Board of Directors Meeting Agenda

IPED TO SEP

Monday, March 24, 2025 9:30 AM – 5:00 PM Meeting Link

Time

Topic

9:30am

1. Welcome and Land Acknowledgement

A Land Acknowledgement will be offered by Board Director, Nadirah Nazeer.

2. Approval of Agenda

The Board will be asked to approve the Board agenda.

3. 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.

4. Consent Agenda – For Decision

The Board uses a Consent Agenda when approval of items is predicted. This is to improve meeting efficiency.

- 4.1 Minutes of the Board Meeting August 6, 2024
- 4.2 Minutes of the Board Meeting September 5, 2024
- 4.3 Minutes of the Board Meeting September 12, 2024
- 4.4 Minutes of the Board Meeting September 15-16, 2024
- 4.5 Minutes of the Board Meeting November 6, 2024
- 4.6 Minutes of the Board Meeting December 9-10, 2024
- 4.7 Practice Policy Refresh Outcomes

9:35 5. Chair's Report – For Information

The Chair, Doug Brown, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists.

9:45 6. Registrar's Report – For Information

The Registrar's Report provides information to assist the Board in exercising its oversight function of College operations and updates relevant to the regulatory environment.

- 6.1 Registrar's Update December 2024 to March 2025
- 6.2 College Performance Dashboard Key performance results for 2024

10:15 7. 2025 College Dashboard Targets - For Decision

Acting CEO, Thomas Custers will present a progress update on strategic and operational activities and the Board will be asked to approve targets for the 2025 College Dashboard.

Judiciousness









	10:35	8.	Audited Financial Statements – For Decision Finance and Audit Committee Chair, Wilf Steer and Tinkham LLP Chartered Professional Accountants will present the audited financial statements for 2024 for Board approval.
	10:55		BREAK (15 min)
	11:10	9.	<i>In Camera</i> Motion to go in camera pursuant to Health Professions Procedural Code s 7 (2)(b) <i>financial or personal or other matters may be disclosed of such a nature that the</i> <i>harm created by the disclosure would outweigh the desirability of adhering to the</i> <i>principle that meetings be open to the public.</i>
	12:10	10.	Practice Policy Refresh Outcomes - For Presentation Manager of Equity and Strategic Policy, Delia Sinclair Frigault will present the results of a comprehensive review of existing OCP practice policies, proposal for bringing all policies up to date.
	12:40pm		LUNCH (45 min)
	1:25	11.	<i>In Camera</i> Motion to go in camera pursuant to Health Professions Procedural Code s 7 (2)(e) <i>instructions will be given to or opinions received from the solicitors for the College.</i>
	1:55	12.	Regulatory Options for Preferred Provider Networks – For Decision Acting Registrar, Susan James will present a summary of the regulatory options and proposed policy direction to support the Board's zero tolerance position on preferred provider networks and other payer directed models of care.
	2:55	13.	Governance Review Update – For Information Governance Committee Chair, Siva Sivapalan, will provide a status update to the Board regarding the external Governance Review directed by the Board at its September 15, 2024 meeting
	3:05	14.	Practice Assessment for Competence at Entry for Pharmacy Technicians – For Presentation Manager of Registration, Greg Purchase will provide the Board with a presentation on the implementation of PACE for Pharmacy Technicians.
	3:25pm		BREAK (15 min)
	3:40	15.	2025 Board Competencies Survey Results – For Information Governance Committee Chair, Siva Sivapalan will share the survey results with the Board and the focus for recruitment within the 2025 Board election.
	3:55	16.	Appointment of the 2025 Screening Committee – for Decision The Chair, Doug Brown will present the Executive Committee's recommendations for appointments to the Screening Committee. The Screening Committee will screen for competency of individuals to run for election to the Board for 2025 – 2026.









4:05

17. Appointment of 2025 Search Committee – For Decision

Governance Committee Chair, Siva Sivapalan will present the 2025 Search Committee terms of reference and proposed slate for approval.

4:30 **18.** *In Camera*

Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(d)(e) personnel matters or property acquisitions will be discussed as well as, instructions will be given to or opinions received from the solicitors for the College.













Integrity





MINUTES OF A BOARD OF DIRECTORS MEETING HELD VIRTUALLY AUGUST 6, 2024 6:00 P.M. TO 9:00 P.M.

Attendance

Jennifer Antunes **Randy Baker** Connie Beck **Douglas Brown Billy Cheung** Lisa Dolovich Andrea Edginton Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram Adrienne Katz Nadirah Nazeer Elnora Magboo Stephen Molnar James Morrison Siva Sivapalan Wilfred Steer Alain Stintzi **Cindy Wagg** Devinder Walia Shari Wilson

Regrets

Dan Stapleton

1. Land Acknowledgement

The meeting was opened with a land acknowledgement in recognition and respect for Indigenous peoples.

2. Declaration of Conflict

The Chair called for declarations of conflict of interest. There were none declared.

3. In Camera

Pursuant to Health Professions Procedural Code s7 (2)(d)

The Board approved a motion to go *in-camera* pursuant to the *Health Professions Procedural Code*, subsections 7(2)(d)

Adjournment

There being no further business, the meeting was adjourned.



MINUTES OF A BOARD OF DIRECTORS MEETING HELD VIA MS TEAMS SEPTEMBER 5, 2024 9:00 A.M. TO 12:00 P.M.

OCP Board of Directors

Jennifer Antunes **Randy Baker** Connie Beck **Douglas Brown** Lisa Dolovich **Billy Cheung** Andrea Edginton Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram (Vice-Chair) Adrienne Katz Elnora Magboo Stephen Molnar James Morrison (Chair) Nadirah Nazeer Siva Sivapalan Wilfred Steer Cindy Wagg Devinder Walia

Regrets

Alain Stintzi Shari Wilson

Management

Susan James, Acting Registrar and Director, Registration and Quality Thomas Custers, Acting CEO & Director, Corporate Services Angela Bates, Director, Conduct Christian Guerette, General Counsel and Chief Privacy Officer Katya Masnyk, Director, Policy, Engagement and Strategy Implementation Greg Purchase, Manager, Registration Sandra Winkelbauer, Special Projects Manager

Staff

Vera Patterson, Governance Coordinator Sharlene Rankin, Executive Assistant to the Directors Stephenie Summerhill, Executive Assistant to Registrar and CEO The meeting was called to order at 9:31 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Doug Brown opened the meeting with a land acknowledgement in recognition and respect for Indigenous peoples.

As the subject of a new motion being introduced, James Morrison asked Sara Ingram to Chair the meeting and James Morrison left the meeting.

Motion: The Board approved the following motion be added to the agenda for discussion following Agenda Item 2.

Motion THAT: James Morrison be removed from the position of Chair of the Board, effective immediately, due to violations of the Board's Code of Conduct under Policy 3.7 and failure to adhere to good governance practices as outlined.

2. Declaration of Conflict of Interest

James Morrison declared a conflict with the agenda item regarding item 2b. Removal of the Board Chair

Lisa Dolovich declared a relationship with some Board Directors who have affiliations with the University of Toronto and indicated an intention to remove herself from any discussion she felt created a conflict of interest.

2b. Removal of the Board Chair

The Board considered the member's motion to remove the Chair.

Motion: The Board deferred the motion that James Morrison be removed from the position of Chair of the Board, effective immediately, due to violations of the Board's Code of Conduct under Policy 3.7 and failure to adhere to good governance practices as outlined.

Motion: The Board approved a motion to go *in-camera* pursuant to the Health Professions Procedural Code HPPC s 7(2)(e).

The Board resumed the public portion of the meeting at 12:14pm.

3. Adjournment

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Having determined that the meeting time had been exhausted, the Vice-Chair adjourned the meeting at 12:15pm. The Board Directors will be canvassed to find time for another meeting.

