty of Pharmacy, University of Toronto, an Adjunct Clinical Assistant Professor and Clinical Coordinator for the University of Waterloo School of Pharmacy and developing Inter-professional Medical Education with the Rural Family Practice program of the Department of Family Medicine, University of Toronto. He has also worked closely with physicians and other health professionals on various projects, including the PAACT project and Pharmacist-Physician Collaboration with Dr. John Stewart. He is a member of the Central East Association for Smoking Elimination (CEASE), a collaborative group of health professionals, including pharmacists, doctors, nurses and dentists focusing on public and professional education about tobacco addiction and cessation programs.

In his current role as a pharmacist within the Port Perry and surrounding community, he has worked to develop a unique and patient-focused practice with specialties in Long Term Care and Geriatric Pharmacy, Diabetes, Smoking Cessation and is a Travel Medicine specialist at his co-located clinic, Travel Health Associates.

Douglas loves to get involved and works with various groups to help improve the community at large. He is well known for his role for supporting local healthcare through his involvement with the Lake Ridge Health Port Perry Hospital Foundation (Past Chair and Board Member since 2005) and as a member of Community Living Durham North's Rights Committee, providing support and oversight for intellectually challenged adults. In 2020, he was elected to the Board of Directors of the Ontario College of Pharmacists where he contributes to the oversight of the organization and serves on the Discipline and Finance & Audit Committees.

In recognition of his contributions to the profession and patient care, he was honoured with the Ontario Pharmacists' Association 2010 Mortar & Pestle Award, OPA's 2015 Mentorship Award and was Ontario's 2017 Pharmacist of the Year.

## PROFESSIONAL PROFILE

An accomplished, respected Pharmacist and successful Owner with focuses on clinical skills, mentoring of new practitioners & leadership. Expertise in developing positive professional relationships with patients, physicians and other allied health professionals to ensure quality and continuity of care. Very strong communication and presentation skills. A practice focus on geriatric pharmacy and expertise in smoking cessation and travel medicine.

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## CAREER PROGRESS

### PHARMACY ASSOCIATES OF PORT PERRY

**2015-present**

#### **Owner/Lead Pharmacist, 2015-present**

*Responsible for starting and growing a new patient-focused pharmacy, emphasizing professional practice and services. Establishing the pharmacy as a primary healthcare resource & provider within the community. Clinical focus on Long Term Care and geriatric pharmacy, working as a consultant for area LTC facilities since 1994. Certified for Smoking Cessation & prescribing, palliative care and injection therapy.*

### ONTARIO COLLEGE OF PHARMACISTS

**2020-present**

*Elected to the Board of Directors, Ontario College of pharmacists in 2020 to provide oversight to College operations and regulatory obligations.*

**Director, 2020-present**

**Member, Discipline Committee, 2020-present**

**Member, Finance and Audit Committee, 2020-present**

**Member, Governance Committee, 2022-present**

### UNIVERSITY OF WATERLOO SCHOOL OF PHARMACY

**2014-present**

#### **Adjunct Clinical Assistant Professor, Regional Clinical Coordinator, 2014-present**

*The Community of Practice model divides Ontario into 10 to 12 regions, each of which will have 10 to 15 students assigned to complete their three 8-week PharmD rotations in direct patient care. Each Community of Practice is lead by a part-time, locally centered "Regional Clinical Coordinator" who is also an Adjunct Clinical Assistant Professor at the School of Pharmacy. The part time Regional Clinical Coordinator helps manage the Community of Practice in their region by recruiting and coordinating local preceptors, showcasing the region to prospective students, coordinating Community of Practice activities such as an orientation to the region and case discussions, and providing frontline assistance to preceptors and students.*

### SHOPPERS DRUG MART #1018 (Port Perry), #931 (Uxbridge) Ontario.

**1994 - 2015**

*A multi-store owner, including one of the most successful Shoppers Drug Mart pharmacies in Canada. The practices provided pharmacy and drugstore retail services to a catchment area of approximately 50,000 residents in a suburban/rural setting within Northern Durham Region.*

#### **Pharmacist/Owner, 1994 – 2015**

*Managing, directing and engaging a large staff (up to a peak of over 100), with full accountability for all aspects of the practice, including professional services, sustainable growth and retail sales. Recognized nationally as one of the leading operators in the Shoppers Drug Mart System. Elected to the corporation's Peers Committee in 2008 and appointed to the Professional Practice Committee in 2014.*

BIG V PHARMACIES COMPANY LTD., London, Ontario

1991-1994

*Operated as a Group Practice, BIG V Pharmacies was privately owned and operated by shareholder pharmacists until they were purchased by Shoppers Drug Mart. Provided area relief pharmacist services through the London Area Office as well as special projects for senior management.*

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## **AREAS OF EXPERTISE**

***Extensive career experience as a successful Pharmacist and Owner, in addition to a solid professional background. A focus on developing strong relationships with all stakeholders and professional development to facilitate trust and improve patient outcomes.***

### **Leadership**

- Established as a highly respected Pharmacist and leader within the North Durham community by demonstrating excellence and integrity
- Providing mentorship and education to pharmacy students from the University of Toronto and University of Waterloo in addition to medical students from the University of Toronto
- Consistently recognized by the pharmacy profession as a practice innovator
- Demonstrating imagination, insight, and boldness to present challenges that bring out the best in people and bring them together around a shared sense of purpose

### **Human Resource Development**

- A talent to form strong, highly skilled teams empowering people to produce beyond expected results
- Create a highly dynamic work environment that facilitates innovation and continuous improvement
- A positive, enthusiastic personality that encourages others to go "above and beyond"
- A substantial history of teaching and mentoring, including pharmacists, pharmacy students, medical students and physicians

### **Relationship Management**

- Skilled in leveraging professional relationships (patient and physician/IHP) to foster a collaborative environment to optimize patient care
- A regular presenter of lectures on the collaborative process and it's positive impact on patient outcomes and professional practice

## **EDUCATION**

UNIVERSITY OF TORONTO, LESLIE DAN FACULTY OF PHARMACY

**Bachelor of Science in Pharmacy, 1989**

Completed additional Advanced Training in Geriatric Pharmacy, Smoking Cessation, Injection Therapy, Palliative Care and Travel Medicine

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## **Selected Accomplishments**

- Recipient of the Ontario Pharmacists' Association "Pharmacist of the Year" Award, 2017
  - Recipient of the Ontario Pharmacists' Association "Mortar & Pestle Award" for contributions to health care in Ontario, 2010
  - Recipient of the Ontario Pharmacists' Association "Mentorship Award" for achievement in teaching and development of future and existing members of the profession, 2015
  - Recipient of the Township of Scugog Mayor's Honour Roll, 2009 for outstanding contributions to the community at large
  - President and Chair, Port Perry Hospital Foundation, 2007-2010. Directed and provided operational and financial oversight. (Director, Port Perry Hospital Foundation Board 2004 to present)
  - Appointed to Pfizer Inc. National Pharmacy Advisory Board (2011) and Special Advisory Panel on Primary Care (2010)
  - Director, Lakeridge Health Research Institute 2002-2005. As part of the inaugural Board of Directors, assisted in the development of one of Canada's first Community Hospital-based Research programs
  - Collaborated with Dr. John Stewart, M.D., to develop PAACT (Partners for Appropriate Anti-infective Community Therapy). Presented as keynote speakers at the 1996 Canadian Pharmacists' Association Conference
-



## BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

### FOR INFORMATION

**From:** Thomas Custers, Director Corporate Services

**Topic:** OCP Risk Overview – Risk Appetite & Risk Reporting

**Issue/Description:** To refresh the Board's knowledge of the role of risk appetite statements in guiding College decisions and the College's risk reporting.

**Public interest rationale:** Board-approved risk appetite statements guide the College at both the operational and strategic decision-making levels in ensuring the College most effectively meets its public protection mandate. Risk reporting helps inform the Board about key potential threats that may prevent the College from executing its statutory mandate, achieving its strategic goals and objectives and how it is mitigating them.

**Strategic alignment, regulatory processes, and actions:** Soliciting and incorporating the Board's tolerance and attitudes towards risk aligns with two of the College's strategic priorities: "strengthening trust and confidence in the College's role as a patients-first regulator" and "enhancing capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence."

Ensuring the Board has information on key risks and mitigation will support their oversight role in ensuring that risks are appropriately managed, and enable strategic discussions about risk, mitigation and impact on operational and strategic decision-making.

### Background:

- A risk is an uncertain event or condition that, if it occurs, has a negative effect on the College's ability to protect and serve the public interest.
- The effective identification and subsequent management of risks contribute to improved decision-making by the Board and staff and better allocation of resources to:
  - strengthen and ensure the continuity of the College's regulatory programs and operations to serve and protect the public interest; and
  - support innovation and the pursuit and realization of new opportunities in executing the College's mandate.
- Identifying and managing the College's risks is a shared responsibility between the College Board, the Board's Finance and Audit Committee, the CEO & Registrar and Management.
- The College has developed and implemented a comprehensive risk management framework that defines the Board's risk appetite and the processes, roles, and responsibilities in identifying, assessing, and managing risks.
- The Board's role in the management of risk within the College is critical. A key responsibility of the Board is to understand, support and oversee the College's risk culture and ensure risk is managed appropriately, including:<sup>1</sup>
  - assessing and confirming the Board's risk tolerance level; and
  - assessing the College's response to key risks.

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<sup>1</sup> Policy 4.4, Board's Oversight Role in Risk Management, [Board of Directors Policy Booklet](#)

## Risk Appetite

- Risk appetite is the degree of risk the College is willing to accept to achieve its objectives. Determining and articulating the College's risk appetite assists the Board and staff in making better choices by ensuring risk is considered within the decision-making process. Specifically, the benefits of defining risk appetite statements include:
  - **Providing insight** – Discussions in developing risk statements may lead to new insights into the College's strategy and its implications.
  - **Supporting conscious and informed risk-taking** – By defining how much risk the College is willing to accept, Board and staff can make informed decisions about trade-offs when, for example, taking on new initiatives, improving efficiency (when in conflict, which outcome to protect first), or reducing delays in decision-making. Risk appetite statements provide structure to this conversation and communicates explicitly what is acceptable.
  - **Promoting more consistent risk management** – The College's risk appetite statements communicate broadly to the public, partners, and internally how much risk is acceptable, or indeed desirable, enabling more consistent risk-taking throughout the College.
  - **Guiding risk decision-making and seizing opportunities** – The College's risk appetite statements enable staff to better understand the Board's position on risk. It allows staff to identify opportunities for further risk-taking or identify areas where the level of risk unacceptable.
  - **Strengthening governance/alignment** – Full expectations and better alignment between Management and Board for when the unexpected occurs.
  - **Establish criteria** – Helps to define limits of tolerability for use in future risk assessments.
- Risk appetite reflects the College's mission and vision and considers the expectations of system partners.
- In September 2022, the Board approved seven risk appetite statements related to the following outcomes: 1) public protection, 2) integrity, 3) regulatory compliance, 4) optimized people culture, 5) financial health and stability, 6) respectful relationship with registrants, 7) collaborative stakeholder relationship (*see appendix for more detail*).
- Examples of how applying the risk appetite statements have informed decisions include the development of the 2024-2028 strategic plan, revision of the Board's investment policy statement and procedure for reserve funds, the management of capital assets, and informing the College's risk tolerance on identified risks (e.g., cyberattacks on OCP information, data and financial assets).
- Recognizing the Board's risk appetite may change, the Board has not yet determined the frequency with which the risk statements should be reviewed.

## Risk Reporting

- As stated in the [Board Policy Booklet](#), the CEO & Registrar and Management are responsible for analyzing and reporting risks and mitigation through:
  - a risk register; and
  - a College performance scorecard.
- The Risk Register is a "living" document the College uses to aid in both identifying and managing risks. The register acts as a repository for all identified risks and includes additional information about each risk, including the nature of the risk, the owner, probability of the risk occurring and mitigation measures.
- A summary of the top risks and the progress the College has made towards mitigating identified risks ("risk dashboard") is provided to the Board in June and December with the intent to inform the Board about the College's current risk status (*see appendix 2 for June 2023 risk dashboard presented to the Board*).

- The College performance scorecard is developed and approved by the Board annually in December to enable the Board (and the public) to evaluate how well the College is performing in achieving its goals and its progress toward the implementation of the strategic plan.
- The College provides the Board with quarterly updates on its performance on the indicators and milestones (“scorecard measures”) included in the College Performance Scorecard.

