Board of Directors Meeting Agenda

MONDAY DECEMBER 11, 2023
9:30 AM – 5:00 PM
MEETING LINK

Meeting Objectives
- To provide end-of-year operational and program updates
- To determine the priorities for OCP's Equity, Diversity and Inclusion Strategy
- To approve or revise the 2024 budget and reporting scorecard
- To launch OCP's new Service Charter

Time

9:30am   1. **Welcome and Land Acknowledgement**
Delia Sinclair Frigault, Manager of Equity, Diversity and Inclusion will provide the land acknowledgement.

2. **Declaration of Conflict of Interest**
Board members will be asked to identify any items on the agenda with which they have or may appear to have a conflict of interest.

3. **Minutes of the September 18-19 Board Meeting – For Decision**
The Board will consider the minutes of its last meeting for revision or approval.

9:45   4. **Chair's Report – For Information**
The Chair, James Morrison, will report about activities, decisions, and initiatives undertaken on behalf of the OCP.

9:55   5. **Registrar's Report – For Information**
The College can only be effective in delivering its mandate if it is operating effectively. The Registrar, Shenda Tanchak will provide a report to facilitate Board oversight of College performance.

   5.1.1 Registrar's Update Sept-Oct, 2023
   5.1.2 Registrar's Update Nov-Dec, 2023
   5.1.3 College Performance Scorecard - Key performance results for Q3
   5.1.4 Risk Management Report - Update on key risks and mitigation activities

10:20   6. **2019-2023 Strategic Plan – Presentation**
The current strategic plan is complete at the end of December. Todd Leach, Director of Communications and Knowledge Mobilization will present video highlights of OCP's accomplishments.

10:35   **BREAK**

Accountability   Fairness   Collaboration   Judiciousness   Integrity   Transparency

10:50	7.	**Equity, Diversity & Inclusion Strategy – For Decision**

7. Equity, Diversity & Inclusion Strategy – For Decision
Delia Sinclair Frigault, Manager of Equity, Diversity and Inclusion will seek Board direction on whether to prioritize Indigenous cultural humility and reconciliation in the College's Equity, Diversity and Inclusion strategy.

10:50

11:10

8. Best Practices for Land Acknowledgement – For Information
Delia Sinclair Frigault, Manager of Equity, Diversity and Inclusion will present current land acknowledgement leading practices to be incorporated in future meetings.

11:30

9. Assurance and Improvement in Medication Safety (AIMS) Evaluation – For Information
Saira Lallani, Medication Safety Lead and Sandra Winkelbauer, Special Projects Manager will provide an update about the status of the AIMS program, including recent accomplishments and challenges. They will also outline the plan for evaluation of the program.

11:55   **In Camera** - Motion to go in Camera pursuant to the Health Professions Procedural Code, subsections 7(2)(b) and (c)

12:30 pm   **LUNCH and Meeting Recess**

3:30

10. OCP Disciplinary Processes – For Information
Work is underway to explore opportunities for improvement in College processes associated with disciplinary matters. Angela Bates, Director of Conduct will provide an update about the work to date and plan for analysis of the options and decision-making.

3:50

11. Ontario College of Pharmacists 2024 Budget – For Decision
Douglas Brown, Chair of the Finance and Audit Committee, and Thomas Custers, Director, Corporate Services, will present the proposed 2024 budget for Board consideration, revision or approval.

4:10

12. Proposed College Performance Scorecard 2024 – For Decision
One of the tools that the Board uses for oversight of OCP activities, both operational and strategic, is the scorecard that is provided at every Board meeting. The Board must ensure the measures that will be included in the scorecard will provide it with the information it needs. Thomas Custers will present the proposed scorecard for 2024 and seek Board direction on its suitability.

4:30

13. By-Law Review: Article 9 and Article 14.2 – For Decision
Sara Ingram, Vice- Chair of the Board and Chair of the Governance Committee will present the Governance Committee's recommended change to OCP's by-law to permit the Drug Preparation Premises Committee to meet in panels.

4:40

14. OCP Service Charter – For Information
In January 2024, OCP's new strategic plan will come into effect. The plan includes Regulatory Principles. Katya Masnyk, Director of Policy, Engagement and Strategy Implementation will present OCP's new Service Charter: OCP's promise to registrants and the public about how we will live up to the regulatory principles.

5:00   **MEETING ADJOURNS**

Accountability   Fairness   Collaboration   Judiciousness   Integrity   Transparency

OCP Strategic Plan 2024-2028

Our Values
These express who we are and how we are operate.

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

Our Regulatory Principles
These guide our work and decisions as a regulator.

Mandate/Public Protection: All our work is to ensure safe, competent, and ethical professional practice.

Risk: We act to reduce or prevent harms. We use data to anticipate and measure risk. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.

Right Touch: Our regulatory actions are proportionate to the level of risk to the public.

Partnerships: We engage and collaborate with Ontario patients and other health system partners to protect the public.

Culture: We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.

Person-focused: We will act with fairness and compassion towards all participating in our processes.

Transparency: We clearly communicate our expectations, requirements, activities and performance as transparently as possible.

Leadership and Innovation: We will innovate and endeavour to drive change to most effectively address identified risk.

Our Strategic Goals
These are what we intend to achieve as we fulfill our mandate.

1. Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.

2. The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.

3. The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment.

4. The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.

MINUTES OF MEETING

OF BOARD OF DIRECTORS

SEPTEMBER 18 - 19, 2023

Attendance

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

Dr. Andrea Edginton, Hallman Director, School of Pharmacy, University of Waterloo
Dr. Daniel Figeys, Director, School of Pharmaceutical Sciences, Faculty of Medicine, University of Ottawa
Dr. Micheline Piquette-Miller, Interim – Dean, Leslie Dan Faculty of Pharmacy, University of Toronto

Members Appointed by the Lieutenant-Governor-in-Council
Randy Baker, Toronto
JP Eskander, Oakville
Christine Henderson, Toronto (regrets Day 1)
Adrienne Katz, Toronto
Elnora Magboo, Brampton
Dan Stapleton, Toronto
Gene Szabo, Kanata (regrets Day 1 & 2)

Cindy Wagg, Oakville
Devinder Walia, Etobicoke
John Vanstone, Severn

Committee Chairs
Day 1
Sylvia Moustacalis, Registration
Karen Riley, Quality Assurance
Chintan patel, ICRC
Frank Hack, AC/DPP
Jeannette Schindler, FTP
Day 2
Megan Sloan, Screening

External Consultants
Karim Sabayon, Manager, Advisory Services, McLean & Company (for Item 10)

Staff Present
Shenda Tanchak, Registrar and CEO
Angela Bates, Director, Conduct
Susan James, Director, Quality
Thomas Custers, Director, Corporate Services
Todd Leach, Director, Communications and Government Relations
Stephenie Summerhill, Executive Assistant to Registrar and CEO
Greg Purchase, Manager, Registrant Competence
Melanie Zabawa, Lead, Practice Consultant
Anita Arzoomanian, Lead, Professional Development Remediation & Quality Assurance
Kristin Reid, Manager, Assessments
Katryna Spadafore, Manager Conduct Operations
Jimmy Le, Manager, Investigations
Katya Masnyk, Senior Consultant, Evidence and Research
Genevieve Plummer, Manager, Legal Conduct
Valentina Egboh, Governance Advisor

The meeting was called to order at 9:30 a.m. Mr. Morrison welcomed all Directors, staff, and observers and introduced new directors on the Board, Micheline Piquette-Miller, and Daniel Figeys.

1. **Land Acknowledgement**
   Mr. Sivapalan opened the meeting with a land acknowledgement in recognition and respect for Indigenous peoples.

2. **Appointment of New Directors**
   Mr. Morrison informed the Board that the incumbent directors had been successful in the elections which took place over the summer. Jennifer Antunes had won the seat for Pharmacy Technician by acclamation, and the two Pharmacist seats were won by Sara Ingram and Douglas Brown. Additionally,

he introduced new academic Board Directors, Micheline Piquette-Miller, the Interim Dean at the University of Toronto, and Dr. Daniel Figeys, Director of the newly established francophone School of Pharmaceutical Sciences at the University of Ottawa.

Motion: The Board approved the appointment of Sara Ingram, Douglas Brown, Jennifer Antunes, Micheline Piquette-Miller and Daniel Figeys to the Board of Directors.

3. **Declaration of Conflict**
Andrea Edginton recused herself from the discussion on Minor Ailments and other therapies. No additional conflicts were declared.

4. **Minutes of June 12, 2023, Board Meeting – For Decision**
Motion: The Board approved the minutes of the June 12, 2023, Board Meeting subject to housekeeping changes.

5. **Chair's Report – for Information**
Mr. Morrison provided a summary of his post-June Board meeting activities and highlighted key insights from the board meeting evaluation.

He referred the Board to its decision at the June Board meeting granting approval for regulatory amendments to extend the practice scope of pharmacists and pharmacy technicians for the 2023-24 respiratory illness season contingent upon his review that substantial changes were not needed post-public consultation. He mentioned that after reviewing the consultation results, no changes were deemed necessary, and added that the proposal had been submitted to the Ministry of Health and was currently available for public consultation on the Public Registry.

6. **Registrar's Report – for Information**
Ms. Tanchak delivered a summary of her report. Key highlights included the Governance Review project, which seeks to apply the same high-quality standards to committees as are applied to the Board, and the ongoing efforts in compounding standards in response to concerns raised about compounding pharmacies meeting NAPRA standards.

7. **Election of the Executive Committee**
Mr. Cheung, Governance Committee Chair, informed the Board that the list of candidates for the Executive Committee election had been reviewed by the Governance Committee, confirming their eligibility for election. He then presented an overview of the election process, and the election was subsequently conducted.

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

Motion: The Board approved the appointment of James Morrison as Chair of the Board of Directors of OCP for the 2023 – 2024 Board year.

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

Motion: The Board approved the appointment of Sara Ingram as Vice-Chair of the Board of Directors of OCP for the 2023 – 2024 Board year.

Election of the other members of the Executive Committee
Mr. Cheung noted that only two Public Directors had expressed interest in serving; Christine Henderson and Adrienne Katz were acclaimed to the Executive Committee.

He mentioned that Doug Brown and Siva Sivapalan had expressed interest in serving on the Executive Committee, and each Director was given the opportunity to address the Board of Directors. The election was conducted through an electronic poll, and the results revealed that Siva Sivapalan received the most votes.

Motion: The Board approved the appointments of Christine Henderson, Adrienne Katz, and Siva Sivapalan to the Executive Committee for the 2023 – 2024 Board year.

8. **OCP Risk Overview – Risk Appetite & Risk Reporting – for Information**
Mr. Custers provided the Board with an overview of the Board's oversight role in risk management highlighting the College's risk appetite, risk management framework and risk reporting tools to refresh the Board's understanding of the College's risk posture.

9. **Overview of Committees, Regulatory Programs and Committee Reports**
Ms. Tanchak, Mr. Leach and College staff presented the Board with an orientation on the role of the College and its regulatory programs depicted from the view of a Registrant's interaction with the college. Embedded in the presentation were the annual reports from each of the statutory and standing committees presented by the Committee Chairs and Staff Resource Leads on their work over the past year.

10. **Results of 2023 OCP Employee Engagement Survey**
Mr. Sabayon presented the Board with an overview of the 2023 OCP Employee Engagement Survey, emphasizing the substantial improvements across all drivers and the increased staff engagement from the previous year. These improvements were attributed to the communication efforts made by leadership regarding their decisions and responses to staff feedback.

The Board commended the College's leadership for the improvements made in the college's culture and management. Ms. Tanchak informed the Board about the reduction in staff attrition, ongoing efforts to review compensation packages, and the development of measures to support professional growth. (See attached presentation provided by McLean & Company)

11. *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 11:20 am. The Board resumed the public portion of the meeting at 1:10pm.

12. **2023-2024 Committee Slate - for Decision**
    Mr. Cheung presented the Board with the proposed Committee Slate including Chairs for the 2023-2024 term as prepared by the Governance Committee.

    Motion: The Board approved the slate of candidates presented by the Governance Committee to serve on the College Committees for a term that expires at the first regular meeting of the Board following the next regular election.

    Mr. Morrison acknowledged and expressed gratitude for the service of the outgoing members of the various standing and statutory committees, with a special acknowledgment of Bonnie Hauser's contributions. She had served in various capacities on the Board and Committees of the OCP for the past 19 years.

13. **Standardizing Auditor Selection and Appointment of Auditor – For Decision**
    Mr. Stapleton, Finance and Audit Committee Chair, confirmed that the FAC's recommendation that the Board reappoints Tinkham LLP Chartered Professional Accountants as Auditor for this fiscal year.

    Motion: The Board approved Tinkham LLP Chartered Professional Accountants be appointed as auditor for 2023.

    Motion: The Board approved the Finance and Audit Committee's recommendation that the College align its timeline for market review of audit services with the Chartered Professional Accountants of Canada's recommendation of 5 years.

14. **Expansion of Scope – Minor Ailments and Other Therapies – For Decision**
    The Board engaged in an extensive discussion on whether to recommend additional minor ailments and other therapies to Pharmacists' scope of practice based on the request from the Minister of Health to the Board Chair to reengage the Minor Ailments Advisory Group (MAAG) to explore further minor ailments, including those that may require additional scope of practice expansions to support safe and effective prescribing.

    Motion: The Board approved the recommendation of Categories One and Two ailments and therapies, with the addition of erectile dysfunction and onychomycosis on the understanding that some of these may be subject to conditions or restrictions yet to be determined.

15. **Maximizing the College's effectiveness as a risk-informed, right touch regulator – Exploring practice-based risk – for Discussion**
    Ms. Masnyk provided an overview on the College's commitment to right touch regulation and engaged the Board in an exercise to foster better understanding of practice-based risks which arises during pharmacy practice and its potential to cause harm to patients.

    She informed the Board that the next phase involved the creation of a framework for evaluating practice-based risk, which would assess both the likelihood and impact of risks in various areas of practice. This framework would be used to inform future regulations and its effectiveness would be brought to the Board for consideration.

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

    Ms. Custers briefed the Board on the Q2 College Performance Scorecard noting for new board directors that the scorecard was presented at each meeting to provide the Board with a quarterly report on the status of the College's performance on key performance indicators.

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

    Ms. Custers briefed the Board on the 2024 Operational Plan and discussed the directions for the year ahead. Ms. Katz. recommended consistency in the use of the term CRM as Customer Relationship Management system or Client Relationship Management implied profit- making. Ms. Custers assured the board that the leadership team will review the terminology.

    Motion: The Board approved the priorities and direction for the 2024 Operational Plan.

18. **Adjournment**

    There being no further business, at 4:20 pm, the meeting ended.

McLEAN & COMPANY

Engagement Report

The Ontario College of Pharmacists

Current period:

Jun 7, 2023 - Jun 30, 2023

# of employees:	**151**
# of responses:	**127**
Response rate:	**84%**

Previous period:

Jun 8, 2022 - Jun 23, 2022

McLean & Company Engagement Model

ENGAGEMENT DRIVERS

ORGANIZATIONAL DRIVERS
- Culture
- Company Potential
- Department Collaboration
- Department Leadership
- Executive Leadership
- Inclusion

JOB DRIVERS
- Career Advancement & Development
- Coworker Relationships
- Employee Empowerment
- Manager Relationships
- Recognition

RETENTION DRIVERS

INDIVIDUAL DRIVERS
- Total Compensation
- Working Environment
- Work Life Balance

OVERALL ENGAGEMENT
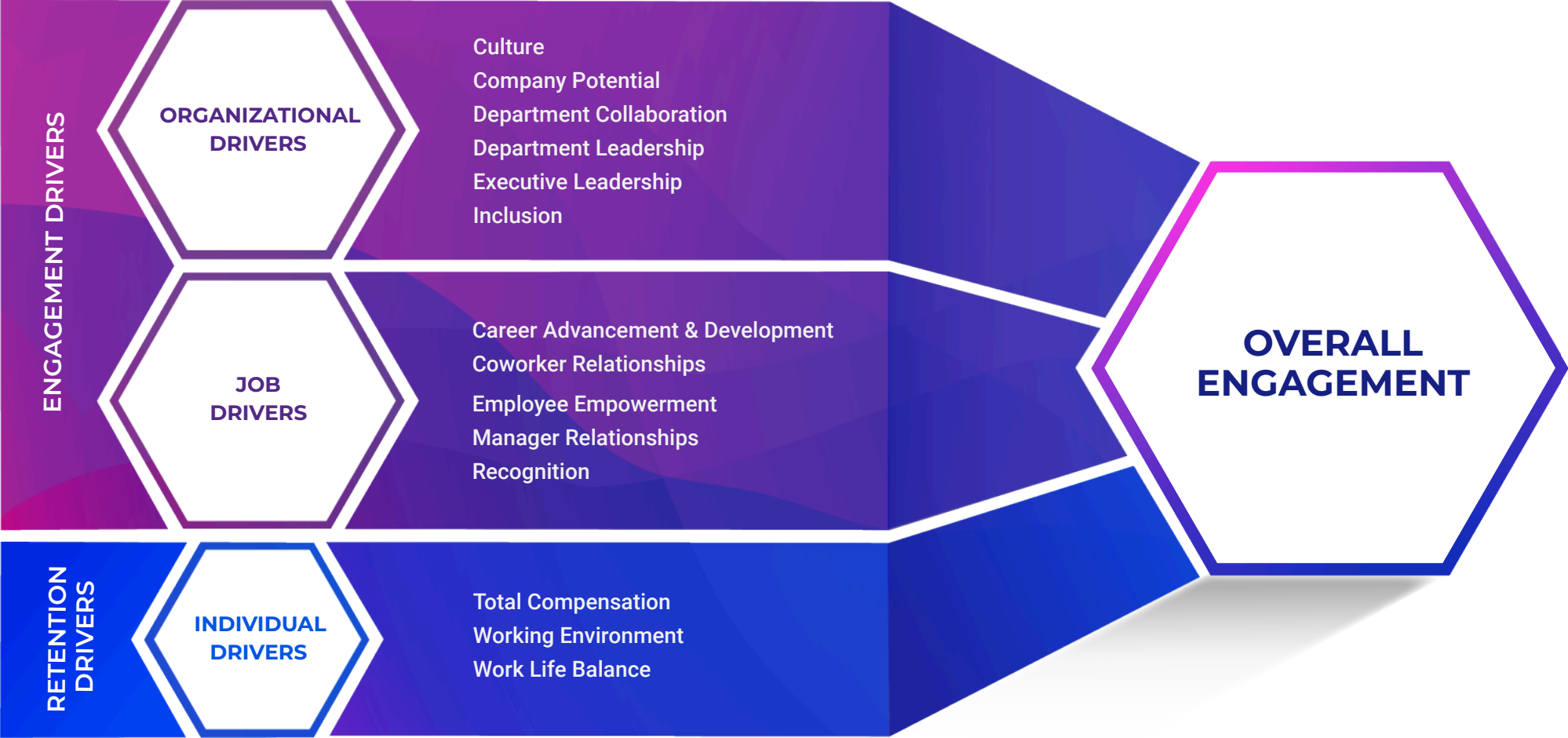
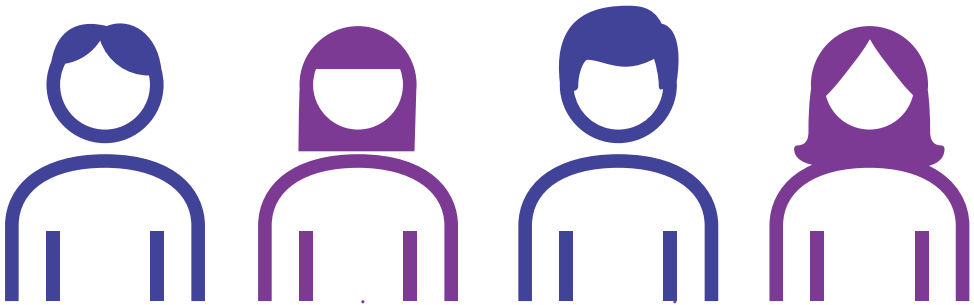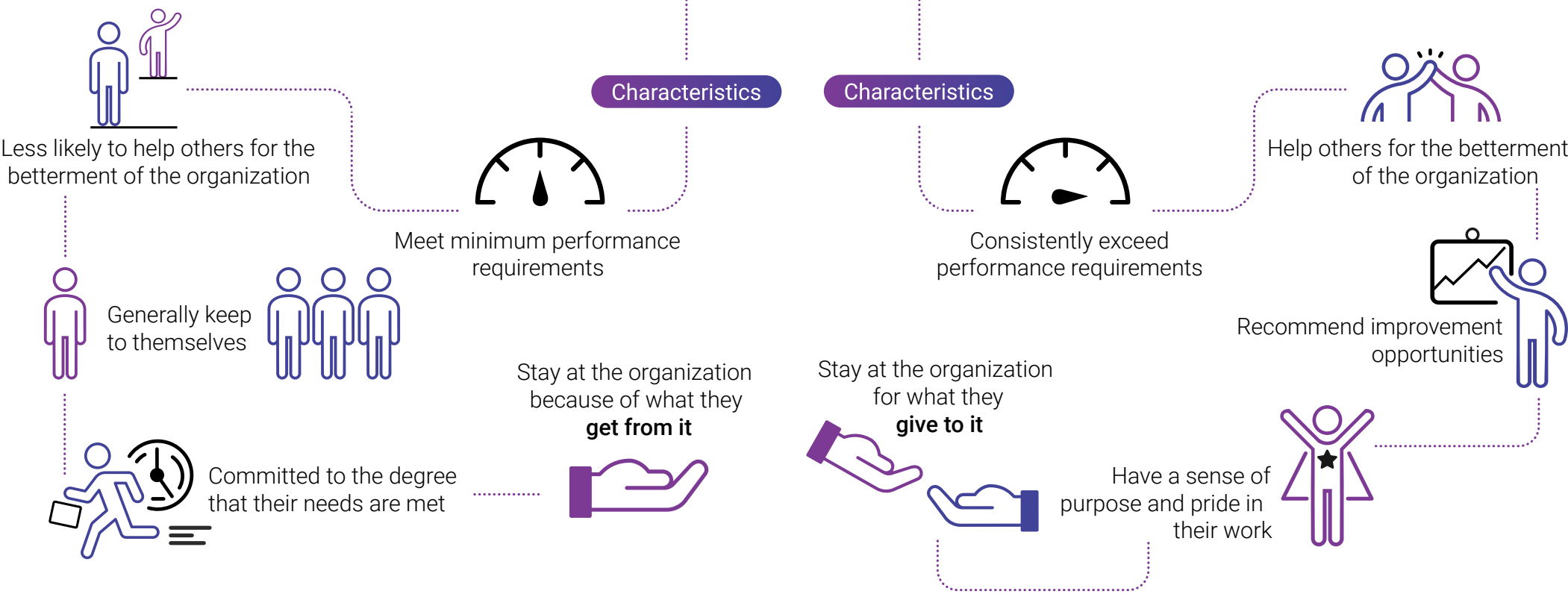# Employee Engagement Goes Beyond Satisfaction

SATISFIED

ENGAGED

Satisfied employees feel comfortable and are generally happy that their needs are being met.

Engaged employees feel energized, passionate, and dedicated. They are highly involved with their work and the organization

Average Performance

Optimal Performance

Less likely to help others for the betterment of the organization

Help others for the betterment of the organization

Characteristics

Characteristics

Meet minimum performance requirements

Consistently exceed performance requirements

Generally keep to themselves

Recommend improvement opportunities

Stay at the organization because of what they **get from it**

Stay at the organization for what they **give to it**

Committed to the degree that their needs are met

Have a sense of purpose and pride in their work

Overall Engagement Results

See the **appendix** in this report for more information on the engagement calculation and benchmark.

Current Survey	Previous Survey	Benchmark
76.4%	56.7%	62.3%
16.5%	18.7%	19.3%
3.1%	13.4%	8.4%
3.9%	11.2%	9.9%
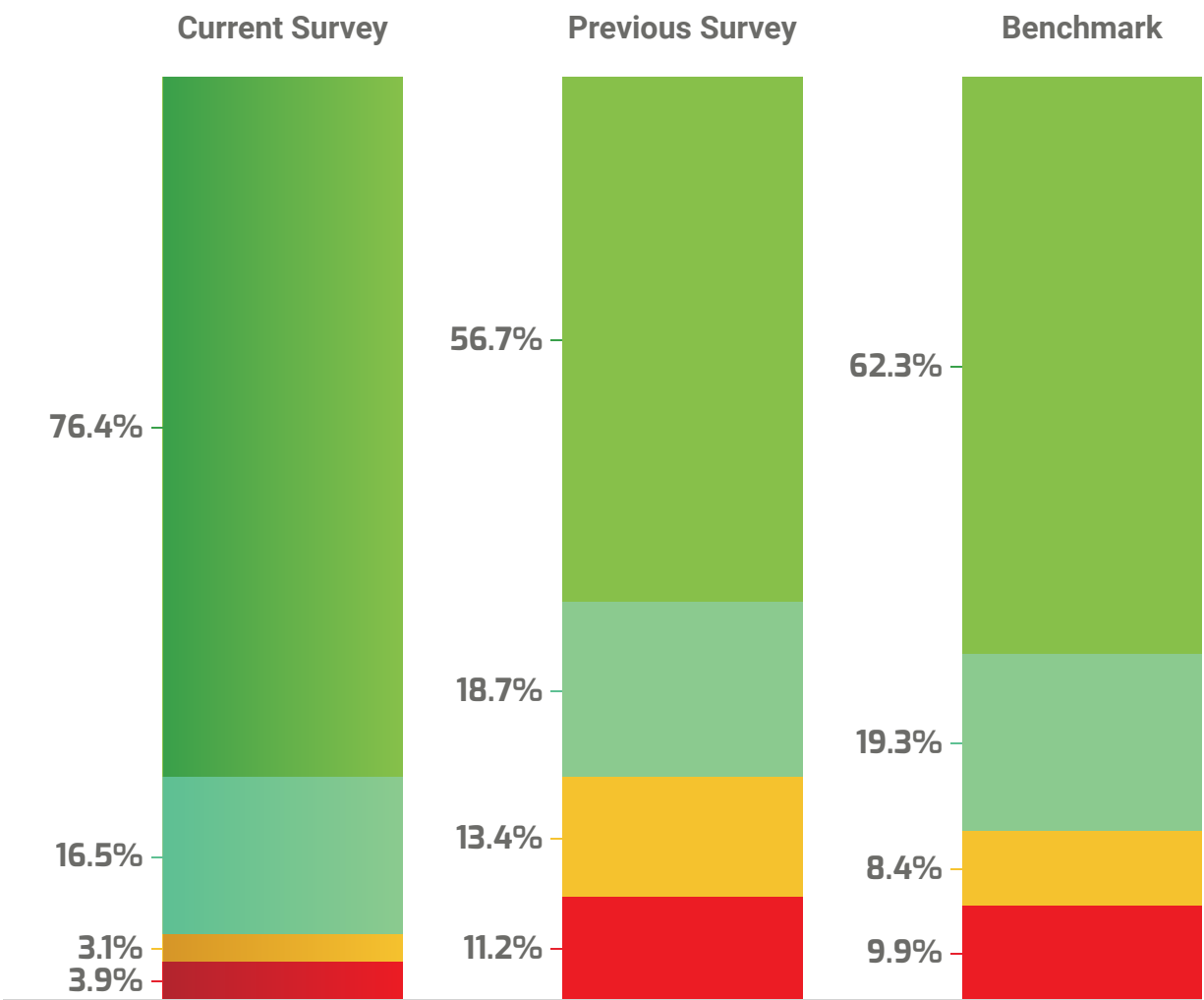
● ENGAGED

Engaged employees consistently exceed expectations. They are energized and passionate about their work, leading them to exert discretionary effort to drive organizational performance.