Vera Patterson Governance Coordinator James Morrison Board Chair



MINUTES OF A BOARD OF DIRECTORS MEETING HELD VIA MS TEAMS SEPTEMBER 12, 2024 1:00 P.M. TO 4:00 P.M.

OCP Board of Directors

Jennifer Antunes **Randy Baker** Connie Beck **Douglas Brown** Lisa Dolovich Billy Cheung Andrea Edginton Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram (Vice-Chair) Adrienne Katz Elnora Magboo Stephen Molnar James Morrison (Chair) Nadirah Nazeer Siva Sivapalan Wilfred Steer Cindy Wagg **Devinder Walia** Shari Wilson

Regrets

Alain Stintzi

Guest

Esi Codjoe, Turnpenny Milne, Independent Legal Counsel Erica Richler, Steinecke Maciura LeBlanc

Management

Susan James, Acting Registrar and Director, Registration and Quality Thomas Custers, COO & Director, Corporate Services Angela Bates, Director, Conduct Christian Guerette, General Counsel and Chief Privacy Officer Todd Leach, Director, Communications Katya Masnyk, Director, Policy, Engagement and Strategy Implementation Greg Purchase, Manager, Registration

Staff

Vera Patterson, Governance Coordinator Sharlene Rankin, Executive Assistant to the Directors Stephenie Summerhill, Executive Assistant to the Registrar and CEO The meeting was called to order at 1:00 p.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Lisa Dolovich opened the meeting with a land acknowledgement in recognition and respect for Indigenous peoples.

2. Declaration of Conflicts of Interest

James Morrison declared a conflict and indicated he will recuse himself from the discussion of item 3. Removal of the Chair.

Sara Ingram noted she does not have a conflict with Item 4 as it is apparent the item will be for receipt of a procedural report. She notes the posted motion inherently puts her in a conflict and if required she will recurse herself for the motion.

3. Board Chair Removal

James Morrison asked Sara Ingram to chair this agenda item due to his declared conflict. He then recused himself from the meeting before any discussion of the item.

Sara Ingram opened debate, noting there is an active motion on the floor "THAT James Morrison be removed from the position of Chair of the Board, effective immediately, due to violations of the Board's Code of conduct under Policy 3.7 and failure to adhere to good governance practices, as outlined".

Jennifer Antunes, mover of the motion, noted that elections for the new Board leadership positions take place in two days and therefore she withdrew her motion, indicating she will address her concerns with the new Board chair for appropriate action. Siva Sivapalan, seconder of the motion agreed, and the motion was duly withdrawn.

Sara Ingram invited James Morrison back into the room and he resumed the chair role.

4. Update from Interim Governance Chair

This item was a motion brought by Siva Sivapalan that was approved by the Board during the August 9th Board meeting.

Motion: THAT the interim governance committee chair (or designate) provide the Board with an update regarding an alleged conflict of interest regarding Sara Ingram, any substantive procedural differences which may have arisen in the process of the governance committee making determinations (if they have been made) regarding the alleged conflicts of interest of Siva Sivapalan and Sara Ingram".

Prior to the interim governance committee chair report Sara Ingram raised a point of order and requested a ruling regarding the appropriateness of the motion, stating a concern related to the appropriate application of Board policy 3.7 (Code of Conduct).

Siva Sivapalan asked that the Chair consider his comments before ruling on Sara Ingram's point of order. The Chair agreed and allowed Siva Sivapalan to speak. Siva Sivapalan presented a slide on Institutional Racism.

The Chair ruled that Siva Sivapalan's motion was not out of order and invited debate.

During the debate Sara Ingram and Siva Sivapalan both raised concerns around the process followed to decide their conflicts of interest with Board matters. The Board attempted to come to an agreement on what discussion was appropriate for the Board to engage in. Esi Codjoe offered to provide legal advice, and the Board deferred this matter until their return from in-camera.

Motion: The Board approved a motion to go *in-camera* pursuant to the Health Professions Procedural Code HPPC s 7(2)(e).

The Board went in camera at 2:05 pm and returned to the public meeting at 3:00 pm.

The Board continued to debate the motion which had been deferred prior to going in-camera. Given the concern raised by Sara Ingram, and following debate about these concerns, the chair called for a vote on the motion to determine the Board's direction whether to proceed with the motion or not.

The Board approved the motion that interim governance committee chair (or designate) provide the Board with an update regarding an alleged conflict of interest regarding Sara Ingram, any substantive procedural differences which may have arisen in the process of the governance committee making determinations (if they have been made) regarding the alleged conflicts of interest of Siva Sivapalan and Sara Ingram.

Interim Governance Committee Chair, Ravil Veli, along with Erica Richler of Steinecke Maciura LeBlanc provided a brief update on the alleged conflict of Sara Ingram. This update was followed by discussion about the possibility of procedural unfairness to Sara as well as procedural unfairness to Siva Sivapalan with regards to his conflict-of-interest investigation. There was discussion through a question and answer process regarding the report provided by Ravil Veli and the following points were noted.

- There were significant differences in the timelines of the two processes. The process regarding concerns into Siva Sivapalan's code of conduct concern were addressed quickly whereas Sara Ingram's matter took considerably longer.
- There were differences in the publication of the matters, noting that Siva Sivapalan's matter was posted on the College's public website before the Governance Committee resolved the matter, while no such update was provided for Sara Ingram's matter.
- Siva Sivapalan was asked to recuse himself from all Committee and Board meetings until his Governance matter was resolved, and no such request was made to Sara Ingram.
- It was noted that a different approach was taken in accessing Governance Committee legal counsel regarding fairness concerns raised by both parties for their respective matter. In response to this observation, Ravil Veli responded that he did not favour Sara Ingram over Siva Sivapalan.

Siva Sivapalan requested that his slide be displayed again and provided further comments requesting the College to reflect on the discussions that have occurred in this motion.

5. Governance Review Proposal

With little meeting time left, the Board approved a motion that the Governance Review Proposal be deferred to the September 15-16 Board agenda and the meeting be adjourned.

The meeting was adjourned at 4:00pm.

Vera Patterson Governance Coordinator James Morrison Board Chair



MINUTES OF A BOARD OF DIRECTORS MEETING HELD IN TORONTO, ONTARIO SEPTEMBER 15-16, 2024 9:00 A.M. TO 5:00 P.M.

OCP Board of Directors

Jennifer Antunes **Randy Baker** Connie Beck Simon Boulis Douglas Brown Lisa Dolovich Andrea Edginton Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram Adrienne Katz Elnora Magboo Stephen Molnar James Morrison Nadirah Nazeer Siva Sivapalan Wilfred Steer Cindy Wagg Devinder Walia Shari Wilson

Regrets:

Alain Stintzi

Management

Susan James, Acting Registrar and Director, Registration and Quality Thomas Custers, Acting CEO & Director, Corporate Services Angela Bates, Director, Conduct Christian Guerette, General Counsel and Chief Privacy Officer Todd Leach, Director, Communications

Staff

Vera Patterson, Governance Coordinator Sharlene Rankin, Executive Assistant to the Directors Stephenie Summerhill, Executive Assistant to Registrar and CEO The meeting was called to order at 9:00 a.m. The Chair, James Morrison, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Andrea Fernandes opened the meeting with a land acknowledgement.

2. Appointment of New Directors

The Board Chair congratulated Siva Sivapalan and Wilf Steer on their re-election to the Board of Directors and welcomed Simon Boulis who has been elected to serve his first term. Lisa Dolovich, Andrea Edgington and Alain Stintzi were recognized as the current Deans of Faculties of Pharmacy from across the province.

Motion: THAT The Board approves the appointment of Simon Boulis, Lisa Dolovich, Andrea Edginton, Siva Sivapalan, Wilfred Steer and Alain Stintzi to the Board of Directors.