# Appendix 1

## College-wide Risk Appetite Statements & Rating

| Outcome Domains                                    | Risk Appetite Statements   |
|--|--|
| 1. <b>Public Protection</b>                        | Public protection is our core value and OCP is highly averse to any risk that may compromise our ability to contribute to the safety of pharmacy patients and the public.  |
| 2. <b>Integrity</b>                                | OCP is committed to high ethical standards, fairness and impartiality in all its dealings.<br>Our tolerance for risk to our integrity is limited to only those situations where it is required to protect the public and no mitigation is available without increase to public risk.   |
| 3. <b>Regulatory Compliance</b>                    | OCP is cautious when it comes to compliance with requirements of legislation, regulation, and government direction, including direction from oversight bodies.<br>We will make every effort to meet the requirements of such instruments or bodies and would accept a risk to our own compliance only if essential to ensure public protection and to maintain our integrity.                                    |
| 4. <b>Optimized People &amp; Culture</b>           | OCP is committed to recruiting and retaining staff that meet the high-quality standards of the organization and will provide an environment that fosters engagement and ongoing development to ensure that all staff reach their full potential.<br>We are cautious with risks to this aim and will only accept them if they are necessary to ensure our ability to protect the public.                          |
| 5. <b>Financial Health and Stability</b>           | OCP is cautious regarding financial risk. We will maintain adequate revenue and reserves to deliver our services and will strive to deliver within the budget approved by our Board.<br>However, budgetary constraints will be exceeded if required to mitigate risks to patient safety or quality of care. All financial responses will ensure optimal value for money.   |
| 6. <b>Respectful Relationship with Registrants</b> | OCP values engagement and cooperation with pharmacists and registered pharmacy technicians and strives always to maintain a positive relationship.<br>We accept that pursuit of our mandate may sometimes require making decisions or carrying out actions that do not garner support from registrants.  |
| 7. <b>Collaborative Stakeholder Relationship</b>   | OCP believes that strong relationships with the public and a wide range of system partners in the professional regulation, governmental and pharmacy sectors are beneficial to fulfilling its mandate.<br>However, we recognize that our interests will not always align and will accept relationship risks necessary to delivery of our public safety mandate, while endeavoring to minimize negative outcomes. |

The Board rated each risk appetite outcome domain from 1 (risk adverse) to 5 (open to take justified risks).

| Risk Appetite Domains                    | Rating                       |
|--|------------------------------|
| Public Protection                        | 1.5 – Adverse to Minimalist  |
| Integrity                                | 1.5 – Adverse to Minimalist  |
| Regulatory Compliance                    | 2.5 – Minimalist to Cautious |
| Optimized People & Culture               | 2.5 – Minimalist to Cautious |
| Financial Health and Stability           | 3 – Cautious                 |
| Respectful Relationship with Registrants | 3.5 – Cautious to Flexible   |
| Collaborative Stakeholder Relationship   | 4 – Flexible                 |

### Overall Rating Legend

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

# Appendix 2

## 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) <sup>1</sup> | 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   |   |   |

<sup>1</sup> 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

## **Registration Committee** **September 2022 – September 2023**

### **Registration Committee Role:**

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

The role of the Registration Committee is further defined in the *Health Professions Procedural Code* and the *General Regulation* under the *Pharmacy Act, 1991*. The legislation also sets out the requirement that the Fairness Commissioner must have oversight over the registration practices of the College for the purpose of ensuring that these practices are transparent, objective, impartial and fair for anyone applying to practise their profession in Ontario.

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

| <b>Requirements for All Classes</b>                        | <b>Additional Requirements for Pharmacists and Pharmacy Technicians (Non-exemptible)</b>   |
|--|--|
| Language Proficiency (in English or French)                | Education  |
| Good Character (including a clear Police Background Check) | Pharmacy Examining Board of Canada (PEBC) Qualifying Examination   |
| Canadian Citizenship or appropriate legal status in Canada | OCP Jurisprudence, Ethics, and Professionalism Examination   |
| Personal Professional Liability Insurance                  | OCP Practice Based Assessment/Training <ul style="list-style-type: none"> <li>- Practice Assessment of Competence at Entry (PACE) for pharmacists</li> <li>- Structured Practical Training (SPT) for pharmacy technicians</li> </ul> |
| Required Fees Paid   |  |

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



**Registration Committee Panels Role:**

In situations where an applicant does not squarely meet all of the specific legislative and regulatory requirements for the Registrar to issue a Certificate of Registration, the applicant has the right to request a review of their application by a Panel of the Registration Committee.

Where the applicant asks for a review of their application, a Panel of the Registration Committee will conduct an independent review of the matter, taking into consideration additional information provided by the applicant, to determine if the individual is eligible for registration. The Panel decides if the applicant meets the registration requirements and then can direct the Registrar to either register the applicant (with or without any additional training, education or examinations, or terms, conditions and limitations) or to refuse to issue a Certificate of Registration.

All decisions of Panels of the Registration Committee are appealable to the Health Professions Appeal and Review Board.

**Registration Committee Members:**

|  |  |
|--|--|
| Lay Committee Appointee:                     | Sylvia Moustacalis (Chair of the Committee)                              |
| Public Directors:                            | Randy Baker; Devinder Walia  |
| Professional Committee Appointees (PCAs):    | Kenny Chong; Danielle Garceau; Jane Hilliard; Edward Odumodu; Ken Potvin |
| Deans of Faculties of Pharmacy:              | Lisa Dolovich; Andrea Edginton   |
| Pharmacy Technician Educator Representative: | Angela Roach   |

**Committee Statistics:****Registration Panel Requests and Outcomes (September 2022 to August 2023)**

|                             |     |
|-----------------------------|-----|
| Requests considered         | 149 |
| Outcome – fully granted     | 124 |
| Outcome – partially granted | 19  |
| Outcome – deferred          | 1   |
| Outcome – withdrawn         | 4   |
| Outcome - denied            | 1   |

Additional statistics regarding the number of new registrations, registrant renewals, Jurisprudence assessments, PACE assessments and SPT training are provided in the College's 2022 Annual Report ([https://www.ocpinfo.com/wp-content/uploads/2023/03/ocp\\_annual\\_report\\_2022.pdf](https://www.ocpinfo.com/wp-content/uploads/2023/03/ocp_annual_report_2022.pdf)). Note that the Annual Report includes statistics based on the calendar year (January to December) not the Board Year (September to August).

OCP received successful outcomes from the Office of the Fairness Commissioner Risk-Informed Compliance Framework assessments for the period of March 2022 until March 2024, which include historical performance and forward-looking risk factors:

- OFC Historical Compliance Rating – full compliance
- OFC Cumulative Risk Rating – low-risk

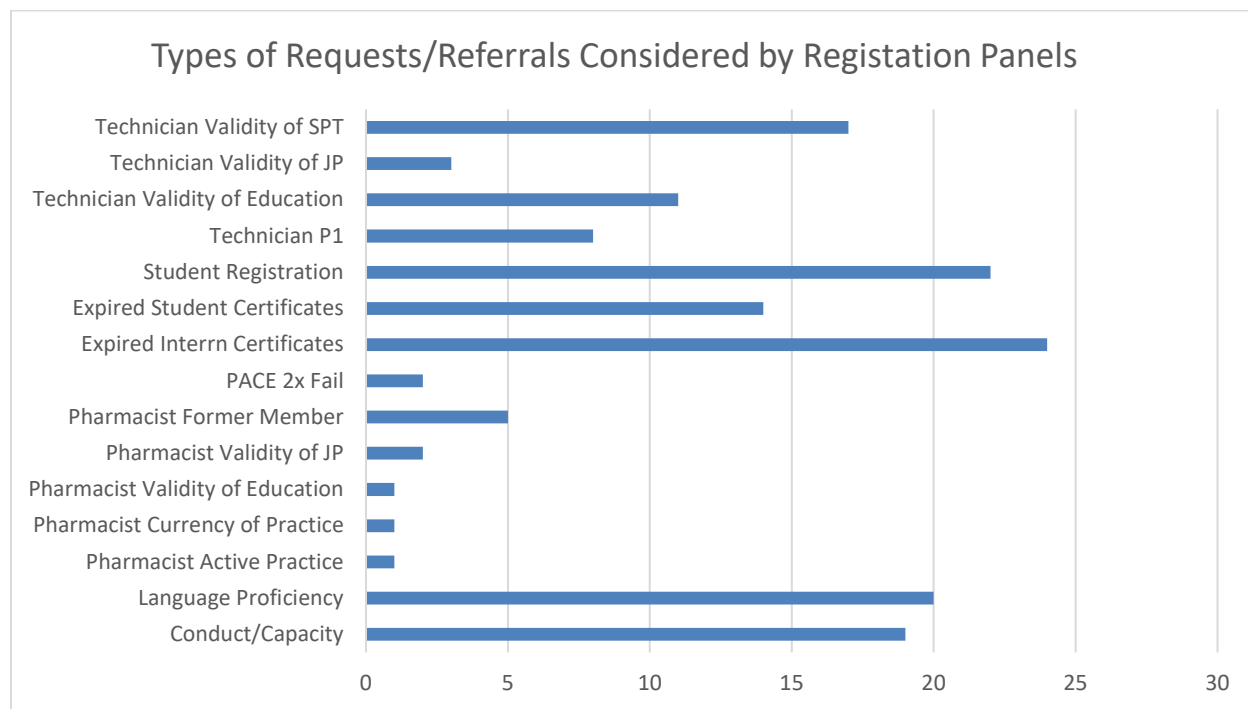
**How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?**

The Registration Committee always considers the public interest in all of its work. To that end, a policy amendment, described below, was undertaken to provide the public with improved access to pharmacy services.

An update to the Structured Practical Training (SPT) Preceptor Criteria Policy was made by the Registration Committee in response to input from hospital pharmacy partners regarding the sustained demand and pressure on the pharmacy workforce, particularly with respect to pharmacy technicians in the hospital environment.

The availability of pharmacy staff members to act as preceptors to facilitate completion of the SPT requirement for pharmacy technician applicants was identified as a potential issue and a potential solution was to consider allowing one preceptor to supervise more than one pharmacy technician applicant at a time. The SPT Preceptor Criteria Policy previously only allowed for direct supervision between one preceptor and one pharmacy technician applicant at a time. In May 2023, the Registration Committee approved amendments to this policy that now allows for consideration of requests by OCP Registration Advisors for preceptors wishing to support more than one pharmacy technician applicant, without impacting the integrity of the SPT program.

### Key Highlights:



### Challenges:

With recent legislative changes to the *Regulated Health Professions Act, 1991*, Canadian experience may no longer be included as a registration requirement. This includes practical training programs, such as OCP's SPT program. For pharmacist applicants, OCP has already transitioned to PACE. For pharmacy technician applicants, the transition to PACE is planned for 2024. Part of the challenge making this transition is the delay in establishing an intern class for pharmacy technician applicants and as a result, the inability of pharmacy technician applicants engaging in controlled acts / full scope after they graduate from educational programs. OCP submitted new Registration / QA regulations to the Ministry of Health in 2018 which included an intern technician class; however, these regulations have not yet been approved by government.



**Ongoing Initiatives:**

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

**Future Considerations:**

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



## Quality Assurance Committee September 2022 – September 2023

### Committee Role:

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

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

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



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

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

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

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

**Members:** Karen Riley (Chair), Elnora Magboo, Eric Kam, Mona Hamada, Cindy Wagg, Tracey Phillips, Amber Farhat, Annie Brooks.

#### **Committee Statistics:**

| <b>Types of Files considered</b>   | <b>Count</b> |
|--|--------------|
| Registrants referred due to Self-Assessment Tool not completed   | 9            |
| Registrants referred due to the Knowledge Assessment (unproctored) for 2023 not completed  | 7            |
| Registrants referred due to assessment deferrals beyond 1 year   | 19           |
| Registrants who did not pass a practice assessment and underwent a QA assessment   | 9            |
| Registrants referred due to unsuccessful in Knowledge Assessment (proctored)   | 1            |
| <b>Outcomes</b>  |              |
| Note placed on registrants file as incomplete Self-Assessment Tool   | 9            |
| Knowledge Assessment (proctored) required for registrants that have not completed Knowledge Assessment (unproctored) for 2023          | 7            |
| Re-do Knowledge Assessment (proctored) for registrants that were unsuccessful in first Knowledge Assessment (proctored) administration | 1            |
| Deferrals for assessments granted  | 3            |
| QA Committee directed registrants to be moved to Part B of the registry  | 2            |
| QA Committee directed assessments  | 14           |
| Self-directed remediation  | 1            |
| QA Committee directed required remediation   | 8            |
| QA Committee recommended remediation   | 0            |

Additional statistics relating to QA Committee considerations in the 2022 calendar year are provided in the College's 2022 [annual report](#) (page 11).

#### **Full Committee Meetings Held Remotely:**

- November 14, 2022 (Orientation):
  - Received orientation to the Quality Assurance Program and the role of the Committee.
  - Received training on reviewing and making decisions on Quality Assurance matters using mock cases.
- June 26, 2023 (Midyear):
  - Reviewed and approved updates to existing QA Policies,
  - Approved the Appointment of the QA Assessors for June 2022-June 2023.
  - Educational session including Q&A for the QA process and assessment statistics.
  - Discussed what has been working well and opportunities for improvement regarding panel meetings.

**Panel Meetings Held Remotely:** September 20, 2022, November 15, 2022, December 20, 2022, January 17, 2023, February 23, 2023, April 18, 2023, May 16, 2023, June 20, 2023, July 18, 2023, and August 15, 2023.

- The cases of 45 registrants were considered during the 10 panel meetings.

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

Please see [Committee Role](#) section on page 1

**Key Highlights:**

The first Knowledge Assessment based on a random selection of Part A pharmacists was administered during the month of May 2023.

**Challenges:**

The delay in receiving approval of the proposed changes to the QA regulation under the Pharmacy Act is a barrier to mandating participation of pharmacy technicians and enabling full implementation of the new QA model which allows for a right touch and risk-based approach.

**Ongoing Initiatives:**

The administration of proctored Knowledge Assessments for pharmacists who are deemed higher risk will continue, along with ongoing monitoring, evaluation and updating of existing assessment tools and processes as necessary to reflect current scope and standards of practice.

**Future Considerations:**

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

**Acknowledgements:**

The Committee would like to acknowledge that all OCP support staff go above and beyond to ensure that the Committee has all the information that it needs in its role. We thank Sandra Winkelbauer, Debra Moy, Anita Arzoomanian, Shirin Jetha, Christine Kuhn, and Angela Tse for their dedication to this committee.

## Inquiries, Complaints and Reports Committee (ICRC)

September 2022 to September 2023

### Committee Role:

The Inquiries, Complaints and Reports Committee (“ICRC”) is a screening committee that oversees all investigations into a registrant’s conduct, competence, and/or capacity. Meeting in panels of 3 to 5 members, the committee reviews all complaint investigations, Registrar’s investigations, and health inquiries. Panels consider the facts of each case, review submissions from the registrant and complainant (if applicable), and consider relevant records and documents related to the case to determine an outcome.

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

- **Take no action**

This occurs when the ICRC is of the view that the registrant’s conduct and/or actions comply with the standards of practice of the profession and other relevant laws and regulations. This can also be the outcome if there is insufficient information for the ICRC to take action.

- **Issue Advice/Recommendation to the registrant**

The ICRC can provide written advice and/or recommendations to the registrant if they are of the view that the registrant would benefit from having a particular policy or standard of practice highlighted.

- **Require the registrant to complete a Specified Continuing Education or Remediation Program (SCERP)**

The ICRC can require a registrant to take specified remedial courses to address gaps in practice. Remediation required by the ICRC is tailored to address concerns about the registrant’s practice.