● ALMOST ENGAGED

Almost engaged employees sometimes exceed expectations and are generally passionate about their work. At times they exert discretionary effort to help achieve organizational goals.

● INDIFFERENT

Indifferent employees are satisfied, comfortable, and generally able to meet minimum expectations. They see their work as "just a job", prioritizing their needs before organizational goals.
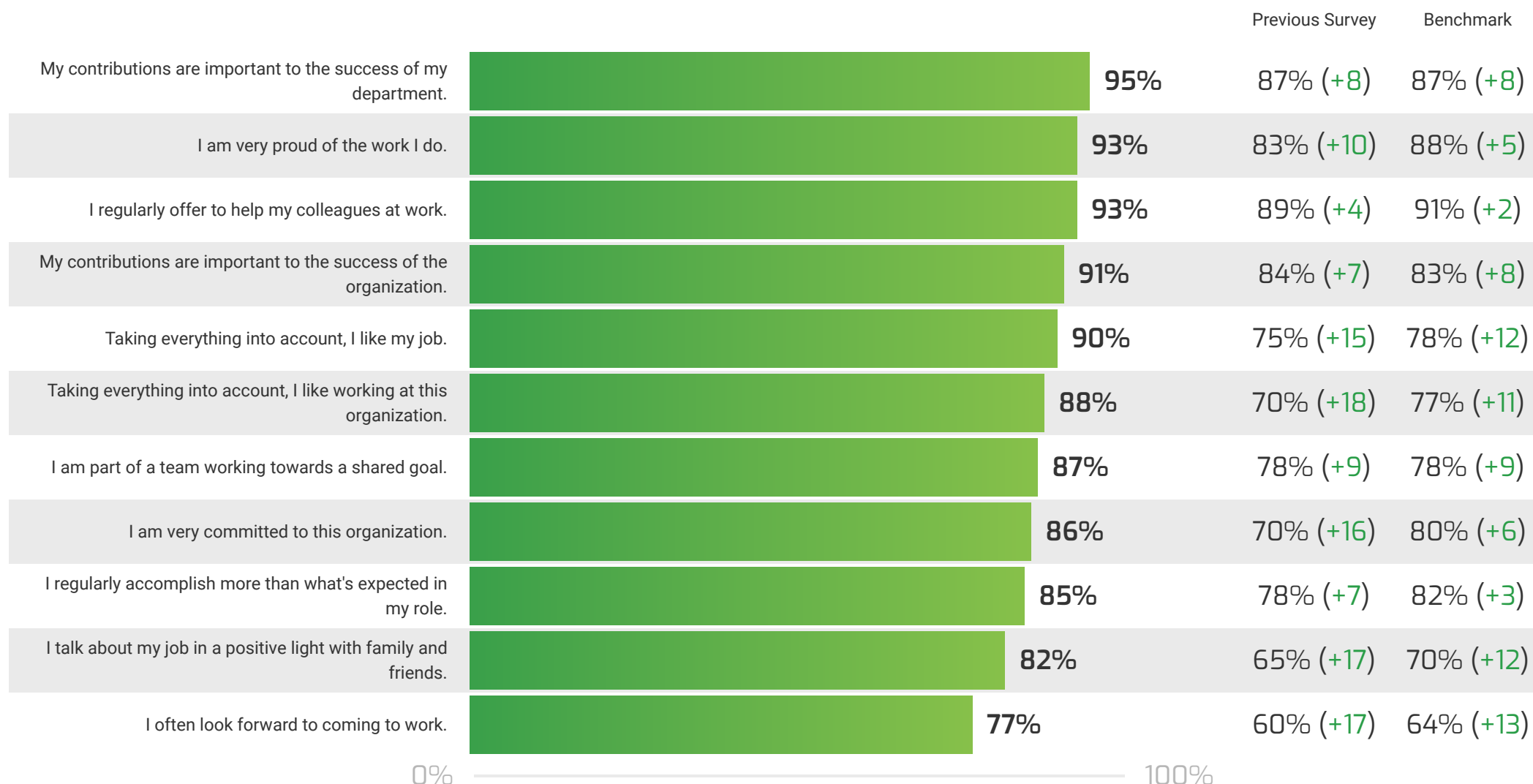
● DISENGAGED

Disengaged employees usually fail to meet minimum expectations, putting in time rather than effort. They have little interest in their job and the organization and often display negative attitudes.

Engagement Measure Question Scores

Question	Score	Previous Survey	Benchmark
My contributions are important to the success of my department.	95%	87% (+8)	87% (+8)
I am very proud of the work I do.	93%	83% (+10)	88% (+5)
I regularly offer to help my colleagues at work.	93%	89% (+4)	91% (+2)
My contributions are important to the success of the organization.	91%	84% (+7)	83% (+8)
Taking everything into account, I like my job.	90%	75% (+15)	78% (+12)
Taking everything into account, I like working at this organization.	88%	70% (+18)	77% (+11)
I am part of a team working towards a shared goal.	87%	78% (+9)	78% (+9)
I am very committed to this organization.	86%	70% (+16)	80% (+6)
I regularly accomplish more than what's expected in my role.	85%	78% (+7)	82% (+3)
I talk about my job in a positive light with family and friends.	82%	65% (+17)	70% (+12)
I often look forward to coming to work.	77%	60% (+17)	64% (+13)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

McLean Employee Experience Score

The Ontario College of Pharma...
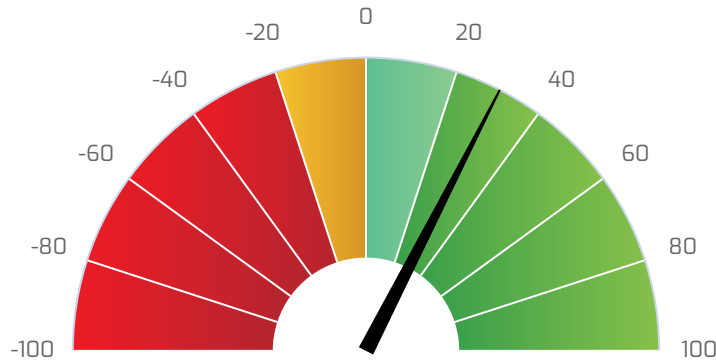Open Date: Jun 7, 2023
Close Date: Jun 30, 2023

# of employees: 151
# of responses: 127
Response Rate: 84%

McLEAN & COMPANY

EMPLOYEE EXPERIENCE

How likely would you be to recommend this organization to a qualified friend or a family member as a great place to work?

EMPLOYEE EXPERIENCE SCORE
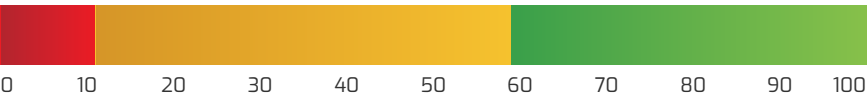(% of Supporters - % of Detractors)

CURRENT SCORE

30.2
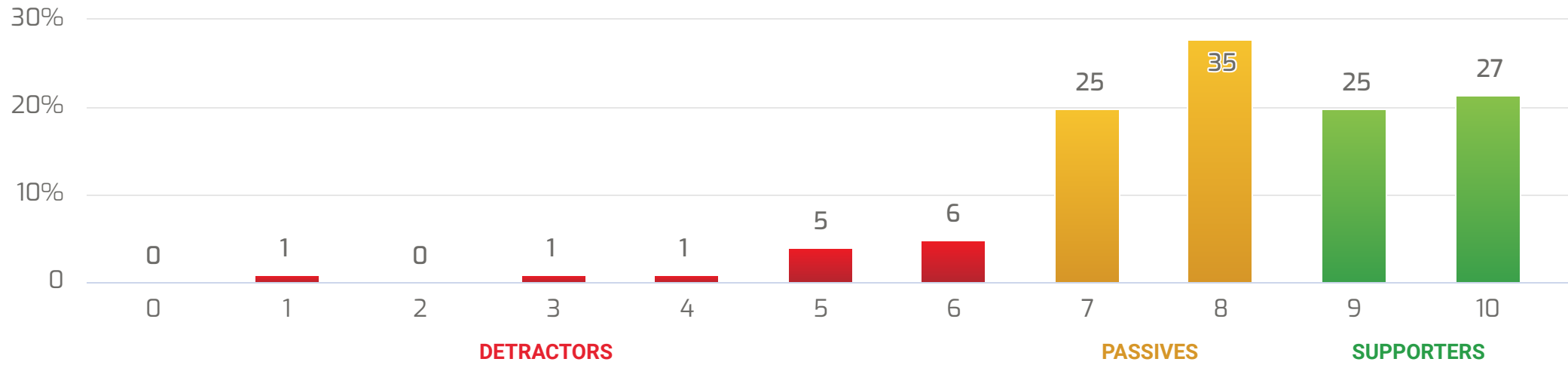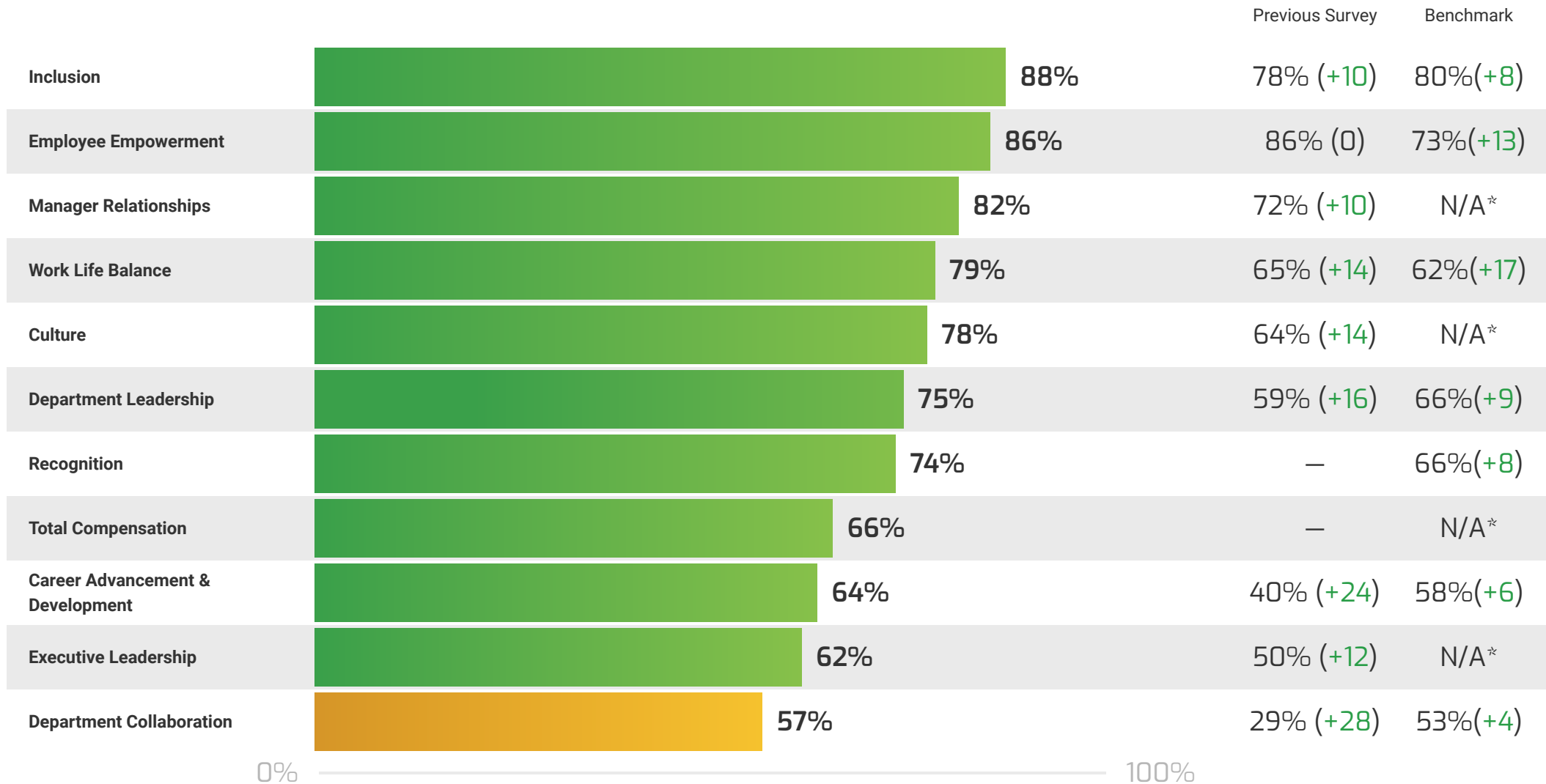
AVERAGE RESPONSE
8

PREVIOUS SCORE
-3.0

BENCHMARK
14.4

SCORE BREAKDOWN

0 10 20 30 40 50 60 70 80 90 100

DETRACTORS: 11.1%
Answered 0-6

PASSIVES: 47.6%
Answered 7-8

SUPPORTERS: 41.3%
Answered 9-10

PREVIOUS SURVEY
33.6%

35.8%

30.6%

RESPONSE DISTRIBUTION

0	1	2	3	4	5	6	7	8	9	10
0	1	0	1	1	5	6	25	35	25	27

DETRACTORS   PASSIVES   SUPPORTERS

Driver Results

Driver	Result	Previous Survey	Benchmark
Inclusion	88%	78% (+10)	80% (+8)
Employee Empowerment	86%	86% (0)	73% (+13)
Manager Relationships	82%	72% (+10)	N/A*
Work Life Balance	79%	65% (+14)	62% (+17)
Culture	78%	64% (+14)	N/A*
Department Leadership	75%	59% (+16)	66% (+9)
Recognition	74%	—	66% (+8)
Total Compensation	66%	—	N/A*
Career Advancement & Development	64%	40% (+24)	58% (+6)
Executive Leadership	62%	50% (+12)	N/A*
Department Collaboration	57%	29% (+28)	53% (+4)

0%   100%

* See appendix for an explanation of the Benchmark.

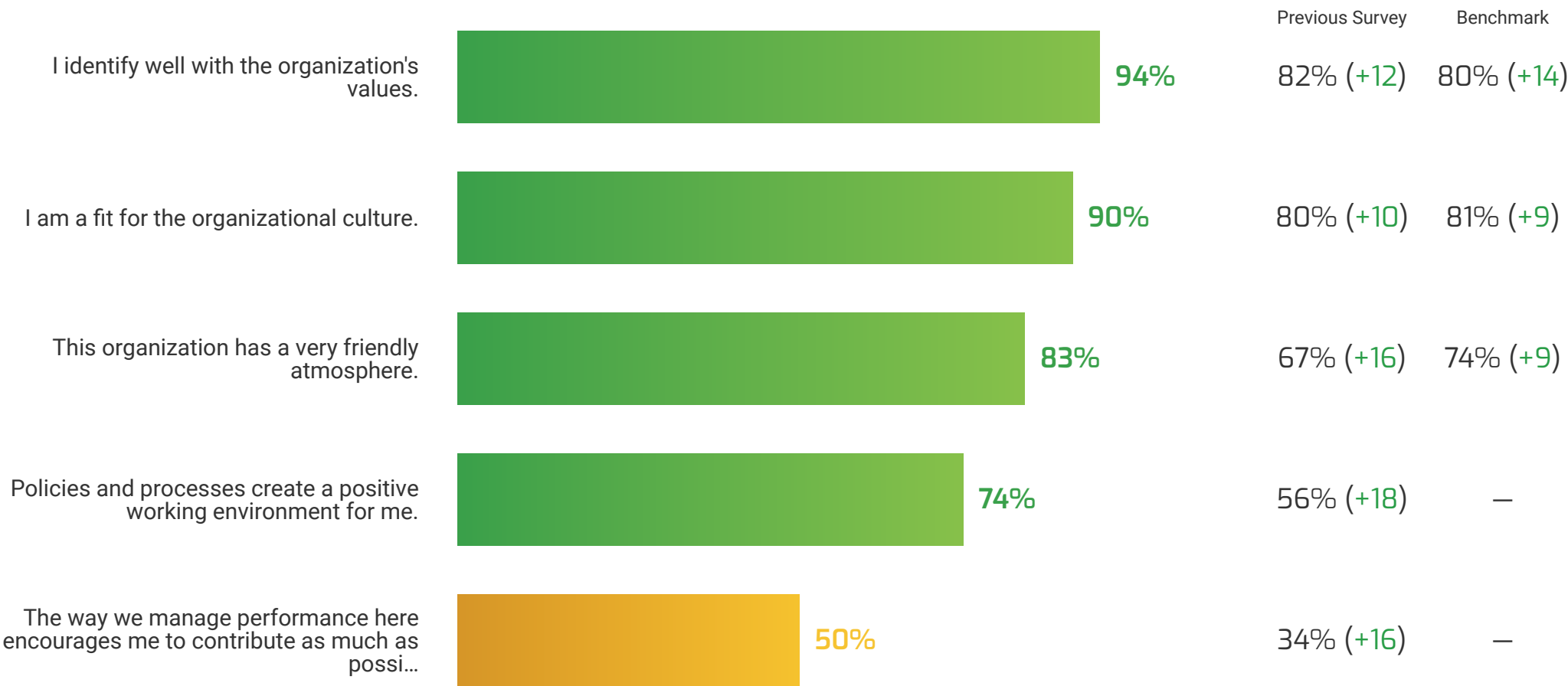■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

DRIVER: **Culture**

OVERALL DRIVER AVERAGE SCORE: **78%**

		Previous Survey	Benchmark
I identify well with the organization's values.	**94%**	82% (+12)	80% (+14)
I am a fit for the organizational culture.	**90%**	80% (+10)	81% (+9)
This organization has a very friendly atmosphere.	**83%**	67% (+16)	74% (+9)
Policies and processes create a positive working environment for me.	**74%**	56% (+18)	—
The way we manage performance here encourages me to contribute as much as possi…	**50%**	34% (+16)	—

0%   100%

🟥 **< 40%** Low Performing   🟧 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing

DRIVER: **Recognition**

OVERALL DRIVER AVERAGE SCORE: 74%
OVERALL BENCHMARK AVERAGE SCORE: 66%

		Previous Survey	Benchmark
My team shows appreciation for the work I do.	86%	—	74% (+12)
I see others receive recognition when they deserve it.	69%	—	63% (+6)
I receive recognition when I exceed expectations.	68%	—	60% (+8)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

OVERALL DRIVER AVERAGE SCORE: **75%**
OVERALL BENCHMARK AVERAGE SCORE: **66%**

		Previous Survey	Benchmark
Work processes in my department align with the organizational values.	**91%**	76% (+15)	73% (+18)
My department's executive leader acts on employee feedback.	**68%**	52% (+16)	62% (+6)
I understand the rationale behind most of the decisions made by my department's…	**64%**	48% (+16)	63% (+1)

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing
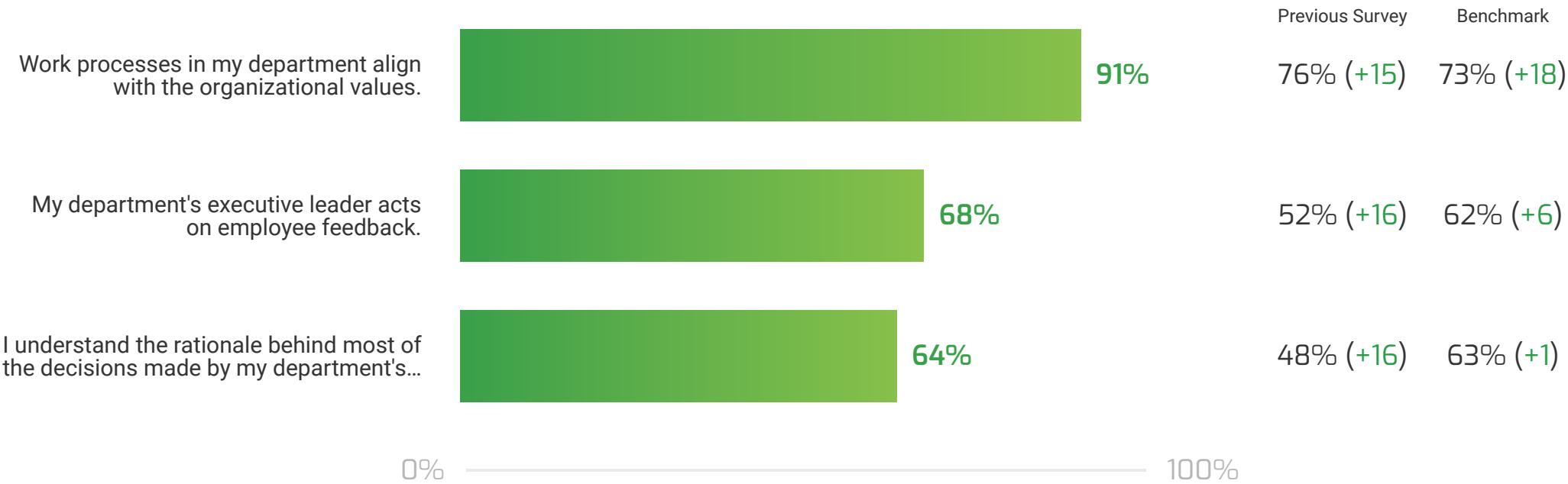
DRIVER: **Career Advancement & Development**

OVERALL DRIVER AVERAGE SCORE: **64%**
OVERALL BENCHMARK AVERAGE SCORE: **58%**

		Previous Survey	Benchmark
The organization offers adequate opportunities for me to learn new skills.	67%	—	58% (+9)
In the last year, the training and skills development I've received has helped ...	64%	—	57% (+7)
Support is available if I choose to pursue career advancement opportunities.	60%	40% (+20)	57% (+3)

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing
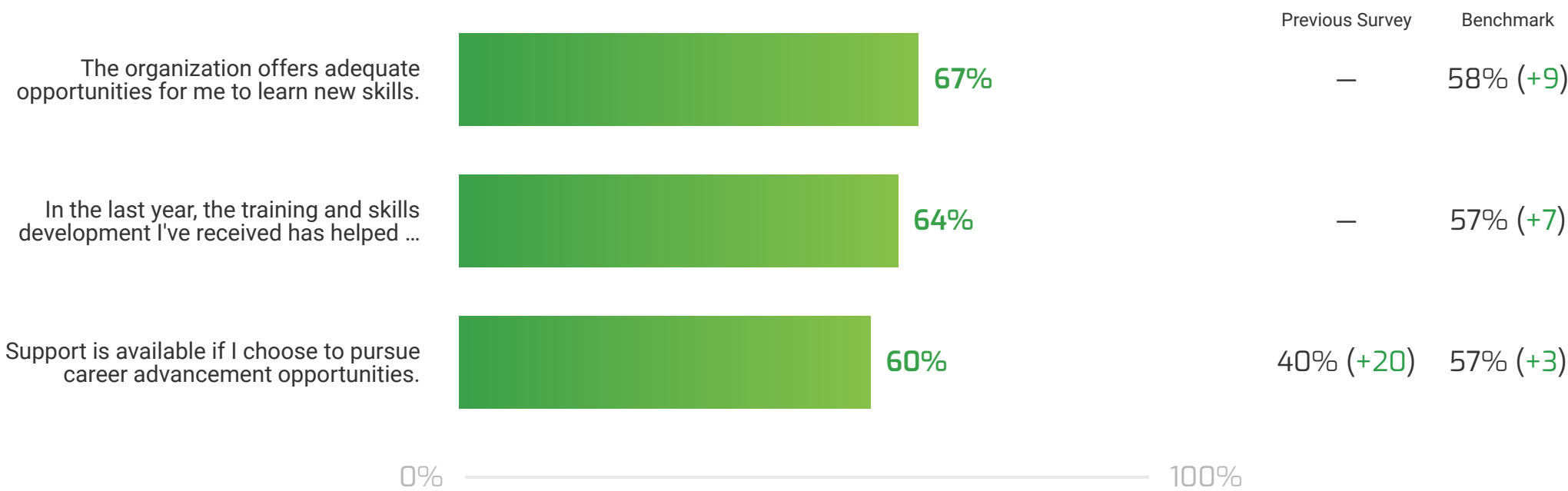
DRIVER: **Executive Leadership**