Move by: Jennifer Antunes Seconded by: Elnora Magboo Carried

3. Declaration of Conflicts of Interest

*Sara Ingram declared a conflict with the election of Board Chair for the 2024-2025 Board year and designated Ravil Veli to represent the Governance Committee for this portion of the election process.

4. Minutes of the July 8 and August 9 Board Meetings

The Board approved the minutes of the July 8th and August 9th meetings as presented.

5. Governance Review Proposal

Sara Ingram Chaired the meeting while James Morrison introduced his briefing note detailing the benefits of engaging in a Governance Review.

The motion to approve the proposal to initiate an independent, third-party governance review that Board members will guide and develop, including choosing the reviewer, setting the parameters of the review and leading the consideration of findings was approved.

6. Chair's Report

Board Chair, James Morrison, provided a report on activities undertaken on behalf of the College between July and September 2024.

7. Registrar's Report

The Acting Registrar, Susan James, provided a report which included an update on expansion of scope and preferred provider network consultations. Thomas Custers also spoke to the College Performance Dashboard for Q2 activity.

8. 2024-2025 Executive Committee Elections

Governance Committee delegate, Ravil Veli 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

Connie Beck, Doug Brown, and Sara Ingram expressed interest in running for the Board Chair vacancy. Pursuant to Article 12 of OCP by-laws, each was given 5 minutes to briefly address the Board.

Following speeches the Board cast electronic votes.

Motion: The Board approved the appointment of Doug Brown as Chair of the Ontario College of Pharmacists Board of Directors for the 2024 - 2025 Board year.

Election of Vice Chair

Connie Beck, Jennifer Antunes, and Lisa Dolovich ran for the position of Vice-Chair of the Board and were given an opportunity to briefly address the Board. Following speeches the Board cast electronic votes.

*JP Eskander withdrew his application to be considered for the Board Vice-Chair position.

Motion: The Board approved the appointment of Connie Beck as Vice-Chair of the Ontario College of Pharmacists Board of Directors for the 2024 - 2025 Board year.

Election of the other members of the Executive Committee

In accordance with By-law 9.2.1, the Executive Committee shall be composed of 5 members and at least 2 public members. Sara Ingram called for expressions of interest from the floor, at which point Lisa Dolovich and JP Eskander put their names forward.

Prior to this, Adrienne Katz, Nadirah Nazeer, Cindy Wagg and Shari Wilson had already expressed interest in serving on the Executive Committee. All interested candidates, including Lisa Dolovich and JP Eskander, were provided with an opportunity to address the Board.

Adrienne Katz and JP Eskander gained the highest number of votes for public members on the Executive Committee.

The final remaining position on the Executive Committee proceeded with all other Board members who had expressed interest previously and from the floor. This included Siva Sivapalan, Andrea Fernandes, Lisa Dolovich, and Jennifer Antunes expressed interest and were provided the opportunity to address the board. All candidates expressing interest to serve on the Executive Committee who had not yet been elected to the Executive Committee were given the opportunity to be elected for this final remaining position.

Siva Sivapalan gained the highest number of votes for the last remaining position on the Executive Committee.

Motion: The Board appointed JP Eskander, Adrienne Katz, and Siva Sivapalan to the Ontario College of Pharmacists Executive Committee for the 2024 – 2025 Board year.

Acting Registrar, Susan James presented the outgoing Board Chair James Morrison with an engraved gavel to commemorate his time with the Ontario College of Pharmacists.

In his acceptance speech, James Morrison announced that effective end of day September 16th he would be resigning from the Ontario College of Pharmacists Board of Directors.

The chair position was surrendered to the incoming Chair Doug Brown.

9. In Camera – Health Professions Procedural Code s 7 (2)(e)

Motion: Pursuant to the Health Professions Procedural Code s 7 (2)(e) the board approved a pause in the public portion of the meeting and moved *in camera*.

10. Accreditation Committee Composition By-Law Change

The Board discussed amending the by-law governing the Composition of the Accreditation Committee to replace Public Directors with lay committee members. Other recommendations to mitigate the challenges staff were experiencing in convening meetings were discussed including use of a different scheduling methodology and/or software.

Motion: The Board of Directors defeated the motion to approve the amendment to By-Law No. 6, Article 9, Section 9.17.1 as presented.

11. Registration Related Resolutions for Ontario Regulation 256/24

Changes to Ontario Regulations necessitate the College to respond by rescinding current registration related resolutions and replacing them with resolutions in alignment with the new Ontario regulation.

Motion: The Board rescinded all current registration-related resolutions effective October 1, 2024 and approved the new registration-related resolutions listed in Attachment 11.1 to come into effect on October 1, 2024.

12. New Practice Policy on Supervision of Pharmacy Personnel

As a result of changes to Ontario Regulation 256/24 clarification of the College expectation related to supervision of pharmacy personnel was needed to align with the new classes of registration.

Motion: The Board approved the Supervision of Pharmacy Personnel Policy, as presented.

13. 2024-2025 Committee Slate - For Decision

In accordance with OCP by-law 9.24.2, on behalf of the Governance Committee, Sara Ingram was invited to present the 2024-2025 Committee Slate. Prior to introducing the full slate, due to a conflict of interest herself, Ms Ingram asked Siva Sivapalan to introduce a new motion related to the establishment of a special committee to make recommendations to the Board regarding implementation of the newly approved governance review project.

Motion: The Board approved the motion for a Special Committee to make recommendations to the board regarding the governance review project including carrying out the RFP process and communicating and directing any third party to carry out the wishes of the board. The committee will have a 12 month mandate ending at the first meeting of the next board year.

Following the establishment of a special committee, Sara Ingram presented a comprehensive slate of committee appointees to serve in the various Ontario College of Pharmacists standing and statutory committees for the 2024-2025 Board year.

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.

The Chair Adjourned the meeting for the day. Items 14 and 15 were deferred to September 16th.

Prior to proceeding with the agenda items for September 16th, the Board noted the need to manage the vacancy arising from James Morrison's resignation from the Board, effective 5:00pm September 16th. The Board examined the various options provided by OCP by-laws with regard to this new vacancy.

Motion: The Board approved the motion to declare the eligible registrant with the next highest number of votes in August 2024 be acclaimed to the vacant position and serve on the Board of Directors for a 1-year term.

Following approval of the above Motion, Randy Baker provided the Board of Directors with a statement of resignation as a public member and immediately left the meeting.

16. Committee Reports – For Information

The College's 12 committee Chairs and resource staff presented their annual reports detailing their accomplishments and challenges over the past 12 months. Board members acknowledged the work of all committee members, along with staff resources and noted the value of making the Committee reports available as a benchmark document for future reference going forward.

17. Results of 2024 OCP Employee Engagement Survey – For Information

The Board received a presentation on the results of the 2024 OCP Employee Engagement Survey, presented by Roshmi Roy, Senior Analyst, Diagnostics, Advisory and Data Insight, representative for McLean and Company.

18. Motion: Pursuant to the Health Professions Procedural Code s 7 (2)(d) the Board approved a pause in the public portion of the meeting and moved *in camera*.

Prior to introducing item 19 the Board chair noted for information that the Board remains constituted until such time as the Public Appointment Secretariat revokes Randy Baker's appointment, and therefore his immediate resignation does not affect the decisions of the Board at this meeting.

*While Board Chair Doug Brown presented items 19, 14 and 15 for the Board's consideration, Board Vice-Chair Connie Beck acted as Chair.

19. By-Law Changes – For Decision

Susan James, Acting Registrar, introduced the proposed changes for College By-Law No 7 and along with Thomas Custers, Director Corporate Services, reviewed the substantive changes.

Motion: The Board approved the circulation of College By-Law No 7 for public consultation.

20. 2025 Operational Plan – For Decision

*Siva Sivapalan recused himself from this discussion, noting a perceived conflict of interest.