- **Issue a caution to the registrant**

Registrants may be required to appear before a panel of the ICRC to receive a caution where the committee would like an opportunity to have a “face to face” discussion with the registrant about the concerns relating to their practice and to hear from them about the changes they have made to avoid a similar incident from occurring in the future.

- **Accept an Undertaking**

The ICRC can decide to take no action on the basis that the registrant has promised (or undertaken) to do certain things (e.g. resign their certificate of registration) with the understanding that if they do not comply, the Registrar can initiate a fresh investigation.

- **Refer the registrant to another panel of the ICRC for health inquiries**

Where the investigation reveals that the registrant’s conduct may be caused by an illness (e.g. substance use disorder), the ICRC may refer the matter to another panel of the ICRC to conduct health inquiries.

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

A small fraction of investigations that are reviewed by the ICRC are referred to the Discipline Committee (approx. 3-5%). These investigations usually involve serious matters where the panel is of the view that the registrant may have been dishonest, in breach of trust, appears to show a willful disregard of professional values, and/or appears to be unable to practice professionally or competently.

- **Refer the registrant to the Fitness to Practise Committee**

After conducting certain inquiries into a registrant's health, which may include requiring the registrant to undergo an independent medical examination, the Health Inquiry Panel of the ICRC ("HIP") may refer a registrant to the Fitness to Practise Committee for incapacity proceedings.

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

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

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

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

#### **Members:**

- Chair: Chintan Patel
- Public Directors:
  - Randy Baker
  - David Breukelman (until April 3, 2023)
  - Jean-Pierre Eskander (effective April 20, 2023)
  - Adrienne Katz
  - Elnora Magboo
  - Dan Stapleton
  - Gene Szabo
  - John Vanstone (effective March 23, 2023)
  - Cindy Wagg
  - Devinder Walia
- Professional Committee Appointees:
 

|                    |                    |                                       |
|--------------------|--------------------|---------------------------------------|
| ○ Elaine Akers     | ○ Saliman Joyian   | ○ Fatema Salem                        |
| ○ Derek Antwi      | ○ Tom Kontio       | ○ Veronica Sales                      |
| ○ Simon Boulis     | ○ Elizabeth Kozyra | ○ Kaivan Shah                         |
| ○ Tanisha Campbell | ○ Kim Lamont       | ○ Sachi Sharma (until August 7, 2023) |
| ○ Nneka Ezurike    | ○ Chris Leung      | ○ Ian Stewart                         |
| ○ Sajjad Giby      | ○ Janet Leung      | ○ Frank Tee                           |
| ○ Bonnie Hauser    | ○ Jon MacDonald    | ○ Tirath Thakkar                      |
| ○ Michael Heffer   | ○ Dean Miller      | ○ Tracy Wiersema                      |
| ○ Wassim Houneini  | ○ Nikki Patel      | ○ Lisa-Kaye Williams                  |
| ○ Ali Hussain      | ○ Ranvir Rai       | ○ Ali Zohouri                         |
| ○ Aline Huynh      | ○ Stephanie Rankin |                                       |
| ○ Azhar Jiwa       | ○ Saheed Rashid    |                                       |

## Committee Statistics:

### Meetings

|  |                 |
|--|-----------------|
| <b>Virtual Meetings</b><br>Panels of the ICRC meet via videoconference for half-day sessions to dispose of completed investigation files   | 56 <sup>1</sup> |
| <b>Teleconferences</b><br>Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings                                     | 6               |
| <b>Oral Caution Meetings</b><br>Separate half-day sessions are scheduled for panels to deliver oral cautions to registrants where a panel of the ICRC has issued a caution                             | 21 <sup>2</sup> |
| <b>Business Meetings</b><br>A business meeting is held at the beginning of the Board year and halfway for all members of the ICRC for orientation and discussion topics relevant to the full committee | 2               |

### ICRC Activity<sup>3</sup>

|   |     |
|---|-----|
| <b>Files Reviewed</b><br>Complaints, Registrar's investigations, and health inquiries where the ICRC has reviewed and rendered an outcome     | 599 |
| <b>Take No Action</b>   | 286 |
| <b>Advice/Recommendation</b>  | 162 |
| <b>Advice/Recommendation + SCERP</b>  | 59  |
| <b>Oral Caution</b>   | 8   |
| <b>Oral Caution + SCERP</b>   | 64  |
| <b>Undertaking to Restrict/Resign</b>   | 1   |
| <b>Refer to Discipline</b>  | 18  |
| <b>Refer to Fitness to Practise</b>   | 1   |
| <b>Investigator Appointments</b><br>Complaints or Registrar's investigations where the ICRC requests/approves an appointment of investigators | 83  |
| <b>Oral Cautions Delivered</b>  | 80  |
| <b>Interim Orders Imposed</b>   | 3   |

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

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

A key performance indicator monitored by the College's Board includes complaint decisions confirmed by the Health Professions Appeal and Review Board (HPARB). When reviewing a complaint decision, HPARB considers whether the investigation was adequate and whether the ICRC decision was coherent and rational and is justified in relation to the relevant facts and the laws applicable to the decision-making process. In 2022, 96% of HPARB decisions issued confirmed the ICRC's decision. In 2023 to date, 100% of decisions received were confirmed.

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<sup>1</sup> Includes 4 additional meetings scheduled before the end of the Board year

<sup>2</sup> Includes 3 additional meetings scheduled before the end of the Board year

<sup>3</sup> As of the date of this report, August 21, 2023

**Key Highlights:**

- ICRC panel meetings continued to take place virtually, with panels disposing of 16% more files than in the previous Board year.
- The ICRC also continued to deliver oral cautions virtually and eliminated a backlog of cautions to be delivered that accumulated due to the pandemic.
- The ICRC held two business meetings of the full committee: a virtual orientation in Fall 2022 and a hybrid mid-year meeting in Spring 2023, with approximately half the committee in attendance at the College's office. These meetings covered several topics, including identifying conflicts of interest and bias; a review of recent HPARB cases; remediation options and tools used when requiring SCERPs; a review of completed post-remediation follow-up assessments; early complaints resolution; and observations/considerations that arose from a shadow panel initiative.
- The ICRC held an additional separate orientation for new members to the committee as well as an orientation for the Health Inquiry Panel ("HIP"). The latter included presentations from the College's monitoring provider, Lifemark Health and the College's Investigations Team.
- ICRC members completed a training session on trauma-informed care.

**Challenges:**

- The size of the committee and volume of meetings required (over 90 a year) is logistically challenging; the volume of files ready for review by the ICRC ebbs and flows over the course of a year and sometimes results in cancelling meetings or a high volume of files awaiting ICRC review.
- To satisfy quorum requirements and to ensure the public is represented when determining the outcome of a file, each ICRC meeting requires a Public Director. Due to the volume of meetings, the ICRC relies on its Public Directors an inordinate amount. The College's Public Directors also sit on the Board and other College committees and if certain Public Directors did not have a high amount of availability, the ICRC wouldn't be able to complete its work. In August alone one Public Director is attending 5 ICRC meetings.
- Investigation files, especially those with video footage, are sometimes too large to upload to the College's file sharing platform. In these situations, ICRC members have to access an alternate site and have sometimes reported difficulty viewing the materials.

**Ongoing Initiatives:**

- Panel Chairs are testing out a new version of the ICRC's risk assessment tool, which assists panels in consistent, risk-based decision-making. A finalized version is expected to be rolled out and published within the 2023-2024 Board year.
- The ICRC is developing criteria for consideration of delivering certain oral cautions in-person.

**Future Considerations:**

- ICRC orientation and training topics for 2023-2024 will be identified based on committee member needs and in alignment with the College's equity, diversity, and inclusion strategy.
- The ICRC does not have any matters that it wishes to bring to the Board's attention at this time.





## Accreditation Committee September 2022 to September 2023

### Committee Role:

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

### Issuances and Renewals of Certificates of Accreditation

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

### Operational Assessments

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

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

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

#### Members:

- Chair: Frank Hack
- Public Directors:
  - Elnora Magboo
  - Gene Szabo
- Professional Committee Appointees:
  - Lori Chen
  - Agatha Dwilewicz
  - Nadia Filippetto
  - Jon McDonald
  - Chintan Patel
  - Tracy Wiersema

#### Committee Statistics:

##### Meetings

|  |                |
|--|----------------|
| <b>Virtual Meetings</b><br>Panels of the Accreditation Committee meet via videoconference for 1-3 hour meetings to review pharmacy case files  | 8 <sup>1</sup> |
| <b>Business Meetings</b><br>A business meeting is held at the beginning of the Board year and halfway for all members of the committee for orientation and discussion topics relevant to the full committee. | 2              |

#### Accreditation Committee Activity<sup>2</sup>

|  |    |
|--|----|
| <b>Pharmacy Case Files Reviewed</b><br>Pharmacy assessment results where the Accreditation Committee has reviewed the matter and rendered an outcome. Pharmacies may be reviewed multiple times within the same Board year depending on timelines for any re-assessments required. | 20 |
| <b>Conclude</b>  | 5  |
| <b>Re-assessment</b>   | 10 |
| <b>Defer</b>   | 1  |
| <b>Defer for Legal Advice</b>  | 2  |
| <b>Refer to Discipline</b>   | 1  |
| <b>Amend Discipline Allegations</b>  | 1  |

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

One of the key ways the College protects the public is by conducting routine assessments of pharmacy operations to ensure compliance with established standards. The process for escalation for pharmacies with operational deficiencies results in pharmacies with significant issues to be referred to the Accreditation Committee. The committee makes decisions geared towards ensuring that the pharmacy's operational standards comply with the legislative requirements, thus enhancing public safety.

<sup>1</sup> Includes 2 additional meetings scheduled before the end of the Board year

<sup>2</sup> As of the date of this report, August 21, 2023

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

**Key Highlights:**

- Accreditation Committee meetings continued to take place virtually, including 2 virtual business meetings of the full committee. Several topics were covered at the orientation and mid-year business meetings including current trends in community pharmacy; an overview of hospital operations; sterile and non-sterile compounding; and Health Canada's Policy 51 on Manufacturing and Compounding.
- The Accreditation Committee began a process to deliberate on case files online in advance of meetings to enhance efficiency of discussion and decision-making during virtual meetings, using its file sharing platform.
- The College's Legal Conduct department is providing in-house legal expertise related to Accreditation Committee matters.
- The Accreditation Committee approved its Renewal Administrative Policy for the 2022-2023 Board year, which authorizes the Registrar to use the authority of the Accreditation Committee in certain circumstances to renew certificates of accreditation for pharmacies where there is concern about the past and/or present conduct of an owner.

**Challenges:**

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

**Ongoing Initiatives:**

- In 2022, key performance indicators began to be monitored related to Accreditation Committee activity.

**Future Considerations:**

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



## Drug Preparation Premises Committee

September 2022 – September 2023

### Committee Role:

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

### Members:

- Chair: Frank Hack
- Public Directors:
  - Elnora Magboo
  - Gene Szabo
- Professional Committee Appointees:
  - Lori Chen
  - Agatha Dwilewicz
  - Nadia Filippetto
  - Jon McDonald
  - Chintan Patel
  - Tracy Wiersema

### Committee Statistics:

#### Meetings

|  |   |
|--|---|
| <b>Virtual Meetings</b><br>The DPP Committee meet via videoconference for 1-3 hour meetings to review DPP case files   | 3 |
| <b>Business Meetings</b><br>A business meeting is held at the beginning of the Board year and halfway for all members of the Committee for orientation and discussion topics relevant to the full committee. | 2 |

### DPP Committee Activity

|  |   |
|--|---|
| <b>DPP Case Files Reviewed</b><br>DPP assessment results where the DPP Committee has reviewed the matter and rendered an outcome. All DPPs are typically assessed once per year and the DPP committee reviews all assessment results. DPPs may be reviewed multiple times within the same Board year depending on the result of the previous assessment. | 6 |
| <b>Pass</b>  | 5 |
| <b>Pass with Conditions</b>  | 0 |
| <b>Fail</b>  | 0 |
| <b>Defer</b>   | 1 |

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

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

### **Key Highlights:**

- DPP Committee meetings continued to take place virtually, including 2 virtual business meetings of the full committee. In addition to a committee orientation held in Fall 2022, a midyear business meeting was held in Spring 2023 and included a refresher on the DPP Framework and updates on recent collaborations with Health Canada.
- The DPP Committee began a process to deliberate on some case files online in advance of meetings to enhance efficiency of discussion and decision-making during virtual meetings, using its file sharing platform.

### **Challenges:**

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

### **Ongoing Initiatives:**

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

### **Future Considerations:**

The DPP Committee would like to bring forward a consideration for a change in College by-laws that would allow the Committee to meet in panels (see "Challenges" section above).



## Discipline Committee September 2022 – September 2023

### Committee Role:

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

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

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

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

### Members:

#### Chair

- Christine Henderson (Public Director)

#### Elected Directors

- Jennifer Antunes
- Connie Beck
- Douglas Brown
- Billy Cheung
- Andrea Fernandes
- Sara Ingram
- James Morrison
- Siva Sivapalan
- Wilf Steer

#### Public Directors

- Randy Baker
- David Breukelman (Until April 3, 2023)
- Jean-Pierre Eskander (Commencing May 12, 2023)
- Adrienne Katz
- Dan Stapleton
- John Vanstone (Commencing April 17, 2023)
- Devinder Walia
- Cindy Wagg

#### Professional Committee Appointees

- Chris Aljawhiri
- Ramy Banoub
- Susan Blanchard
- Dina Dichek
- Jillian Grocholsky
- Chris Leung
- Beth Li
- Cory McGill
- Tracey Phillips
- Karen Riley
- Zahra Sadikali
- Jeannette Schindler
- Connie Sellors
- Leigh Smith
- Laura Weyland
- David Windross

#### Lay Committee Appointees

- Aditi Agnihotri
- Kim Lee
- Sylvia Moustacalis
- Ravil Veli

#### Committee Statistics:

- 2 full Committee meetings
- 74 pre-hearing conferences and case management conferences
- 30 motions consisting of:
  - 17 motions in writing
  - 8 at the commencement of the hearing
  - 5 oral motions independent of the hearing
- 22 uncontested hearings
- 10 contested hearings
- 1 partially contested hearing
- 47 written decisions released

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

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

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

#### **Key Highlights:**

The Discipline Committee has successfully transitioned to virtual proceedings and continues to hold all of its pre-hearing conferences and hearings virtually.