OVERALL DRIVER AVERAGE SCORE: **62%**

Question	Score	Previous Survey	Benchmark
The Executive Team is genuinely interested in employee opinions and ideas.	72%	48% (+24)	—
I see strong evidence of effective leadership from my divisional leader (Direct…	71%	59% (+12)	—
The executive leadership team models the organizational values.	65%	58% (+7)	63% (+2)
The executive leadership team acts on employee feedback.	65%	38% (+27)	51% (+14)
I trust the members of the executive leadership team.	58%	57% (+1)	60% (-2)
I understand the rationale behind most of the business decisions made by the me…	54%	45% (+9)	54% (0)
The executive leadership team inspires me.	50%	44% (+6)	52% (-2)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing
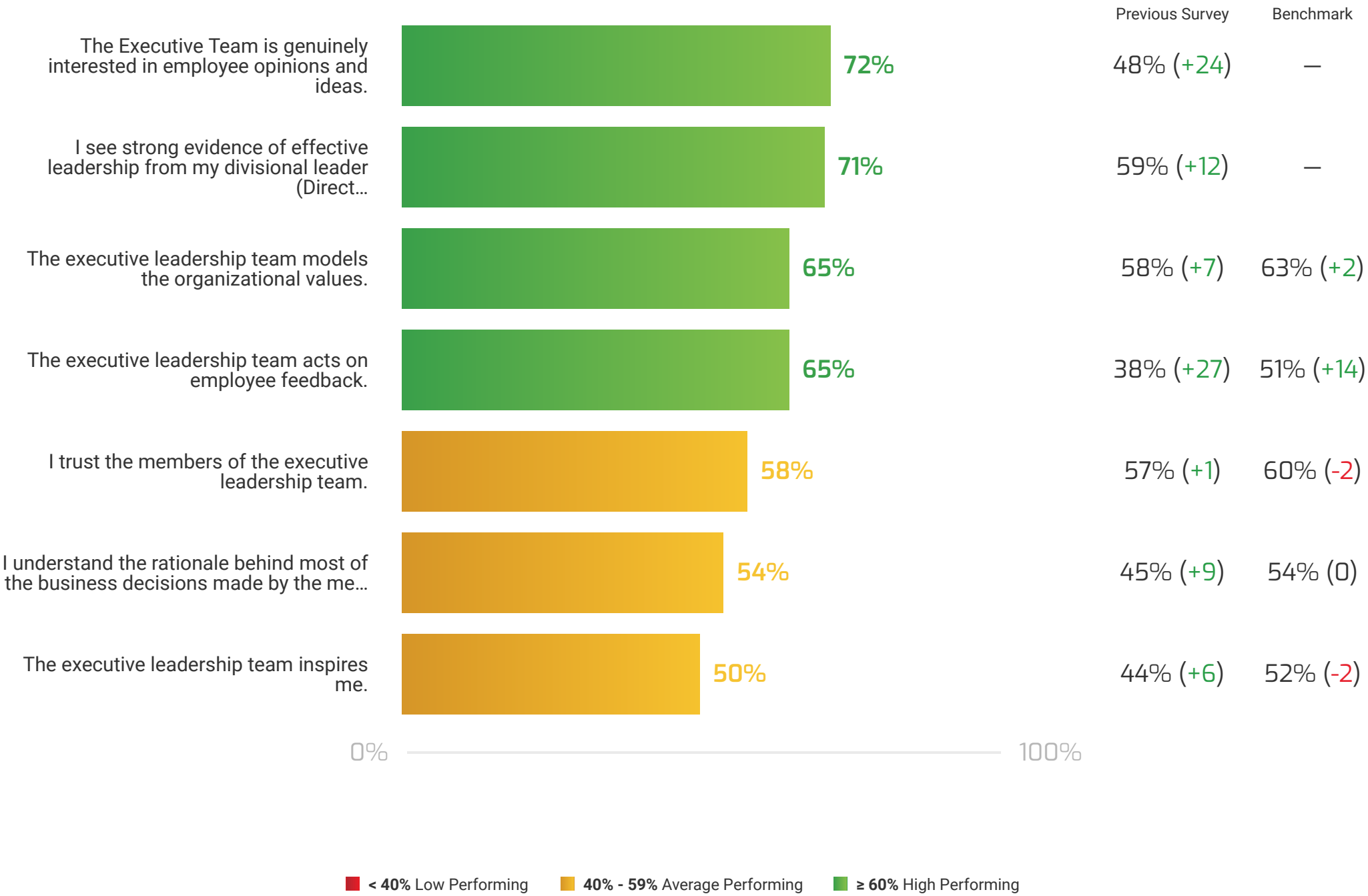
DRIVER: **Total Compensation**
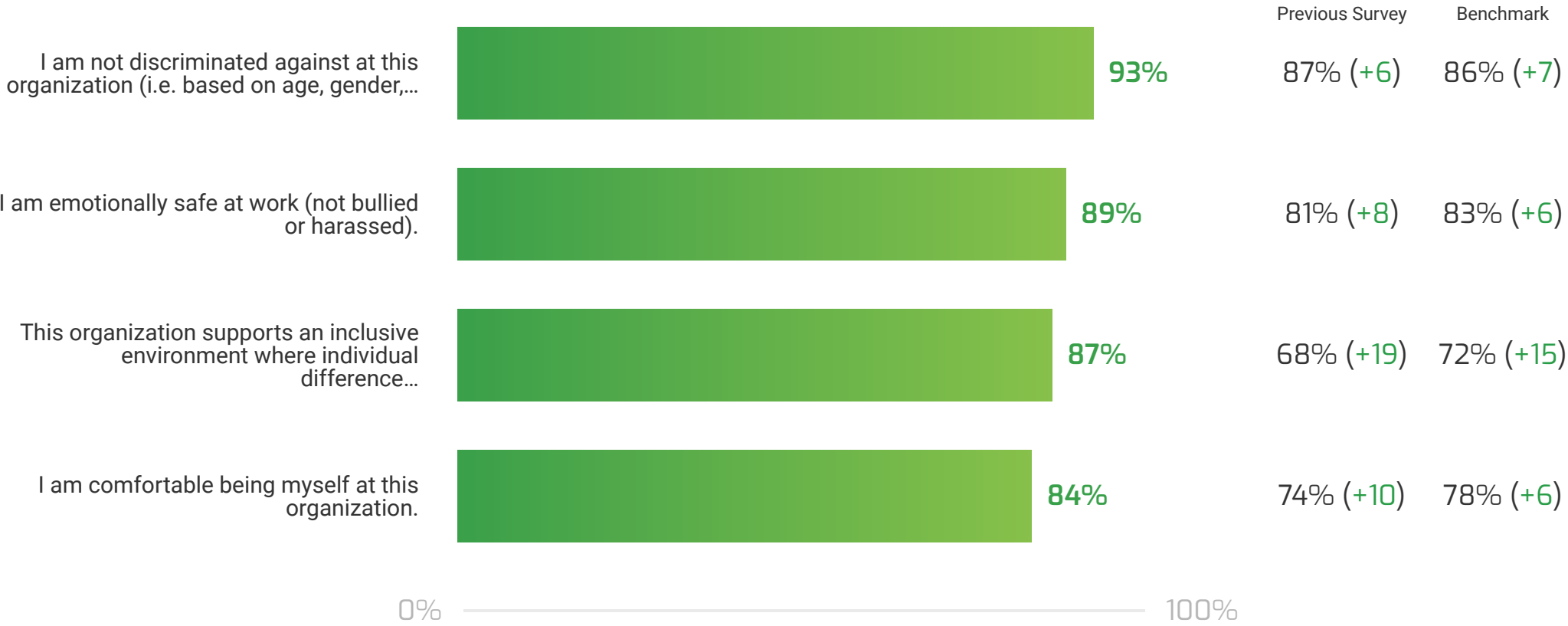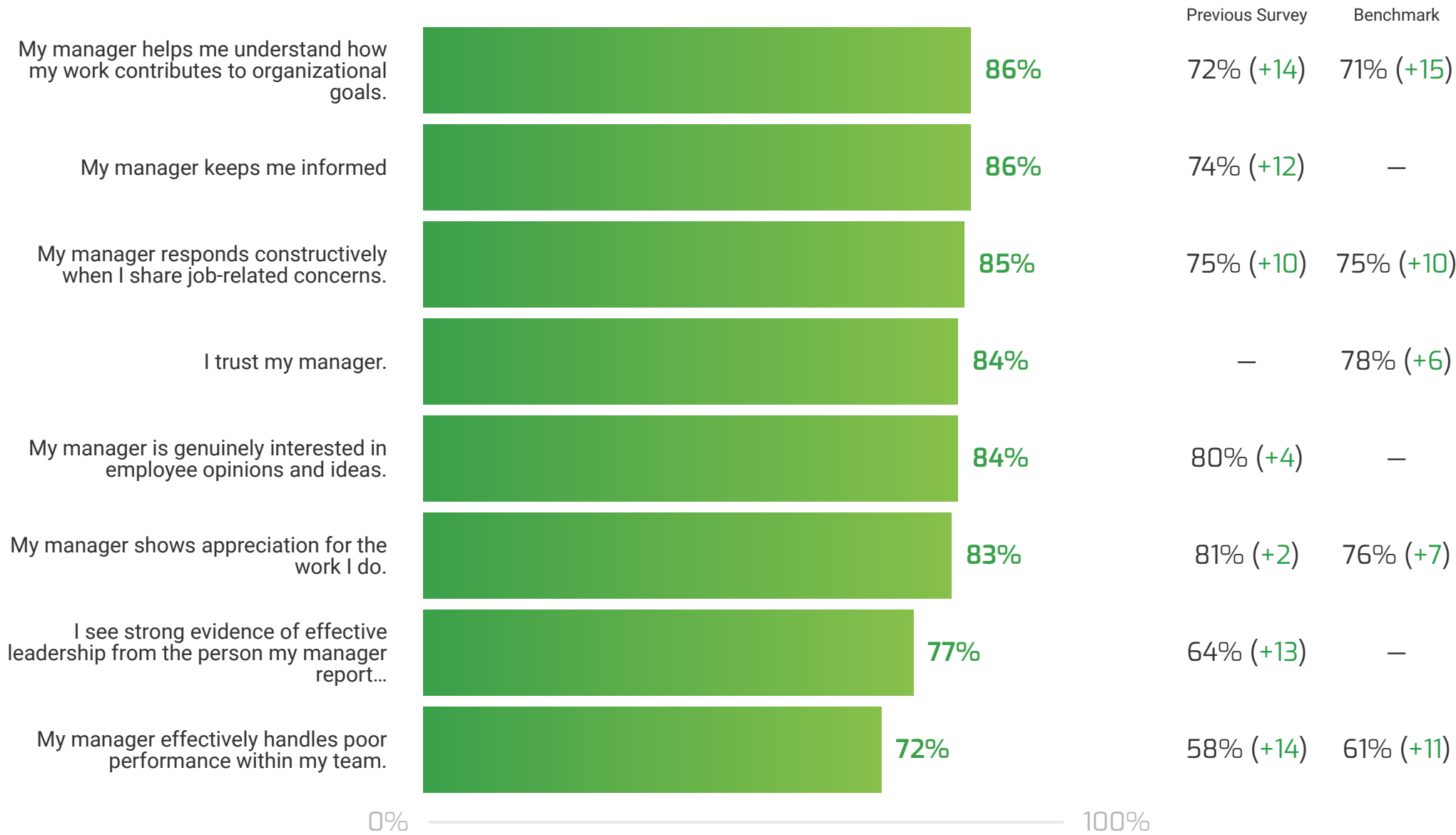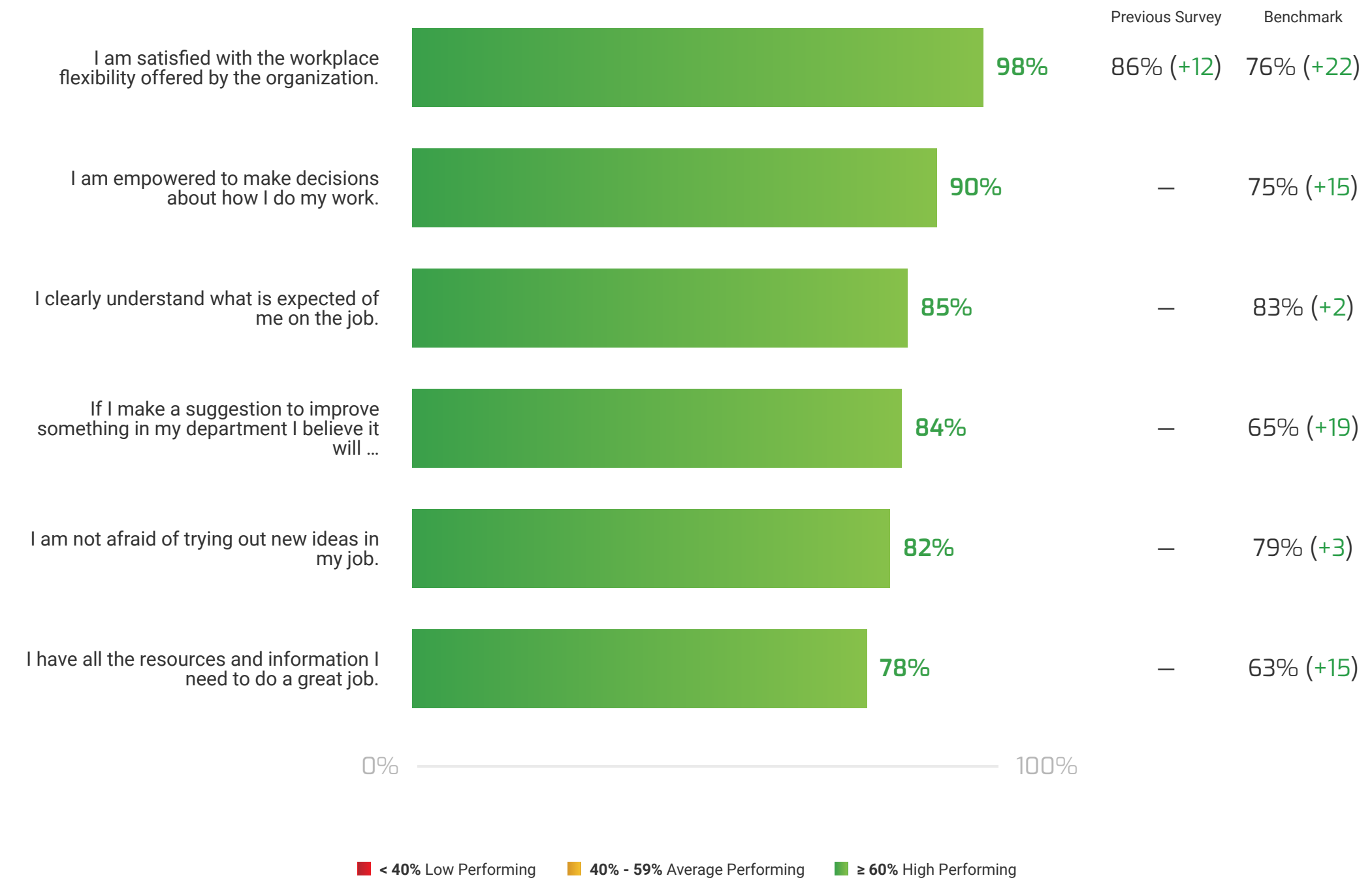
The Ontario College of Pharma…
Open Date: Jun 7, 2023
Close Date: Jun 30, 2023

\# of employees: 151
\# of responses: 127
Response Rate: 84%

**McLEAN &
COMPANY**

OVERALL DRIVER AVERAGE SCORE: **66%**

	Previous Survey	Benchmark
My organization has practices to ensure that I'm compensated fairly. **66%**	—	—

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing
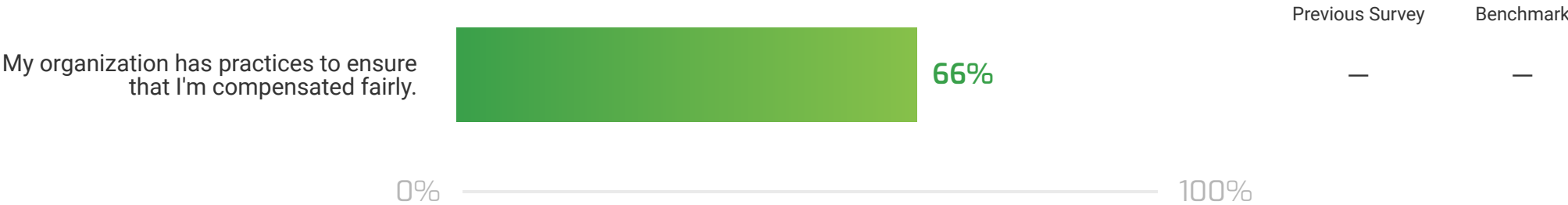
DRIVER: **Department Collaboration**

The Ontario College of Pharma...
Open Date: Jun 7, 2023
Close Date: Jun 30, 2023

# of employees: 151
# of responses: 127
Response Rate: 84%

**McLEAN &
COMPANY**

OVERALL DRIVER AVERAGE SCORE: **57%**
OVERALL BENCHMARK AVERAGE SCORE: **53%**
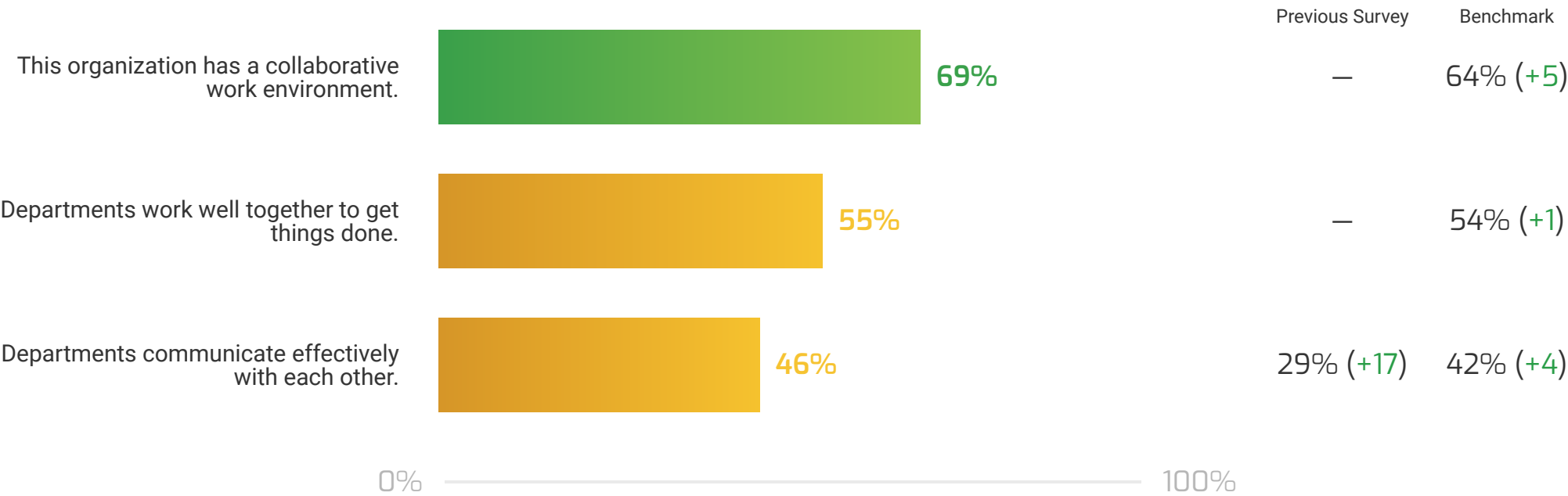
		Previous Survey	Benchmark
This organization has a collaborative work environment.	**69%**	—	64% (+5)
Departments work well together to get things done.	**55%**	—	54% (+1)
Departments communicate effectively with each other.	**46%**	29% (+17)	42% (+4)

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing

DRIVER: **Work Life Balance**

OVERALL DRIVER AVERAGE SCORE: **79%**
OVERALL BENCHMARK AVERAGE SCORE: **62%**
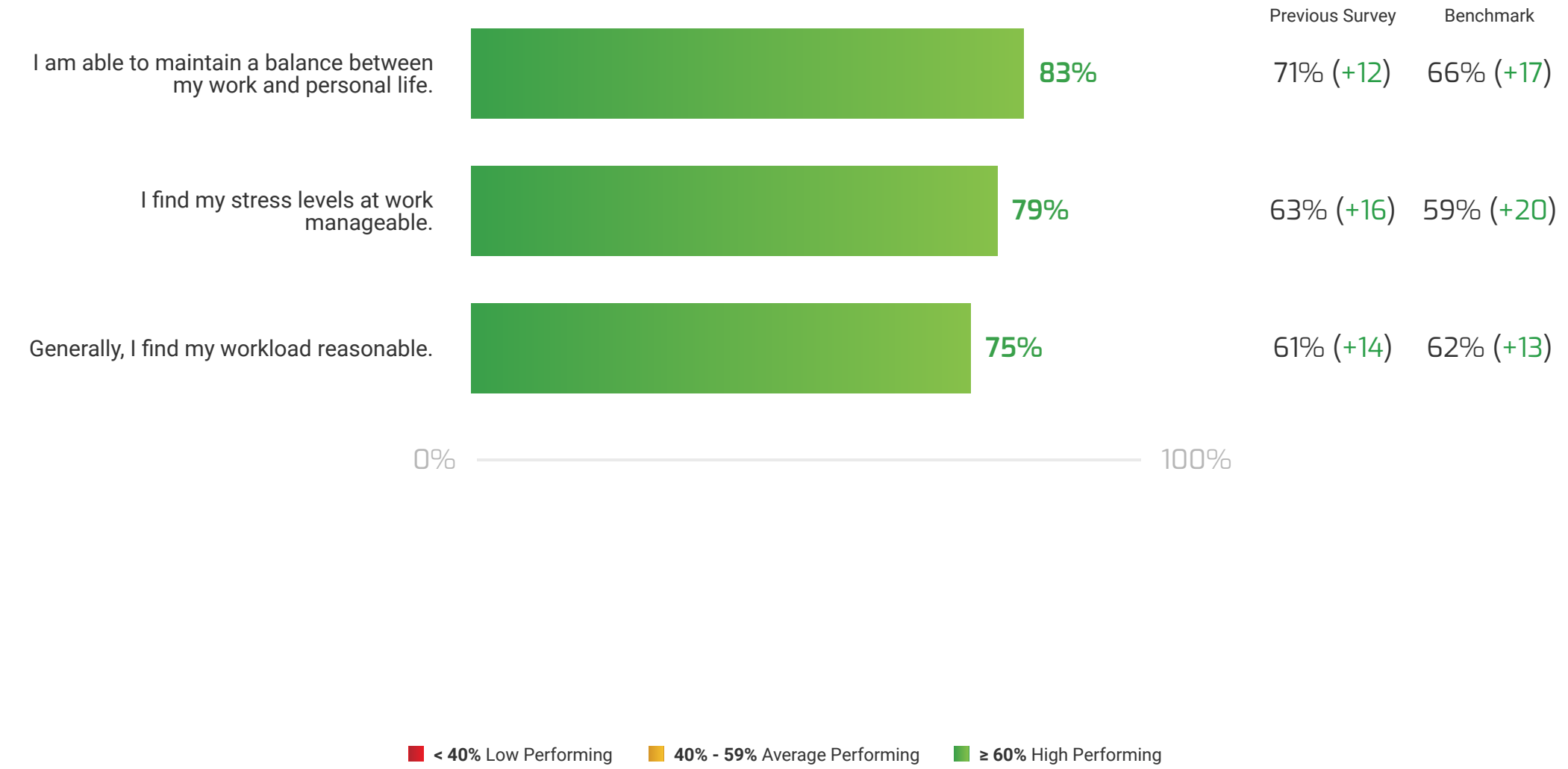
		Previous Survey	Benchmark
I am able to maintain a balance between my work and personal life.	**83%**	71% (+12)	66% (+17)
I find my stress levels at work manageable.	**79%**	63% (+16)	59% (+20)
Generally, I find my workload reasonable.	**75%**	61% (+14)	62% (+13)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

DRIVER: **Inclusion**

OVERALL DRIVER AVERAGE SCORE: 88%
OVERALL BENCHMARK AVERAGE SCORE: 80%

	Score	Previous Survey	Benchmark
I am not discriminated against at this organization (i.e. based on age, gender,...	93%	87% (+6)	86% (+7)
I am emotionally safe at work (not bullied or harassed).	89%	81% (+8)	83% (+6)
This organization supports an inclusive environment where individual difference...	87%	68% (+19)	72% (+15)
I am comfortable being myself at this organization.	84%	74% (+10)	78% (+6)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

DRIVER: **Manager Relationships**

McLEAN & COMPANY

OVERALL DRIVER AVERAGE SCORE: **82%**

Question	Score	Previous Survey	Benchmark
My manager helps me understand how my work contributes to organizational goals.	86%	72% (+14)	71% (+15)
My manager keeps me informed	86%	74% (+12)	—
My manager responds constructively when I share job-related concerns.	85%	75% (+10)	75% (+10)
I trust my manager.	84%	—	78% (+6)
My manager is genuinely interested in employee opinions and ideas.	84%	80% (+4)	—
My manager shows appreciation for the work I do.	83%	81% (+2)	76% (+7)
I see strong evidence of effective leadership from the person my manager report...	77%	64% (+13)	—
My manager effectively handles poor performance within my team.	72%	58% (+14)	61% (+11)

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing

DRIVER: **Employee Empowerment**

OVERALL DRIVER AVERAGE SCORE: 86%
OVERALL BENCHMARK AVERAGE SCORE: 73%

		Previous Survey	Benchmark
I am satisfied with the workplace flexibility offered by the organization.	98%	86% (+12)	76% (+22)
I am empowered to make decisions about how I do my work.	90%	—	75% (+15)
I clearly understand what is expected of me on the job.	85%	—	83% (+2)
If I make a suggestion to improve something in my department I believe it will …	84%	—	65% (+19)
I am not afraid of trying out new ideas in my job.	82%	—	79% (+3)
I have all the resources and information I need to do a great job.	78%	—	63% (+15)

0%   100%

🟥 **< 40%** Low Performing   🟨 **40% - 59%** Average Performing   🟩 **≥ 60%** High Performing

Taking Action Questions

The Ontario College of Pharma...
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Response Rate: 84%

McLEAN & COMPANY

		Previous Survey	Benchmark
My department takes actions to improve employee engagement.	**76%**	62% (+14)	62% (+14)

0%   100%

■ **< 40%** Low Performing   ■ **40% - 59%** Average Performing   ■ **≥ 60%** High Performing

Appendix

The Ontario College of Pharma...
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McLEAN & COMPANY

Interpreting the Results

Engagement Calculation

Each survey respondent is classified into one of four engagement levels based on their average response to the engagement measure questions.

The classification is as follows:

Average response to the engagement measure questions is **greater than 5 = Engaged**
Average response to the engagement measure questions is **greater than 4.5 but less than or equal to 5 = Almost Engaged**
Average response to the engagement measure questions is **greater than 4 but less than or equal to 4.5 = Indifferent**
Average response to the engagement measure questions is **less than or equal to 4 = Disengaged**

The percentage of respondents in each engagement level type is then included within the reports.

Question and Driver Calculations

McLean & Company uses a 1 to 6-point agreement scale for data collection, with the additional option to respond not applicable (N/A) when participants deem that the question does not apply to them. Respondents are asked to indicate the extent to which they agree with each statement by choosing a whole number between 1 and 6 on the scale. The question results are displayed as bottom, middle, and top box results, which correspond to the percentage of respondents who selected 1 or 2, 3 or 4, and 5 or 6, respectively. Not applicable (N/A) responses are not included in any results calculations.

The top box scores for each driver are calculated by averaging the top box results for all survey questions assigned to that driver.

ANSWER:

1=Strongly Disagree   6=Strongly Agree

| 1 | 2 | 3 | 4 | 5 | 6 |

Bottom Box   Middle Box   Top Box

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McLEAN &
COMPANY
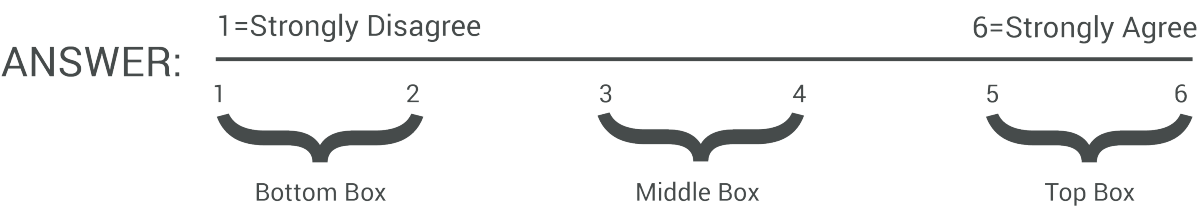
Benchmarks

Ultimately the state of engagement at every organization is shaped by its people, culture, history, and other factors. Consequently, all decisions related to engagement initiatives must be based on the organization's results and unique needs. External comparisons – including benchmarks – should be used to provide context around your results rather than to make decisions.

McLean & Company offers clients a generic or industry specific benchmark. The generic benchmark is comprised of all standard engagement surveys completed by McLean & Company clients. Industry specific benchmarks are comprised of McLean & Company clients sorted into industry designations as specified by the North American Industry Classification System (NAICS). Industry specific benchmarks are only available for industries which have a large enough data set.