Motion: Pursuant to the Health Professions Procedural Code s 7 (2)(b) the Board paused the public portion of the meeting and moved *in camera*.

Following the *in camera* discussion, the Board debated the financial capacity of the College to pursue the 2025 Operational Plan priorities. Some members felt that pursuing all the priorities would create a deficit which they felt was not desirable. Other members voiced that a short-term deficit followed by a surplus was palatable.

Across the Board, the consensus was that additional financial information was required – including the cost of the new commitment to engage in a Governance Review - but that approving the 2025 Operational Plan in principle was appropriate.

Motion: The Board approved the priorities and direction for the 2025 Operational Plan.

14. Changes to the Investment Policy – For Decision (re-ordered)

The immediate past Chair of the Finance and Audit Committee asked the Board to consider amending the current investment Policy to allow for diversification of guaranteed investment certificates (GICs) and to ensure conflicts of interest with investments were avoided by setting a percentage threshold for directly held investments in relation to the entire investment portfolio.

Motion: The Board approved the recommendations of the Finance and Audit Committee to update the Investment Policy Statement and Procedure of Reserve Funds which supports Board Policy 4.12 – Investments as follows:

To remove clause 2.3 and insert the following statement: Investment in guaranteed investment certificates (GICs) must be held in one of the following banks: Royal Bank of Canada, Toronto-Dominion Bank, Kank of Montreal, Bank of Nova Scotia, or Canadian Imperial Banck of Commerce, or managed through an approved investment manager. Selected bank(s) must maintain a credit rating of A or above from one of the three globally leading credit rating agencies (S&P Global Rating, Moody's, Ritch Group).

To include a conflict-of-interest clause that the College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.

15. Appointment of the Auditor for 2024 – For Decision (re-ordered)

The Board discussed the annual appointment of an auditor.

Motion: The Board approved the appointment of Tinkham LLP Chartered Professional Accountants as auditor for 2024.

20. Adjournment

Having reached the end of the agenda, the meeting was adjourned.

Vera Patterson Governance Coordinator Doug Brown Board Chair



MINUTES OF A BOARD OF DIRECTORS MEETING HELD VIA MS TEAMS NOVEMBER 6, 2024 8:30 A.M. TO 11:30 A.M.

OCP Board of Directors

Jennifer Antunes Connie Beck (Vice-Chair) Simon Boulis Douglas Brown (Chair) Lisa Dolovich Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram Adrienne Katz Elnora Magboo Stephen Molnar Nadirah Nazeer **Danny Paquette** Megan Peck Siva Sivapalan Wilfred Steer Alain Stintzi Cindy Wagg Devinder Walia

Guest: Anna Matas, partner, St. Lawrence Barristers

Regrets

Andrea Edginton Shari Wilson

Management

Susan James, Acting Registrar and Director, Registration and Quality Thomas Custers, Acting CEO and Director, Corporate Services Angela Bates, Director, Conduct Christian Guerette, General Counsel and Chief Privacy Officer

Staff

Vera Patterson, Governance Coordinator Sharlene Rankin, Executive Assistant to the Directors Stephenie Summerhill, Executive Assistant to Registrar and CEO The meeting was called to order at 8:31 a.m. The Chair, Doug Brown, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Nadirah Nazeer opened the meeting with a land acknowledgement in recognition and respect for Indigenous peoples.

Doug welcomed new Director Megan Peck, who was acclaimed to the Board in September to fill the vacancy created by James Morrison's resignation.

Megan thanked the Chair for his warm welcome and expressed her eagerness to serve and to learn from the current Directors.

Danny Paquette, who was appointed to the Ontario College of Pharmacists in October by the Public Appointments Office was also welcomed to the Board of Directors.

Danny thanked the Chair for is warm welcome and expressed looking forward to working with the Board of Directors.

2. Approval of the Agenda

The Chair proposed that the agenda be amended such that items 4. Governance Review Committee – Terms of Reference and 5. *In camera* take place in reverse order as Legal Counsel was not able to stay for the entire meeting.

The board approved the amended agenda of the November 6th, 2024, meeting.

3. Declaration of Conflicts of Interest

No conflicts of interest were declared.

4. In Camera – Pursuant to the Health Professions Procedural Code HPPC s 7(2)(d)

The Board moved the motion to go in camera with legal counsel pursuant to the Health Professions Procedural Code HPPC s 7(2)(d)

The Board went in camera at 8:41 am and returned at 9:39 am

5. Governance Review Committee – Terms of Reference – For Decision

The Governance Committee Chair, Siva Sivapalan presented the draft terms of reference for the Governance Review Committee to the Board for consideration. Prior to introducing the topic, he spoke to the issue of conflict of interest noting it is not good practice for a committee to set their own terms of reference, hence the Governance Committee's role in drafting the terms of reference for the Governance Review Committee. It was also noted that individuals who may be directly involved in the committee's work should refrain from debating or voting on issues that establish the committee's framework and selection of members.

During the discussion, Director JP Eskander proposed the titles of Chair and Co-Chair be amended so that there were two Co-chairs to the committee.

Vice-Chair Connie Beck requested that the committee's name be amended throughout the terms of reference to appear as the Governance Review Committee.

The Board approved a motion to accept the Draft Terms of Reference for the Governance Review Committee as presented.

Following the approval of the Terms of Reference, Director Sara Ingram resigned from the Governance Review Committee.

6. Adjournment

Having reached the end of the agenda, the meeting was adjourned.

Vera Patterson Governance Coordinator Doug Brown Board Chair



MINUTES OF A BOARD OF DIRECTORS MEETING HELD VIA MS TEAMS DECEMBER 9-10, 2024 9:30 A.M. TO 5:00 P.M.

OCP Board of Directors

Jennifer Antunes Connie Beck (Vice Chair) Simon Boulis **Douglas Brown (Chair)** Lisa Dolovich (Virtual and in person) Andrea Edginton Jean-Pierre (JP) Eskander Andrea Fernandes Sara Ingram Adrienne Katz James Killingsworth Elnora Magboo Nadirah Nazeer **Danny Paquette** Megan Peck Siva Sivapalan Wilfred Steer Alain Stintzi Cindy Wagg Devinder Walia Victor Wong (Day 2)

Regrets

Stephen Molnar

Management

Susan James, Acting Registrar and Director, Registration and Quality Thomas Custers, Acting CEO & Director, Corporate Services Angela Bates, Director, Conduct Christian Guerette, General Counsel and Chief Privacy Officer Todd Leach, Director, Communications and Knowledge Mobilization

Staff

Sharlene Rankin, Executive Assistant to the Directors Stephenie Summerhill, Executive Assistant to Registrar and CEO Delia Sinclair Frigault, Manager, Equity and Strategic Policy Genevieve Plummer, Manager, Hearings Office The meeting was called to order at 9:30 a.m. The Chair, Doug Brown, welcomed all Board Directors, staff and observers.

1. Land Acknowledgement

Doug Brown, Board Chair called the meeting to order at 9:30 am. The Board Chair welcomed Directors and staff to the Board meeting and acknowledged members of the public in attendance.

Siva Sivapalan, provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.

The Board Chair congratulated Stephen Molnar on his reappointment to the Board for a three-year term.

The Board Chair welcomed new Public Director Jamie Killingsworth to his first Board meeting.

Jamie, who teaches Media Studies and Justice Studies at the University of Guelph, as well as several courses in the School of Interdisciplinary Studies at Conestoga College, expressed his gratitude for the warm welcome from the Board.

Meeting regrets were noted.

2. Approval of the Agenda

Doug Brown provided an overview of the items listed on the agenda for approval.

Motion: The Board approved the agenda for the December 9-10, 2024, Board meeting as presented.