The Discipline Committee held two meetings this year. The meetings provide opportunities for the Committee to meet as a whole to receive training from Independent Legal Counsel, discuss

issues of common concern, and share best practices. One meeting was held virtually, and the second was a hybrid of in-person and virtual attendance.

The Discipline Committee attended a workshop on trauma-informed care presented by the Crisis & Trauma Resource Institute in November 2023. Over the course of the workshop the Committee received information regarding the definition of trauma, the ways the nervous system responds to trauma, trauma symptoms, intergenerational trauma, and vicarious trauma.

### **Challenges:**

As it has in the past, the Discipline Committee continues to hear complex matters, many of which include a contested hearing and a contested motion. These matters often proceed over the course of several days, and the entire process for both the liability and order phases of a contested hearing can take many months, depending on a number of factors unique to each proceeding. Following each of the liability and penalty phases of the hearing the panel releases its decision and reasons in writing. As a result, complex contested matters require a significant amount of time and resources to complete. Despite its heavy case load and the complexity of some of these proceedings, the Discipline Committee continues to ensure that public protection remains at the forefront.

### **Ongoing Initiatives:**

Successfully carrying out the statutory functions and duties of the Discipline Committee in the face of a heavy workload, ever mindful of the public interest mandate, remains the primary focus for the ongoing work of the Discipline Committee. In addition, ensuring that each Committee member is engaged and working to their full potential and that panels have the requisite skill, knowledge and judgment necessary to perform their statutory duties, remains an ongoing priority.

### **Future Considerations:**

The College has commenced a review of the governance and administrative processes of the statutory and standing committees, including the Discipline Committee. The purpose of these reviews is to provide a foundation for continuous quality improvement and to support the College's ongoing focus on regulatory excellence. It is anticipated that the reviews and any follow up work respecting continuous quality improvement for the committees will continue into the 2023-2024 committee year.

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





## **Fitness to Practice Committee September 2022 – September 2023**

### **Committee Role:**

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

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

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

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

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

### **Committee Appointees:**

#### **Chair**

- Jeannette Schindler (PCA)

#### **Public Directors**

- Randy Baker
- Gene Szabo

#### **Professional Committee Appointees (PCA)**

- Dina Dicheck
- Karen Riley
- Zahra Sadikali
- Mary Ore Adegboyega

**Committee Statistics:**

- 1 Committee meeting held
- 0 pre-hearing conferences held
- 0 consent order reviews completed
- 0 contested hearings held
- 1 contested hearing decision released (regarding a hearing held in the 2021-2022 Committee year)

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

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

**Key Highlights:**

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

The Committee also attended a workshop on trauma-informed care presented by the Crisis & Trauma Resource Institute in November 2023. Over the course of the workshop the Committee received information regarding the definition of trauma, the ways the nervous system responds to trauma, trauma symptoms, intergenerational trauma, and vicarious trauma.

**Challenges:**

Over the course of the 2022-2023 year the FTP Committee received one referral, which has not come before a panel for consideration as of yet. Accordingly, no panels of the Committee sat over the course of the year.

**Ongoing Initiatives:**

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

**Future Considerations:**

The College has commenced a review of the governance and administrative processes of the statutory and standing committees, including the FTP Committee. The purpose of the review is to provide a foundation for continuous quality improvement, to ensure operational oversight, and to support the College's ongoing focus on regulatory excellence. It is anticipated that the review and any follow up work will continue into the 2023-2024 Committee year.

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



## Patient Relations Committee

September 2022 – September 2023

### Committee Role:

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

### Members:

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

### Committee Statistics:

- One (1) three-hour meeting hosted virtually and attended by the full Committee.

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

The Committee continues to maintain the prevention of sexual abuse by regulated health professionals as a top priority. Conversations with the Committee have identified the need to ensure that eligible patients continue to be made aware of and understand the funding program available to them under legislation. They also encouraged the College to explore how it can provide public/patient-related information in different languages. The Committee has continued to contribute to and support ongoing efforts internally to ensure that the experience of sexual abuse complainants considers their trauma and the need for clear, empathetic, and timely information throughout their engagement with the College.

### Key Highlights:

- Understanding, identifying and removing barriers to participation – though this experience is not unique to OCP, the Committee provided feedback to College staff on fostering participation in the funding program given that just over one in five eligible patients submit a request for funding.
- Improving information for patients – the Committee regularly provides input on ways to make information useful and accessible to patients. This year, the Committee recommended that the College consider how it can better educate complainants on how the College uses the information it receives to educate registrants and promote quality, safe and ethical pharmacy practice and how their information is more broadly contributing to public protection.

- Educating registrants – over the past several years the Committee has been interested in how it can help the College educate registrants about sexual abuse prevention. This year, the Committee expressed ongoing support for College communications on this topic, and generally on emerging concerns, for all registrants and has encouraged further focus on presentations made to pharmacist and pharmacy technician students.
- Considering opportunities for further involvement within its mandate – the Committee provides input on general communications activities not just those aimed at the prevention of sexual abuse. Accordingly, the Committee has provided input on other ways it may be able to support and provide feedback on communications activities at the College which will be further explored.

#### **Challenges:**

- The Committee hosted one formal meeting in 2023 and two meetings in each of the last three Board years. With four members of the public and three professionals on the Committee, there is an opportunity to consider how to fully maximize the insights and talents of Committee members and explore other meaningful relevant priorities within the Committee's mandate. Committee members have provided preliminary input on potential areas of focus.

#### **Ongoing Initiatives:**

- Administration of the funding program: The Committee oversees the program to provide funding for therapy and counselling to eligible patients defined under legislation. This past year, one new patient requested funds through the program. Since 2017, eight (8) patients have participated in the voluntary program and received funding support for counselling and therapy, out of a total of 35 eligible patients.
- Experience of patients who have alleged sexual abuse: The College continues to receive annual reports from Dr. Ruth Gallop, an independent consultant hired by the College to provide third-party guidance and support to those who have made allegations of sexual abuse by a registrant. Dr. Gallop's reports include anonymized feedback on how to improve the experience for patients throughout the complaints, investigation and discipline stages and focuses largely on communication, process and accommodation related matters. The Committee will continue to provide input and feedback based on Dr. Gallop's observations and recommendations.

#### **Future Considerations:**

- It is anticipated that the Committee will contribute to the College's ongoing communications activities, with selected opportunities related to operational priorities for 2024 including those connected to the new Strategic Plan.

## **Finance and Audit Committee** **September 2022 – September 2023**

### **Committee Role:**

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

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

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

**Members:** Daniel Stapleton (Chair), Doug Brown, Sara Ingram, Adrienne Katz, James Morrison, Siva Sivapalan, Wilf Steer

### **Meetings Held:**

| <b>Date</b>  | <b>Key Highlights</b>  |
|--------------|--|
| Oct 31, 2022 | Orientation for new committee members.<br>Review of revised investment policy and procedure for reserve funds.<br>Discussion on introducing consumer price index (CPI) increase to remuneration for Board and Committee members.   |
| Nov 25, 2022 | Review and recommendation of 2023 budget to Board for approval.<br>Audit planning, in camera session with auditor.   |
| Mar 6, 2023  | Review and recommendation of 2022 Audited Financial Statements to Board for approval.<br>Selection of external investment manager.<br>In camera session with auditor.  |
| Jun 9, 2023  | Update on customer relationship management (CRM) database implementation and sale of 186 St. George Street premises.<br>Preliminary discussions regarding reserve funds and impact sale of 186 St. George Street premises.<br>Initial meeting with investment manager, post selection. |

| Date         | Key Highlights  |
|--------------|---|
| Aug 23, 2023 | Pre-budget planning.<br>Recommendation for appointment of auditors. |

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

- The Committee helped to ensure that the College, per Standard 4 of the Ministry of Health's College Performance Management Framework ([CPME](#)), is a responsible steward of its financial resources needed to achieve its statutory objectives and regulatory mandate. This was evidenced through Committee members asking thoughtful and critical questions, sharing their thoughts, and overall performing due diligence in supervising and making recommendations to the Board regarding the College's assets and liabilities, as well as the management of property owned and operated by the College.
- The Committee reviewed the investment strategy and recommended a revised Investment Policy, which was subsequently approved by the Board in December 2022.
- The Committee liaised directly with the external auditor prior to and after the audit process to discuss financial and or control matters that should be brought to the Board's attention.
- The Committee considered the appropriate reserve values to be maintained with consideration to the specific and future anticipated expenditures, specifically in relation to technology replenishment.
- The Committee reviewed the annual operating budget developed by staff prior to consideration by the Board for approval. The budget is tied to the operating plan and performance targets and sets out the staffing complement needed to be successful and sustainable. This process is outlined by Board Policy [4.7 Budget Approval](#).

### Challenges:

- Continuing to build financial literacy within the Board and Committee.
- Building understanding of risk appetite regarding investment of reserve funds.
  - The organizational risk appetite statements determined by the Board informed the Committee's decision-making regarding the revision and implementation of the Investment Policy.

### Future Considerations:

- The Committee's work is mostly cyclical. The following happens each year:
  - Recommendation for appointment of the auditor for approval by the Board.
  - Recommendation of the annual budget for approval by the Board.
  - Recommendation of the audited financial statements for approval by the Board.
  - Review of quarterly internal financial statements, reporting of any significant deviations from the budget to the Board.



## Governance Committee

September 2022 – September 2023

### Committee Role:

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

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

**Members:** David Breukelman (Chair until April 2, 2023), Billy Cheung (Interim-Chair from April 2023), Douglas Brown, Connie Beck and Devinder Walia.

**Meetings Held:** November 02, 2022, March 14, 2023, April 28, 2022, July 28, 2023, and September 15, 2023

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

The Governance Committee of OCP plays a crucial role in fulfilling the organization's mission of safeguarding the public and achieving regulatory objectives. By defining the Director's Profile and actively participating in leadership selection, the committee ensures that qualified individuals with the necessary expertise are appointed, enhancing their ability to contribute effectively to decision-making. This approach, based on competency, aligns seamlessly with the organization's regulatory duties and upholds the highest standards in pharmacy practice.

The committee's oversight of ethical conduct and the implementation of transparency measures further enhance accountability, thereby instilling public trust in the integrity of regulatory processes. Through policy alignment, facilitation of effective decision-making, and engagement with stakeholders, the committee strongly reinforces OCP's unwavering commitment to preserving public health while meticulously adhering to regulatory and statutory guidelines.

### Key Highlights:

The Governance Committee began meeting November 2022 with an orientation and discussion of the work of the Committee over the year. The Committee also discussed the revision of Policy 3.9 Conflict of Interest and proposed Conflict of Interest guidance document, 2022 Board and Individual Evaluation Results, and revision of Policy 5.2 Training for Chairs/Vice-Chair of the Board and Committees.

In March 2023, the Committee extensively considered and finalized the 2023 Skills Inventory assessment questionnaire being developed for circulation to the Board Directors following the March 2023 Board meeting. David Breukelman addressed the Committee for the last time as his Order in Council was scheduled to lapse in April 2023.

In April 2023, the Committee acknowledged its new chair, Billy Cheung. It discussed the 2023 Skills Inventory Results, approved the 2023 Directors Profile and form recommending EDI amendments to the draft, and the Board vacancies and upcoming Election timeline and activities.

In July 2023, the Committee convened to consider whether a matter raised by a third party warranted further action. While it was determined no action was required, the Committee did identify an opportunity to review some of the related governance policies.

In September 2023, the Committee created the slate of individuals for Standing and Statutory Committee appointment and ensured that those who had expressed an interest in chairing those committees were qualified, reviewed, and considered the competencies of the individuals who had expressed interest in serving as Chair, Vice Chair and on the Executive Committee prior to making the recommendations to the Board.

**Challenges:**

One of the challenges faced by the Committee was addressing the need to ensure succession planning is in place to support the necessary competences needed on the Board.

Continued work is also needed to ensure that policies adequately address issues related to practice and conduct.

**Ongoing Initiatives:**

- Over the year the Committee identified several Board policies slated for revision in 2023.
- A Governance Review project designed to review the governance and administrative processes of OCP's statutory and standing committees.



## Screening Committee

March 2022 – August 2023

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

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

**Members:** Megan Sloan (Chair), Billy Cheung (Chair of Governance Committee), Gene Szabo, Dan Stapleton, and David Collie.

**Meetings Held:** June 23, 2023, August 10, 2023

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

The screening committee plays a vital role in ensuring the integrity and effectiveness of the competency-based selection process for individuals seeking positions on the Ontario College of Pharmacists (OCP) Board or Committees. Registrants interested in serving on the Board of the College or one of its committees must undergo a screening process by the Screening Committee after they have provided information on their expertise and confirmed their eligibility. By evaluating candidates in alignment with the Director's Profile endorsed by the Governance Committee and the College's Bylaws, while also taking into account assessments conducted by external Screening Consultants and the OCP's HR team to inform its screening decisions, the committee upholds robust governance practices. This commitment to thorough evaluation promotes sound decision-making, thereby directly contributing to the fulfillment of the OCP's mandate.

### **Key Highlights:**

In June 2023, the Committee met to consider for qualification the 14 candidates, 11 Applicants for the 2 Pharmacist vacant seats and 3 applicants for the Pharmacy Technicians vacant seat on the Board. The Committee received the report of the external screening consultant which reviewed and ranked the qualifications of the candidates against the competencies contained in the 2023 Directors Profile. Of the 14 candidates presented to the Screening Committee, 11 Pharmacists and one Pharmacy Technician were deemed as qualified and competent to stand for election, while one candidate was eliminated from running in the elections, Notwithstanding, two candidates withdrew from running for the elections and were encouraged to seek other opportunities for involvement with the College, or in governance capacities within other organizations, to better prepare to reapply for a Director role in the future.