* Driver-level benchmarking has not been provided due to the addition of custom question(s). Please refer to the driver slides for question-level benchmarks where applicable

FOR INFORMATION

From: James Morrison, OCP Board Chair

Topic: Chair's Report

Background: 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:
- October 12, 2023 – Follow Up Meeting with Board Director
- October 17, 2023 – New Committee Appointee Orientation
- October 30, 2023 – Finance & Audit Committee Meeting
- November 13, 2023 – Discipline Committee Meeting
- November 14, 2023 – Executive Committee Meeting – CEO Performance Review
- November 23, 2023 – CEO 360 Assessment and Performance Assessment Results Meeting
- November 24, 2023 - Finance & Audit Committee Meeting
- November 27, 2023 – Executive Committee Meeting
- November 28, 2023 – Governance Committee Meeting

September Board Meeting Evaluation
Attached is the September 2023 Board Meeting Evaluation report.

Board members who wish to see the raw data may request it.

Board members are reminded that every attending individual is expected to complete the evaluation following the meeting. It is a critical component of maintaining good governance.

Updates

Appointment to ICRC
Saliman Joyian was appointed to the ICRC for administrative purposes until December 31, 2023, to facilitate the completion of pending decisions where they previously served as a panel member.

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 September. 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	Nov 27
Connie Beck	Discipline Finance and Audit Governance	Oct 10, 11, Nov 7, 8, 9, 13, 22, 24 Oct 30, Nov 24 Nov 28
Doug Brown	Discipline Finance and Audit	Nov 13, 20 Oct 30, Nov 24

Billy Cheung	Discipline	Oct 5, 30, Nov 13
Andrea Fernandes	Discipline Finance and Audit	Nov 13 Oct 30
Sara Ingram	Discipline Executive Governance	Nov 13 Nov 14, 27 Nov 28
James Morrison *ex-officio	Discipline Executive Finance and Audit* Governance*	Nov 13 Nov 14, 27 Oct 30, Nov 24 Nov 28
Siva Sivapalan	Discipline Executive Governance	Nov 13, Dec 4 Nov 14, 27 Nov 28
Wilf Steer	Discipline Finance and Audit	Nov 17, Dec 7, 8 Oct 30, Nov 24
Randy Baker	Discipline Fitness to Practice ICRC Registration	Oct 30, Nov 6, 13, 27, Dec 8 Nov 14, 23, Dec 7 Nov 20, 24
JP Eskander	Discipline ICRC Quality Assurance	Oct 10, 11
Christine Henderson	Discipline Executive ICRC	Oct 5, 10, 11, 30, Nov 7, 8, 9, 13, 21, 22, 24, Dec 4, 8 Nov 14, 27 Nov 20, 23
Adrienne Katz	Discipline Executive Finance and Audit ICRC	Nov 13 Nov 14, 27 Oct 30, Nov 24 Nov 22, 23, Dec 5
Elnora Magboo	Accred/DPP ICRC	Nov 2, 16 Nov 8, 23
Dan Stapleton	Discipline Finance and Audit ICRC	Nov 13, 23 Oct 30, Nov 24 Nov 9, 23
Gene Szabo (Resigned October, 2023)	Fitness to Practice ICRC	
John Vanstone (Resigned October, 2023)	Accred/DPP ICRC	
Cindy Wagg	Discipline ICRC Quality Assurance	Oct 5, Nov 13, 27, Dec 4 Nov 21, 23 Nov 10, Nov 21
Devinder Walia	Discipline ICRC Governance Registration	Oct 5, Nov 7, 8, 9, 13, 17, 20, 22, 24, Dec 7 Oct 12, 24, 25, 31, Nov 23, 28 Nov 28 Sept 30, Oct 27, Nov 20

Andrea Edginton	Registration	Nov 20
Micheline Piquette-Miller	Registration	Oct 23, Nov 20
Daniel Figeys	Registration	Oct 23, Nov 20

BOARD BRIEFING NOTE

MEETING DATE: December 2023

From: James Morrison, OCP Board Chair

Topic: September 2023 Board Meeting Evaluation Report

Issue/Description: September Board Meeting Evaluation Results

Background: As per Board Policy 3.2 – Board Meeting Effectiveness, following each Board meeting, an evaluation is circulated to identify any opportunities for improvement. Following the September 2023 Board meeting all attending members completed the evaluation survey.

Result:

Overall, Board members evaluated the meeting highly. Meeting materials[1], Board preparedness and conduct, Chair effectiveness, consistency with public interest mandate and governance focus all received top ratings. Two Board members identified opportunities for improvement with respect to clarification of objectives and action items. While these should be clear in the motions themselves, we will be watchful for this at future meetings.

One Board member who attended the meeting remotely commented on difficulty with audio due to Board member side conversations which were picked up by the mics. Board members are reminded to refrain from side conversations during the meetings, whether or not there are virtual attendees. There was also a reminder to the Chair, duly noted, to ensure that those attending remotely are recognized when they wish to speak or are voting.

Most Board members (16/21) felt that the level of detail in the orientation materials was appropriate. While 3 people found them too detailed, 2 felt they were not detailed enough. Since it will not be possible to accommodate everyone's needs in this instance, the orientation materials, while they may change next year, will likely contain a similar level of detail.

One very important finding from the evaluation was that most Board members are comfortable asking questions during educational sessions even when they are held in public. I have been discussing how to ensure that all Board members feel comfortable asking questions with the Registrar and we will continue to consider this in the coming months, but it was reassuring to know that most members felt comfortable speaking up.

Four Board members identified room for improvement in the presentation of the Scope of Practice expansion materials. These suggestions have been noted and will be considered in staff efforts at continuing quality improvement with respect to items being brought to the Board.

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[1] One member felt that the materials presented in person were more comprehensive than those provided in the Board package.

From: Shenda Tanchak, Registrar and CEO

Topic: Registrar's Update, September to October 2023

GOVERNANCE

Board Membership Update

Regrettably, John Van Stone and Gene Szabo have both submitted resignations for personal reasons. We are working with the Public Appointments Secretariat to recruit new public members for the Board as soon as possible. In the interim, staff will do their best to ensure minimal interruption in the Committee work in which they played a particularly important role.

Regulations update

On October 1, 2023, an amendment to our general regulation came into effect, adding six additional minor ailments to Pharmacists' scope. As you know, these are not the minor ailments that were discussed at the September Board meeting, but a group approved by the Board earlier this year. The latest addition to scope includes:
- Acne (mild)
- Aphthous Ulcers (canker sores)
- Diaper dermatitis
- Vulvovaginal candidiasis (yeast infection)
- Pinworms and threadworms
- Nausea and vomiting in pregnancy

At the time of writing, it is anticipated that a further amendment to the regulation will take effect by November 3rd. This change will clear the way for pharmacy professionals to administer RSV vaccines this fall, permit pharmacists to prescribe Tamiflu, expand pharmacy technicians' vaccination permissions, remove age restrictions for vaccine administration and bring certain other vaccine-related authorities into the Pharmacy Act (This is a housekeeping change. These authorities already exist but through a different regulatory structure).

The Ministry has also advised us they are ready to move ahead with the proposed changes to the Registration and Quality Assurance regulations, which the College submitted in early 2018. These amendments will enable:
- Removing the student class of registration
- Creation of an Intern Pharmacy Technician class of registration;
- Integration of pharmacy technicians into the two-part register (for distinguishing members who provide patient care);
- Elimination of unnecessary steps in registration;
- Inclusion of pharmacy technicians into the quality assurance regulations; and
- Alignment of the quality assurance program to the requirements specified in the RHPA and with risk-based regulation.

The next step will be posting the amendments on the government's Regulatory Registry for open consultation, which is anticipated in the next couple weeks.

Meetings with Partners

Health Professional Regulators of Ontario (HPRO)
- HPRO Regular Bi-Weekly Information-Sharing Session – October 31, 2023

NAPRA
- PRA Roundtable & Emerging Issues Meeting – September 26, 2023
- Cross-Jurisdictional Roundtable and Info-Sharing – October 10, 2023
- ETP Competencies/Sterile Compounding Meeting – October 24, 2023

Other
- CNAR Conference in Vancouver – October 16 – 18, 2023
- Meeting with the Minister's Office – October 26, 2023
- CIHI's Health Human Resources Team Annual Data Provider Meeting – October 30, 2023
- Prescribing Authority Discussion Meeting – October 31, 2023

Horizon Scan

You may have been reading recently about "Pharmacy Care Clinics" in Ontario and elsewhere. Here in Ontario, these clinics can be understood as a business model operating within the same rules and obligations as any other pharmacy. There are no special entitlements associated with the pharmacists' scopes of practice at these clinics.

In Nova Scotia and New Brunswick, pilot projects are underway that expand the activities that may be conducted by Pharmacy Care Clinics. These pilots are operating under the direction of government, in cooperation with the regulators and other parties. This type of initiative does not appear to be in the Ontario Ministry of Health's present strategy.

Like Ontario, in Saskatchewan Pharmacy Care Clinics are opening, but are not subject to any special rules. The Saskatchewan College of Pharmacy Professionals has identified concerns about patient confusion with respect to the services that the clinics are offering. They also noted that even though 27 minor ailments have been available in Saskatchewan since 2015/16 patients are not very aware of these services and many pharmacies cannot provide them all because they are too busy.

To support public understanding, the Saskatchewan College has imposed conditions on use of the term Pharmacist Care Clinic that include use of an online booking system, hours of operation, staffing requirements and service offering requirements.

We will continue to monitor this regulatory approach and the success of the clinics in the Maritimes and seek direction from the Board should any information arise that suggests that our College should take action.

Board Performance Review

Board members are familiar with the College Performance Measurement Framework (the CPMF), an annual reporting requirement by the Ministry of Health. The CPMF includes reporting on a variety of metrics in seven domains, including governance. One of the governance requirements is a third-party Board review every three years.

As previously reported in the context of Governance Committee meeting updates, last summer the Governance Committee identified an opportunity to explore what Board members desire in terms of Board culture. This will be the focus of the third-party review. We are in the process of obtaining quotes from third parties and hope that the review will be completed in the coming months. Board members can expect to receive an introductory email from me when the third party has been contracted.

OCP Committees Governance Review

A governance review of all OCP Committees (except the Discipline Committee) has commenced. Our goal is to support and ensure appropriate Board oversight of committee activity (recognizing the committees' decision-making autonomy with respect to registrants and pharmacies) and ensure that committee governance aims for the same high standard as Board governance.

The first stage is collating the information about the statutory mandates, by-laws or policy descriptions, and committee's own orientation or other materials. An environmental scan of a representative sample of other Ontario health regulators is also underway. These materials will be assessed to identify inconsistencies with legislation or governance policy and governance best practices (performance evaluation frameworks, term limits or Chair role descriptions, for example). Individual committees will then be considered with a view to identifying opportunities for improvement to assist OCP in meeting its mandate. Staff will consult with representative members of committees where clarification of the available materials is required.

Governance Committee will consider elements of the work at each meeting between now and next summer and the Board can expect to receive updates or to be asked to make decisions until the project's completion, which is intended to be September next year.

OPERATIONS

Canadian Network of Agencies for Regulation (CNAR)

Eight College staff attended the CNAR conference in October. The conference included presentations by peers and experts in some of the following areas
- Incorporation of Indigenous ways of knowing and being in regulation
- Compassionate regulation
- Trauma-informed regulatory processes
- Managing difficult issues in investigations
- Measuring regulatory performance
- Regulating professionals' speech and conduct outside of the workplace
- Recent legal cases

The CNAR conference has a primarily operational focus and following it, staff may incorporate some of the presented practical tips, connect with the presenters and other colleagues to discuss processes in more detail or develop partnerships with colleagues to seek economies of scale or enhance the quality of our work.

People/Culture

Staff are important to the OCP Board: "OCP is committed to recruiting and retaining staff that meet the high-quality standards of the organization and will provide an environment that fosters engagement and ongoing development to ensure that all staff reach their full potential. We are cautious with risks to this aim and will only accept them if they are necessary to ensure our ability to protect the public."[1]

Since July, all staff have been meeting at regular intervals to brainstorm roadblocks to efficiency and opportunities to improve our organizational framework to
- foster work/life balance
- support efficiency, effectiveness and quality
- minimize silos, and
- maximize the use of staff expertise

All staff have had several opportunities to contribute to this discussion and, using their input and suggestions, we have jointly designed revisions to our structure. No jobs have been lost and we will not be adding to our current number of full-time employees. Our next steps are to develop an implementation plan and make the changes. We will evaluate the impact of the changes over the coming year.

As reported in my regular Registrar's reports, we take a 'pulse' survey of all staff monthly, seeking responses to the following three statements to monitor internal culture:
- I believe that OCP, as an organization, is committed to becoming a place where people can work more happily and effectively.
- I feel optimistic that, over the coming months, OCP will continue to make progress on becoming a better place to work.
- Over the past months, I have seen concrete signs that OCP is becoming a better place to work.

September Survey Results:

Average ratings (1=strongly disagree; 7=strongly agree):
- Belief OCP is committed to culture change
- Optimistic that OCP will continue to make progress
- Concrete signs OCP is becoming a better place to work

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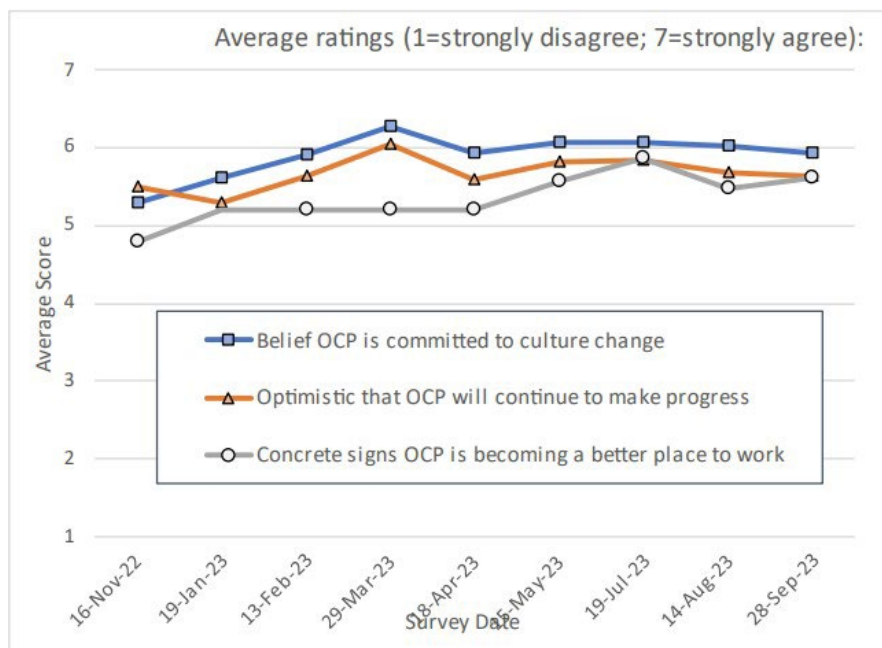
[1] OCP Risk Appetite Statements approved September 2022

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.

As you can see, even though we were in the midst of discussions about reorganization, traditionally unsettling, the scores remain high.

We use the surveys to ensure that we are maintaining a focus on culture in the belief that this not only makes the OCP a better employer, but that good culture is a key contributor to organizational performance. Over the coming months, our staff will be subject to disruption: particularly, the hard work associated with the new software system and the changes that will be part of the reorganization. The survey results will help us monitor the impact of these events and make planning adjustments if concerns arise.

Staff attribute much of our cultural success to using "Eight Behaviours For Smarter Teams" a framework for culture and decision-making introduced to us by consultant Misha Glouberman in late 2022 and early 2023. Our effort to embed these practices in our work has had a significant impact.

Registrant Records System Update

For several years, the College has relied on two software platforms for its core regulatory work. These platforms (called Hedgehog and Radar, part of a Pivotal "CRM") capture information about:

- applicants, registrants, and pharmacies
- non-registrant stakeholders involved in regulatory processes, e. g. complainants/reporters/witnesses
- the nature of the concerns about registrants
- assessment outcomes

The software also provides automated workflows to move information and work processes through the College. Additionally, they are the source of information that feeds the public register.

Pivotal is approaching the end of its lifespan and after November 2024 will no longer be supported by the vendor. As a result, it is imperative that the College implements a new software platform.

This presents the College with an opportunity to meet the evolving needs of the business, standardize financial and operating performance, mitigate single points of failure and establish the foundation for further growth, cost savings and operational efficiencies.

Following an RFP process in 2022 and 2023, the College selected KPMG and its software solution for a new system that we will call the Registrant Record System (RRS).

Work on developing and implementing the RRS officially kicked off on October 3. The initial planning stage is complete. Now, the teams are moving into design workshops with business leads selected to define the college's requirements for the new solution. A careful and detailed project plan has been developed to sequence the intense work throughout the College. The project is expected to be completed by the end of 2024.

Ontario College of Pharmacists
Putting patients first since 1871

FOR INFORMATION

From: Shenda Tanchak, Registrar and CEO

Topic: Registrar's Update, November to December 2023

GOVERNANCE

Board Membership Update

Following the resignation of two publicly-appointed board members, we are working with the Public Appointments Secretariat to ensure new appointments are received as soon as possible.

Regulatory Activity

Regulations Update

As reported in October, we anticipate a further amendment to the *Pharmacy Act,* pertaining to enabling pharmacy professionals to administer RSV vaccines, among other things. At the time of writing, the regulation has not yet proceeded.

Following the Board meeting in September, a reporting letter was sent to the Minister of Health, capturing the Board's recommendations with respect to further expansion of the pharmacy scope of practice. A copy of the letter has been attached (Attachment 5.1.2a).

The Board will recall discussing a concern related to scope expansion about the limitations associated with pharmacists' lack of authority for the controlled act of diagnosing. With the recent expansion of scope for Nurses, this issue has been addressed for that profession. Regulatory amendments to the Nursing Act permit nurses to communicate a diagnosis for the purpose of prescribing an authorized drug.

We have attached a table summarizing the status of outstanding and recently approved regulation amendments (Attachment 5.1.2b).

Equity, Diversity and Inclusion (EDI) strategy

To support development of our EDI strategy, the College has convened a Registrant Reference Group to provide perspective on specific questions as we move forward. This group, comprised of six pharmacists and three pharmacy technicians with diverse professional and personal experiences, met on November 1, 2023. At this meeting, they were asked to consider whether and how OCP should strive for a more diverse Board, and whether our EDI strategy should prioritize Indigenous culture humility and reconciliation. More about the latter aspect of their discussion can be found in the separate Equity, Diversity, and Inclusion Briefing Note.

Notes of all meetings of the Registrant Reference Group will be approved by the group and posted to our website. This transparency will help ensure that the opinions of the group are at arm's length from the College and that their message to us, to registrants and the public is not censored by the College. At the time of writing, we are waiting for their approval of the notes from their meeting. Once approved, they will be included here.

The specific next steps of the College's EDI Strategy will be adapted depending on the outcome of the Board decision with respect to prioritizing Indigenous cultural humility and reconciliation. 2023 has largely been a level-setting and background-seeking year (see more detail in the EDI Briefing materials). 2024-2028 will see execution of tactics

aimed at the following outcomes, among others:

- College staff will demonstrate competence in reflexive/intercultural approaches that enhance registrant/public experience during College interactions
- Board and Committee membership will reflect diverse identifies and experiences and all members will demonstrate EDI competencies
- Practice policies and documents will facilitate equitable pharmacy care for all patients
- The College will collect and use data to inform approaches to achieving just regulatory functions

Emergency Assignment (EA) Registration

The EA Registration category fast tracks registration for Pharmacy Technicians and Pharmacists in times of emergency. Certificates of registration in this category are time limited and these registrants must practice under supervision. The expectation is that when the emergency ends, the certificates are no longer renewed or issued and these registrants, many of whom will have been working towards fulfilling their regular registration requirements in the interim, will transition to full registration, or another class of registration as applicable, such as intern.

Recent changes to the registration regulation added the responsibility for identification of states of emergency to the Board, as an alternative to the Minister. Staff are drafting a policy for Board consideration establishing the criteria to declare or end states of emergency.

In the meantime, the Registrar has extended access to existing EA registration certificate holders until January 22, 2024, and continues to accept new applications for EA registration for pharmacists and pharmacy technicians to support workforce challenges that remain in some practice locations.

As of November 9, 2023, there are 398 active EA registrants, which is composed of 293 EA pharmacists and 105 EA pharmacy technicians.

Office of the Fairness Commissioner

To become a registered pharmacist or pharmacy technician, all applicants must demonstrate proficiency in English or French. One of the ways that language proficiency can be demonstrated is through the challenge of an objective language test. Historically OCP, in agreement with pharmacy regulators across the country, has accepted results from several tests.

New regulations came into effect last fall that imposed specific language testing requirements on Ontario regulators. Under section 3 of the new regulation,[1] while the College may continue to recognize a broader range of tests, it **must** accept tests approved under the *Immigration and Refugee Protection Act*. We can specify the level of proficiency required in those tests.

We inquired with the Ministry whether our language requirements were consistent with the new regulation and did not receive a response. We have recently been informed by the Office of the Fairness Commissioner that we must make revisions to come into compliance. Essentially, we must accept a general, rather than a professional level language test in future. Staff are currently gathering information to establish what scores would be required on the general tests to demonstrate equivalency with our current standards.   We will update our requirements and the College website as soon as possible.

Working with Partners: November to Date

Health Professional Regulators of Ontario (HPRO)
I am a member of the Management Committee and the Treasurer for HPRO. In that capacity I have attended, or someone has attended the following meetings on my behalf:

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[1] Ontario Regulation 508/22: Registration Requirements - www.ontario.ca/laws/regulation/r22508

- Bi-Weekly Information-Sharing Sessions – November 14 and 28, 2023
- Management Committee Meeting – November 16, 2023

Citizens Advisory Group – HPRO

Launched in 2015 by the College of Physiotherapists (CPO) to support public participation in professional regulation, the Citizen Advisory Group (CAG) is comprised of patients and caregivers that act as a consultative body to health profession regulators in Ontario. Originally operating as a partnership between a subset of health profession regulators, the partnership and the CAG have since evolved significantly to include all HPRO members alongside the Ontario College of Social Workers and Social Service Workers. The College of Physicians and Surgeons of Ontario (CPSO) has been Chair of the partnership and responsible for the administrative coordination of the CAG since 2019 and indicated a desire to transition this responsibility to another partner.

The College values the input that CAG members provide to Ontario's health regulators and expressed interest in working with others to ensure the sustainability of this group. OCP, CPSO, and CPO scoped out a new model for the administrative coordination of the CAG and proposed that HPRO assume this role now that all HPRO members are also members of the CAG partnership. This proposal was accepted by HPRO Management Committee, and HPRO is working with CPSO to transfer the administrative coordination and day-to-day management of the CAG to HPRO. A CAG working group will report to the HPRO Management Committee and will be chaired by OCP as of January 2024. There will be 5-6 members on the working group, with CPSO, CPO, and RCDSO already indicating interest in being members of this working group. This transition ensures that the patient and caregiver voice will continue to have input into professional rules, standards of practice, policies, strategic priorities, and communications directed at the public.

Prescribing Authority Meetings

I coordinated an inaugural meeting for HPRO colleges and associations, which was held September 11, 2023, with the purpose of ensuring that best practices in prescribing, administering, dispensing, compounding, and selling for the benefit of Ontarians are adhered to and applied in the regulatory and legislative scheme with respect to RHPA colleges. To date, thirteen organizations have expressed an interest in participating.

A draft project charter was reviewed at the October 31, 2023, meeting with amendments and a detailed project plan to be presented to the group at our December 7 meeting for decision-making and commitment by participants.

NAPRA (National Association of Pharmacy Regulatory Authorities)[2]

The Registrars of all Pharmacy Regulators in Canada, together with three appointed external representatives and a representative from the Canadian Armed Forces are members of the NAPRA Board. I am also a member of the NAPRA Governance Committee.

- NAPRA Board Meeting – November 7-8, 2023
    - At this meeting, the Board identified the "products" NAPRA produces and identified those that are no longer considered value-added, with a view to phasing these out
    - We reviewed NAPRA's new strategic plan and 2024 operational plan
- PRA Roundtable & Emerging Issues – November 21, 2023
    - These monthly meetings are intended to keep all jurisdictions aware of pressing issues or developments in pharmacy regulation or its environment
- Governance and Nominating Committee Meeting – November 29, 2023

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[2] Founded in 1995, the National Association of Pharmacy Regulatory Authorities (NAPRA) is an alliance of the provincial and territorial pharmacy regulatory authorities across Canada as well as the Pharmacy Services Division of the Canadian Armed Forces. NAPRA's members regulate the practice of pharmacy in their respective jurisdictions in Canada and their primary mandate is to protect and serve the public interest. NAPRA provides a platform for its members to discuss and take a national approach in addressing common issues in the practice of pharmacy in Canada.

Other

- Ontario Pharmacists Association (OPA) Quarterly Meeting – December 4, 2023
- Ministry of Health Quarterly Meeting – December 6, 2023

OCP Presentations

This new addition to the Registrar's report is intended to inform the Board of the engagement or educational activities in which OCP staff are involved. It will be a feature of the Board reports from now on.

- CCAPP Pharmacy Technician Presentation at Fanshawe College – September 18, 2023 (Michelle Nagy)
- AIMS and Safety in Pharmacy Practice to at Leslie Dan Faculty of Pharmacy (U of T) – September 20, 2023 (Saira Lallani)
- PACE Assessor Orientation Workshop - September 26, 2023 (Jillian Polson)
- Remediation Evaluation Project at CLEAR - September 27, 2023 (Lisa Craig)
- CCAPP Pharmacy Technician Presentation at Georgian College – October 4, 2023 (Michelle Nagy)
- Pharmacy's Contribution to Vaccination: A Policy and Research Dialogue for The Centre for Vaccine Preventable Diseases – October 10, 2023 (Katya Masnyk & Melanie Zabawa)
- Professionalism & Code of Ethics presentation at Leslie Dan Faculty of Pharmacy (U of T) – October 11, 2023 (Shenda Tanchak)
- Facilitators and barriers to minor ailment prescribing in Ontario at OPEN Summit – October 11, 2023 (Vivian Ng)
- IMS and Oral Anticancer Drug Incidents to Systemic Treatment Incident Learning (STIL) Community of Practice for Ontario Health, Cancer Care Ontario – October 17, 2023 (Saira Lallani)
- Introduction to the Profession for International Pharmacy Graduates (IPG) Program at Leslie Dan Faculty of Pharmacy (U of T) - October 18, 2023 (Anita Arzoomanian & Angela Bates)
- Registrant Competence Presentation at Centennial College – November 7, 2023 (Melanie Sebastianelli & Travis Spencer)
- OCP Registration Process for International Pharmacy Graduates (IPG) Program at Leslie Dan Faculty of Pharmacy (U of T) - November 14, 2023 (Deanna Yee, Melanie Sebastianelli, Vicky Clayton-Jones, Kashief Bobb and Logan Grant)
- Complaints Presentation at Fanshawe College – November 23, 2023 (Sushil Khan)
- Data on Trends in Performance and Gaps in Pharmacy Practice, to Leslie Dan Faculty of Pharmacy PharmD program academic directors at U of T - November 28, 2023 (Anita Arzoomanian)
- Data on Performance of International Pharmacy Graduates (IPG) in Jurisprudence Ethics Professionalism and PACE, to U of T IPG bridging program academic directors - November 30, 2023 (Anita Arzoomanian)
- Joint Webinar with Ontario Pharmacists Associations on Opioid Agonist Therapy - TBC November 2023 (Melanie Zabawa)
- Data on Trends in Performance and Gaps in Pharmacy Practice, to U of W PharmD program academic directors - December 5, 2023 (Anita Arzoomanian)

Horizon Scan

Ontario Pharmacists Association

Members of the profession have access to the Ontario Pharmacists Association materials, but those of us who are not pharmacy professionals do not.   Being aware of what our colleague organizations are prioritizing and promoting is important and can have an influence on decisions that we make.