3. Declaration of Conflicts of Interest

Sara Ingram initiated a statement which the chair noted was not related to a conflict of interest and was out of order. Following two unsuccessful attempts to redirect Sara Ingram, the meeting was suspended briefly to preserve meeting order. When it resumed the Board chair noted that Sara Ingram had tendered her resignation from the Board, effective immediately.

Conflicts of interest were noted for Siva Sivapalan regarding item 9 Strategic Plan (2024-2028) and 2025 Operational Plan. For day two, Siva Sivapalan declared a conflict for item 22.

4. Minutes of Board Meetings – For Decision

Doug Brown reviewed the list of minutes before the Board for approval.

The Board noted the absence of some meeting activities and expressed a desire for review of the minutes to ensure that all relevant details be included.

Motion: The Board defeated the motion to approve the minutes of the:

- August 6
- September 5
- September 12
- September 15-16; and
- November 6th meeting minutes as presented.

*This item was revisited following lunch and the vote retaken as the Board was not properly constituted during the first vote.

Motion: The Board defeated the motion to approve the minutes as presented.

Next steps: The minutes will be revised and brought to a future meeting of the Board.

5. Chair's Report

Doug Brown, Board Chair, presented his report to the Board providing highlights from his first few months in office.

The Board Chair highlighted that his attendance at meetings had set a record. His role as an ex officio member on the committees has provided valuable insights into the College and deepened his understanding of the college. Doug Brown welcomed Megan Peck, Danny Paquette, and James Killingsworth, and discussed the importance and value gained from the recent Committee and Board Orientation session and the November Governance Workshop with the Board. It was noted that the Executive Committee, on behalf of the Board, approved an expenditure of \$300,000, with a \$75,000 contingency, for the Registrant Records System, and a productive meeting was held with KPMG and the Finance and Audit Committee, confirming the workplan for the remainder of the project.

6. Registrar's Report

Susan James, Acting Registrar, presented her report to the Board. She provided an overview of staff activities including the numerous consultations taking place, particularly highlighting the significant activity surrounding Ontario College of Pharmacists policies.

The following activities and programs were mentioned:

- Modernization of the Veterinarians Act Consultation provided to the Ministry of Health regarding scope expansion and another to the Ministry of Finance on preferred provider networks;
- Policy team engagement with system partners;
- Quality assurance;
- Goal 1 Feasibility Progress Report;

Thomas Custers, Acting CEO, gave an overview of the 2024 College Dashboards which measure the results achieved over the last quarter and the year.

Members of the Board noted the need to monitor and report on additional potential risks including the Board Directors use of personal computers for college work, and an potential risk of the Registrar's absence related to business continuity and impact on the executive team.

Todd Leach and Genevieve Plummer contributed to discussion around the Discipline Committee and Ontario College of Pharmacist website feedback.

7. By-Law Consultation

Susan James, Acting Registrar, led a discussion on revisions to by-law No. 6. Following the required 60-day consultation, the leadership is requesting approval of by-law No. 7.

The consultation was posted on the Ontario College of Pharmacists website and communicated to the registrant base and system partners, specifically to those who would be impacted by the removal of the requirement for narcotic signing. Susan James summarized all feedback received through the consultation process.

Motion: The Board approved the College's By-Law No. 7 as amended.

*This item was revisited following lunch and the vote retaken as the Board was not properly constituted during the first vote.

Motion: The Board approved the College's By-Law No. 7 as amended.

8. Regulatory Exemption for Pharmacy under the Veterinary Professionals

Delia Sinclair Frigault introduced this issue and sought Board direction regarding development of a policy outlining expectations for pharmacy professionals engaging in the practice of veterinary pharmacy.

The Board discussed the current status of veterinary pharmacy practice and the impact of the new Veterinary Professionals Act (2024), which sets out a new regulatory model, potentially removing the current regulatory oversight by OCP, unless the College sets out practice expectations for pharmacy professionals in policy.

Note: Board Chair, Doug Brown interjected at this time to notify the Board that Sara Ingram's resignation resulted in the Board not being constituted, resulting in the Board's inability to make decisions. He shared the available options for filling the vacancy pursuant to by-law 5.12.

Motion: The Board approved acclamation of the registrant with the next highest number of votes, that being Victor Wong, to sit on the Board for a two-year term ending September 2026.

Discussion on agenda item 8. resumed.

Motion: The Board approved their willingness for the Ontario College of Pharmacists staff to collaboratively engage with the College of Veterinarians of Ontario (CVO) during CVOs drafting of the regulations under the Veterinary Professionals Act, with the majority of OCPs effort on draft consultation.

9. Strategic Plan (2024-2028) and 2025 Operational Plan

Having noted a conflict of interest with this agenda item, Siva Sivapalan recused himself from the meeting for this item.

Thomas Custers, Acting CEO provided an update of progress on the Strategic Plan in 2024 and the plan for activity in 2025.

Todd Leach, Director Communications and Knowledge Mobilization clarified that the Communications team's work expands beyond Goal 2 to encompass work in all operational domains of the College.

In addressing Goal 3 there was some reorganization in 2023 to enable added capacity of college staff to manage surges in demand or unexpected shifts in priorities along with focused effort to ensure clarity of roles and responsibilities across the organization. With the identified financial constraints earlier this year the remaining focus of 2024 has been to find efficiencies and identify the work which is critical to the mandate of the College.

The focus of work on the Strategic Plan in 2025 is on advancing Goal 1 (business practices impacting practice standards or professionals), and Goal 3 (necessary staff expertise and resource capacity) with a reduced focus on Goal 2 (clear, relevant and current information for all audiences) and Goal 4 (ensure respect, without discrimination for patients receiving pharmacy services).

Directors sought clarification of the activities and effort involved in the proposed 2025 priorities presented.

Motion: The Board approved the updated priorities and direction for the 2025 Operational Plan.

10. College Performance Dashboard Measures for **2025**

Thomas Custers presented the College Performance Dashboard measures for 2025. Board Directors contributed to the development of the dashboard at a lunch and learn session in late November. Directors discussed some of the challenges of developing meaningful measures and collecting the data needed to monitor them.

Motion: The Board approved the College Performance Dashboard Measures for 2025 as presented.

11. In Camera

Motion: Pursuant to Health Professions Procedural Code s 7 (2)(b) the Board paused the public session to go in camera.

12. 2025 Operating and Capital Budget

Wilf Steer, Chair of the Finance and Audit Committee, along with Thomas Custers provided an overview of the proposed 2025 operating and capital budget. Directors also discussed options for establishing secure communication among the Board, including whether provision of hardware is needed as part of the solution. The discussion included consideration of budgetary impact, use of personal devices, and risk of exposure to viruses.

Motion: The Board of Directors defeated the motion that all Board Directors will receive an OCP laptop to support their Board activities.

Motion: The Board approved the motion that Directors be provided with a laptop upon request which must be returned at the end of their term.

Motion: The Board approved the motion that staff be directed to provide OCP emails for secure communication amongst Board Directors.

Next Steps: Staff to provide the Board with the cost of providing licenses for email to Board Directors.

Motion: The Board of Directors approved the 2025 Operating and Capital Budget and directed Executive Management to monitor and present proposed cost savings adjustments to the FAC in March or April or earlier if required to address the projected deficit.

The Chair Adjourned the meeting for the day. Items 13, 14, 15 and 16 were deferred to December 10th.

Before introducing agenda item 13, the Board chair introduced Victor Wong, the newly appointed professional director, the Board. Victor Wong thanked Board directors for a warm welcome and expressed his pleasure and honor to serve on the Board.

13. Remuneration Policy and Summary of Allowable Expenses

Wilf Steer led a discussion on amendments to the Remuneration Policy which has been amended to align with new internal processing procedures and a new online portal which enhances security and efficiency.

Motion: The Board approved the proposed amendments to the Remuneration Policy and Summary of Allowable Expenses.