In August 2023, the Committee met to review the Professional Committee Appointee (PCA) and Lay Committee Appointee (LCA) applications received by the College. The College's Human Resources team reviewed, rated, and ranked the applicants and provided a report for the Committee's consideration. All 19 PCA candidates and both LCA candidates were deemed qualified for the Governance Committee's consideration for appointment to a Committee, as needed. The Screening Committee noted that some of the candidates who ran for the Board Elections had applied for consideration to be appointed to serve on OCP committees which

showed a keen interest in supporting the OCP.

**Ongoing Initiatives:** The Committee recommended the feedback from the independent screening consultant for the consideration of the Governance Committee as it offered some recommendations for improvement to the process of recruiting and screening potential Directors.

**Challenges:**

The Committee continues to evaluate its practice of using a combination of screening reports, applications, resumes and interviews, as necessary. This is to ensure that candidates are screened fairly and in accordance with the competencies necessary to stand for election or appointments, and not just in relation to other applicants. This means that interviews were used to make a confident determination when written information was found to be inadequate. The Committee noted that more clarity around the scope of its terms of reference would better support its screening authority.



## Executive Committee September 2022 – September 2023

### Committee Role:

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

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

**Members:** James Morrison (Chair), Sara Ingram (Vice Chair), Christine Henderson, Siva Sivapalan, Dan Stapleton.

**Meetings Held:** November 28, 2022, March 21, 2023, May 29, 2022, September 5, 2023.

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

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

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

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

### Key Highlights:

In November 2022, the Committee discussed succession planning for the Registrar and CEO position, potential future scope expansion and its impact on patient safety and access and discussed the preparations for the December 2023 Board meeting.

In March 2023, the Committee endorsed the staff recommendation for the Screening Committee composition, discussed the vacancy of the Governance Committee Chair position and the upcoming strategic planning retreat of the Board.

In May 2023 the Committee met to review the plans for the June Board meeting and met *in camera* with external consultants on personnel matters.

In September 2023, the Committee met to discuss the upcoming September Board meeting and review the Registrar-CEO's performance for the year so far.

**Challenges:**

The Committee continues to focus on meeting efficiencies and ensuring all work and discussions related to duties and responsibilities set out in by-laws or as necessary ensure effective debate and decision making by the Board.

**Ongoing Initiatives:**

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

COMMITTEE APPOINTMENTS FOR 2023-2024

ACCREDITATION AND  
DRUG PREPARATION PREMISES

**Public Directors:**  
Elnora Magboo  
John Vanstone  
**PCA:**  
H - Lori Chen  
Agatha Dwilewicz  
Nadia Fillippetto  
**Frank Hack (Chair)**  
Jon MacDonald  
Chintan Patel  
Tracy Wiersema  
**Staff Resource:** *Katryna Spadafore*

DISCIPLINE  
**Elected Directors (all):**

HT - Jennifer Antunes  
T - Connie Beck  
Doug Brown  
Billy Cheung  
Andrea Fernandes  
Sara Ingram  
James Morrison  
Siva Sivapalan  
Wilf Steer  
**Public Directors**  
Randy Baker  
JP Eskander  
Christine Henderson  
Adrienne Katz  
Dan Stapleton  
John Vanstone  
Devinder Walia  
Cindy Wagg

**PCA:**  
Chris Aljawhiri  
Ramy Banoub  
Dina Dichek  
Jillian Grocholsky  
Chris Leung  
Beth Li  
T - Cory McGill  
Tracey Phillips  
Karen Riley  
Zahra Sadikali  
Jeannette Schindler  
Connie Sellors  
Leigh Smith  
Laura Weyland  
David Windross  
**Nageen Foroughian**  
**Lay Committee Appointees:**  
Aditi Agnihotri  
Kim Lee  
Sylvia Moustacalis  
Ravil Veli  
**Kathy Al-Zand**  
**Staff Resource:** *Angela Bates*

FITNESS TO PRACTISE  
**Public Directors:**

Randy Baker  
Gene Szabo  
**PCA:**  
Dina Dichek  
Karen Riley  
Zahra Sadikali  
**Jeannette Schindler (Chair)**  
Mary Ore Adegboyega  
**Colette Raphael**  
**LCA:**  
**Kathy Al-Zand**  
**Staff Resource:** *Genevieve Plummer*

INQUIRIES, COMPLAINTS AND REPORTS  
(ICRC)

**Public Directors (all – Accred):**  
Randy Baker  
JP Eskander  
Elnora Magboo  
Adrienne Katz  
Dan Stapleton  
Gene Szabo  
John Vanstone  
Devinder Walia  
Cindy Wagg  
**PCA:**  
Elaine Akers  
Derek Antwi  
T - Tanisha Campbell  
Nneka Ezurike  
Sajjad Giby  
H -Michael Heffer  
H- Wassim Hounieini  
H - Aline Huynh  
Ali Hussain  
Tom Kontio  
Elizabeth Kozyra  
HT - Kim Lamont  
Chris Leung  
Janet Leung  
Jon MacDonald  
Dean Miller  
Nikki Patel  
**Chintan Patel (Chair)**  
Ranvir Rai  
H- Stephanie Rankin  
Saheed Rashid  
Fatema Salem  
HT - Veronica Sales  
Kaivan Shah  
Ian Stewart  
Frank Tee  
Tirath Thakkar  
Tracy Wiersema  
Lisa-Kaye Williams  
Ali Zohouri  
**Khaleda Kabir**  
**Ankit Kansara**  
**Tamara Milicevec**  
**Vickie Chang**  
**Staff Resource:** *Katryna Spadafore*

PATIENT RELATIONS

**PCA:**  
Kshitij Mistry **(Chair)**  
Adam Silvertown\*  
Max Yaghchi  
**Saliman Joyian**  
**Lay Committee Appointees**  
Melissa Sheldrick  
Jennifer Shin  
**Ravil Veli (Chair)**  
Saeed Walji  
**Staff Resource:** *Todd Leach*

QUALITY ASSURANCE  
**Public Directors (2):**

**JP Eskander**  
Cindy Wagg  
**PCA:**  
H - Annie Brooks  
T- Amber Farhat  
**Pritesh Mistry**  
Eric Kam  
Tracey Phillips  
**Karen Riley (Chair)**  
**Staff Resource:** *Susan James*

REGISTRATION  
**Public Directors:**

Randy Baker  
Devinder Walia  
**PCA:**  
Kenny Chong  
HT - Danielle Garceau  
Edward Odumodu  
**Craig Whitance-Smith**  
**Cindy Giby**  
**Dean:**  
Andrea Edginton  
Micheline Piquet-Miller  
**Daniel Figeys**  
**Ontario Pharm Tech Program Rep:**  
Angela Roach  
**Lay Committee Appointee**  
**Sylvia Moustacalis (Chair)**  
**Michael Scarpitti**  
**Staff Resource:** *Sandra Winkelbauer*

**EXECUTIVE**  
**Elected Directors:**  
(Chair) – James Morrison  
(Vice Chair) – Sara Ingram  
**Siva Sivapalan**  
**Douglas Brown**  
**Public Directors:**  
**Christine Henderson**  
**Adrianne Katz**  
**Staff Resource:** *Shenda Tanchak*

**FINANCE AND AUDIT**  
**Elected Directors:**  
**Doug Brown (Chair)**  
**Connie Beck**  
**Andrea Fernandes**  
Wilf Steer  
**Public Director:**  
Adrienne Katz  
Dan Stapleton  
**Staff Resource:** *Thomas Custers*

**GOVERNANCE COMMITTEE**  
**Elected Directors:**  
**Sara Ingram (Chair)**  
**Connie Beck**  
**Siva Sivapalan**  
**Public Director**  
Devinder Walia  
**Staff Resource:** *Valentina Egboh*

**SCREENING (APPOINTED IN MARCH)**  
**Elected Directors:**  
**Public Directors:**  
**Lay Committee Appointees:**  
**Staff Resource:** *Valentina Egboh*

**Legend:**  
T = Technician, H = Hospital  
HT = Hospital Technician  
**New addition**  
**Election candidates**  
**Chair**

## BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

### FOR DECISION

|                |   |
|----------------|---|
| <b>From:</b>   | Finance and Audit Committee   |
| <b>Topic:</b>  | Standardizing Auditor Selection and Appointment of Auditor  |
| <b>Issues:</b> | <p>The Finance and Audit Committee (FAC) is required to make a recommendation to the Board of Directors on the appointment or reappointment of the auditor.</p> <p>The College does not currently have a formalized, standard approach for market reviews and selection of external auditor services.</p> |

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

**Strategic alignment, regulatory processes, and actions:** The information outlined below supports activity related to the College's second strategic priority, "strengthening trust and confidence in the College's role as a patients-first regulator."

### Background:

- Tinkham LLP Chartered Professional Accountants were first appointed as auditors for the College in December 2017 and have been reappointed each year since.
- The Committee undertook a market review in 2021 to ensure the services provided are competitively priced and reflective of best practices.
- A request for proposal (RFP) process took place with five accounting firms with experience in the regulatory arena asked to make a proposal.
- The FAC recommended Tinkham based on cost/value for money, experience and satisfaction of services to date.
- The Board of Directors currently approves the appointment or re-appointment of the auditor, recommended by the FAC, on an annual basis.
- The Chartered Professional Accountants of Canada recommends an external auditor review be performed every five years to maintain audit quality.

### Analysis:

- The Finance and Audit Committee continues to be satisfied with the services and advice provided by Tinkham and noted that their fees are reasonable in relation to other firms. In addition, the continuation of services allows the auditor to accumulate experience that is useful for maintaining a quality audit in subsequent years.
- Adopting CPA Canada's recommended timeline for a market review would mean that the College will conduct the next market review in the year 2026, and every five years following unless different circumstances require an earlier review.

### Recommendation:

That Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2023.

That the College align its timeline for market review of audit services with the Chartered Professional Accountants of Canada's recommendation of 5 years.

**Motion:**

- **A motion to approve Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2023.**
- **A motion to approve that a market review of audit services be conducted every 5 years, per the Chartered Professional Accountants of Canada's recommendation.**

**BOARD BRIEFING NOTE****MEETING DATE: SEPTEMBER 2023****FOR DECISION****From:** Shenda Tanchak, Registrar and CEO**Topic:** Expansion of Scope – Minor Ailments and Other Therapies**Issue/Description:** The Board is being asked to consider whether to recommend adding additional minor ailments & other therapies to pharmacists' scope of practice.**Public interest rationale:** The Ontario health care system continues to see additional pressure, impacting patient access to care and the patient health care experience. There is potential to alleviate some of this pressure through expansion of pharmacy scope of practice if this can be achieved safely.**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".**Background:**

On March 10th, 2023 the Minister of Health [a letter to the Board Chair](#) to reengage the Minor Ailments Advisory Group (MAAG) to explore the addition of further minor ailments, including those that may require additional scope of practice expansions to support safe and effective prescribing. The Minister requested to receive these recommendations from the Board by November 1st, 2023.

Given the request by the Minister and the reference to maximizing the expertise of the healthcare workforce by expanding scopes of practice, the College broadened the membership of the original MAAG. This updated advisory group was renamed the Scope of Practice Advisory Group (the Advisory Group). For more information on the membership of the Advisory Group, please see Attachment 14.1.

To ensure Advisory Group members had the clinical information, knowledge and current state to provide their recommendations, the Advisory Group reviewed the jurisdictional scan, identified ailments and therapies for consideration in Ontario, and consulted with system stakeholders to gain insight and feedback on the proposed ailments. For more information on the Advisory Group's review and consultation process and the summary of feedback from system partners, please see Attachment 14.2.

Based on the review and consultation process, the Advisory Group recommended the following ailments and therapies should be added to pharmacists' scope of practice:

***Category One – No identified conditions or restrictions***

- Calluses and corns
- Emergency contraception
- Headache (mild)
- Pediculosis (head lice)
- Rhinitis (viral) (nasal congestion)
- Seborrheic dermatitis (dandruff)
- Tinea cruris (jock itch)



**Category Two – Recommended with identified conditions or restrictions**

| Table 1: Category Two Minor Ailments/Therapies  |  |
|---|--|
| Proposed minor ailment/therapy  | Proposed condition or restriction  |
| Acute pharyngitis (sore throat)   | Consider if point of care testing is required for Group A beta-hemolytic streptococci (GABHS). Required training for swabbing and conducting point of care test (POCT).    |
| Birth control   | Restricted to oral hormonal contraceptive pills or medroxyprogesterone.  |
| Herpes zoster (shingles)  | Excludes care to patients with facial involvement.   |
| Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm) | Excludes prescribing controlled substances and zopiclone. Restricted to prescribing for short term use only.   |
| Otitis externa (swimmers' ear)  | Restricted to topical treatments, and non-prescription antibiotics. If otoscopy exam is required, training and appropriate tools is required for conducting otoscopy exam. |
| Tinea corporis (ringworm)   | Restricted to topical treatments.  |
| Verrucae (vulgaris, plantar) (warts)  | Excludes face and genitals.  |
| Xerophthalmia (dry eye)   | Restricted to ocular lubricants.   |

**Category Three – Not recommended to be added at this time**

- Cough
- Dyspepsia
- Erectile dysfunction
- Influenza
- Non-infectious diarrhea
- Onychomycosis (Fungal Nail Infections)
- Superficial bacterial skin Infections

## Analysis:

To provide the Board with the critical information and analysis necessary for decision-making, the following outlines the rationale for the ailments and therapies under each Category and considerations for the Board when determining which minor ailments and therapies should be added to pharmacists' scope of practice.

### **Category One – *No identified conditions or restrictions***

Minor ailments and therapies under Category One are currently within pharmacists' knowledge, skills and judgement to safely assess and treat. They have been trained to identify red flags and when it is appropriate to refer to another healthcare provider. Category One ailments and therapies are currently covered in the Ontario pharmacy curricula and are part of the requirements to become a licensed pharmacist. As experts in pharmacotherapeutics, pharmacists are also required to maintain their competence and receive extensive training in patient assessment and treatment. Education in therapeutics, which is covered in pharmacy curricula is also available through continuing education modules.