With permission, I have attached a copy of the OPA's summary of their Fall 2023 Priorities (Attachment 5.1.2c).

Their areas of focus include advocating for continued expansion of the pharmacy scope of practice to additional ailments/conditions; prescribing and administering all vaccines; and the authority to order laboratory tests and conduct

point-of-care tests. They are also advocating for changes to some existing programs for services delivered by pharmacists and compensation models that that would ensure that there is a mechanism to appropriate pay for the ever-expanding services provided by pharmacists.

Pharmacy Examining Board of Canada (PEBC)[3]

PEBC conducted slightly more than 9000 examinations this year.   These included multiple choice and Objective Structured Clinical/Practical Examinations[4] for pharmacist and pharmacy technician candidates, and a multiple-choice examination accessed by international graduates to determine their readiness for Canadian practice. This is about a 10% increase from 2022.

The January 2024 iteration of the exam for international graduates has the largest number of applicants ever – with 30%+ more participants than in January 2023.

Last year, PEBC piloted automatic test question generation, using artificial intelligence. The pilot was successful: the questions performed well.   Automatic generation will be used to supplement the current development processes with the intention of incorporating it into all exam creation in 2024.

In June, PEBC piloted virtual delivery of its clinical exam. Data analysis is underway. The 92 candidates reported a "positive" or "very positive" experience with the pilot.

OPERATIONS

Judicial Decision – Discipline Committee Decision Upheld

In November, the Ontario Divisional Court considered an appeal of a Discipline Committee finding related to Amani Awad. The Discipline Committee found that the pharmacist had billed for medications or products that had not been prescribed for or received. Findings included failure to keep records, falsifying records, signing or issuing records that they knew or ought to have known contained false or misleading statements and submitting accounts or charges that they knew or ought to have known were false or misleading. The appeal failed to establish a basis to overturn the findings, the penalty or the costs order imposed by the Discipline Committee panel. Costs of the appeal were awarded to the College.

There is one more potential avenue to appeal the Divisional Court decision and the timeframe to apply for leave to appeal has not yet passed.
Organizational Structure

Since July, OCP staff have been working together to jointly design a new organizational structure. The objective was to use existing talent and to improve efficiency and quality, to reduce siloes, to provide growth opportunities for staff and to maintain strong staff engagement.

Implementation of the changes has begun and is expected to be complete by year end. Changes to teams affect about 20% of our staff. The survey results below show staff are optimistic that these changes will be beneficial.

Some of the changes may be of particular interest to the Board.
- Two new senior management positions
  - Director of Policy, Engagement and Strategy Implementation: Katya Masnyk

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[3] The purpose of the Pharmacy Examining Board is to assess qualifications for pharmacists and pharmacy technicians on behalf of participating provincial regulatory authorities. The Board evaluates qualifications, develops and administers examinations including a national Qualifying Examination, and issues Certificates of Qualification.

[4] A common method of assessing clinical competence in medical education. An OSCE assesses performance in a simulated clinical environment, using actors for patients.

- - General Counsel and Chief Privacy Officer: Christian Guerette
- Creation of an Internal Transformation Officer position: Jane McKaig
- Hearings Office removed from Conduct Division, to report to Corporate Services

Sale of 186 St. George Street

The sale of 186 St. George Street closed on December 1, 2023.

People/Culture

The monthly "pulse" surveys that are intended to serve as an early warning sign should OCP's positive staff culture begin to falter, continue to reflect strong engagement. We received an unusually small number of responses to the survey following the November staff meeting and will be making efforts to ensure a stronger response rate in future.

We anticipate that survey results will be reported on the Board Scorecard, rather than as part of this report, in 2024 and anticipate fine-tuning the question(s) to monitor continuing engagement now that we have built and sustained the strong culture we were striving for and aim to maintain.

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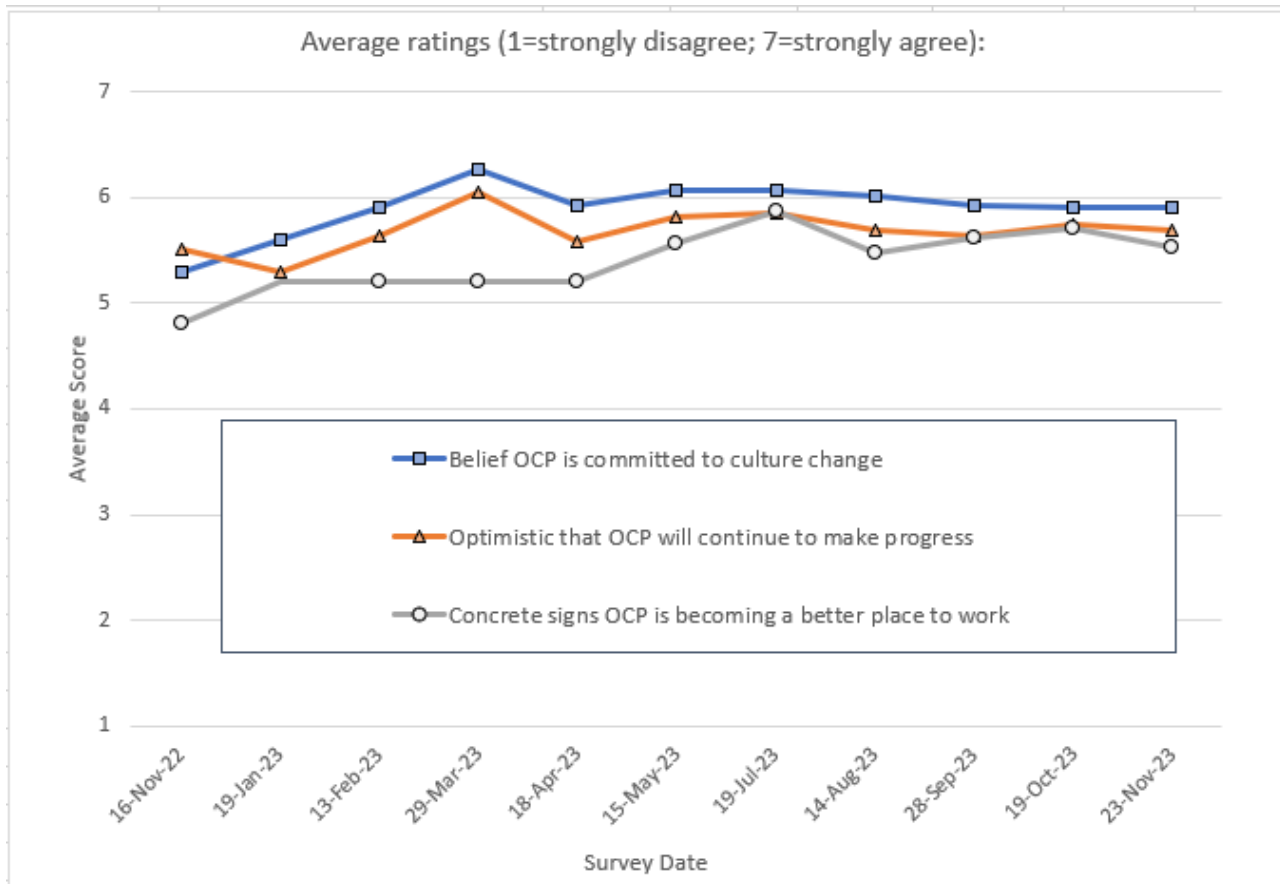
Survey questions:
1. I believe that OCP, as an organization, is committed to becoming a place where people can work more happily and effectively.
2. I feel optimistic that, over the coming months, OCP will continue to make progress on becoming a better place to work.
3. Over the past months, I have seen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

October 30, 2023

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

Dear Minister Jones,

In March 2023, you requested the College re-engage the Minor Ailments Advisory Group (now renamed to the Scope of Practice Advisory Group or SPAG) and other relevant system partners to explore the addition of further minor ailments for which pharmacists could prescribe, including those that may require additional scope of practice expansion to support safe and effective prescribing. The College was asked to submit a recommendation by November 1, 2023. This letter includes these recommendations, as well as additional context and considerations related to the assessment and treatment of minor ailments by pharmacists.

Terminology Considerations

Some changes to the terminology we use may provide more clarification and establish a foundation for the role of pharmacists in the future.

Birth control, emergency contraception and erectile dysfunction, which are included in the College's current recommendations, refer to interventions for something other "ailments". As such, the College recommends using the term "minor ailments and therapies" when describing this work. Likewise, placing the emphasis on pharmacist "prescribing" may not be entirely accurate. There may be times an assessment does not result in a prescription, but rather an over-the-counter treatment, referral, or recommendation of non-pharmacological treatments. The College suggests that patients will have a better understanding of the role of the pharmacist in the health care system if that role is communicated as one of "assessment and treatment".

Recommendation of Minor Ailments and Therapies

Following receipt of your request, the Scope of Practice Advisory Group (SPAG) engaged in a rigorous process (see attached) to consider the addition of more minor ailments and therapies to pharmacy scope of practice. The Board recommends the 17 minor ailments set out below with the understanding that further discussion is required to identify the appropriate restrictions that may be associated with those identified by an asterisk, and conditions that may apply to all or some of the ailments, pending further consideration of the issues noted below.

- Acute pharyngitis (sore throat) [1]
- Birth control *
- Calluses and corns
- Emergency contraception

- Onychomycosis (fungal nail infections) *
- Otitis externa (swimmers' ear) *
- Pediculosis (head lice)
- Rhinitis - viral (nasal congestion)

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[1] Subject to conditions or restrictions to be determined.

- Erectile dysfunction [*]
- Headache (mild)
- Herpes zoster (shingles) [*]
- Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm) [*]

- Seborrheic dermatitis (dandruff)
- Tinea corporis (ringworm) [*]
- Tinea cruris (jock itch)
- Verrucae (vulgaris, plantar) (warts) [*]
- Xerophthalmia (dry eye) [*]

*Minor Ailments and Therapies **without** restrictions*

In keeping with the present approach to prescribing by many of the non-medical health professions, it is understood that at this time pharmacists would be limited to prescribing from a list of approved medications for each minor ailment and therapy. The lists will be developed upon direction of the Ministry. Addition of the minor ailments and therapies and the associated lists of drugs would be the only regulatory changes required to support the addition of these minor ailments and therapies.

*Minor Ailments and Therapies **with** conditions and restrictions*

Based on the potential risk to patients, some of the minor ailments and therapies should be added to pharmacists' scope only if certain conditions (e.g., additional education or creation of a special register) or restrictions (e.g., on the types of medications or patients) are in place. Also, legislative changes may be required to enable some of the conditions to be properly assessed and managed (e.g., point-of-care testing for sore throat and addition to the controlled acts for pharmacists to insert an otoscope when assessing swimmer's ear). It is anticipated that developing conditions and restrictions, and making other complimentary legislative changes, will require a significant time investment. As with development of drug lists, the College will undertake or support this work following direction from the Ministry.

Minor Ailments and Therapies not recommended

Additional minor ailments and therapies were brought to the Board but not approved for addition to current scope. These included cough, dyspepsia, non-infectious diarrhea, and superficial bacterial skin infections. Concerns regarding these ailments included the requirement for more complex diagnostic or lab testing to determine the underlying cause or differentiate from similar conditions, or that inclusion could drive inappropriate use of certain therapies (e.g., topical therapies for superficial bacterial skin infections). Although these are not being recommended currently, the College is continually monitoring this evolving area of practice and is open to considering these and other minor ailments and therapies in the future.

Additional Issues for Consideration

The Board identified concerns about the safety and value of adding more minor ailments and therapies to pharmacy scope in the current regulatory and practice environment. Some of these issues are beyond the College's mandate, although we will work to try to mitigate the potential risks they may pose.

1. *Practice environment*

   Patient safety concerns related to conditions in the pharmacy practice environment and increased pressure from the public and pharmacy management have been previously brought to the attention of the College by the pharmacy community. The challenges include high workload and burnout, ineffective employment standards for pharmacy professionals and insufficient qualified staff. In the consultation process leading to the Board's recommendations, many expressed concerns that adding more to pharmacists' scope of practice will exacerbate existing challenges and may lead to patient risk that would not be present otherwise. The College shares this concern.

   OCP's Board of Directors has committed to exploring how to address these challenges as part of its new five-year strategic plan, which begins in January 2024. However, much about the environment lies outside our control or jurisdiction: without widespread support from all system partners, we will not be able to make significant change. We look forward to discussions with the Ministry, as well as other system partners, about how we can work together to ensure patient safety.

2. *Physical space*

   Legislation needs to match the needs of modern pharmacy practice. The *Drug and Pharmacies Regulation Act* (1990), *O.Reg 264/16* provides high-level requirements to pharmacies to "have procedures in place to protect the confidentiality of all personal health information and other personal information maintained by the pharmacy and to protect the privacy of persons who receive pharmacy services at the pharmacy." Policy updates are required to translate high-level regulation around privacy into concrete action plans by pharmacy owners to ensure appropriate assessment and counselling spaces.

   As more ailments and therapies that require a physical assessment are added, the spaces currently used for counselling within community pharmacies may not be sufficient. Beyond the issue of patient privacy, appropriate counselling areas enable additional infection prevention and control measures, as well as patient comfort during assessment or administration of substances. Ensuring pharmacies operate with appropriate counselling space may require updating the *Drugs and Pharmacies Regulation Act* (1990), its regulations, and College policies. Pharmacies would need time to implement infrastructure changes.

3. *Use of Clinical Viewers*

   Providing continuity of care is dependent upon having and capturing as complete a medical history as possible. In addition to information offered by patients and their caregivers, more detailed health information is often required to inform safe clinical decision-making. ConnectingOntario and ClinicalConnect clinical viewers are free, secure, web-based tools where pharmacies can access real-time patient digital health records, such as medication history, laboratory test results, hospital stays, diagnostic images and reports, and other crucial health information.

   Currently, only 25% of community pharmacies have access to clinical viewers. Another 25% are in the onboarding phase, however, the College has heard from registrants that there are delays and the onboarding time can range from 6 to 18 months. A significant increase in applications followed the start of minor ailments prescribing in Ontario in January 2023 resulting in a backlog of applications. With the addition of more minor ailments and therapies, the onboarding time may further increase as more pharmacies request access to clinical viewers. The remaining 50% of pharmacies have not been engaged with clinical viewers at all.

   Pharmacies engaging in minor ailments and therapies services should be expected to have access to patient health information, and the recent [Executive Officer Notice](#) strongly encourages pharmacies to enrol in one of the provinces clinical viewers through Ontario Health. Continued partnership and collaboration among the Ministry of Health, the College, and Ontario Health, who leads the onboarding of clinical viewers, will be required to have all Ontario community pharmacies using clinical viewers in a timely manner. Additional implementation support and intervention may be needed from the Ministry of Health to enable timely completion of onboarding and increased access to this tool among pharmacies.

4. *Communicating a diagnosis*

   "Communicating a diagnosis" is a controlled act not currently within the pharmacist's scope. The issue of whether pharmacists engage in this act when assessing and treating minor ailments is not new and was discussed during the first expansion of the pharmacy scope of practice to include minor ailments. With the addition of increasingly complex patient conditions to the list pharmacists will treat, the distinction between assessment and diagnosis becomes increasingly important.

   Some of the recommended minor ailments and therapies will require a level of assessment, including reliance on test results, that it is difficult not to characterize as diagnosis. For example, identification of swimmer's ear and sore throat require specific diagnostic tools such as otoscopy exam and throat swabbing

with point-of-care testing, respectively. The results obtained would typically be understood to contribute to a diagnosis of the patient's condition. Without the diagnosis, treatment decision-making is impaired. Relying on the existing language of 'assessment' to describe such activities can sometimes seem to demand a suspension of disbelief. At best, it perpetuates a level of linguistic ambiguity that leads to difficulty establishing and enforcing standards and confusion as to role distinctions between the professions.   It impedes the College meeting its object of promoting and enhancing relations with other health colleges, key stakeholders and the public.

In terms of maximizing the contribution that pharmacists can make to the healthcare system, recognizing that in some cases pharmacists must diagnose to provide treatment would create the potential for pharmacists to order diagnostic tests and bloodwork, which are necessary to best support patient access to appropriate care.

Implementation Considerations and Next Steps

As described above, the implementation of additional ailments and therapies will be contingent on several restrictions and conditions, including amendments to legislation and regulations. The implementation of these minor ailments and therapies may occur through a phased approach. Those minor ailments without restrictions, and minimal implementation challenges could be implemented first, and those with more implementation complexities could be implemented later.

We note that our ability to address this work may be affected by the requirements set out in the proposed Scopes of Practice Guide. The Guide requires economic information and a systems-level impact analysis of scope expansion. We do not have the expertise or resources to provide these as they are beyond our mandate and expertise. We are hopeful that the expectation is that when the College is responding to a Ministry request to consider scope expansion, this work has been or will be done by the Ministry. If not, it would entail a significant investment of resources and time which we have not integrated into our operating plan or our current proposed budget for 2024.

The College looks forward to further discussions with the Ministry of Health about these recommendations.

With regard,

Shenda Tanchak
Registrar and CEO

CC: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
        Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice
        Patrick Dicerni, Assistant Deputy Minister, Health Programs and Delivery Division
        Allison Henry, Director, Health Workforce Regulatory Oversight Branch
        Angie Wong, Director, Drug Programs Strategy and Policy Branch
        James Morrison, OCP Board Chair

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*
> - <u>Calluses and corns</u>
> - 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

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:
        o Not move forward with any ailments/therapies at this time, or
        o Move forward with Category One only, given it has the lowest level of risk, or
        o 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"[1].
    - 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."[2]

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[1] https://mcc.ca/glossary-of-terms/
[2] 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 [3].
  - 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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[3] 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

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 Nov 28, 2023)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Newly Submitted					
Pharmacy Act, General Regulation (202/94) Expanded Scope	Minister of Health sent a letter (March 10, 2023) requesting the College make recommendations regarding further minor ailments, including those that require additional scope recommendations	October 30, 2023 Board recommendations (approved at Sept Board meeting) were provided to the Minister.	Response under review by the Minister/ Ministry	Awaiting further direction from the Minister or Ministry regarding drafting of regulatory changes to support the recommendations.	
Outstanding Submissions					
Pharmacy Act, General regulation (202)94 – Controlled Acts	Expand scope to support the 2023-24 respiratory illness session by allowing: - administration of respiratory syncytial virus (RSV)vaccine, - pharmacy technicians to administer Schedule 3 vaccines, - pharmacists to prescribe Tamiflu,	August 31, 2023	Sealed on November 27, 2023	Awaiting final government approval and filing. Anticipate implementation for early December.	The Ministry did not include the proposed changes to remove age restrictions for vaccine administration or to allow pharmacy technicians to administer Schedule 3 drugs in the final version of the regulation. No rationale for

	- removal of specific age restrictions for administration of vaccines, -Transition of authority for COVID-19 vaccine Paxlovid prescribing from the *Regulated Health Professions Act* (*RHPA), Controlled Acts Regulation* (107/96) to the *Pharmacy Act, General Regulation* (202/94).				removal was provided.
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	**Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.

Quality Assurance – to include pharmacy technicians and align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to | February 2018 | Working with Ministry policy staff to prepare regulation for posting on the Regulatory Registry, and addressing policy questions from Ministry staff. | Receive feedback as result of the Regulatory posting and determine need for revision to proposed amendments, if necessary.

Await Ministry draft of an amending regulation, for final review and sealing. | OCP has advised MOH of the need for pharmacy technician intern class to address workforce challenges/sh ortages - particularly in hospital. Corresponding changes for class of certificates are approved in the *Drug and Pharmacies Regulation Act* (Section 149 (1)) pending approval of these *Pharmacy Act* changes. |

	practice to standards.				
Recently Approved					
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	Amending regulation (295/23) approved by government and filed on Aug 21, 2023	Implementation August 31, 2023	
Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing)	To add six additional minor ailments to the pharmacy scope of practice.	April 14, 2023	Approved August 21st	Implementation October 1st, 2023	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). The change was a result of intellectual property - based impediments to access to the AHFS information.

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

PHARMACY RECOMMENDATIONS TO IMPROVE CARE & CONVENIENCE FOR ONTARIANS

EXPAND ACCESS TO CARE BY ENABLING PHARMACY TO...

	What does this look like for Ontarians?
Prescribe and administer all vaccines	✓ Making it easy for my daughter to get her HPV vaccine at our local pharmacy to prevent cervical cancer ✓ Getting a Hepatitis A and B vaccine from my pharmacist before my vacation without needing to visit my doctor first ✓ My father getting his shingles vaccine faster, reducing the risk of him potentially developing shingles
Assess and prescribe for additional conditions and/or situations and order laboratory tests and conduct point-of-care tests (POCT) as needed	✓ Increased access to contraception through my pharmacist when I need it most, empowering me to make informed decisions about my reproductive health ✓ Access to PrEP (or PEP) at my local pharmacy to prevent new HIV infection ✓ My pharmacist offering an alternative drug by during a shortage to ensure continuity and reduce potential adverse outcomes ✓ My pharmacist adjusting my diabetes treatment promptly to help me reach my therapy goals ✓ My pharmacist using POCT to confirm my strep throat diagnosis and prescribing the appropriate medications for my recovery
Work to their full potential across the entire health care system to increase capacity	✓ Continue receiving care from my preferred pharmacy, rather than being forced to switch to a different one selected by my insurance company ✓ Nurses in LTC having more time for residents because pharmacists are playing a bigger role in care

ADDRESS PHARMACY CHALLENGES THROUGH...

Modernizing existing programs and policies to **better promote healthier patient outcomes (**MedsChecks, Pharmaceutical Opinion Program, and virtual care)

Providing needed supports to enable **successful uptake and continuity of pharmacy services**

Removing barriers that **threaten economic sustainability** (e.g., pharmacy reconciliation, ODB dispensing and compounding fees, LTC capitation funding, and closed Preferred Provider Networks)

ONTARIO PHARMACISTS ASSOCIATION

Comparison of Recommendations Across Canada

		ON	BC	AB	SK	MB	QC	NB	NS	PEI	NL
Scope Expansions	Ability to Prescribe Nirmatrelvir/Ritonavir (Paxlovid)	☑	☒	☑	☑	☒	☑	☑	☒	☑	☑
	Ability to Prescribe for Minor Ailments	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Authority to Administer Certain Substances by Injection/Inhalation	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Recommendations	Administer any Schedule I or Schedule II vaccine	☒	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Prescriptive Authority for Some or All Routine and/or Traveler's Vaccines	☒	☒	☑	☑	☒	☑	☑	☑	☑	☑
	Authority to Prescribe for Greater than 19 Minor Ailments	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑
	Ability to Prescribe Contraceptives	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑
	Ability to Prescribe Antiviral Treatment for Shingles	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑
	Minor Ailment Prescribing Not Restricted to Drug Lists	☒	☑	☑	☒	☑	☑	☑	☑	☑	☑
	Authority to Order Lab Tests	☒	☒	☑	**P**	☑	☑	☑	**P**	**P**	☒
	Authority to Provide Therapeutic Substitutions	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑
	Remuneration for Renewals/ Adaptations	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑

P = pending

We are making care more convenient for Ontarians

OPA applauds the Ontario government for recent scope expansions and the launch of new pharmacy programs that have resulted in faster access to care for many Ontarians including:

- **466,803 minor ailment assessments provided to Ontarians** through pharmacies located in every public health unit across the province within the first nine months of the program.

- Almost **50% of all nirmatrelvir/ritonavir (Paxlovid) prescriptions** being prescribed through a community pharmacy by a pharmacist.

- **65% of all Ontarians** who received an influenza vaccination choosing to receive their vaccine through a pharmacy during the 2022/23 season.

- The ability to **administer certain substances by injection or inhalation** facilitating improved and more timely access to care, as well as the efficient use of resources by reducing patient visits to primary care providers for the sole purpose of medication administration.

About OPA

With its 9,000 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system while improving access to convenient care. Collectively, we are on the frontlines providing access to care and supporting communities across the province to keep patients healthy and safe while also contributing $6.3 billion to Ontario's Gross Domestic Product and supporting more than 94,000 jobs in the province.

Ontario College of Pharmacists
Putting patients first since 1871

From: Thomas Custers, Director, Corporate Services

Topic: 2023 College Performance Scorecard, Second Quarter (Q3) Reporting

Issue/Description: Q3 performance update on the College's 2023 key indicators and milestones (measures).

Public interest rationale: To support the Board with its responsibility in providing oversight and being accountable to the public for all the overall performance of the College.

Strategic alignment, regulatory processes, and actions: Reporting on the College's performance supports the Board's oversight role and is part of the College's commitment to accountability and transparency as stated in its organizational values and regulatory principles.

Background:

- Each year the College Performance Scorecard is developed and approved by the Board to enable Board Directors (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 2023 College Performance Scorecard.

- The 2023 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 project performance.

- 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 Q3 2023 Performance Summary/Improvement Strategies report highlights the College's progress 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).

Overview Q3 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	8	1	2	3
4 Milestones	4	0	0	-

- In Q3, 8 of the 14 indicators meet/exceed their target. This is an improvement from 6 to 8 from the previous quarter. The two new indicators that meet/exceed their target are: *percentage of Board Directors voluntarily contributing at each Board meeting* and *percentage of high and moderate risk complaints disposed of within 150 days.*

- Three indicators do not meet the 2023 target yet. The College has improvement strategies in place to close the gap between current performance and the 2023 targets (see for more detail the attached Performance Summary/Improvement Strategies report).

- Results for 2 of the 14 indicators will only be available at the end of 2023 or early 2024 (year-end-measures), and one indicator currently has no target as it is being measured for the first time (*Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel*).

- All 4 project milestones, including the Registrant Records System (RRS), are progressing as planned, and we anticipate all will be completed on schedule.

- The attached Q3 2023 Performance Summary/Improvement Strategies report provides further details on each indicator and milestone.