14. Revised Practice Policy – Human Rights (Item 16 on the published agenda)

Delia Sinclair Frigault, Manager of Equity and Strategic Policy presented a revised Human Rights Policy for Board consideration. The Policy had been brought to the Board at the September 15-16 meeting and was revised to include feedback from Board Directors. Delia Sinclair Frigault also provided an overview of the policy implementation process. Board discussion included clarification that College policies set out expectations for registrants, consideration of a public poster campaign to inform patients of their rights and recognition of the importance of language, for example balancing the use of the terms creed and religion.

Motion: The Board approved the revised Human Rights Policy as amended.

15. Promoting Safe and Effective Implementation of Expanded Scope of Practice (Item 17 in the published agenda)

Andrea Edginton noted a conflict of interest with this agenda item and recused herself from the meeting.

Susan James introduced the topic on further expansion of scope for pharmacists and provided a review of the College activity on this item prior to the discussion.

Prior to discussion on this issue the Board received a presentation from Mina Tadrous, assistant professor at the Leslie Dan Faculty of Pharmacy at the University of Toronto, Tier 2 Canada Research Chair in Pharmaceutical Policy and Real World Evidence and Co-director of pharmaceutical policy and pharmacy practice at the Ontario Drug Policy Research Network and ICES adjunct scientist. Dr. Tadrous spoke about the early evidence related to the implementation of minor ailment prescribing by pharmacists in Ontario, through an implementation science lens, with the intent of sharing learnings that can inform further policy decisions.

Following the Board presentation by Dr. Tadrous, Jennifer Leung, Senior Strategic Policy Advisor provided background information and guiding questions for a generative discussion on the regulatory safeguards that will promote safe and effective scope expansion, including education and training; access to patient information; community pharmacy practice environment concerns. Following presentations of evidence/finding and options analysis for each of these topics, Board directors provided comments which will be used to inform the development of regulations to support any further expansion of scope with respect to minor ailments. Feedback which received broad support from the Board included consideration of mandatory First Aid and CPR training for pharmacy technicians performing injections, potential use of the Quality Assurance Program as a mechanism to assess for competence to perform new scope activities, considerations of environmental requirements to enhance privacy concerns of patients receiving clinical services such as minor ailment assessment and injection/immunization, and mechanisms to promote use of clinical viewers in pharmacies. Analysis of complaints related to minor ailments and a historical review of Board decisions regarding mandatory training were requested to inform future discussions on necessary safeguards. Application of a right tough regulation approach for regulatory safeguards was discussed, noting the importance of supporting innovation of practice models and autonomy of pharmacy professionals.

16. In Camera (Item 14 in the published agenda)

Motion: Pursuant to the Health Professions Procedural Code s 7 (2)(b) and 2(e) the Board paused the public portion of the meeting and moved in camera

17. Governance Review Scope (Item 19 in the published agenda)

Siva Sivapalan, Governance Committee Chair, introduced this topic to seek Board approval of the RFP process for the governance review.

Motion: The Board approved the proposed scope for the Governance Review and directed staff to publish the request for proposal (RFP) on or before January 8th, 2025.

18. Regulatory Options for Preferred Provider Networks (Item 15 in the published agenda)

Susan James, Acting Registrar, provided an overview of the evidence brief on regulatory options for payerdirected care models and addressed questions related to the briefing note and recommended motions on this topic. These being:

- That the Board approves the proposed regulatory response of regulating the harmful activities of payer-directed care models, rather than prohibiting payer-directed care models themselves, and
- That the Board supports the development of a comprehensive multi-modal approach to addressing concerns with payer-directed care models.

Prior to the introduction of the recommended motions, Simon Boulis, Director, spoke to the issue and introduced the following motion:

Motion: Whereas on July 8, 2024, the Ontario College of Pharmacists (the "College") adopted a zerotolerance position on all payor directed care models, including preferred provider networks ("PPNs"), involving pharmacies and pharmacy professionals that put patients at risk, disregard patient autonomy, or that obstruct a pharmacy professional's duty to put patient interests first (the "Zero Tolerance Statement").

And whereas payor directed care models like PPNs pose potential risk of harm to patients, contravene established ethical principles guiding the profession and conflict with standards of quality patient care.

And whereas the Board of Directors of the College (the "Board") has decided that it is necessary to operationalize the Zero Tolerance Statement in practice.

Now therefore, the Board declares that any registrant of the College ("Registrant"), the directors or shareholders of a corporation which has been issued a certificate of accreditation by the Registrar of the College under s. 139 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (a "Certificate of Accreditation"), or any person who has been issued a Certificate of Accreditation, who participates in any payor-directed care model, including a PPN, is in violation of the ethical principles set out in the Code of Ethics of the Ontario College of Pharmacists including, but not limited to the beneficence, non-maleficence, respect for persons/justice (the "Ethical Principles").

Violation of the Ethical Principles constitutes professional misconduct and/or proprietary misconduct, subject to findings made by the Discipline Committee.

The directors or shareholders of a corporation which has been issued a Certificate of Accreditation, or an person who has been issue a Certificate of Accreditation, shall exit an payor-directed care model, including a PPN, within 12 months of the date of this motion, and shall attest that they have done so on renewal of a Certificate of Accreditation.

Prior to discussion on the motion, a request for legal advice was made.

Motion: Pursuant to the Health Professions Procedural Code s 7 (2)(d) the Board paused the public portion of the meeting and moved in camera.

The public portion of the meeting resumed at this time.

Motion: The Board deferred item 18 (motion on Preferred Provider Network) to the next Board Meeting.

The Board Chair deferred the final two agenda items which for information only to the next Board Meeting (items 20, Policy Refresh and 21 PACE for Pharmacy Technicians)

Motion: The Board adjourned the meeting.

Vera Patterson Governance Coordinator Doug Brown Board Chair



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Delia Sinclair Frigault, Manager, Equity & Strategic Policy

Topic: Practice Policy Refresh Outcomes

Issue: Policies and related documents aimed at regulating and guiding the practice of pharmacy and the operation of pharmacies have been assessed for clarity and relevancy, in line with Strategic Goal 2. The Board is presented with the outcomes of this work and is asked to consider the request to rescind five redundant and out-dated policy documents.

Public Interest Rationale: To assure quality in the practice of the profession and accountability to the public, the College has committed to reviewing its policies at least every five years. These regulatory instruments clarify the College's expectations for providing safe and effective care.

Strategic Alignment, Regulatory Processes, and Actions: Strategic Goal 2 indicates, *"The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information."* This includes clear information on practice expectations articulated in policy. Regularly reviewing policies ensures that the College achieves its mandate of regulating pharmacy practice in the public interest. Domain 5 within the College Performance Measurement Framework (CPMF) outlines the Ministry of Health's expectation that Colleges develop and maintain practice expectations so that the public is aware of what behaviours they should expect when receiving high-quality care.

Background:

The <u>College's Policy Review Process</u> aims to review practice policies every five years so they remain current, relevant and proportionate to the risk to the public. In addition, the Strategic Policy team monitors the practice environment, identifying changes and using a risk-based prioritization process to determine if an existing policy requires review, or, for an emerging matter, whether a new regulatory instrument is warranted.

The Board of Directors reviews and approves all College policies regulating the practice of pharmacy. <u>Board policy 4.3</u> outlines the decision-making procedure for determining a policy response. Policies that require minor edits or revisions to remain current and relevant may not be circulated for consultation, provided that the expectations for registrants have remained the same. In addition to policies, the College employs other types of practice-related documents to support registrants in their understanding of the College's expectations.