Similar to the current list of minor ailments, practice resources, such as treatment algorithms are available for any additional minor ailment or therapy. Pharmacists who have limited experience with certain ailments or therapies would be encouraged to take continuing education courses to maintain their competence in the therapeutic areas. As a continued safeguard, a defined list of medications that pharmacists can prescribe for each ailment or therapy would be identified by the Advisory Group once confirmation on the list of ailments and therapies is received from the Ministry of Health. No other regulatory changes will be required to add Category One ailments and therapies to pharmacists' scope of practice, other than adding the medications pharmacists can prescribe for each ailment or therapy.

### **Category Two – *Recommended with identified conditions or restrictions***

While pharmacists have the knowledge, skills and judgement to assess and treat the proposed ailments and therapies under Category Two, these ailments or therapies pose a somewhat higher risk to patients. The Advisory Group determined that restrictions for pharmacists when prescribing or treating specific patient populations was recommended to ensure patients received appropriate care from another health care professional based on their severity of symptoms or to address a potentially more serious underlying condition.

The rationale for the proposed condition or restriction was specific to each minor ailment or therapy. For birth control, minor sleep disorders, ringworm, swimmer's ear, and dry eye, the Advisory Group determined it was appropriate to restrict the type of medications that pharmacists can prescribe due to the importance of follow-up with a physician or nurse practitioner for further assessment and/or diagnosis. For shingles and warts, the Advisory Group recommended restricting the patient population pharmacists can assess and treat to ensure patients with a more serious underlying condition are seen by the appropriate health care professional. Pharmacists will refer patients who present with symptoms outside of their approved patient population to primary health care providers. For sore throat and swimmer's ear, the Advisory Group recommended required training for pharmacists due to changes in expectation when conducting the assessment, which will require other regulatory changes to add both ailments to pharmacists' scope of practice.

### **Category Three – *Not recommended to be added at this time***

The ailments or therapies captured in Category Three pose a somewhat higher risk to patients. After much deliberation, the Advisory Group recommended that these ailments or therapies not be added to pharmacy scope at this time. Table 2 outlines the rationale for each ailment or therapy:

| Table 2: Category Three Minor Ailments/Therapies |  |
|--|--|
| Minor Ailment/Therapy                            | Rationale for <u>not</u> adding to pharmacists' scope of practice at this time   |
| Cough  | This symptom can develop for different reasons. Pharmacists do not have access to the appropriate equipment and diagnostic tests to determine all treatment options.           |
| Dyspepsia  | Not considered a minor ailment. Would require diagnostic investigation to determine underlying cause.  |
| Erectile dysfunction                             | Not considered a minor ailment. Would require diagnostic investigation to determine underlying cause.  |
| Influenza  | Appropriate treatment options difficult to determine without conducting an assessment that includes a rapid influenza diagnostic test.   |
| Non-infectious Diarrhea                          | Education is required to rule out an infectious origin. Difficult to test if it is viral or bacterial.   |
| Onychomycosis (Fungal Nail Infections)           | Requires a diagnosis that likely needs lab tests to distinguish from other conditions with similar symptoms.   |
| Superficial Bacterial Skin Infections            | Practicing pharmacists or pharmacists in training may have challenges differentiating an infection. Further diagnostic testing may be required (e.g. culture and sensitivity). |

The Advisory Group recommended that while the ailments or therapies in Category Three would not be considered at this time, they may be reviewed again at a future date.

### ***Concerns related to the Practice Environment***

Both system partners and the Advisory Group expressed concern that the impact of adding more minor ailments or therapies to pharmacists' expanded scope of practice will exacerbate existing challenges within the pharmacy profession. These challenges, which include high workload and burnout, ineffective employment standards for pharmacy professionals, insufficient staffing requirements, patient safety concerns related to the compromises required by the environment and increased pressure from the public and pharmacy management, have been previously brought to the attention of the College by the pharmacy community and continue to be important considerations for the College moving forward. The Board of Directors has committed to prioritizing and addressing these challenges as part of the new five-year strategic plan, which begins in January 2024. The project planning for this work is well underway.

An additional consideration to the Category Two ailments/therapies is the physical space that will be required to appropriately assess and treat patients within the community pharmacy. As more ailments and therapies that require patient privacy to conduct a physical assessment are added, the current accredited space within the community pharmacy may not be sufficient to support the volume or type of assessments required. For example, proposed ailments such as sore throat, shingles and swimmer's ear require a physical assessment that must be conducted in a private space. While pharmacy floor plans must include a "location of acoustically private consultation room or area", this may not be sufficient considering the nature of the ailment or therapy being assessed and treated in pharmacies.

The successful implementation of additional minor ailments and therapies into pharmacy practice also includes the uptake of Clinical Viewers (ConnectingOntario ClinicalViewer or ClinicalConnect) within community pharmacies. As of the end of July, approximately 30% of community pharmacies are now using Clinical Viewers and another approximate 20% of community pharmacies are in the onboarding process. With only 50% of community pharmacies using Clinical Viewers to access patient health information such as medication information or lab results, assessing and treating patients for minor ailments or other therapies may be challenging when this critical patient information is not being accessed by pharmacy professionals when providing appropriate treatment options.

### ***Issues for the Board to Consider***

1. Is scope of practice expansion suitable at this time, given ongoing concerns about the practice environment? If yes, are there any restrictions needed on which ailments/therapies should be added to pharmacists' scope of practice?

#### Considerations

- As described above, patient safety is a concern when the practice environment is compromised.
  - Given the mandate of the College is to protect the public, adding additional ailments/therapies may further exacerbate the high workload and burnout pharmacy professionals are experiencing, which could have significant impacts on patient safety.
  - If the Board considers the risk to patient safety to be too great because of the concerns with the practice environment, the Board can decide to:
    - Not move forward with any ailments/therapies at this time, or
    - Move forward with Category One only, given it has the lowest level of risk, or
    - Set out conditions related to the practice environment under which prescribing for some ailments is required.
2. Does the assessment and treatment for some of the minor ailments and other therapies appropriately fall within the definition of "assessment", or does it require the controlled act of "diagnosis"?

#### Considerations

- Under the [Regulated Health Professions Act](#), 1991 (Section 27, (2)) "Communicating to [an] individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis" is a controlled act, restricted to a few professions, excluding pharmacy.
- The Medical Council of Canada defines diagnosis/assessment as "the exploration of illness and disease using clinical judgment to gather, interpret and synthesize relevant information that includes but is not limited to history taking, physical examination and investigation"<sup>1</sup>.
- As described in the [Pharmacy Act, 1991](#), the practice of pharmacy includes "the assessment of conditions for the purposes of providing medication therapies".
- Assessment is not defined in the *Pharmacy Act*, however in the *Professional Competencies for Canadian Pharmacists at Entry to Practice* (published by the National Association of Pharmacy Regulatory Authorities, 2014) physical assessment is defined as "assessments of the body and its function. Pharmacists perform and assess findings of physical assessments for the purpose of evaluating the patient's need for or response to drug therapy. It is expected that a pharmacist at entry to practice be able to perform and assess findings of basic physical assessments commonly required in practice."<sup>2</sup>

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<sup>1</sup> <https://mcc.ca/glossary-of-terms/>

<sup>2</sup> <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-Comp-for-Cdn-PHARMACISTS-at-Entry-to-Practice-March-2014-b.pdf>

- For some of the ailments/therapies under discussion, many Advisory Group members believed that, in order to provide treatment options which may result in a prescription, pharmacists would need to cross the line from assessment into diagnosis. For example,
  - For swimmer's ear, if pharmacists are given the authority to perform otoscopy exams, would this be used to diagnose the patient's condition <sup>3</sup>.
  - For sore throat, if pharmacists are given the authority to perform point of care testing to confirm GABHS and treat for strep throat, would they use the results to diagnose the patient's condition.
- The issues with the lack of distinction between assessment and diagnosis may pose potential risks for patients and the health care system. The extent of the issue and associated risks have not been fully analyzed given time constraints.
  - The role of pharmacy in diagnosis is being discussed nationally and internationally, which will inform the future of the profession.
- If the Board believes in order to safely treat for some or all of these ailments, pharmacists would need to cross the line between assessment and diagnosis, then the Board can decide to:
  - Not move forward with any ailments/therapies at this time until clarity is obtained from the Ministry on the difference between assessment and diagnosis, and if communicating a diagnosis should be within pharmacists' scope of practice, or
  - Move forward with Category One and/or Two, but continue to seek clarity as described in the points above.
- If the Board believes pharmacists do not require the controlled act of diagnosis, the Board can continue recommending ailments/therapies without these considerations in mind.

### Next Steps:

The Board's recommended list of ailments and other therapies, as well as potential restrictions or consideration, will be sent to the Minister of Health in the next few weeks for review. Feedback from the Minister and Ministry of Health will be shared with the Board and the Advisory Group. Depending on Ministry feedback, the following are the next steps that would result in drafting an amended regulation that would add additional ailments/therapies to pharmacists' scope of practice:

- The Advisory Group defines the list of medications that pharmacists would be able to prescribe for each ailment/therapy.
- The Ministry of Health will decide on whether other legislation or regulations would need to be amended to support pharmacists to perform the expanded scope. Legislation or regulations that are not connected to pharmacy professional oversight would require the Ministry of Health to lead the amendments. This typically requires open consultation prior to approval.
- Based on the Board's motion, the College addresses concerns about the practice environment and/or seek clarity of diagnosis vs. assessment within pharmacy practice.
- The College prepares draft amended regulations for open consultation and Board approval.
- The Ministry of Health completes an internal policy approval process and prepares legislative drafting for College approval. Once sealed, the regulation is submitted by the Ministry of Health for government approval.

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<sup>3</sup> <https://www.cmpa-acpm.ca/en/education-events/good-practices/physician-patient/clinical-decision-making>

**Motion 1:** The Board recommends Category One ailments and therapies be included as pharmacists' scope of practice.

**Motion 2:** The Board recommends Category Two ailments and therapies, with the conditions or restrictions identified, be included as pharmacists' scope of practice.

**Motion 3:** The Board does not recommend further additions to the pharmacy scope of practice until concerns about the practice environment and/or the definition of "diagnosis" have been satisfactorily resolved.

**Attachments:**

14.1 - Members of the Scope of Practice Advisory Group

14.2 - Scope of Practice Advisory Group: Approach to Identifying Ailments for Recommendation

**Attachment 14.1 – Members of the Scope of Practice Advisory Group**

|   |  |
|---|--|
| Bjug Borgundvaag  | Director, Schwartz/Reisman Emergency Medicine Institute, Sinai Health System   |
| Chantal Rioux   | Advanced Practice Consultant, College of Nurses of Ontario   |
| Ilan Shahin   | Family Physician, Board of Director, Ontario College of Family Physicians  |
| Mark McIntyre   | Pharmacotherapy Specialist, Sinai Health System – University Health Network Antimicrobial Stewardship Program (SHS-UHN ASP)            |
| Mina Tadrous  | Assistant Professor, University of Toronto   |
| Noah Ivers  | Scientist, Women's College Research Institute<br>Associate Professor, Department of Family & Community Medicine, University of Toronto |
| Philip Lam  | Medical Director, Antimicrobial Stewardship, Division of Infectious Diseases, Sunnybrook Health Sciences Centre                        |
| Randy Luckham   | Community Pharmacist, Mactavish Pharmacy   |
| Sara Ingram   | Vice Chair, Board of Directors, Ontario College of Pharmacists   |
| Shenda Tanchak  | Registrar and CEO, Ontario College of Pharmacists (Chair)  |
| Sonia Link  | Pharmacist, Primary Care Team, Sioux Lookout First Nations Health Authority  |
| Tracy Wiersema  | Community Pharmacist   |
| Valerie Leung   | Antimicrobial Stewardship Program Lead, Public Health Ontario  |
| <b>Observers</b>  |  |
| Angeline Ng   | Vice President, Ontario Pharmacists Association  |
| David Liu   | President, Canadian Society of Hospital Pharmacists  |
| Katya Masnyk  | Senior Consultant, Evidence and Research, Ontario College of Pharmacists   |
| <b>Secretariat Support - Ontario College of Pharmacists</b> |  |
| Gabriella Yoo   | Project and QI Analyst, Business Processes   |
| Jennifer Leung  | Senior Strategic Policy Advisor, Strategic Policy and Analytics  |
| Melanie Zabawa  | Practice Consultant Lead, Community Practice   |
| Vivian Ng   | Manager, Strategic Policy and Analytics  |

## **Attachment 14.2 - Scope of Practice Advisory Group: Approach to Identifying Ailments for Recommendation**

The first task of the Advisory Group was to review which ailments pharmacists had the ability to prescribe for in other provinces and territories as the starting point. After reviewing the jurisdictional scan<sup>4,5</sup>, there was a noticeable difference in Alberta's approach, which warranted a separate review instead of a direct comparison of ailments. Each province in Canada regulates the practice of pharmacy according to the legislative authority provincial governments have delegated to the pharmacy regulatory authorities. The scope of practice for pharmacists practicing in Alberta is significantly different in that pharmacists, with additional prescribing authorization, are permitted to initiate drug therapy or change drug therapy for ongoing management of a patient's condition. Alberta is the only province in Canada that permits pharmacists who have met certain conditions and received additional prescribing authority to independently prescribe any Schedule I drug (i.e. any drug that requires a prescription), with the exclusion of Narcotics and Controlled Substances<sup>6</sup>. These differences in prescribing authorization across provinces and territories were also considered while reviewing the different ailments and whether Ontario's pharmacy regulatory approach would support the additional ailments being considered.