Attachments:

- 5.1.3a - Q3 2023 College Performance Scorecard

- 5.1.3b - Q3 2023 Performance Summary/Improvement Strategies

- 5.1.3c - 2023 Scorecard Measures Definitions

2023 College Performance Scorecard

No.	SP1	SP2	SP3	2022 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	YTD Q1	YTD Q2	YTD Q3	YTD Q4	2023 Target
	Strategic Alignment					2023 YTD (year-to-date)				
					Domain 1: Governance					
1			✓	95%	**Percentage of Board Directors voluntarily contributing at each Board meeting**	94%	94%	96%		≥95%
2			✓	87%	**Percentage of Board Directors completing evaluation surveys**	95%	97%	98%		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 Registrant Records System (RSS) 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)*			Aug-23		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)	85% (46/54)		≥82%
10	✓		✓	25%	**Prioritized practice documents (policies/guidelines/guidance) updated within target timeline**	0% (0/6)	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)	38% (43/114)		≥30%
13		✓	✓	58%	**Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days**	68% (13/19)	64% (20/31)	61% (24/39)		≥50%
14		✓		96%	**Percentage of HPARB complaint decisions confirmed**	100% (4/4)	100% (6/6)	91% (10/11)		≥88%
15	✓			582	**Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category**	496	501	488		≤365 days
16	✓	✓	✓	43%	**Percentage of community pharmacies entering events on AIMS platform**	23%	33%	39%		≥80%
					Domain 7: Measurement, Reporting & Improvement					
17			✓	98%	**Percentage of Board Directors report receiving appropriate info. to exercise oversight role**	100%	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%	43%		Collecting Baseline

Scorecard Measure	Q3 2023 Performance Summary / Improvement Strategies
#1 Percentage of Board Directors voluntarily contributing at each Board meeting	Recorded a 96% YTD participation rate in Q3, surpassing the 2023 target of 95%. For the first time this year, we achieved 100% contribution from the Board of Directors. This achievement can be attributed to improved Board participation and engagement from all attending Board members. The commitment to monitoring and providing support to further enhance this metric will be maintained.
#2 Percentage of Board Directors completing evaluation surveys	Achieved a 98% completion rate YTD in Q3, demonstrating continuous improvement with each passing quarter and approaching our 100% target. Notably, the Q3 survey saw a 100% completion rate among Board Directors in attendance. Our commitment to monitoring this metric will persist, ensuring ongoing support for progress in this key area.
#3 Variance of year-end actuals to annual operating budget	Results will be available for Q4 reporting.
#4 Percentage of Employee engagement (*Inclusion survey subset*)	This survey was completed in Q2, and results were presented at the September Board meeting. Result (88%) exceeded industry benchmark (78%).
#5 Percentage of Employee engagement (*Culture survey subset*)	This survey was completed in Q2, and results were presented at the September Board meeting. Result (78%) exceeded industry benchmark (70.5%).
#6 *Acquisition and initial implementation of new Registrant Records System (RRS)[1] on time in keeping with benchmarks(M)*	The College is currently undertaking a validation phase to review requirements, best practices, and core functions with KPMG. The building phase will take place in February 2024. Project is still on track for implementation by Q3 2024.
#7 *Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)*	This project was completed in August 2023. System partners were engaged from June – August 2023 on various expanded scope policy initiatives that were undergoing open or select system partner consultations. The strategy will be incorporated into future engagement opportunities with system partners.
#8 *SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)*	The project is progressing as planned. The overall completion date of the SharePoint migration project is the end of March 2024.
#9 Percentage of community pharmacists passing quality assurance (QA) re-assessment	Achieved 85% YTD in Q3, exceeding 2023 target of 82%.
#10 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	Year-end-measure. The policy workup of two policies is complete. Due to changes in leadership and the revised approval process, the policies will be brought forward for Board review at the March 2024 Board of Directors meeting.

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[1] Formerly referred to as CRM.

Scorecard Measure	Q3 2023 Performance Summary / Improvement Strategies
#11 *Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)*	Progressing as planned. Expected to meet target by end of the year. Q3 priorities: • Registrant Reference Group reengaged to provide diverse registrant perspectives on actions within EDI strategy. • Board recruitment and selection process review underway, corporate/HR policy reviews underway. • Staff and Board/Committee training plans drafted. • Demographic data elements reviewed for RRS implementation. • Supporting practice, PDR, and assessment departments in operationalizing inclusive language and practice tools.
#12 Percentage of high and moderate risk complaints disposed of within 150 days	Achieved 38% YTD in Q3, exceeding 2023 target of 30%.
#13 Percentage high and moderate risk Registrar's inquiries disposed of within 365 days	Achieved 61% YTD in Q3, exceeding 2023 target of 50%.
#14 Percentage of HPARB complaint decisions confirmed	Achieved 91% YTD in Q3, exceeding 2023 target of 88%.
#15 Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category	Achieved cycle time of 488 days in Q3, not meeting target of 365, but improved from Q1 and Q2, as well as actual cycle time for 2022 of 582 days. The objective for 2023 was to begin to see an improvement in cycle time (which we are), with the addition of staff resources early in the year. **Q3's performance was impacted by the following factors:** • We are beginning to see improvement as 2 new FTEs are managing full territories. • Starting to catch up from large backlog created by COVID. **Improvement Strategies:** • None required – anticipate that we will continue to see an improvement in cycle time with full staffing complement and prioritization of highest risk community pharmacies.

Scorecard Measure	Q3 2023 Performance Summary / Improvement Strategies
#16 Percentage of community pharmacies entering events on AIMS platform	In Q3, 39% (YTD) of community pharmacies entered events on the AIMS platform. This is a statistically significant improvement over Q1 and Q2 (23% and 33% respectively). **Q3's performance was impacted by the following factors:** • Ongoing from May through to August, 4124 pharmacies (82% of total pharmacies) transitioned to the new, easier to use reporting form within the platform. The remaining 18% are due to transition in Q1 of 2024. • There was a delay in the College receiving the engagement data of pharmacies or groups with low engagement which will facilitate direct outreach activities. **Improvement Strategies:** • Monthly webinars started in August, which will be cross promoted by Pharmapod and OCP, highlighting functionality of the platform and user tips. • Newly transitioned pharmacies received targeted communications in July and August, emphasizing the new, user-friendly incident form. • Direct outreach to poorly engaged pharmacies and groups is planned with the receipt of the engagement data, which is anticipated in Q4.
#17 Percentage of Board Directors receiving appropriate info. to exercise oversight role	Attained 100% YTD in Q3, surpassing the 2023 target of 95% and consistently meeting this benchmark. Our commitment is to maintain and enhance these standards for effective oversight.
#18 Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel	Achieved 43% in Q3. No target has been established for this indicator yet, as this is a new indicator and the first time the College is collecting this data. The 2023 data will be used to establish a baseline and inform the target for next year. The data for calculating this indicator in Q3 includes Board Director availability for 9 hearings (3 single day uncontested hearings, 1 two-day partially contested hearing, and 5 lengthy contested hearings). Constituting panels for these hearings was challenging when conflicts were considered in addition to availability. A hearing day was cancelled for one of the contested hearings due to inability to constitute a panel that could sit for all the hearing days scheduled.

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

2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#1 Percentage of Board Directors voluntarily contributing at each Board meeting.	The purpose of this measure is to ensure that the OCP Board is creating an environment that encourages equal participation by all. It measures the % of Board Directors providing input without being called upon individually during Board meetings.	Maintain and demonstrate governance principles relating to preparedness, expertise, and inclusion.	% Performance is: 🟩 ≥ 95.0% 🟨 71.3 – 94.9% 🟥 ≤ 71.2%
#2 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: 🟩 100% 🟨 75.0 – 99.9% 🟥 ≤ 74.9%
#3 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: 🟩 +/- 5.0% 🟨 +/- 6.0 – 25.0% 🟥 +/- 25.1% or more
#4 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: 🟩 ≥ 78.0% 🟨 58.5 - 77.9% 🟥 ≤ 58.4%
#5 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: 🟩 ≥ 70.5% 🟨 52.9 – 70.4% 🟥 ≤ 52.8%
#6 *Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with*	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,	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥 Risk/Roadblock

		project initiation and planning phases by December 2023.	
benchmarks (M).			

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#7 *Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).*	Through the development and implementation of a stakeholder engagement strategy, this milestone tracks planned stakeholder activities related to recent and potentially new expanded scope of practice with health system stakeholders that are impacted by expanded scope.	Achievement of this milestone will be based on the creation and implementation of the stakeholder engagement strategy by December 2023.	Milestone is: 🟩 On track 🟨 Potential Risk 🟥 Risk/Roadblock
#8 *SharePoint Online implementation for Corporate Service & Quality division on time in keeping with benchmarks (M).*	This milestone measures the completion of SharePoint software in Corporate Service & Quality division, key to modernizing the college's information technology infrastructure, which includes a transition of all college documents from the current platform to the cloud-based SharePoint.	Milestones set based on approved project schedule. Milestones will include migration of documents, staff training and skill levels, and adequate staff access to create, access and update documents in accordance with privacy protocols by December 2023.	Milestone is: 🟩 On track 🟨 Potential Risk 🟥 Risk/Roadblock
#9 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: 🟩 ≥ 82.0% 🟨 61.5 – 81.9% 🟥 ≤ 61.4%
#10 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: 🟩 ≥ 50% 🟨 37.5% - 49.9% 🟥 ≤ 37.4%
#11 *Introduction of Equity, Diversity & Inclusion strategy*	This milestone-based measure tracks progress on developing an EDI	Milestones will be based on approved	Milestone is: 🟩 On Track 🟨 Potential Risk 🟥

	strategy that encompasses the Colleges' programs, policy and governance functions, and the implementation of the first prioritized action plan.	project schedule and will include engagement with relevant external & internal stakeholders.	Risk/Roadblock

(EDI) and initial implementation of action plan in keeping benchmarks (M).

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#12 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: 🟩 ≥ 30.0% 🟨 22.5 – 29.9% 🟥 ≤ 22.4%
#13 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: 🟩 ≥ 50.0% 🟨 37.5 – 49.9% 🟥 ≤ 37.4%
#14 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: 🟩 ≥ 88.0% 🟨 66.0 – 87.9% 🟥 ≤ 65.9%
#15 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: 🟩 ≤ 365 🟨 366 – 456 🟥 ≥ 457
#16 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: 🟩 ≥ 80.0% 🟨 60.0 – 79.9% 🟥 ≤ 59.9%

#17 Percentage of Board Directors report receiving appropriate info. to exercise oversight role.	Shows the % of Board Directors indicating that the meeting materials were appropriate to exercise their oversight role. Knowing this is important to ensure that OCP Board Directors receive the information they need to effectively execute their oversight role and make informed decisions in accordance with the College's Values and Regulatory Principles.	Maintain an acceptable level of performance.	% Performance is: ■ ≥ 95.0% ■ 71.0 – 94.9% ■ ≤ 70.9%
Scorecard Measure	**Indicator or Milestone Definition**	**Target Justification**	**Performance**
#18 Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel.	This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing.	New indicator. Collecting baseline.	

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

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2023

From: Thomas Custer, Director, Corporate Services

Topic: 2023 Year End Risk Report

Issue: Risk Management Report - Update on key risks and mitigation activities

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

Strategic alignment, regulatory processes, and actions: Ensuring risks are identified and mitigated effectively strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

BACKGROUND:

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

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

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

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

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

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

ANALYSIS OF *STATUS QUO*:

- At year-end, there has been no change in top risks identified. The four top risks are:

  - IT Infrastructure disruption/failure.

  - Loss of business continuity (people and process).

  - Cyberattacks on OCP information, data, and financial assets.

  - Failure to resource core regulatory functions & meet public mandate & regulatory benchmarks.

- Among the four identified top risks, three have been classified as 'medium' risk, while one has been categorized as 'low' risk. This assessment was conducted using a rating tool that considers both the potential impact on the College's operations and the likelihood of the risk occurring.

- The risk level for *Business Continuity* has undergone a positive shift, improving from 9 to 3. This improvement is attributed to the successful implementation of the College's mitigation strategies, leading to positive outcomes including elevated staff engagement scores, reduced staff turnover, and decreased attrition. However, the mitigation strategy associated with the risk of inconsistent and undocumented work processes is currently on hold, due to the implementation of the new Registrant Record System (RRS) and other emerging priorities.

- There has been no change in the risk level for the remaining three top risks, and all eleven strategies identified by the College to mitigate these risks are still in progress.

NEXT STEPS:

- Continue implementing mitigation strategies, regularly assess their impact, and adjust as necessary. Simultaneously, consistently monitor identified risks, identify new ones, and review emerging risks in alignment with the College's risk appetite statements.

- Undertake a review of the College's risk management program at the beginning of 2024 to strengthening its effectiveness in identifying and addressing risks and alignment between strategy execution and risk management through Risk-Based Performance Management. (Risk-Based Performance Management).

ATTACHMENTS:

5.1.4a – 2023 Year End Risk Dashboard

Attachment 5.1.4a: 2023 Year End Risk Dashboard

2023 Year End Risk Dashboard

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

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

■ Implemented ■ Underway ■ Overdue ■ On Hold ■ Not Started

1. Risk of IT Infrastructure Disruption/Failure

2023 YEAR END STATUS

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

Legend:
- ■ Not start
- ■ Underway
- ■ Overdue
- ■ On Hold
- ■ Implemented

RISK TREATMENT SUMMARY

3 Mitigation Strategies underway

1) The College upgraded its network's reliability and continues to migrate towards a cloud services model.
2) Modernization of the College's Registrant Records System (RRS) target implementation fall of 2024.
3) Implementation of SharePoint across the entire organization is currently in progress, target completion spring 2024.

2. Risk of Loss of Business Continuity

2023 YEAR END STATUS					
Risk Description	**Risk Categories**	**Risk Impact Score (1-5)**	**Risk Likelihood Score (1-5)**	**2023 Year End Risk-Level (Impact x Likelihood)**	**Progress Status of Risk Response(s)**
• **The College is experiencing high staff turnover and disengagement.** • **Vacancies add additional burden on existing staff compounding work pressures.** • **Inconsistent and undocumented work processes make coverage for vacant roles and on-boarding new staff difficult.**	✓ People & Culture ✓ Information & Communications ✓ Finance & Efficiency	Moderate (3)	Rare (1)	LOW (3)	2 Mitigation Strategies 1 1 ■ Not start ■ Underway ■ Overdue ■ On Hold ■ Implemented

RISK TREATMENT SUMMARY

1 Mitigation strategy underway

1) The initiatives aimed at enhancing the culture and alleviating work pressures have resulted in positive outcomes. Employee turnover rates have reduced substantially and are now lower than industry standards. In addition, employee engagement scores have improved to a level that they now surpass industry benchmarks. Despite our successes to date, the College remains committed to investing in people through enhanced cross-training, robust succession planning, and additional opportunities for professional development.

1 Mitigation strategy on on hold

2) The mitigation strategy related to the risk of inconsistent and undocumented work processes has currently been placed on hold due to implementation of the new RRS and emerging priorities.

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

2023 YEAR END STATUS

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

■ Not start ■ Underway ■ Overdue
■ On Hold ■ Implemented

RISK TREATMENT SUMMARY

3 Mitigation strategies underway

1) All staff members continue to keep up-to-date with their security awareness training and simulations.
2) The development of a cybersecurity protocol that ensures the latest security controls are in place.
3) Threats are monitored and potential vulnerabilities are reviewed regularly.

1 Mitigation strategy overdue

4) The College continues to strengthen its incident response plan (IRP) and IT disaster response plan (DRP) towards leading practices in the industry and other health regulators.

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

2023 YEAR END STATUS

Risk Description	Risk Categories	Risk Impact Score (1-5)	Risk Likelihood Score (1-5)	2023 Year End Risk-Level (Impact x Likelihood)	Progress Status of Risk Response(s)
• **Failure to properly resource core regulatory operations (i.e., ensure that the necessary resources are engaged in appropriate work with an acceptable workload), resulting in increased organizational risk.**	✓ Quality ✓ Regulation & Compliance ✓ Reputation	Moderate (3)	Unlikely (2)	MEDIUM (6)	4 Mitigations

■ Not start ■ Underway ■ Overdue
■ On Hold ■ Implemented

RISK TREATMENT SUMMARY

1 Mitigation strategy implemented

3 Mitigation strategy underway

1) Assessments: Implemented and the College continues to apply risk-based, right-touch principles to our assessments and strengthened this regulatory function by the addition of staff positions.

2) High Risk Matters: The Conduct Division is actively progressing towards right-touch regulation by allocating resources in accordance with risk. This includes both ensuring the division is adequately resourced and prioritizing higher risk matters promptly and effectively.

3) Development and implementation of practice-based risk framework.

4) Reorganization and culture work and ongoing investment in staff training.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2023

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Equity, Diversity & Inclusion (EDI) Strategy

Issue: The Board is asked whether the EDI Strategy should prioritize reconciliation and developing Indigenous cultural humility in pharmacy practice and regulation.

Public interest rationale:
People have the right to expect pharmacy care that respects their human rights, and that the College will regulate the practice of pharmacy in a manner that is effective and fair, free from unnecessary barriers, and responsive to emerging concerns related to equity.

Strategic alignment, regulatory processes, and actions:
This work supports the College's 2024-2028 strategic goal #4: "The College uses our regulatory authority and influence to drive positive change in pharmacy practice towards ensuring all patients are treated with respect and without discrimination".

Background:
Disparities in healthcare access, patient outcomes, patient experience, and representation have been found across provincial healthcare systems. The sources of these disparities have been linked to discrimination on the basis of race, language, gender and gender identity, sexual orientation, and the stigma associated with some health conditions and treatment plans. The disparities between healthcare access, experience and outcomes between Indigenous and non-Indigenous people in Canada is well documented.[1,2,3]

The College's EDI strategy aims to identify and mitigate barriers to equitable pharmacy practice and regulation (See attachment: June 2023 Briefing Note). This year, the focus has been to identify problems, determine the mechanisms available to involve patients and pharmacy professionals, propose options for moving forward while balancing competing needs and priorities, and to support staff and Board awareness and knowledge building (see attachment: Summary of 2023 EDI Strategy Activities).

In pursuit of its Strategic Goal, the College will work to drive positive change in how registrants provide pharmacy care to all patients, with specific emphasis on patients living with disabilities, HIV, substance use disorder, limited English fluency, and those who identify as Indigenous, 2SLGBTQ+, and/or ethnically diverse. In this context the need to specifically recognize the outsized impact of discrimination experienced by Indigenous patients continues to grow.

Canadian process norms and the structures of our legislative and regulatory systems are reflective of primarily

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[1] Public Health Agency of Canada (2018). Key Health Inequalities in Canada: A National Portrait. Retrieved from https://www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html

[2] Kim P. J. (2019). Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System. *Health Equity*, 3(1), 378–381. https://doi.org/10.1089/heq.2019.0041

[3] Government of Canada (2015). Truth and reconciliation Commission Final Report. Retrieved from https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525

British origins. Within many professions, this has influenced the ways in which professional regulatory systems have been established and operate. These processes determine the entry-to-practice requirements and set practice standards for anyone practicing pharmacy. The resultant effects of these systems are felt by patients when navigating care and regulatory systems.

Without disregarding the needs of all, some jurisdictions and some regulators are prioritizing their EDI efforts on Indigenous cultural humility and reconciliation, with a view to addressing other unique or outstanding EDI activities after this work has been successfully initiated.

- British Columbia health professions regulators have been the most proactive. Their first step was for several colleges to publish a [Statement of Apology and Commitment to Action](#)
    - Two years later, following a report which chronicled rampant anti-Indigenous racism in BC's health system[4] nine health profession regulatory colleges jointly released a [comprehensive progress report](#) outlining Indigenous cultural safety, humility, and anti-racism activities.
    - The newly passed, but not yet enacted, [Health Professions and Occupations Act](#)(the legislation that governs the BC health regulators in the same way the RHPA governs OCP) includes specific requirements intended to improve health outcomes for Indigenous Peoples, to break cycles of systemic racism throughout the health sector, and to support and recruit Indigenous health providers to bolster their health system's inclusivity.
    - The BC Colleges of [Pharmacists](#), [Nurses & Midwives](#), [Physicians](#), [Physiotherapists](#), [Speech Language Pathologists & Audiologists](#), and others have developed Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standards for the professions they regulate and have specific plans about how to move forward with reconciliation with Indigenous Peoples as the centerpiece of their EDI work.
- The College of Registered Nurses of Manitoba has made specific public commitments and has issued practice expectations on health equity and cultural humility/safety.
- The College of Registered Nurses of Saskatchewan has implemented a professional practice group focused on Indigenous nursing.
- The College of Physicians and Surgeons of Ontario's EDI strategy began with a specific focus on anti-Indigenous racism in 2021.

By improving the patient experience for Indigenous Peoples, these regulators are working to improve the patient experience for all.

Analysis:
There is much work to be done to realize OCP's strategic goal while upholding our legislative responsibilities to protect the human rights of all patients seeking pharmacy care. To ensure maximum impact, we must balance our goals against our capacity.

It is too soon to evaluate the success of a reconciliation-first prioritization approach used by other jurisdictions in terms of addressing the needs of a broad range of equity-denied groups.

In November, we asked the Registrant Reference Group (RRG)[5] for their perspective on whether OCP's EDI strategy should take a broad approach, or whether we should prioritize the needs of Indigenous Peoples. It was their view that it would be appropriate to prioritize reconciliation work.

The following table sets out the benefits and risks associated with prioritizing one group over others. Most of these points were considered, or raised by, the RRG in their deliberations.

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[4] [In Plain Sight](#)
[5] See the Registrar's Report for a description of this group and its role in our EDI work.

Benefits	Risks (with Mitigation Strategies)
Seen as a first step in creating equitable approaches to pharmacy practice and regulation that will benefit all communities/peoples.	Overemphasis on indigeneity may fail to recognize intersections in identity (e.g. Indigeneity and disability/sexual orientation/gender identity/etc). All EDI work should include an understanding of intersectional identities and diversity within equity-denied groups.
Prioritizing this work allows for targeted actions that will have measurable results which will permit us to gather evidence and evaluate the impact of our actions.	Risk of public/registrant perception that the College is not focusing on driving positive change for all equity-denied groups. This can be mitigated by transparency and clear communication
A narrower focus will potentially permit fewer, more impactful activities, and may have an overall greater impact than a more diffuse approach.	
Cultural humility refers to an approach and mindset that involves a deep respect, understanding, and acknowledgment of the diverse cultures, histories, and perspectives of Indigenous peoples. It goes beyond cultural competence, emphasizing a continuous process of self-reflection, learning, and genuine engagement with Indigenous communities. Taking this approach can enhance overall understanding of how to embed intercultural skills within pharmacy practice and regulation, while focusing on a patient population experiencing greater health disparities.	
Ontario can work with colleagues in BC to learn from their experiences, allowing OCP to approach this work collaboratively while building relationships to create meaningful impact in Ontario more quickly.	

Recommendation:
Despite the lack of evidence to demonstrate that a singly focused strategy will be more effective, the commitment by other regulators and the support of the RRG has led us to the following recommendations:

OCP's external-facing EDI activities take the following priorities:
- Initiatives under OCP's EDI strategy will prioritize Truth & Reconciliation
- Notwithstanding this focus, new tools or standards will apply to all protected grounds under the Ontario Human Rights Code
- OCP will continue to respond to emerging issues as they are brought to our attention

Decision for the Board:
That the Board approve the recommendation to prioritize Indigenous cultural humility and reconciliation in the College's Equity, Diversity, and Inclusion Strategy.

Attachments:
- 7.1 - Equity, Diversity, & Inclusion Strategy Briefing Note – June 2023
- 7.2 - Summary of 2023 EDI Strategy Activities

FOR INFORMATION

From: Shenda Tanchak, Registrar and CEO

Topic: Equity, Diversity & Inclusion Strategy

Issue/Description:

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

Public interest rationale:

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

Strategic alignment, regulatory processes, and actions:

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

Background:

- Throughout 2022, the Human Resources department led the development of the College's internal HR EDI Plan to create an organization with an inclusive culture that celebrates and promotes equity and diversity in the workplace and amongst staff.

- In December, the Board approved the 2023 budget which included the establishment of a new Equity, Diversity, & Inclusion department staffed with an EDI Manager and EDI Strategic Advisor to lead the organization through the development and implementation of an EDI Strategy that provides overall direction and plans of action to ensure an intentional approach to identifying and achieving institution-wide equity, diversity, and inclusion objectives and outcomes.

- Between January and March, College staff conducted research into:

  - Gaps, challenges, and barriers to achieving equitable pharmacy care for patients and an inclusive working environment for pharmacy professionals
  - Issues that limit equitable, diverse, and inclusive experiences throughout licensure and ongoing registrant-college interactions
  - Pain points during interaction/communication between registrants, patients/public, and the College
  - EDI programs, plans or activities undertaken by leading Canadian regulators and other relevant bodies

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

Analysis:

The outcomes of these research and self-assessment activities indicate that there are opportunities to:
- Drive positive change in how registrants provide pharmacy care to all patients, with specific emphasis on patients living with disabilities, HIV, substance use disorder, limited English fluency, as well as patients who identify as Indigenous, 2SLGBTQ+, and/or ethnically diverse.

- Enhance Board, Committee and staff awareness and understanding of the effect that bias has on the way processes are established, norms are entrenched, and decisions are made, with specific emphasis on identifying areas for improving current approaches to training and skills development in intercultural humility, recognizing and mitigating bias, and reflexive and appreciative inquiry.

- Push forward on existing commitments while critically reviewing past approaches to improve future plans, with specific emphasis on honouring our commitment to Indigenous cultural competency and upholding human rights within pharmacy practice and regulation.

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

The objectives of the College's EDI Strategy intend to respond to these problems by:
- Systematically reviewing policies, processes, and procedures to explore the existence of limitations to equitable pharmacy practice and regulation and identify opportunities for improvement.
- Developing intercultural competencies and reflexive awareness amongst Council, committees, and staff

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

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

Decision for the Board:

This item is for information only.

Summary of 2023 Equity, Diversity, & Inclusion Strategy Activities

The EDI Department is responsible for lead the organization through the development and implementation of an EDI Strategy that provides overall direction and plans of action to ensure an intentional approach to identifying and achieving institution-wide equity, diversity, and inclusion objectives and outcomes. In 2023, the objective was to complete a current state assessment, identify the problems that this work will focus on remedying, define the overall objectives of the EDI strategy, and develop a plan to prioritize actions that will have deep and meaningful impact on patients as they access pharmacy care and on the regulation of pharmacy practice between 2024-2028.

The EDI department leads this work while acting as internal consultant to all College departments, committees and the Board.

EDI-led activities have focused on:
- Current state assessment: Policies (internal and practice), Committee
- Inclusion through language awareness (sessions exploring gendered language and the Ontario human rights code with the Board, all staff, Discipline Committee, Registration Committee, and ICRC)
- Indigenous Knowledge Sharing with all staff
- HPRO EDI network – accountability for progress on EDI commitments and operationalizing the HPRO EDI Self-Assessment Toolkit
- Citizen's Advisory Group transition from CPSO to HPRO to sustain patient engagement and involvement in health profession regulation
- Registrant Reference Group established as a mechanism for the College to seek advice and guidance on proposals and activities within the EDI strategy from a diverse group of registrants
- Consulting with PRAs leading similar work within their jurisdictions to identify opportunities for alignment and cross-provincial learning.

EDI Consulted on:
- Operationalizing language awareness in practice assessments team (seeking pronoun information and removal of default gendered language in communications)
- Policy reviews
- Staff training and skill development plans
- Reviewing practice tools (e.g. RISE modules)
- Communications calendar of cultural days of significance
- Board Election and selection process review
- Reviewing and providing language to support responses to inquiries
- Addition of optional data field in 2024 annual renewal that permits registrants to indicate their pronouns for internal use by teams communicating directly with registrants.

FOR INFORMATION

From: Saira Lallani, Medication Safety Lead
Sandra Winkelbauer, Special Projects Manager

Topic: Assurance and Improvement in Medication Safety (AIMS) Evaluation

Issue/Description: The AIMS program serves as a mandatory quality improvement requirement for the purpose of reducing risk of patient harm caused by medication incidents. Having been in place for five years, evaluation of the program is planned. The Board is being informed of the objectives and scope of the evaluation.