The current state of policies and practice-related documents are defined below:

- *Practice Policy:* Practice policies outline OCP's expectations relating to pharmacy professionals' conduct, while reaffirming the values, principles and duties of the pharmacy profession. In addition to providing guidance to the profession, policies serve as a benchmark against which the conduct of the individual pharmacist is evaluated.
- *Guideline:* Guidelines outline more detail around the expectations of a Standard and relevant legislation and how to apply the Standard and/or legislation to support optimal practice. Guidelines are meant as references to be used alongside, not in place of, the Standards and/or legislation.
- Position Statement: Position statements outline the College's regulatory or policy stance on emerging issues around a specific area of practice. Position statements can change as they are based on the circumstances and context at the time they are published.

- *Guidance:* Guidance provides information that articulates or supports the College's expectations in practice for topics/areas that are developing or emerging and will likely be changing in the future. They are based on the circumstances and context at the time they are published.
- *Framework:* A conceptual structure intended to support or guide the building of an approach or an objective. It can set out the conditions required to achieve the desired performance or outcome and often ensures the inclusion of guiding principles in its approach.
- *Fact Sheet:* A fact sheet summarizes relevant legislation, policies and guidelines in one place. The College produces fact sheets to remind practitioners about certain aspects of practice. Topics are chosen based on questions that we receive most frequently.

What is the problem?

 <u>Too many document categories</u>: Feedback on the current state of policies and practice-related documents from internal and external sources has indicated that the breadth of categories is comprehensive but also difficult to navigate. The College's expectations are intended to be set by policy, but this structure enables the creation of regulatory expectations through other types of documents that may not have received Board review.

In some cases, regulatory expectations exist across too many different documents, which makes it confusing for registrants, the public and at times even our staff to fully comprehend the College's requirements and expectations. There are also instances of overlap across policies and practice-related documents that can add to the confusion.

- 2) <u>Inconsistent document format</u>: The sections and major headings contained in each policy vary depending on when it was written or last reviewed. The format for related documents varies, which adds to the challenge of distinguishing between the purposes and content of each document.
- 3) <u>Overdue policy reviews</u>: Twenty-one (21) of 61 policies and related documents have exceeded the 5-year review cycle presented in the <u>College's Policy Review Process</u>. There are four (4) policies and practice-related documents on the website that state they are under review. Emerging policy development in response to government and Board direction (e.g. COVID-19 response, expanding scopes of practice, registration changes, etc.) often results in deprioritizing full reviews of existing policies.

Analysis:

The Strategic Policy team undertook a comprehensive review of all policies and practice-related documents between May and October 2024, with the goals of identifying areas for improvement in the current state to address these problems and implementing these improvements following a defined workplan.

A summary of the review and its outcomes is outlined below in Table 1.

Table 1: Method & Outcome Summary

Step	Description	Outcome
Current State Review	Created a comprehensive inventory	Total of 61 documents in 6 categories
	of practice policies and practice-	Practice Policies (20)
Note: Registration	related documents ("documents") by	Guidelines (11)
resolutions and operational	category.	Position Statements (2)
policies were excluded		Guidance Documents (6)
		Frameworks (2)
		Fact Sheets (20)
Identify areas for	Reviewed feedback received from	Areas for improvement:
improvement	internal and external sources.	 Reduce number of document categories Reduce duplication across documents
	Compared notes from team	and consolidate information
	members' read-throughs of all	• Create consistency in language, format,
	documents.	definitions, and references
		Need to prioritize the large number of
		outdated policies for review
Determine new categories	Brief cross-jurisdictional scan.	Reduced the number of document categories
		from 6 to 2:
	Separated "Expectations/	Policy
	Requirements/Musts" from	Supplemental Guidance
	"Guidance/Advice/Should".	 It is anticipated that most policies will
		have Supplemental Guidance, but it is
		not a requirement.
		Developed definition of "Policy" and
		"Supplemental Guidance" (see below)
Develop policy template	Selected existing sections and	Created standard template for use across
	layouts suitable for policies. Consulted Communications team.	all practice policies to address variation in
	Consulted Communications team.	format and language.
Identify documents to be	Using new definitions, map current	Policies +/- Supplemental Guidance (29)
recategorized and	state to future state.	
consolidated		
Identify documents	Flag documents needing only minor	Guidelines (7) <i>(see Section B)</i>
amenable to refresh	edits and templating; no changes to practice expectations	Policies (4) <i>(see Section C)</i>
Identify documents to be	Flag documents that are no longer	To be rescinded (5)
rescinded	current, relevant or proportionate to	(see Section A)
	the risk to the public.	,
Identify documents	Flag documents needing full review	Policies (9)
requiring prioritization	and external consultation due to	
	changes in practice environment	
Develop risk-based	Eight (8) criteria defined.	Tested among team members to validate
prioritization process	Rated based on 4-point urgency	method.
	scale, reflecting the Practice-Based	Rating indicates the order in which policy
	Risk Framework.	topics ought to be reviewed.
		• See criteria rating scale in Table 2.

Step	Description	Outcome
Ranked documents using prioritization criteria score	9 of 16 remaining policies were ranked using the criteria in Table 2. Complexity of the policies for review mean a phased policy review approach for 2025-2027 will be outlined for the Board.	 29 policy documents remain for full review and consolidation. New policy topic areas identified in response to Board direction regarding the regulation of payer-directed care models and business pressures on professional autonomy. (see Section D)

Results

The future state of policies and practice-related documents are defined below:

- *Policy:* Policies articulate the College's expectations for the practice of pharmacy professionals, the provision of patient care, and the operation of pharmacies. Together with the relevant legislative requirements and standards, they serve as a benchmark against which the conduct of a pharmacy professional and the operation of a pharmacy is assessed.
- Supplemental Guidance: Supplemental guidance provides additional information to support registrants with meeting the expectations of the accompanying policy. It is intended to assist with policy implementation and not to be applied in isolation of the policy. Supplemental guidance is updated as needed to reflect current practice
- *Practice Resources:* Non-regulatory documents managed by the Communications and Knowledge Mobilization division, such as Fact Sheets, Infographics, Summary Charts and Frequently Asked Questions.

Section A – For Decision at March Board Meeting

Policies and documents that are outdated and/or redundant, to be **rescinded** and rationale:

- 1. <u>Providing COVID-19 Services in Community Pharmacies</u>
 - Temporary guidance document to emphasize public health standards and Ministry of Health requirements for asymptomatic COVID-19 testing, initially, followed by broader testing and vaccine administration
 - COVID-19 vaccine is now listed in Schedule 3 of *O. Reg. 256/24* and addressed by the <u>Administration</u> of a <u>Substance by Injection</u> document
 - As with influenza, the Ministry of Health sets out the additional requirements for publicly funded vaccines, which are referenced in the above-mentioned document
- 2. Prescribing and Providing Controlled Substances during the Coronavirus Pandemic
 - Temporary guidance document to support pharmacists applying the Health Canada <u>class exemption</u> <u>under subsection 56(1) the *Controlled Drugs and Substances Act* (CDSA)</u>
 - Now in its 5th year, registrants are accustomed to how the exemption applies
 - This information is provided in other documents affected by the exemption: the <u>Pharmacist</u> <u>Prescribing: Initiating, Adapting & Renewing Prescriptions</u> Guideline, <u>Prescription Transfer Fact Sheet</u>, <u>Prescription Regulation Summary Chart</u>, and <u>Legal Authority For Scope Of Practice</u> Chart

- 3. <u>Designated Manager Required Signage in a Community Pharmacy Policy</u>– Required Signage in a Community Pharmacy Policy
 - The <u>Time-Delayed Safes Policy</u> sets out the College-approved signage requirements for community pharmacies
 - All other signage requirements are set out in the <u>Drug and Pharmacies Regulation Act</u> (DPRA) and <u>O.</u> <u>Reg. 264/16</u>
 - This information is provided in other documents: <u>Checklist for Opening a New Pharmacy</u> or <u>Remote</u> <u>Dispensing Location</u>, <u>Community Pharmacy Accreditation Assessment Criteria</u> and the <u>Point of Care</u> <u>Symbol Graphic Standards</u> (v4)
- 4. <u>Designated Manager Professional Supervision of Pharmacy Personnel Policy</u>
 - The <u>Supervision of Pharmacy Personnel Policy</u> supersedes this policy
 - Removing the supervision of personnel content from this policy leaves only the supervision of the premises content, which is already addressed in the <u>Drug and Pharmacies Regulation Act</u> (DPRA) and the <u>Standards Of Operation For Pharmacies</u>