The Advisory Group also discussed how the criteria when identifying the previous 19 minor ailments was focused on pharmacist prescribing and what ailments would have the greatest impact on emergency room and urgent care visits. With the recent letter from the Minister in March 2023, the focus has shifted to expanding the scope of practice for pharmacy professionals and how to maximize our health human resources to support more convenient care closer to home while shortening wait times for key services. With this in mind, the Advisory Group determined it was appropriate to reframe the discussion to consider ailments that pharmacists had the ability to appropriately assess and provide treatment options, one of them being a prescription.

After reviewing the ailments other provinces and territories had given pharmacists prescribing authority, which were currently not included in the Ontario list, the Advisory Group eliminated ailments from consideration as described under Category Three ailments. After narrowing the list, the Advisory Group was divided into small groups to review a smaller subset of the ailments and determine if: 1) the ailment should be on the list; and 2) if so, should there be any restrictions during the assessment or when providing treatment options.

After reviewing the results with the larger Advisory Group, a proposed list of minor ailments was shared with a number of system partners from June – August 2023. The purpose of the targeted consultation was to receive input and feedback on the short list of ailments and associated restrictions (if any) and if there were any concerns about Ontario pharmacists assessing and treating ailments on this list. This feedback was then shared with the Advisory Group as consideration when finalizing the list of recommended minor ailments to the Board.

Various system partners were engaged and consulted, including:

- Post-secondary pharmacy programs
- Continuing education programs
- Practicing pharmacy professionals
- Pharmacy professional associations and advocacy groups
- Other health regulatory colleges
- Pharmacy regulatory authorities across Canada
- Pharmacy education accreditors
- Other health professional associations

Many system partners were positive about the addition of the proposed minor ailments, and noted that many community pharmacists were already assessing these ailments, but can not provide all the treatment options,

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<sup>4</sup> <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-RPh-Scope-of-Practice-in-Canada-chart-2021-12-EN.pdf>

<sup>5</sup> <https://www.pharmacists.ca/advocacy/scope-of-practice/>

<sup>6</sup> [https://abpharmacy.ca/faq/faq?redirect&shs\\_term\\_node\\_tid\\_depth=4](https://abpharmacy.ca/faq/faq?redirect&shs_term_node_tid_depth=4)



mainly prescription medications. Educational partners expressed many of the ailments were part of their core or continuing education curricula, but pharmacists that may not have as much experience or exposure to certain ailments may need further education to solidify their knowledge and skills related to assessment and treatment.

A few system partners provided feedback on specific ailments and shared support or concerns. Some of these concerns included how pharmacists would be able to differentiate the minor ailment from a more serious condition, or that education or training should be required, especially if expectations during the assessment require pharmacists to perform a test or exam that is currently outside of their scope.

A consistent concern that was shared by many system partners was the ability for pharmacists to practice this expanded scope given current pressures within the practice environment. They expressed that adding more minor ailments that pharmacists can assess and treat could exacerbate existing challenges within the pharmacy profession. These challenges, which include high workload and burnout, updating employment standards for pharmacy professionals, patient safety concerns related to the compromises required by the environment and increased pressure from the public and pharmacy management, have been previously brought to the attention of the College by the pharmacy community and continue to be important considerations for the College moving forward.

Overall, feedback from system partners supported the additional minor ailments, but with considerations that could be incorporated in the regulations, expectations set by the College or during implementation.

## BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

### FOR INFORMATION

|                           |   |
|---------------------------|---|
| <b>From:</b>              | Katya Masnyk, Senior Consultant, Evidence and Research  |
| <b>Topic:</b>             | Maximizing the College's effectiveness as a risk-informed, right touch regulator –Exploring practice-based risk   |
| <b>Issue/Description:</b> | The OCP Board has affirmed its commitment to right-touch regulation. Right touch regulation requires a fundamental understanding of risk. The College has already embraced the regular monitoring, review and reporting of corporate risk. This briefing note expands on existing approaches by setting the stage for the Board's discussion on pharmacy <b>practice-based risk</b> . |

**Public interest rationale:** The College protects the public interest through its commitments to right-touch regulation, its use of evidence and data to guide decision-making and its public reporting of performance against regulatory commitments – including reporting on how it addresses various types of risks. Understanding and acting on practice-based risk is one key component of the College's commitment to public protection through right-touch regulation.

**Strategic alignment, regulatory processes, and actions:** This issue aligns most closely with four of the eight regulatory principles approved by the College Board (the principles of right touch, risk-based regulation, public protection, and leadership) and with the values of accountability, fairness, transparency and judiciousness.

### Background:

Since 2010, when the Professional Standards Authority in the UK released its first paper on “right touch” regulation, regulators around the world have focused increasingly on being more purposeful about their work. Right-touch regulation means “*understanding the problem before jumping to the solution*”<sup>1</sup>, making sure that the level of regulation is proportionate **to the level of risk to the public that we serve**. As such, following the principles of “right touch” regulation, means understanding risk.

The College Board has reaffirmed its commitment to right-touch regulation, to measuring, understanding and addressing risk, and its culture of evidence/data-informed decision making in its most recent strategic plan. The College's regulatory principles and values articulate the Board's commitment to collecting and using data to become a fully evidence-informed organization with a laser focus on understanding risk to prevent harms.

There are many different areas of risk that the OCP must take into consideration in its work. Many of them related to Enterprise (or Corporate) Risk are already regularly measured, monitored, and reported on. These include, for example, financial variance compared to approved budgets, timelines for completing registration or investigations, or progress against completion of strategic goals. The OCP reports on these risk areas in both internal and external reports including reports to the Board of Directors, the College Performance Measurement Framework (CPMF) or reports to the Office of the Ontario Fairness Commissioner (OFC).

One area that has historically received less attention than enterprise risk (or in a less systematic, possibly less explicit way) is risk caused by **the practice of pharmacy** and its potential to cause harm to patients. A Data and Evidence Working Group at the College has been working to identify practice risk based on OCP and other regulators' data, research evidence, and expert opinion. The goal is to create a framework for assessing practice-based risk in a way

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<sup>1</sup> Professional Standards Authority. *Right-touch regulation*. <https://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>. Accessed July 1, 2023.

that helps the Board and OCP staff better understand where we should be focusing our regulatory interventions. We don't always have control over new regulatory initiatives and sometimes regulatory initiatives are launched for political or other reasons. However, when we do have the opportunity to change the way we do things, those decisions (what to focus on, where to start, what change to work towards) should be informed by evidence and data and prioritized according to risk of harm.

During the Board meeting, we will consider elements of risk in the practice of pharmacy that can cause harm to patients and will discuss how a risk-based approach can inform our regulatory work.

## BOARD BRIEFING NOTE

**MEETING DATE: SEPTEMBER 2023**

### FOR INFORMATION

**From:** Thomas Custers, Director, Corporate Services

**Topic:** College Performance Scorecard Q2

**Issue/Description:** Q2 performance update on the College's 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 with quarterly 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 Q2 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 Q2, 6 of the 14 indicators have surpassed/met the target, while 2 are nearing the target, and 3 are at risk of not meeting the 2023 target.

| Overview Q2 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                | 6                                      | 2   | 3  | 3   |
| 4 Milestones                 | 4                                      | 0   | 0  | -   |

- The College is currently not meeting the 2023 targets set for 3 indicators for various reasons including, but not limited to, catching up on backlogs due to previous staff turnover and shortages, COVID, and compliance. The College has improvement strategies in place to close the gap between current performance and the 2023 targets.
- The attached Q2 2023 Performance Summary/Improvement Strategies report provides further details on each indicator and milestone.

#### Attachments:

- 16.1 - Q2 2023 College Performance Scorecard
- 16.2 - Q2 2023 Performance Summary/Improvement Strategies
- 16.3 - 2023 Scorecard Measures Definitions

# 2023 College Performance Scorecard

| No.  | Strategic Alignment |     |     | 2022 Actual | BOARD MONITORED Key Performance Indicators and Milestones (M)   | 2023 YTD (year-to-date)    |             |        |        | 2023 Target         |
|--|---------------------|-----|-----|-------------|---|----------------------------|-------------|--------|--------|---------------------|
|  | SP1                 | SP2 | SP3 |             |   | YTD Q1                     | YTD Q2      | YTD Q3 | YTD Q4 |                     |
| Domain 1: Governance                           |                     |     |     |             |   |                            |             |        |        |                     |
| 1  |                     |     | ✓   | 95%         | Percentage of Board Directors voluntarily contributing at each Board meeting  | 94%                        | 94%         |        |        | ≥95%                |
| 2  |                     |     | ✓   | 87%         | Percentage of Board Directors completing evaluation surveys   | 95%                        | 97%         |        |        | 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    | 88%         |        |        | ≥78%                |
| 5  |                     |     | ✓   | 62%         | Percentage of employee engagement (Culture survey subset)   | Scheduled for June 2023    | 78%         |        |        | ≥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)               | 94% (29/31) |        |        | ≥82%                |
| 10   | ✓                   |     | ✓   | 25%         | Prioritized practice documents (policies/guidelines/guidance) updated within target timeline  | 0% (0/6)                   | 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)                  | 22% (17/77) |        |        | ≥30%                |
| 13   |                     | ✓   | ✓   | 58%         | Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days  | 68% (13/19)                | 64% (20/31) |        |        | ≥50%                |
| 14   |                     | ✓   |     | 96%         | Percentage of HPARB complaint decisions confirmed   | 100% (4/4)                 | 100% (6/6)  |        |        | ≥88%                |
| 15   | ✓                   |     |     | 582         | Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category       | 496                        | 501         |        |        | ≤365 days           |
| 16   | ✓                   | ✓   | ✓   | 51%         | Percentage of community pharmacies entering events on AIMS platform   | 23%                        | 33%         |        |        | ≥80%                |
| Domain 7: Measurement, Reporting & Improvement |                     |     |     |             |   |                            |             |        |        |                     |
| 17   |                     |     | ✓   | 98%         | Percentage of Board Directors report receiving appropriate info. to exercise oversight role   | 100%                       | 100%        |        |        | ≥95%                |
| 18   |                     |     | ✓   | n/a         | Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel    | 40%                        | 41%         |        |        | Collecting Baseline |

| LEGEND   |                          |                                |                |
|--|--------------------------|--------------------------------|----------------|
| Strategic Alignment  | Indicator Range          | Milestone Range                | Symbols        |
| SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice                 | Meets or Exceeds target  | On Track (proceeding per plan) | n/a Not Avail. |
| SP2: Strengthen trust and confidence in the College's role as a patients-first regulator                                   | Approaching Target ≤ 25% | Potential Risk                 | (M) Milestone  |
| SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence | Beyond Target > 25%      | Risk/Roadblock                 | Completed      |

| Scorecard Measure  | Q2 2023 Performance Summary / Improvement Strategies  |
|--|---|
| <b>#1</b><br>Percentage of Board Directors voluntarily contributing at each Board meeting  | The Q2 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.  |
| <b>#2</b><br>Percentage of Board Directors completing evaluation surveys   | The specific Q2 score of 100% aligns with the 2023 targeted response rate of 100% which shows an improvement from Q1. Overall, our Q2 YTD is 97% and trending towards target.   |
| <b>#3</b><br>Variance of year-end actuals to annual operating budget   | Results will be available for Q4 reporting.   |
| <b>#4</b><br>Percentage of Employee engagement (Inclusion survey subset)   | 2023 survey result of 88% exceeds target of 78%.  |
| <b>#5</b><br>Percentage of Employee engagement (Culture survey subset)   | 2023 survey result of 78% exceeds target of 70.5%.  |
| <b>#6</b><br>Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks(M) | The negotiation with the initially selected vendor was unsuccessful. As a result, the College made the decision to work with an alternate vendor from the original shortlist. The new vendor's statement of work is in the process of being finalized with a view to commencing the implementation of the new CRM in October this Fall.           |
| <b>#7</b><br>Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)                                 | This project is progressing as planned. The internal team developed a system partner engagement strategy and implemented it to guide consultations related to the next set of minor ailments and feedback on expanded scope regulatory amendments. A review of the process, with a goal to enhance the strategy further, will be undertaken next. |
| <b>#8</b><br>SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)                  | The project is progressing as planned. Several test migrations have been completed successfully, and the College is about to undertake the migration. The project is targeted to be completed by the Spring of 2024.  |
| <b>#9</b><br>Percentage of community pharmacists passing quality assurance (QA) re-assessment  | Achieved 94% and remain confident we will continue to meet 2023 target of 82%. Variation within each quarter is normal due to the small number of re-assessments completed.   |
| <b>#10</b><br>Prioritized practice documents (policies/guidelines/guidance) updated within target  | Year-end-measure. Targeting 3 out of 6 practice documents in 2023. As of Q2, we anticipate completing 2 out of 6 due to recent staffing changes and continued regulatory priorities. A recurring review of the policy process is underway to streamline the process to help us achieve the target.  |

| Scorecard Measure   | Q2 2023 Performance Summary / Improvement Strategies  |
|---|---|
| timeline  |   |
| <b>#11</b><br>Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M) | <p>This project is progressing as planned. The EDI strategy was presented to the Board at the June meeting. Activities are underway, including inclusive language training, defining OCP's EDI Lens, workstream planning with staff leads and workstream audits/needs assessments to inform 2024 planning.</p>  |
| <b>#12</b><br>Percentage of high and moderate risk complaints disposed of within 150 days   | <p>The specific Q2 score on this indicator was 39%, which exceeds the 2023 target of 30% and represents a 30-percentage point improvement from the Q1 score of 9%. This can be attributed to the elimination of the 2021/2022 backlog and an improved average overall processing time from 148 to 118 days. The year-to-date score at the end of Q2 is 22%, which remains below but closer to the 2023 target.</p> <p>The ongoing clearance of older files and their continued inclusion in the denominator could impact the YTD performance of this measure in future.</p>   |
| <b>#13</b><br>Percentage high and moderate risk Registrar's inquiries disposed of within 365 days   | <p>Achieved 64% in Q2, exceeding 2023 target of 50%.</p>  |
| <b>#14</b><br>Percentage of HPARB complaint decisions confirmed   | <p>Achieved 100% in Q2, exceeding 2023 target of 88%.</p>   |
| <b>#15</b><br>Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category       | <p>The average cycle time in days between assessments for Q2 (YTD) is 501, The Q2 score is an improvement from the Q1 average cycle times, which was 623 days, but still exceeds the 2023 target of 365 days as set out by the College.</p> <p><b>Q2's performance was impacted by the following factors:</b></p> <ul style="list-style-type: none"> <li>human health resources challenges continue in pharmacies, resulting in pharmacy managers requesting to reschedule the assessment due to inadequate staffing.</li> <li>under staffing for the COA team continues to impact performance; and</li> <li>there are a few outlier pharmacies in Q1 and Q2, with delayed assessments (impacting the average) due to ongoing work with Health Canada.</li> </ul> <p><b>Improvement Strategies:</b></p> <ul style="list-style-type: none"> <li>continued prioritization of sterile compounding pharmacies – with intent to conduct an assessment at all sites in 2023, barring any unforeseen circumstances.</li> </ul> |


