Public Interest Rationale:
An effective medication safety program contributes to quality patient care. Evaluation of the program will inform quality improvement opportunities for the medication safety program.

Strategic Alignment, Regulatory Processes and Actions:
Evaluation of the AIMS program is most closely aligned with the College's core public protection mandate and our regulatory principle associated with risk. To act to reduce or prevent harm, we use our data to anticipate or measure risk and measure the outcome of our actions to adapt our regulatory response to ensure the most beneficial impact.

Background:
- The ultimate goal of a medication safety program, such as AIMS, is to improve patient safety.
- Specifically, the goal of the AIMS Program is to reduce the risk of patient harm caused by medication incidents in, or involving, Ontario pharmacies.
- The program builds on the College's expectation that pharmacies and pharmacy professionals are engaging in safe medication practices and continuous quality improvement as described in the supplemental Standard of Practice introduced in 2018 (Appendix 1).
- This includes a requirement to anonymously report all medication incidents and good catches (near misses), document details, analyze and share learnings.
- For more information about the AIMS Program, please review the following module: Overview of the AIMS Program.

Hospital Data
- The original intent of the AIMS Program was to include all pharmacies. At present, it is a mandatory program only for community pharmacies. Hospital pharmacies have existing incident reporting systems in place and implementation of AIMS has been hindered due to the multiple platforms and concerns with duplication of reporting.
- The rationale for including hospital data is that incidents from different environments including transition of care events are important for shared learning.

National Database
- The original intent of the AIMS Program was to contribute to the national database. At present, provincial data is collected through the AIMS Pharmapod platform but it does not contribute to the

national database primarily due to challenges associated with creating an interface between the current platform and the National Incident Data Repository (NIDR).

- The rationale for contributing to and receiving information from a national database is that a larger database of incidents provides more fulsome data for shared learning. Also, Ontario pharmacies and pharmacy professionals represent a substantial proportion of the national landscape.

Evaluation
- The AIMS Program was introduced in 2018 with a staged onboarding over the next few years. With the program well established, it is good practice to do an evaluation of the program implementation against established criteria to determine whether any changes to the program objectives or the model are recommended.
- An evaluation in 2024 is timely given the contract with the current vendor expires in 2025 and any recommended changes could be addressed prior to entering into a new contract.
- Also, the NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals was approved and published in 2021 but has not yet been adopted or adapted by the College. As part of the evaluation, the supplemental Standard of Practice will be assessed against the NAPRA Model Standards.
- An environmental scan of what other regulators across the country are doing including the models they are using, and best practices will be considered.
- The frequency of the pharmacy safety self-assessment and the analysis of data and sharing of information will also be evaluated.

The evaluation will focus on the established parameters for the AIMS Program. Specifically, criteria will be grounded in the four pillars of AIMS for pharmacies and the College's goals for the program. Over the next few months, quantitative and qualitative measures will be determined for these criteria. The inability to collect data from hospital pharmacies and to contribute the data to the national database has been impacted by the existing implementation model. These objectives remain and will be included in the evaluation and subsequent recommendations.

Appendix 1
Supplemental Standard of Practice (sSOP)

Report:
- Enable and require anonymous reporting of all medication incidents by pharmacy professionals to a specified independent, objective third-party organization for population of an aggregate incident database to identify issues and trends to support patient safety improvement.

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

Analyze:
- Necessitate that when a medication incident occurs pharmacy professionals analyze the error in a timely manner for causal factors and commit to taking appropriate steps to minimize the likelihood of recurrence of the incident.
- Require completion of a medication safety self-assessment (MSSA) within the first year of implementation of the Standard, then at least every 2-3 years. The Designated Manager may determine an MSSA is required more frequently if a significant change occurs in the pharmacy.
- Analyze individual and aggregate data to inform the development of quality improvement initiatives.

Share Learning:
- Require prompt communication of appropriate details of a medication incident to all pharmacy staff, including causal factors of the error and actions taken to reduce the likelihood of recurrence.
- Ensure the scheduling of regular CQI communication with pharmacy staff to educate pharmacy team members on medication safety, encourage open dialogue on medication incidents, complete an MSSA, and develop and monitor quality improvement plans.
- Support the development and monitoring of CQI plans, outcomes of CQI communications and quality improvements implemented.

FOR INFORMATION

From: Angela Bates, Director, Conduct and Shenda Tanchak, Registrar and CEO

Topic: Discipline Committee Review

Issue/Description: Work is underway to explore opportunities for improvement in College processes associated with Disciplinary matters.

Public interest rationale: Continuing quality improvement to ensure the effective and efficient operations of the OCP's statutory committees is necessary for the College to achieve its public protection mandate. Public confidence in our Disciplinary proceedings is a keystone of our commitment.

Strategic alignment, regulatory processes, and actions: The Discipline Committee considers allegations of professional misconduct and incompetence. Referrals of allegations to the Discipline Committee are serious by nature, as other concerns are dealt with through remedial outcomes. As such, the Discipline Committee's mandate is firmly aligned with the broader public protection mandate of the OCP.

Background:
In 2018, the OCP undertook a governance initiative that resulted in several reforms, including the Board election process, the Committee appointment process, and a rule against professional Board members sitting on most Committees. This initiative did not include a review of Committee activities, processes or practices, or the governance policies or practices relating to the Committees themselves.

Periodic audits of College Committees help ensure that the practices and processes of Committees are consistent with applicable regulatory requirements and governance policies and best practices, and demonstrate effectiveness and efficiency to support the Committees' mandates.
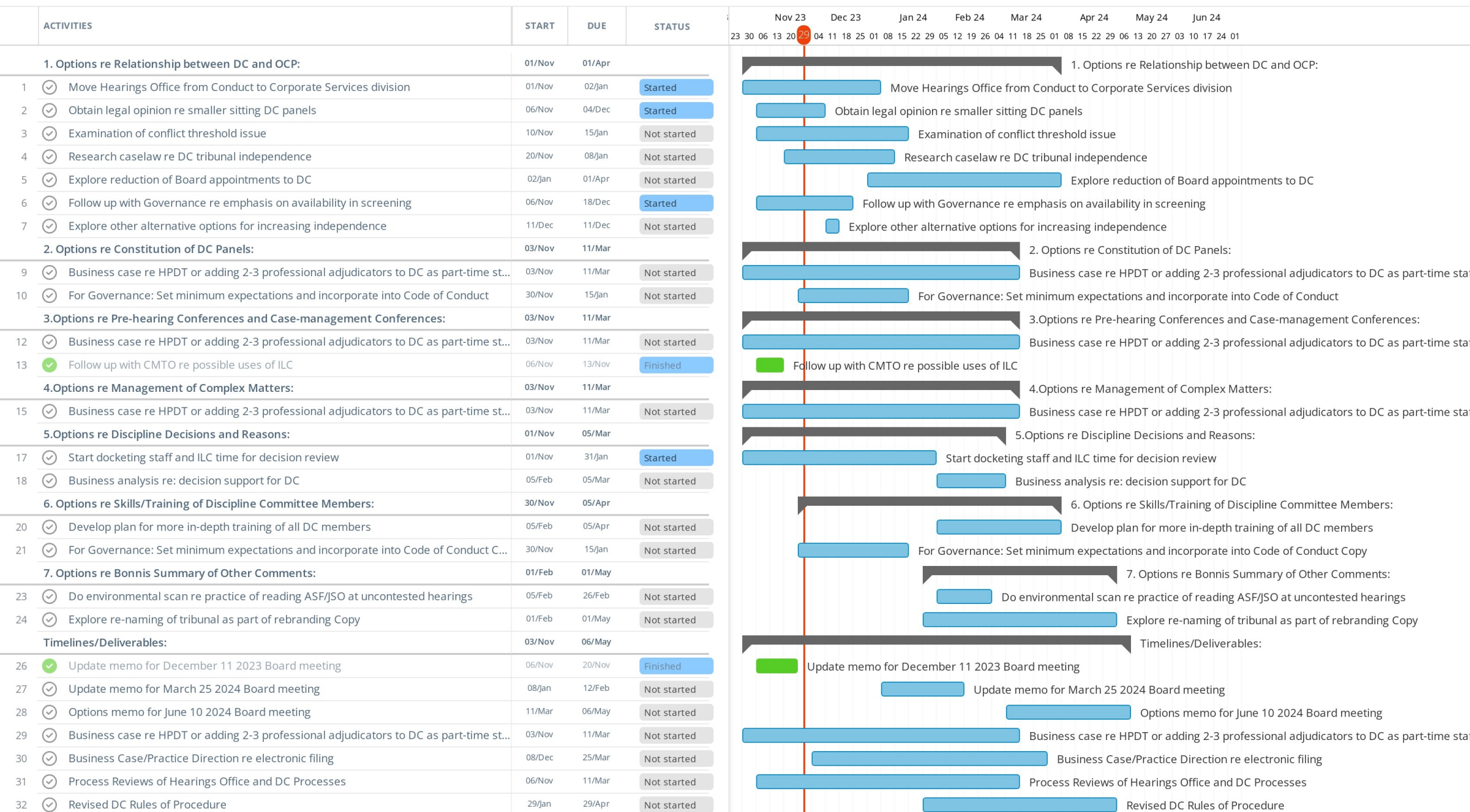
The College is now in the process of developing options for Discipline Committee process and practice improvements for the Board to consider at its June 2024 meeting.

Attachments:
- 10.1 - Discipline Committee Review Project – Phase II – Work Plan

	ACTIVITIES	START	DUE	STATUS
	1. Options re Relationship between DC and OCP:	01/Nov	01/Apr	
1	Move Hearings Office from Conduct to Corporate Services division	01/Nov	02/Jan	Started
2	Obtain legal opinion re smaller sitting DC panels	06/Nov	04/Dec	Started
3	Examination of conflict threshold issue	10/Nov	15/Jan	Not started
4	Research caselaw re DC tribunal independence	20/Nov	08/Jan	Not started
5	Explore reduction of Board appointments to DC	02/Jan	01/Apr	Not started
6	Follow up with Governance re emphasis on availability in screening	06/Nov	18/Dec	Started
7	Explore other alternative options for increasing independence	11/Dec	11/Dec	Not started
	2. Options re Constitution of DC Panels:	03/Nov	11/Mar	
9	Business case re HPDT or adding 2-3 professional adjudicators to DC as part-time st...	03/Nov	11/Mar	Not started
10	For Governance: Set minimum expectations and incorporate into Code of Conduct	30/Nov	15/Jan	Not started
	3.Options re Pre-hearing Conferences and Case-management Conferences:	03/Nov	11/Mar	
12	Business case re HPDT or adding 2-3 professional adjudicators to DC as part-time st...	03/Nov	11/Mar	Not started
13	Follow up with CMTO re possible uses of ILC	06/Nov	13/Nov	Finished
	4.Options re Management of Complex Matters:	03/Nov	11/Mar	
15	Business case re HPDT or adding 2-3 professional adjudicators to DC as part-time st...	03/Nov	11/Mar	Not started
	5.Options re Discipline Decisions and Reasons:	01/Nov	05/Mar	
17	Start docketing staff and ILC time for decision review	01/Nov	31/Jan	Started
18	Business analysis re: decision support for DC	05/Feb	05/Mar	Not started
	6. Options re Skills/Training of Discipline Committee Members:	30/Nov	05/Apr	
20	Develop plan for more in-depth training of all DC members	05/Feb	05/Apr	Not started
21	For Governance: Set minimum expectations and incorporate into Code of Conduct C...	30/Nov	15/Jan	Not started
	7. Options re Bonnis Summary of Other Comments:	01/Feb	01/May	
23	Do environmental scan re practice of reading ASF/JSO at uncontested hearings	05/Feb	26/Feb	Not started
24	Explore re-naming of tribunal as part of rebranding Copy	01/Feb	01/May	Not started
	Timelines/Deliverables:	03/Nov	06/May	
26	Update memo for December 11 2023 Board meeting	06/Nov	20/Nov	Finished
27	Update memo for March 25 2024 Board meeting	08/Jan	12/Feb	Not started
28	Options memo for June 10 2024 Board meeting	11/Mar	06/May	Not started
29	Business case re HPDT or adding 2-3 professional adjudicators to DC as part-time st...	03/Nov	11/Mar	Not started
30	Business Case/Practice Direction re electronic filing	08/Dec	25/Mar	Not started
31	Process Reviews of Hearings Office and DC Processes	06/Nov	11/Mar	Not started
32	Revised DC Rules of Procedure	29/Jan	29/Apr	Not started

FOR DECISION

From: Finance and Audit Committee (FAC)

Topic: 2024 Operating and Capital Budget

Issue/Description: Approval of the 2024 operating and capital budget for the College

Public interest rationale: The College has been granted the authority to self-regulate the profession in the public interest. The objectives of the College are prescribed in legislation, and each year, priorities are set, and activities planned to meet those objectives. Fees are collected from the profession to fund those activities. The operating and capital budget is the financial reflection of the operating plan, setting out how the available funds are allocated to the various programs and services that ensure that the profession adheres to high standards aimed at serving and protecting the public interest.

Strategic alignment, regulatory processes, and actions: Ensuring that operations are adequately funded, supports the strategic and operating plan and all regulatory activity.

BACKGROUND

- A key responsibility of the Finance and Audit Committee is to review and recommend the College's annual operating and capital budget to the Board.

- As set out in the attached Operational Plan (Attachment 11.3) reviewed by the Board at the September 2023 meeting, the focus of 2024 will be on 1) continuing to invest in building for the future, 2) strengthening our regulatory programs, and 3) commencing our 2024-2028 strategic plan. This includes:

    o   Finalizing the implementation of the College's new Registrant Records System (RRS).[1]

    o   Building the infrastructure, processes, and strategic relationships to strengthen evidence and data-driven decision-making, including implementing a risk framework to review and prioritize all College regulatory activities.

    o   Finalizing reorganization, continuing to invest in staff training to optimize efficiency and effectiveness, and continuing to build and strengthen a workplace culture aligned with OCP's values, regulatory principles, and service standards.

    o   Continuing to strengthen our regulatory programs and execution of Ministry direction, including revising the pharmacist's assessment program to make it more efficient and effective, transitioning OCP's Structured Practice Training (SPT) program to Practice Assessment of Competence at Entry (PACE) for intern technicians, and implementation of the amended registration and quality assurance regulations (once approved by the Ministry of Health).

- 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. If these Colleges were to share our space, there will be cost-sharing benefits and enable us to maximize the use of available space, presently underutilized due to a largely remote workforce.

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[1] Formerly referred to as the "CRM".

- The College is planning to undertake a more aggressive approach to collect outstanding disciplinary cost recoveries to help offset operational costs.

ANALYSIS:

Expenditures:

- The 2024 proposed budget includes the following key net new investments to support the execution of the 2024 operational plan:
    - Finalize implementation of the RRS: $1.5M (incl. KPMG implementation costs and licenses)
    - Professional development: $390k
    - Advancing 2024-2028 Strategic Goals: $230k (*Goal 2 – effective College communications*); there will be no new significant investments needed to commence implementation of the other three Strategic Goals in 2024.
- Personnel costs are budgeted to increase by 8.3 %. The College is close to being fully staffed (current headcount of 177) and there will be an increase to existing salaries in line with CPI. No new positions will be created in 2024.
- The College identified opportunities to reduce the Board and Committee expenses by 19% compared to the 2023 budget by maintaining predominantly remote Committee meetings.

Revenues:

- The budget anticipates continued growth in the number of registrants (2%) and pharmacies (1%) and fee increases of 3.6% equivalent to the Consumer Price Index (CPI) (September 30th) in accordance with the College by-law.
- To improve collection of outstanding disciplinary cost recoveries, the College is planning to take a two-pronged approach which comprises of:
    1. Requiring registrants to pay outstanding amounts as a condition of registration renewal (will require a by-law change).
    2. Using a collection agency for those registrants who will not be renewing their registration.

    The current balance of outstanding cost recoveries is $236k, after deducting $684k in balances written off within the last five years, for a total of $920k. Although the assumption is that the new approach will support the collection of outstanding disciplinary costs, it is still being determined how much of the costs the College will effectively be able to recover. As a result, the 2024 budget estimates $350k in recovered costs, which is in line with previous recoveries and the expected recoveries in 2023.

Bottom Line:

- Overall, the proposed 2024 budget will deliver a shortfall of revenue over operating and capital costs of approximately $3.6 million, predominantly resulting from increased staffing in 2023. This is in line with the Board's Risk Appetite statements. Inadequate staffing levels could have put the College's Public Protection mandate at risk. This is something the Board has expressed in its Risk Appetite Statements as being highly averse to and is willing to exceed budgetary constraints if required to mitigate risk.
- The shortfall will be offset by the sale of the 186 St. George Street premises ($8.3M). Pending closure (December 1, 2023) and approval from the Board upon recommendation of the FAC, the proceeds from the sale will go to the College's unrestricted reserves.
- The attached Executive Summary and budget schedules outline the focused spending for the coming year.

RECOMMENDATION:

That the Board vote on the following motion: **That the Board of Directors approve the 2024 Operating and Capital Budget.**

ATTACHMENTS:

- 11.1 - Executive Summary 2024 Budget
- 11.2 - 2024 Budget – Summary Schedules
- 11.3 - Board Briefing Note on 2024 Operational Plan Priorities

Executive Summary
2023 Projected Financial Performance
and Proposed 2024 Budget

Review of Projected 2023

Revenue is projected to be $393k (1.4%) higher than budgeted, while expenses are projected to be 1.5% below budget overall. With the expected sale of the 186 St. George Street premises (closing date is December 1st), **the net impact is a projected surplus of $5.4 million after capital compared with a budgeted deficit of $3.8 million.**

Board and Committee Expenses will be $295k (30.3%) below budget as, with a few exceptions, all Committee meetings continued to be held virtually, and for those meetings that are in-person, more attendees participated virtually than expected.

Personnel costs closely align with the budget, with a slight underspend of approximately $62k (0.28%).

Regulatory programs will come in at approximately $259k (6.9%) below budget. The largest component of this expense shortfall relates to practice and equity, diversity, and inclusion (EDI) initiatives deferred to 2024, or no longer pursued. Furthermore, health inquiries and investigations were significantly less than predicted.

College Operations costs are projected to exceed the budget by approximately $176k (6.4%). This overrun is primarily due to the deferral of tenancy plans and the resulting decrease in rental income intended to offset property expenses. In addition, legal advice was sought to assist with the real estate transaction, and a consultant was brought in to support government relations efforts.

Capital expenditures will fall short of the budget by 81.8% due to a shift in timeline of the implementation of the new registrant records system (RRS). Implementation began in October 2023 and is expected to be completed in August 2024. The College's sale of its premises will result in a gain of approximately $6.7M.

Overview of 2024 Operating and Capital Budget

The budget was developed to support delivery of the objectives in the 2024 Operational Plan confirmed by the Board in September of this year, which in turn supports the 2024-2028 Strategic Goals approved by the Board earlier this year and in alignment with the Board's Risk Appetite. The Strategic Goals are:

1) Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impeded their ability to adhere to the Standards of Practice and Code of Ethics;

2) The College effectively provides members of the public, registrants and other partners with clear relevant, up-to-date information;

3) The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment; and

4) The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.

Expenses

Board and Committee – Schedule A

The Committee costs are predicted on the expectation that, with a few exceptions, most meetings will be held in a virtual format. Conducting Committee meetings virtually has become the new standard due to its advantages in terms of efficiency, convenience, and flexibility. Moreover, to date, the College has not encountered any evidence suggesting that virtual Committee meetings compromise the quality of decisions, leading to lesser outcomes.

The need for in-person Discipline hearings for contested matters will be evaluated on a case-by-case basis and Inquiries, Complaints and Reports Committee (ICRC) panel meetings will be organized to efficiently deliver oral cautions in person to facilitate effective communication.

Furthermore, the Board and Committee budget will allocate reduced funds for Committee member training and legal adjudicatory costs compared to the 2023 budget, aligning these allocations more closely with the projected 2023 expenditures. It is worth noting that the Board and Committee budget will no longer include expenditures related to communications, public education, and media.

In total, the budget for Board and Committee expenses will be $183k (18.9%) lower than the 2023 budget.

Schedule B – Personnel

The salaries budget is based on the assumption that all currently vacant positions will be filled, and no new positions will be created. The focus in 2024 will be on staff development and growth to ensure that they possess the necessary skills and confidence to optimize staff efficiency and effectiveness. To support that objective, the budget allocates a $390k investment for staff professional education, training and conference attendance. Additionally, the College will undertake a job evaluation and salary review process, facilitated by an external vendor. This initiative aims to foster a strong organizational culture and ensure that employees are fairly compensated based on their experience and workload. Job evaluation and salary reviews are typically performed every 3-5 years. The last time the College undertook a job evaluation and salary review was in 2020. The four-year mark aligns well with the reorganization. Furthermore, in response to staff feedback received in 2023, the College decided to transition away from its merit pay based recognition system and introduce a new recognition and reward system.

The increase in salary costs has a corresponding impact on benefit costs relating to statutory payroll costs as well as pension and group benefit premiums.

Schedule C – Regulatory Programs

Regulatory programs encompass expenses associated with the delivery of various Quality and Conduct programs set out in the statute and the Operational Plan. Costs for maintaining the medication error reporting system through the Pharmapod platform continue to account for a significant portion of the costs, followed closely by expenditures for external legal services to support Conduct activities. The budget for external legal services to support Conduct activities will be 3.9% higher than the 2023 budget.

Administration of the Pharmacy Jurisprudence examination is included in this category. Costs for a working group to develop and maintain a databank of questions and the psychometric services to ensure each exam is appropriately constructed for consistency and relevancy are also included. The budget also includes the delivery of the Practice Assessment of Competence at Entry (PACE) program for pharmacists which involves workshops to train assessors and the outsourced technology to support the program. In 2024, there will be increased costs to accommodate the inclusion of pharmacy technicians in the PACE program.

Some practice initiatives that were deferred from 2023 are now budgeted to be completed in 2024. These initiatives align with the new strategic plan and include the evaluation of expanded scope, pharmacy and practice assessment review, efforts related to equity, diversity and inclusion (EDI) within the profession, the development of the PACE program for technicians, Assurance and Improvement in Medication Safety (AIMS) evaluation and Data Strategy, and communications and public outreach initiatives.

Program administration costs for the Quality Assurance (QA) program include training of Peer Coaches and QA Assessors needed to manage an ever-increasing volume of registrants identified for QA re-assessment. Also provided is the cost for maintaining questions for a computer-based Clinical Knowledge Assessment.

Schedule D – Operations

The Operations budget assumes that 186 St. George Street premises will be sold and as a result all associated expenditures with the premises (maintenance, repair, utility, insurance, taxes) will not occur in 2024. Despite that, the Operations budget will increase by $352,464 (12.8%) in 2024 as compared to the 2023 budget. This is in large part due to an increase in software costs, payment processing costs, and property expenses for the 483 Huron Street premises.

The increase in software costs results from increased licensing costs for the College's registrant records system (RRS), and the need to continue using the current RRS software to facilitate a smooth transition into using the new software. The increase in expenditures for the 483 Huron Street premises is based the assumption that there will be an increased staff activity/occupancy due to more OCP staff coming to the office, and more frequently, and that the space will be shared with one or two other colleges.

Capital

Capital expenditures for 2024 include technological upgrades to the meeting rooms and renovations, particularly to support a shared workspace. The most significant investment as indicated in the Operation Plan is a provision of $1.2 million for the construction of the new RRS.

Revenue - Schedule E

As set out in the College by-laws, the budget includes an increase of 3.6% across all fee categories, equivalent to the Consumer Price Index (CPI) for all items for Ontario on September 30, 2023. Entry-to-practice volumes have begun to stabilize after fluctuations due to pandemic impacts. New registrations for internationally educated applicants are expected to remain modest for the coming year. The budget assumes the Registration and Quality Assurance regulations will be proclaimed in 2024 so student class registrations will cease within the year, and a pharmacy technician intern class will be added. The offsetting effect is projected to result in little impact to the change in

revenue compared to 2023.

Budgeted Profit or Loss

Expenses will exceed revenue for 2024 resulting in an operating deficit of $2.2 million and a deficit after capital of $3.6 million. Any required fee increases will be proposed to the Board to fund future cost projections and replenish reserves to desired values. In accordance with legislation, any proposed fee increase beyond CPI will need to be circulated to the registrants for consultation at least 60 days prior to being approved by the Board. This circulation will need to take place no later than September 2024 to support the budget cycle for 2025.

Reserves

The College's combined reserve values coming into 2023 were $10.8 million and the 2023 surplus after capital is projected to be $5.4 million bringing the total reserves to approximately $16.2 million. The budgeted deficit for 2024 will be covered by the 2023 operating surplus.