| Scorecard Measure  | Q2 2023 Performance Summary / Improvement Strategies   |
|--|--|
|  | <ul style="list-style-type: none"> <li>territory realignment allows COA with sterile compounding knowledge to prioritize high-risk assessments – note that this takes some time to see improvements; and</li> <li>two additional FTEs have been hired and as their orientation continues it is anticipated cycle time will continue to decline.</li> </ul>   |
| <b>#16</b><br>Percentage of community pharmacies entering events on AIMS platform  | <p>In Q2, the aggregate score is 33%, which is below the 2023 target of 80%. Community pharmacies should be reporting one or more safety events in any given quarter.</p> <p><b>Q2's performance was impacted by the following factors:</b></p> <ul style="list-style-type: none"> <li>registrant feedback indicates a significant barrier to entering events is the reporting form within the platform.</li> <li>pharmacies are in transit to the new, easier to use incident reporting form (with a 77% completion rate); and</li> <li>the College is still waiting on access to the engagement data of pharmacies or groups with low engagement to initiate outreach activities.</li> </ul> <p><b>Improvement Strategies:</b></p> <ul style="list-style-type: none"> <li>newly transitioned pharmacies received targeted communications in July, emphasizing the user-friendly form; and</li> <li>the onboarding of remaining pharmacies to occur over Q3 with anticipated completion by the end of September.</li> </ul> |
| <b>#17</b><br>Percentage of Board Directors receiving appropriate info. to exercise oversight role   | Achieved 100% in Q2, exceeding 2023 target of 95%.   |
| <b>#18</b><br>Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel | <p>In Q2 specific, a performance of 42% was achieved, which contributed to a Q2 year-to-date performance of 41%.</p> <p>The data for calculating this indicator in Q2 includes Board Director availability for 4 hearings. (1 uncontested hearing and 3 contested hearings) Constituting panels for these hearings was challenging when conflicts were considered in addition to availability.</p>   |



















#### 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                 |

| Scorecard Measure  | Indicator or Milestone Definition   | Target Justification  | Performance  |
|--|---|---|--|
| <b>#1</b><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><div> <span style="color: green;">■</span> ≥ 95.0%<br/> <span style="color: yellow;">■</span> 71.3 – 94.9%<br/> <span style="color: red;">■</span> ≤ 71.2% </div>             |
| <b>#2</b><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><div> <span style="color: green;">■</span> 100%<br/> <span style="color: yellow;">■</span> 75.0 – 99.9%<br/> <span style="color: red;">■</span> ≤ 74.9% </div>                |
| <b>#3</b><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><div> <span style="color: green;">■</span> +/- 5.0%<br/> <span style="color: yellow;">■</span> +/- 6.0 – 25.0%<br/> <span style="color: red;">■</span> +/- 25.1% or more </div> |
| <b>#4</b><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><div> <span style="color: green;">■</span> ≥ 78.0%<br/> <span style="color: yellow;">■</span> 58.5 - 77.9%<br/> <span style="color: red;">■</span> ≤ 58.4% </div>              |
| <b>#5</b><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><div> <span style="color: green;">■</span> ≥ 70.5%<br/> <span style="color: yellow;">■</span> 52.9 – 70.4%<br/> <span style="color: red;">■</span> ≤ 52.8% </div>              |

| <b>#6</b><br><i>Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M).</i> | 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  |
| <b>#7</b><br><i>Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).</i>                                  | 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    |
| <b>#8</b><br><i>SharePoint Online implementation for Corporate Service &amp; Quality division on time in keeping with benchmarks (M).</i>               | 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 |
| <b>#9</b><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%        |
| <b>#10</b><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%      |

| <b>#11</b><br><i>Introduction of Equity, Diversity &amp; Inclusion strategy (EDI) and initial implementation of action plan in keeping benchmarks (M).</i> | 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><div>  On Track </div> <div>  Potential Risk </div> <div>  Risk/Roadblock </div>      |
|--|--|---|---|
| Scorecard Measure  | Indicator or Milestone Definition  | Target Justification  | Performance   |
| <b>#12</b><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><div>  ≥ 30.0% </div> <div>  22.5 – 29.9% </div> <div>  ≤ 22.4% </div>            |
| <b>#13</b><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><div>  ≥ 50.0% </div> <div>  37.5 – 49.9% </div> <div>  ≤ 37.4% </div> |
| <b>#14</b><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><div>  ≥ 88.0% </div> <div>  66.0 – 87.9% </div> <div>  ≤ 65.9% </div>      |
| <b>#15</b><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><div>  ≤ 365 </div> <div>  366 – 456 </div> <div>  ≥ 457 </div>             |
| <b>#16</b><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><div>  ≥ 80.0% </div> <div>  60.0 – 79.9% </div> <div>  ≤ 59.9% </div>      |

| <b>#17</b><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><div> <span style="display: inline-block; width: 10px; height: 10px; background-color: #90EE90; border: 1px solid black;"></span> ≥ 95.0%<br/> <span style="display: inline-block; width: 10px; height: 10px; background-color: #FFFF00; border: 1px solid black;"></span> 71.0 – 94.9%<br/> <span style="display: inline-block; width: 10px; height: 10px; background-color: #FF0000; border: 1px solid black;"></span> ≤ 70.9% </div> |
|---|---|--|--|
| Scorecard Measure   | Indicator or Milestone Definition   | Target Justification                         | Performance  |
| <b>#18</b><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.<br>Collecting baseline.       |  |

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

## BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

### FOR DECISION

**From:** Thomas Custers, Director, Corporate Services

**Topic:** 2024 Operational Plan

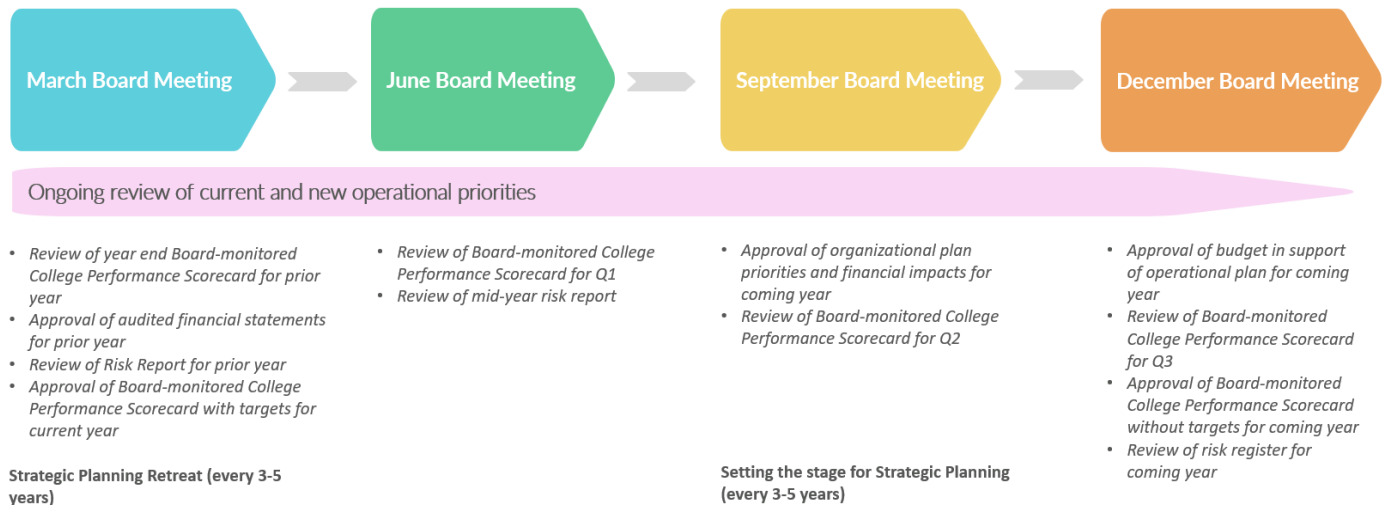
**Issue/Description:** Priorities and Direction for 2024

**Public interest rationale:** To achieve its mandate, the College must have sound operations. The Board guides those by setting the strategic direction and ensuring that resources are available to deliver on the College's strategic goals and statutory mandate of public protection.

**Strategic alignment, regulatory processes, and actions:** Ensuring that operations follow the Board's direction and are adequately funded supports the strategic plan and all regulatory activity.

### Background:

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



- While staff take responsibility for operations, the Board provides oversight to ensure that the plan is in keeping with its strategic direction and will support all statutory functions.
- At the March 2023 Board meeting, the Board approved the 2024-2028 Strategic Plan for the College. It sets out the following goals for the next five years:
  - 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.
  - The College effectively provides members of the public, registrants, and other partners with clear, relevant, up-to-date information.
  - 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.

- As outlined below, in 2024, the College will continue to invest in and build the organization by optimizing its infrastructure while commencing with implementing the new strategic plan.

| 2023  | 2024  | 2025 -2029   | 2030   |
|---|---|--|--|
| Invest and Build  | Optimize Infrastructure and Commence Strategic Plan   | Maximize Our Resources and Strategic Plan Implementation   | Transition Completed   |
| <ul style="list-style-type: none"> <li>Invested in 22 new staff</li> <li>Workplace culture resulting in staff feeling fully re-engaged (76.4% vs. 56.7% last year) and an improved turnover rate from 8.7% in 2021 to 3% in 2023</li> <li>Onboarded vendor (KPMG) and began planning phase for new CRM</li> <li>Anticipated sale of 186 St. George Street premises</li> <li>Identified space sharing opportunities with other health regulatory Colleges</li> </ul> | <ul style="list-style-type: none"> <li>Finalize implementing CRM</li> <li>Strengthen evidence/data driven decision-making</li> <li>Governance review</li> <li>Continue investing in workplace culture</li> <li>Optimize efficiency and effectiveness of staff through reorganization, redeployment and investing in staff having the right skills</li> <li>Start implementing 2024-2028 Strategic Plan</li> </ul> | <ul style="list-style-type: none"> <li>Continue implementing 2024-2028 Strategic Plan</li> <li>Match operational need with appropriate staff positions and skills</li> </ul> | <ul style="list-style-type: none"> <li>College has the right capabilities to effectively and efficiently execute its mandate in a dynamic and demanding environment</li> </ul> |
| Projected Surplus   | Projected Deficit   |  | Projected Surplus  |

- In optimizing the infrastructure, two budget areas will continue to show significant investment: Personnel and the cost of the new Customer Relationship Management system (“CRM”), which is the database used to store all registrant information and support regulatory activities.

#### Personnel

- The recruitment of new staffing positions planned for 2023 has been finalized, and moving forward, no new positions are envisioned. However, continued investments will be made in staff training and skills development.
- Furthermore, based on staff feedback, the College has eliminated its pay-for-performance system. Merit increases are no longer linked to performance. Instead, the College will implement a new recognition and reward system. Personnel costs are expected to increase by 4% for merit over 2023 to align with the Consumer Price Index.

#### CRM

- The College selected and onboarded KPMG as the vendor to implement the College’s new CRM. The implementation will start in October with an estimated completion date of December 2024. Significant time commitments will be required across the College during implementation and will impact our ability to take on new initiatives in 2024. The implementation cost will be: \$1.47 million.
- The focus of the work in executing the new strategic plan in 2024 will be on the following:<sup>1</sup>
  - Building the foundation, defining, and planning the activities needed to achieve **Goals 1 and 4** over the next five years, and implementing initial initiatives that do not require significant new investments or staff resources.
  - Refreshing OCP’s website and, developing guidelines for staff, French translation of selected information on the OCP website, and improving the College’s call triaging to advance **Goal 2**.
  - Building a surge capacity at the College to meet **Goal 3**.

<sup>1</sup> See Appendix 1 for more detail.

## Other Notes

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

The College is in the process of offering shared office space at 483 Huron Street to two other Colleges, the College of Opticians, and the College of Kinesiologists of Ontario. This will have cost sharing benefits and maximize use of available space due to a largely remote workforce.

**Motion:** The Board approves the priorities and direction for the 2024 Operational Plan

## Appendix 1:

| Goal 1: Pharmacy setting doesn't create barriers             |   |
|--|---|
| Areas of focus next 5 years to achieve goal                  | Staffing levels & inappropriate staffing mix, long work hours, lack of breaks, deprofessionalization, lack of safety culture, interruptions in work processes, no access to patient's health information  |
| 2024 Activities  | Literature reviews, environmental scans, data analysis, define action plan & build partnerships   |
| Goal 2: Effective College communications in all interactions |   |
| Areas of focus next 5 years to achieve goal                  | Clarity & utility of information from the College, Consistency of information, mobility of and access to information from the College   |
| 2024 Activities  | Website refresh, brand refresh, development of guidelines for staff, KTE/Practice Education webinars, French translation, improve phone triaging  |
| Goal 3: The College has the resources                        |   |
| 2024 Activities  | Build surge capacity  |
| Goal 4: Patients receive respect/no discrimination           |   |
| Areas of focus next 5 years to achieve goal                  | College internal, governance, practice policies/standards, regulatory functions, communications, space at OCP building  |
| 2024 Activities  | Review & update OPC internal policies and recruitment process, provide training, review Governance policies, selection process, provide Board/Committee training and skill development, review Code of Ethics & practice policies and planning for applying EDI lens to policies/resources, review documents related to regulatory functions. |