Ontario College of Pharmacists
Summary - Budget 2024

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected		Var. 2024 Budget to 2023 Budget		Var. 2023 Projected to 2023 Budget	
				$	%	$	%	$	%
REVENUE - "Schedule E"	29,518,592	28,078,339	27,685,004	1,440,253	5.13%	1,833,588	6.62%	393,335	1.42%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	789,821	678,346	973,311	111,476	16.43%	-183,490	-18.85%	-294,965	-30.31%
Schedule "B" - Personnel	23,798,830	21,916,836	21,978,721	1,881,994	8.59%	1,820,109	8.28%	-61,885	-0.28%
Schedule "C" - Regulatory Programs	4,061,144	3,493,545	3,752,519	567,598	16.25%	308,625	8.22%	-258,973	-6.90%
Schedule "D" - Operations	3,106,388	2,930,226	2,753,924	176,162	6.01%	352,464	12.80%	176,302	6.40%
TOTAL EXPENDITURES	31,756,183	29,018,953	29,458,474	2,737,230	9.43%	2,297,709	7.80%	-439,522	-1.49%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	-2,237,591	-940,614	-1,773,470	-1,296,977	137.89%	-464,121	26.17%	832,856	-46.96%
Gain on disposal of property and equipment	0	6,711,830	0	-6,711,830	-100.00%	0	0.00%	6,711,830	0.00%
Capital Expenditures	-1,375,200	-373,736	-2,055,000	-1,001,464	267.96%	679,800	-33.08%	1,681,264	-81.81%
	-1,375,200	6,338,094	-2,055,000	-7,713,294	-121.70%	679,800	-33.08%	8,393,094	-408.42%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	-3,612,791	5,397,480	-3,828,470	-9,010,271	-166.93%	215,679	-5.63%	9,225,950	-240.98%

SCHEDULE A
Board & Committee Expenses

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected $	%	Var. 2024 Budget to 2023 Budget $	%	Var. 2023 Projected to 2023 Budget $	%
Board	155,765	148,032	195,500	7,733	5.22%	-39,735	-20.32%	-47,468	-24.28%
Committees:									
Accreditation	5,791	4,418	9,667	1,373	31.07%	-3,875	-40.09%	-5,248	-54.29%
Discipline	413,848	340,894	486,387	72,954	21.40%	-72,539	-14.91%	-145,493	-29.91%
DPP	3,098	1,920	5,267	1,177	61.29%	-2,169	-41.18%	-3,346	-63.53%
Executive	11,340	4,640	8,000	6,700	144.39%	3,340	41.74%	-3,360	-42.00%
Finance & Audit	7,123	4,748	5,787	2,375	50.02%	1,336	23.08%	-1,039	-17.95%
Fitness to Practice	6,265	7,461	11,821	-1,196	-16.03%	-5,556	-47.00%	-4,360	-36.88%
ICRC	104,978	103,558	165,036	1,420	1.37%	-60,058	-36.39%	-61,478	-37.25%
Patient Relation	25,456	24,600	28,702	856	3.48%	-3,246	-11.31%	-4,102	-14.29%
Quality Assurance	9,327	7,763	11,425	1,564	20.15%	-2,098	-18.37%	-3,662	-32.05%
Registration	30,799	19,019	31,258	11,781	61.94%	-459	-1.47%	-12,240	-39.16%
Screening	9,816	6,283	8,462	3,533	56.22%	1,355	16.01%	-2,178	-25.74%
Governance	6,216	4,863	6,000	1,353	27.82%	216	3.60%	-1,137	-18.95%
Selection Committee	0	145	0	-145	-100.00%	0	0.00%	145	0.00%
Total Committees	634,056	530,313	777,811	103,743	19.56%	-143,755	-18.48%	-247,498	-31.82%
Total Board and Committee	789,821	678,346	973,311	111,476	16.43%	-183,490	-18.85%	-294,965	-30.31%

SCHEDULE B

Personnel

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected		Var. 2024 Budget to 2023 Budget		Var. 2023 Projected to 2023 Budget	
				$	%	$	%	$	%
Salaries	19,160,662	17,997,489	17,671,800	1,163,173	6.46%	1,488,862	8.43%	325,689	1.84%
Benefits	3,737,379	3,327,490	3,510,260	409,889	12.32%	227,119	6.47%	-182,770	-5.21%
Other Personnel *(Education, training, professional dues)*	900,789	591,857	796,661	308,932	52.20%	104,128	13.07%	-204,804	-25.71%
Total Personnel Costs	23,798,830	21,916,836	21,978,721	1,881,994	8.59%	1,820,109	8.28%	-61,885	-0.28%

SCHEDULE C
Regulatory Programs

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected		Var. 2024 Budget to 2023 Budget		Var. 2023 Projected to 2023 Budget	
				$	%	$	%	$	%
Association Fees - NAPRA	146,378	139,000	135,000	7,378	5.31%	11,378	8.43%	4,000	2.96%
Communication Initiatives	250,000	50,504	69,000	199,496	395.01%	181,000	262.32%	-18,496	-26.81%
Consulting - Regulatory	0	0	0	0	0.00%	0	0.00%	0	0.00%
Donations, Contributions and Grants	0	0	0	0	0.00%	0	0.00%	0	0.00%
DPP Inspection	500	0	500	500	0.00%	0	0.00%	-500	-100.00%
Election	6,000	5,667	6,000	334	5.89%	0	0.00%	-334	-5.56%
Examinations, Certificates and Registration	271,397	249,101	239,906	22,296	8.95%	31,491	13.13%	9,195	3.83%
HIP / Investigation / Intake	65,000	22,711	92,400	42,289	186.21%	-27,400	-29.65%	-69,689	-75.42%
Legal Conduct	1,240,000	1,157,763	1,193,000	82,237	7.10%	47,000	3.94%	-35,237	-2.95%
Legal - Regulatory	35,000	59,386	32,000	-24,386	-41.06%	3,000	9.38%	27,386	85.58%
Medication Safety Programs	1,494,509	1,405,783	1,405,783	88,726	6.31%	88,727	6.31%	0	0.00%
Practice Assessment of Competence at Entry	113,643	76,222	83,344	37,421	49.09%	30,299	36.35%	-7,122	-8.55%
Practice Initiatives	157,806	90,115	246,000	67,691	75.12%	-88,194	-35.85%	-155,885	-63.37%
Professional Development / Remediation	2,777	2,575	2,525	202	7.84%	252	9.98%	50	1.98%
Professional Health Program	95,000	90,301	95,000	4,699	5.20%	0	0.00%	-4,699	-4.95%
Quality Assurance	183,134	144,417	152,061	38,716	26.81%	31,073	20.43%	-7,644	-5.03%
Total Regulatory Programs	4,061,144	3,493,545	3,752,519	567,598	16.25%	308,625	8.22%	-258,973	-6.90%

SCHEDULE D

Operations

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected		Var. 2024 Budget to 2023 Budget		Var. 2023 Projected to 2023 Budget	
				$	%	$	%	$	%
Association Fees - General	20,000	8,000	15,000	12,000	150.00%	5,000	33.33%	-7,000	-46.67%
Audit	33,880	30,800	28,800	3,080	10.00%	5,080	17.64%	2,000	6.94%
Bank / Credit Card Charges	658,500	597,886	577,200	60,614	10.14%	81,300	14.09%	20,686	3.58%
Consulting - Operation	460,300	462,916	425,000	-2,616	-0.57%	35,300	8.31%	37,916	8.92%
Courier/Delivery	6,750	4,386	4,450	2,364	53.88%	2,300	51.69%	-64	-1.43%
Insurance - E & O	7,400	7,015	8,500	385	5.49%	-1,100	-12.94%	-1,485	-17.48%
Legal - Operation	45,000	69,328	17,500	-24,328	-35.09%	27,500	157.14%	51,828	296.16%
Niagara Apothecary	31,800	36,745	36,000	-4,945	-13.46%	-4,200	-11.67%	745	2.07%
Office Equipment Leasing & Maintenance	16,000	13,200	16,000	2,800	21.21%	0	0.00%	-2,800	-17.50%
Postage	4,250	5,185	1,500	-935	-18.03%	2,750	183.33%	3,685	245.66%
Property	285,360	359,874	260,246	-74,514	-20.71%	25,114	9.65%	99,628	38.28%
Publications-Pharmacy Connection & Annual Report	8,520	9,682	11,000	-1,162	-12.00%	-2,480	-22.55%	-1,318	-11.98%
Software Subscriptions / Support / Maintenance	826,645	701,922	697,572	124,723	17.77%	129,073	18.50%	4,350	0.62%
Subscriptions	69,945	42,216	50,703	27,729	65.69%	19,242	37.95%	-8,487	-16.74%
Supplies/Stationery	23,090	29,892	41,275	-6,802	-22.75%	-18,185	-44.06%	-11,383	-27.58%
Telecommunications	283,368	244,318	260,757	39,050	15.98%	22,611	8.67%	-16,440	-6.30%
Travel	325,580	306,863	302,421	18,717	6.10%	23,159	7.66%	4,442	1.47%
Total Operations	3,106,388	2,930,226	2,753,924	176,162	6.01%	352,464	12.80%	176,302	6.40%

SCHEDULE E

Revenue

	2024 Budget	2023 Projected	2023 Budget	Var. 2024 Budget to 2023 Projected $	%	Var. 2024 Budget to 2023 Budget $	%	Var. 2023 Projected to 2023 Budget $	%
Pharmacist Fees	15,570,268	14,648,349	14,705,459	921,919	6.29%	864,808	5.88%	-57,111	-0.39%
Pharmacy Technician Fees	3,434,088	3,228,349	3,190,683	205,739	6.37%	243,406	7.63%	37,667	1.18%
Community Pharmacy Fees	7,181,957	6,768,006	6,765,865	413,951	6.12%	416,092	6.15%	2,141	0.03%
Hospital Pharmacy Fees	1,183,045	1,137,909	1,138,426	45,136	3.97%	44,619	3.92%	-517	-0.05%
DPP Inspection Fees	21,812	17,545	28,072	4,267	24.32%	-6,260	-22.30%	-10,527	-37.50%
Health Profession Corporation	228,304	191,459	205,775	36,845	19.24%	22,528	10.95%	-14,317	-6.96%
Registration Fees and Income	874,119	857,208	800,724	16,910	1.97%	73,394	9.17%	56,484	7.05%
Investment Income	675,000	905,497	475,000	-230,497	-25.46%	200,000	42.11%	430,497	90.63%
Discipline Costs Order	350,000	324,017	375,000	25,983	8.02%	-25,000	-6.67%	-50,983	-13.60%
TOTAL REVENUE	29,518,592	28,078,339	27,685,004	1,440,253	5.13%	1,833,588	6.62%	393,335	1.42%

BOARD BRIEFING NOTE

MEETING DATE: SEPTEMBER 2023

FOR DECISION

From: Thomas Custers, Director, Corporate Services

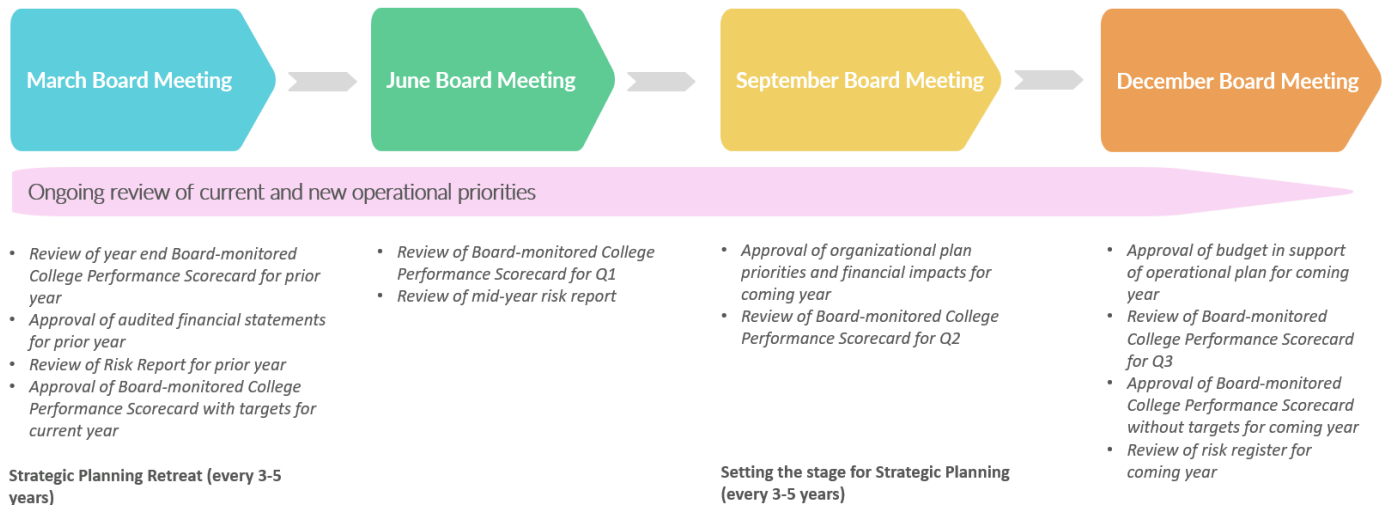**Topic:**   2024 Operational Plan

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:

March Board Meeting	June Board Meeting	September Board Meeting	December Board Meeting

Ongoing review of current and new operational priorities

- Review of year end Board-monitored College Performance Scorecard for prior year
- Approval of audited financial statements for prior year
- Review of Risk Report for prior year
- Approval of Board-monitored College Performance Scorecard with targets for current year

Strategic Planning Retreat (every 3-5 years)

- Review of Board-monitored College Performance Scorecard for Q1
- Review of mid-year risk report

- Approval of organizational plan priorities and financial impacts for coming year
- Review of Board-monitored College Performance Scorecard for Q2

Setting the stage for Strategic Planning (every 3-5 years)

- Approval of budget in support of operational plan for coming year
- Review of Board-monitored College Performance Scorecard for Q3
- Approval of Board-monitored College Performance Scorecard without targets for coming year
- Review of risk register for coming year

- 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:

   1. In all practice settings, pharmacy management practices and business metrics do not impede pharmacy professionals' ability to meet the Standards of Practice and abide by the Code of Ethics or compromise their health and well-being.

   2. The College effectively provides members of the public, registrants, and other partners with clear, relevant, up-to-date information.

   3. The College has the expertise and resources to effectively address immediate demands caused by changes in the regulatory or practice environment.

4. The College uses its regulatory authority and influence to drive positive change in pharmacy practice towards ensuring all patients are treated with respect and without discrimination.

- 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
• Invested in 22 new staff • 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 • Onboarded vendor (KPMG) and began planning phase for new CRM • Anticipated sale of 186 St. George Street premises • Identified space sharing opportunities with other health regulatory Colleges	• Finalize implementing CRM • Strengthen evidence/data driven decision-making • Governance review • Continue investing in workplace culture • Optimize efficiency and effectiveness of staff through reorganization, redeployment and investing in staff having the right skills • Start implementing 2024-2028 Strategic Plan	• Continue implementing 2024-2028 Strategic Plan • Match operational need with appropriate staff positions and skills	• College has the right capabilities to effectively and efficiently execute its mandate in a dynamic and demanding environment
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

o 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.

o 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

o 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:[1]

o 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.

o 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**.

o Building a surge capacity at the College to meet **Goal 3**.

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[1] *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.

FOR DECISION

INITIATED BY: Thomas Custers, Director, Corporate Services

TOPIC: 2024 College Performance Scorecard Measures

ISSUE: To determine the areas of interest (domains) and measures the College should report on in 2024.

PUBLIC INTEREST RATIONALE: To support the Board with its responsibility in providing oversight and being accountable to the public for the overall performance of the College.

BACKGROUND:

- Every three to five years, the Board and Management develop a Strategic Plan that forms the foundation upon which the College plans activities and focuses human and financial resources.

- Annually, operational priorities that will advance the Strategic Plan and the execution of the College's mandate are identified by staff and presented to the Board for consideration. The annual operating and capital budget is constructed with these priorities in mind.

- Prior to the new year, performance measures are examined and updated against the upcoming year's priorities, and their progress is monitored across the organization and reported quarterly to the Board via a performance scorecard.

- In January, the College will commence implementation of the new 2024-2028 Strategic Plan. This provides a natural point not only to examine and update the performance measures against the upcoming year's priorities but also to reassess whether the scorecard is reporting on the right areas of performance (domains).

ANALYSIS:

- As per Board Policy 4.1, the focus of the scorecard to date has been on reporting progress towards implementation of the College's strategic plan.

- Although the scorecard is not the only reporting mechanism to keep the Board informed, staff believe there is value in broadening its focus and moving towards a dashboard that would include the following information in addition to strategic goal measures:

  o The College's performance in achieving its annual targets.

  o The risks and mitigation activities that may be impacting the College's progress in achieving its mandate, strategic plan, and annual targets.

  o The College's performance on critical regulatory activities and data that provides context that may inform future strategic discussion.

- The above information combined in one dashboard will give the Board a clearer and more integrated picture of how well the College is achieving its public interest mandate and executing its strategic plan.

- Staff propose a dashboard that will report on the following domains:

Domain	
Regulatory competence	Is the College effectively executing its regulatory functions (registration, quality assurance, conduct)?
Strategic priorities	Is the College progressing towards its strategic and annual operations goals?[1]
Organizational capacity	Is the College optimally resourced (financial, technical, people) to meet its mandate, while also maintaining compliance with applicable policies, laws, and regulations?
Risk Management	Is the College effectively managing the identified key risks that could otherwise prevent it from executing its regulatory functions and meeting its public protection mandate?

- The Risk Management domain will be developed in 2024.

- As the proposed dashboard will both report on the College's performance and provide information that may inform future strategic discussions, the dashboard will include two types of measures:

    o **Performance measures:** These measures have targets that the College wants to reach in 2024, which may trigger action if we are missing the performance standard.

    o **Monitoring measures:** These measures are not intended to evaluate whether the College is performing competently. Rather, they provide the Board with insight into trends in areas we have identified as significant to our ability to continue to improve our processes and make effective strategic decisions. Changes, whether positive or negative, may trigger further inquiry or a change in strategic direction.

- The proposed dashboard will have 19 measures, of which 14 are performance, and five are monitoring measures.

- The quarterly updated dashboard will be supplemented by more detailed information regarding trends, the causes of the College's performance, and, where applicable, adjustments the College is undertaking to pursue targets.

- Proposed targets for each performance measure will be brought forward to the Board at the March 2024 meeting.

- Over time, the performance and monitoring measures may change due to better data availability, new annual priorities, the Board's changing information needs, and the maturity of initiatives (development, implementation, impact).

ATTACHMENTS:

12.1 – Proposed 2024 College Dashboard
12.2 – Rationale proposed 2024 College Dashboard Measures

RECOMMENDATION:

The Board approves the 2024 Dashboard.

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[1] Operations are the functions the College undertakes to fulfill its mandate and may include activities related to improving efficiency and effectiveness.

Attachment 12.1: Proposed 2024 College Dashboard

Proposed 2024 Performance Dashboard*

I. Performance Measures

Strategic Priorities

Strategic Goals	actual**	target	status
1	% of 2024 Strategic priorities on track	40%	100%	🔴

Operations	actual	target	status
2	% of 2024 Operational priorities on track	100%	100%	✓

Organizational Capacity

People and Culture		actual	target	status
3	Employee Net promoter Score (eNPS)	81.0%	95%	🟢
4	% of staff that feel the organization supports them in having the right skills to be successful in their job	-	-	-
5	% of staff engagement (inclusion)	-	-	-
6	% of staff enagement (culture)	-	-	-
7	Voluntary turnover rate	-	-	-

Finance		actual	target	status
8	% of variance of operating annual budget to year end actuals	-	-	-

Technology		actual	target	status
9	% of unplanned down-time of business-critical information systems	-	-	-
10	Click rate of phishing campaigns	-	-	-

Compliance		actual	target	status
11	% of CPMF standards fully met	-	-	-

Governance		actual	target	status
12	% of Board Directors voluntary contributing at each Board meeting	-	-	-
13	% of Board Directors report receiving appropriate information to exercise oversight role	-	-	-
14	% of Board Directors indicating availability to sit on a Discipline Committee contested or unconstested Hearing panel	-	-	-

Numbers in Dashboard are for illustration purposes only

**'Actual' = Period from the beginning of Calendar Year 2024 to the most recent quarter the Dashboard reports on*

II. Monitoring Measures

Regulatory Competence

Registration		actual	trend analysis
15	% of Registrar decisions made within 30 days after receiving the complete application	82%	🔵

Quality Assurance		actual	trend analysis
16	Cycle time for high risk assessments	-	-

Conduct		actual	trend analysis
17	90th percentile disposal of formal complaint	-	-
18	90th percentile disposal of Registrar's investigation	-	-

Organizational Capacity

Finance		actual	trend analysis
19	% of reserve fund balance to required reserve amount as stated in the College's Reserve Policy	-	-

Attachment 12.2: Rationale proposed 2024 College Dashboard Measures

- DRAFT -

Strategic Priority Measures (Performance)

MEASURE	RATIONALE
2024-2028 STRATEGIC PLAN	
1. *Percentage of 2024 priorities to advance Strategic Plan on track*	Demonstrates to the Board the College's progress toward achieving its 2024 priorities related to implementing the 2024-2028 strategic plan.
OPERATIONS	
2. *Percentage of key 2024 Operational priorities on track*	Demonstrates to the Board the College's progress toward achieving its 2024 priorities related to operations.*

* Operations are the functions the College undertakes to fulfill its mandate and may include activities related to improving efficiency and effectiveness.

Organizational Capacity Measures (Performance)

MEASURE	RATIONALE
PEOPLE & CULTURE	
3. *Employee Net Promoter Score*	Provides a quick snapshot of how staff feel about their experience working at the College and their level of engagement. This is critical as highly engaged employees are more productive and loyal, reducing the risk of voluntary turnover.
4. *% of staff that feel the organization supports them in having the right skills to be successful in their job*	Staff development continues to be a priority for 2024 to ensure staff have the right skills and knowledge to equip them well for their roles. A culture that is known to promote staff learning and development helps improve employee engagement and retention.
5. *% of staff engagement (inclusion)*	Annual measure of staff perception of inclusion. It demonstrates the impact of the College's internal HR Equity, Diversity, and Inclusion activities (annual third-party staff engagement survey).
6. *% of staff engagement (culture)*	Results of the annual third-party staff engagement survey demonstrate the impact of the College's ongoing effort to maintain a workforce culture aligned with the College's values and regulatory principles.
7. *Voluntary staff turnover rate*	Replacement costs for talent include recruiting, onboarding, training, loss of productivity and decrease in overall staff morale. This measure reflects the level of success in our efforts to ensure a healthy workplace culture.

Organizational Capacity Measures **(Performance)** *(Cont'd)*

MEASURE	RATIONALE
FINANCE	
8. *% of variance of annual operating budget to year end actuals*	This measure compares the College's actual performance to budget, illuminating the accuracy of budget planning to revenue and cost. A wide variance may signal problems in the budgeting process. A significant underspend may be a signal that the College is delayed in achieving its goals or has not benefited fully from the resources available, potentially resulting in poorer outcomes. Overspending could indicate a lack of prudence in seeking out cost-effective options.
TECHNOLOGY	
9. *% of unplanned down-time of business-critical information systems*	Provides a snapshot of how reliable the College's IT systems performance. Tracking this measure provides insights into areas that need improvement, whether it's hardware, software, network infrastructure, or human factors. By consistently measuring downtime, the College adopts a culture of continuous improvement. Furthermore, it can identify patterns, root causes, and recurring issues, leading to proactive measures to enhance system reliability.
10. *Click rate of phishing campaigns*	Employees can pose the biggest cyber security risk due to opening malicious emails. This measure shows the percentage of staff who open a simulated phishing communication. It indicates the College's level of vulnerability to phishing attempts and guides activities surrounding awareness training and cyber security risk prevention.

Organizational Capacity Measures **(Performance)** *(Cont'd)*

MEASURE	RATIONALE
COMPLIANCE	
11. % of CPMF Standards fully met	The CPMF is a self-assessment tool that outlines expectations for performance by Ontario's 26 health regulatory colleges Meeting those standards provides the public, ministry and other partners with the confidence that the College is well-positioned to effectively execute its mandate now and in the future.
GOVERNANCE	
12. % of Board Directors voluntarily contributing at each Board meeting	The purpose of this measure is to ensure that the OCP Board is creating an environment that encourages equal participation by all. It measures the % of Board Directors providing input without being called upon individually during Board meetings.
13. % of Board Directors report receiving appropriate information to exercise oversight role	Shows the % of Board Directors indicating that the meeting materials were appropriate to exercise their oversight role. Knowing this is important to ensure that OCP Board Directors receive the information they need to effectively execute their oversight role and make informed decisions in accordance with the College's values and regulatory principles.
14. % of Board Directors indicating availability to sit on a Discipline Committee 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.

Regulatory Competence Measures (Monitoring)

MEASURE	RATIONALE
REGISTRATION	
15. *% of Registrar decisions made within 30 days after receiving the complete application.*	The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee.
QUALITY	
16. *Cycle time between assessments for community pharmacies in highest risk category, measured in average days.*	If pharmacies providing high risk services fail to meet standards, patients are exposed to a high risk of harm. Ensuring ongoing compliance with standards is core to ensuring patient safety. A measure of the time between assessments will provide information that will help us refine and test our assessment model and resourcing needs.
CONDUCT	
17. *90th percentile disposal of complaints, expressed in business days.*	Provides information about the time it takes the College to dispose of 9 out of 10 complaints/Registrar investigations*
18. *90th percentile disposal of a Registrar's Investigation in business days.*	The time it takes the College to dispose of a complaint/Registrar's investigation may impact public trust in the College's ability to ensure they receive safe, competent and ethical care. It may also provide us with information about patient risk exposure, our business processes and resources.

*

Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Registrar Investigation: The Registrar can appoint an investigator if there are reasonable and probable grounds to believe that a registrant has committed an act of professional misconduct or is incompetent (upon approval from the Investigations, Complaints, and Reports Committee).

Organizational Capacity Measures **(Monitoring)** *(Cont'd)*

MEASURE	RATIONALE
FINANCE	
19. Reserve fund balance compared to amount required in the Reserve Funds Policy (expressed in %)	This measure will inform the Board of the degree to which the College meets the required reserve amounts (four months of operating expenses). It is one measure of financial health and stability.

BOARD BRIEFING NOTE

MEETING DATE: DECEMBER 2023

FOR DECISION

From: Shenda Tanchak, Registrar and CEO

Topic: Proposed revision of by-law to permit the Drug Preparation Premises Committee (DPPC) to meet in panels of three

Issue/Description: Under the current regulatory structure, a majority of the DPPC must be present at a meeting to constitute quorum, resulting in all meetings requiring scheduling for eight to nine members. This has led to scheduling difficulties and higher costs and does not contribute to public well-being.

Background:

Drug Preparation Premises are a specific type of enterprise apart from pharmacies, where pharmacists and pharmacy technicians engage in or supervise drug preparation activities. They provide preparations to a variety of facilities such as hospitals, prescriber offices, ambulatory care clinics, veterinarians and community pharmacies.

The DPPC is responsible for the oversight of registrants engaging in or supervising drug preparation activities, ensuring adherence to regulatory requirements and assessment criteria. When DPPs are assessed, the results are reported to the DPPC which may pass the premises, pass with conditions or fail the DPP.

This important committee is regulated a little differently than our other committees because it "piggy backs" on the Accreditation Committee (AC). For this reason, the rules pertaining to the AC are set out below.

Section 9 of the *Pharmacy Act* requires the College to have an AC, which performs a function like the DPPC but in relation to pharmacies. The *Act* indicates that the AC's composition shall be set out in our by-laws, that no member of the Discipline Committee may be on the AC, and that **three members** constitute a quorum. Our by-law says that AC shall have a minimum of five members, but we need more than that because of the volume of work. We presently have nine members on this Committee.

The rules about the DPPC are not in the *Pharmacy* Act, but in our by-law.   The by-law says that the DPP is made up of all the members of the AC, but it doesn't say how many members constitute a quorum. In the absence of a specific statement about quorum, Article 14.2 of the by-law applies and it requires a majority of members of a Committee to constitute quorum.

What this means is that while we can schedule AC meetings in panels of three, we must ensure that a majority of the Committee is available each time DPPC meets.

Ideally, the DPPC would also meet in three person panels.   This could cut the meeting costs. It would also significantly reduce staff time invested in trying to schedule a date that works for such a large group. Finally, it would make it possible to schedule meetings more quickly. Since the DPPC may be considering

premises that pose risk to patients, this change has the potential to reduce patient risk.

Finally, it would appear that the absence of a quorum statement in our by-law was likely an oversight, since the Committee was intended to mirror the ACC.

Proposed amendments:

The Governance Committee has reviewed and is recommending the following additions to Articles 14.2 and 9 of the by-law, as noted in red font, to align the DPP meeting requirements with those of the ACC.

Article 9

> *9.25 Composition of the Drug Preparation Premises Committee.*
>
> *The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.*
>
> *9.26 Duties of the Drug Preparation Premises Committee.*
>
> *The Drug Preparation Premises Committee shall:*
>
> *9.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the Pharmacy Act Regulations; and*
>
> *9.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.*
>
> *9.27 Panels and Quorum of the Drug Preparation Premises Committee.*
>
> *9.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part IX of O. Reg. 202/94 under the Pharmacy Act.*
>
> *9.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.*
>
> *9.27.3 Three members of a panel constitute a quorum.*

Article 14

> *14.2 Quorum.*
>
> *Unless specifically provided for otherwise under the Act, the RHPA Regulations, the Code, the Pharmacy Act, the Drug and Pharmacies Regulation Act, the regulations made under any of those Acts, or this by-law, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.*

Decision for the Board:
Does the Board approve the proposed amendments to Article 14.2 and Article 9 of the College by law?