5. <u>Cannabis Position Statement</u>

- In June 2018, the Board approved an expanded position indicating that the College does not oppose distribution of recreational cannabis in pharmacies if any legislative changes were to be made to permit this act, after initially endorsing the position of the National Association of Pharmacy Regulatory Authorities (NAPRA)
- NAPRA has removed their statement from their website, therefore the College's webpage points to a NAPRA link that no longer exists.
- If amendments to federal or provincial legislation governing the distribution of medical or recreational use, respectively, were to be proposed in the future, the College's would be able to respond in a timely manner and based on current evidence and risk.
- Information about the 2018 Cannabis strategy and related resources for registrants are provided in the College's Cannabis <u>practice tool</u>.

NOTE: Removal of the position statement as a policy document does not nullify the College's stated position or commitment to supporting registrants navigate emerging matters such as this.

Section B - For information (Request for Decision at June Board Meeting)

Guidelines recategorized as policies to be rewritten with minor editorial or formatting edits only:

- 1. Piercing the Dermis for Demonstration and Point-of-Care Tests
- 2. Administering a Substance by Inhalation
- 3. Administering a Substance by Injection
- 4. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions
- 5. Ending the Pharmacist Patient Relationship
- 6. Extending the Beyond-Use Dates for Sterile Preparations
- 7. Dispensing Components Included in the Usual and Customary Fee

Section C – For information (Request for Decision at June Board Meeting)

Policies to be reviewed and updated with minor editorial or formatting edits only:

- 1. Cross-Jurisdictional Pharmacy Services
- 2. Virtual Care

- 3. Fees for Professional Pharmacy Services
- 4. Boundary Violations and Sexual Abuse

Section D - For Information

Remaining policies requiring prioritization for full review and updating:

Drafting Underway

- Operating Internet Sites Policy
- Documentation (Guideline to Policy)
- Centralized Prescription Processing [Central Fill] Policy

To be rated based on Risk-Based criteria & prioritized for upcoming reviews

- Faxed Transmission of Prescriptions Policy
- Prescription Transfers (Fact Sheet to Policy)
- Delivery of Prescriptions (Fact Sheet to Policy)
- Authenticity of Prescriptions using Unique Identifiers for Prescribers (Position Statement)
- Medical Directives and the Delegation of Controlled Acts Policy
- Opioid Policy
 - Methadone (Fact Sheet)
- Treating Self and Family Members Policy
- Drug Preparation Premises Framework
- Designated Manager Medication Procurement and Inventory Management Policy
 - Restocking of Drugs used for Medical Assistance in Dying (MAiD) during COVID-19 Policy
 - Distribution of Medication Samples Policy
 - Protecting the Cold Chain (Guideline)
- Management of Controlled Substances [NEW Policy]
 - o Improving the Safety and Security of Controlled Substances in Hospital High Risk Areas (Framework)
 - o Controlled Substances Destruction of Unserviceable Stock and Post-Consumer Returns (Fact Sheet)
 - o Controlled Substances Security and Reconciliation (Fact Sheet)
- Accreditation and Operation of a Pharmacy (Guidance to Policy)
 - Operation of a Remote Dispensing Location (Guidance)
- Business Practices [NEW Policy]
 - Incorporate Board direction on Payer-directed models and business pressures on professional autonomy
 - Loyalty Points Programs Policy
 - Advertising (Fact Sheet)
- Record Retention, Disclosure, and Disposal (Guideline to Policy)
 - Record Keeping and Scanning Requirements (Fact Sheet)
 - o Releasing Personal Health Information (Fact Sheet)
- Prescription Labelling Policy [NEW Policy]
 - Multi-Medication Compliance Aids (Guideline)
 - Labelling Single Entity Drugs Policy
 - Expiry Dates on Prescription Labels (Fact Sheet)

These policies will undergo an assessment of risk using a set of criteria (Table 2) to assist in prioritizing policy reviews that will limit risk of harm to patients and will support the professions in providing quality pharmacy care.

Table 2: Prioritization Criteria

Category	Urgency	Criteria
1	Very High	Based on the Practice-Based Risk Framework, there is a risk of patient harm based on review of the currently available data.
2	High	The topic is no longer fit for purpose. There is a risk to the College if the topic is not reviewed/updated within the calendar year. (i.e., reputation, public protection, regulatory compliance).
3	Moderate	 Topic aligns with the College's Strategic Plan (1) Address the practice environment challenges (2) Improve our communication to the public and registrants (3) Address internal surge capacity challenges and (4) Support our equity goals There is a likelihood of the topic affecting existing College documentation (scale of the update).
4	Low	There has been a long duration since last review (over 5 years). The topic needs to be reviewed/updated to keep up with the current changes in pharmacy practice setting. The current topic is difficult to understand; have received inquiries about the expectations of the topic (i.e., from Communications, Practice Advisors, Intakes/Complaints, etc.).

Summary:

The policy refresh project resulted in the following outcomes:

- I. Consolidation of similar information and the identification of 5 policy documents that are no longer needed.
- II. Reduction in the number of policy document categories from 6 to 2
- III. Overall reduction in the total number of policy documents from over 60 to an estimated 40
- IV. Consistency and formatting updates

Recommendation:

It is recommended that the Board rescind and archive the following policy documents, as outlined in section A of the results above.

- 1. Providing COVID-19 Services in Community Pharmacies
- 2. <u>Prescribing and Providing Controlled Substances during the Coronavirus Pandemic</u>
- 3. Designated Manager Required Signage in a Community Pharmacy Policy
- 4. Designated Manager Professional Supervision of Pharmacy Personnel Policy
- 5. <u>Cannabis Position Statement</u>

MOTION:

THAT the Board rescind the following 5 policies which are deemed redundant and out-dated, effective April 1, 2025:

- Providing COVID-19 Services in Community Pharmacies
- Prescribing and Providing Controlled Substances during the Coronavirus Pandemic
- Designated Manager Required Signage in a Community Pharmacy Policy
- Designated Manager Professional Supervision of Pharmacy Personnel Policy
- Cannabis Position Statement

Next Steps:

Following the March Board meeting, staff will make updates to the webpage content and related references to the policy documents and will communicate these changes to registrants and the public.

At the June 2025 Board Meeting, the Board will be presented with the following:

- A request for approval of the 11 refreshed policies, as explained above in sections B and C of the "Results"
- A request for direction on updating the remaining policies that have been prioritized to undergo a major policy revie, as explained in section D of the "Results"



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR INFORMATION

From: Doug Brown, OCP Board Chair

Topic: Chair's Report

Background: In addition to regular bi-weekly meetings and phone calls with the Acting Registrar and the bi-weekly check-ins with the Ministry of Health (except during the month leading up to the election), listed below are the meetings I attended on behalf of the College during the reporting period.

College and Other External Partner Meetings:

- Governance Committee Meeting December 11
- Governance Committee Meeting December 18
- Executive Committee Meeting January 13
- Contested Motion Decision Review January 14
- Governance Committee Meeting January 15
- CNAR Workshop Effective Board and Staff Relations: Partnering in Leadership February 6
- Executive Committee Meeting February 10
- Governance Committee Meeting January 19
- Executive Committee Meeting February 24
- CNAR Workshop Collaboration to Address Complex Issues: Leveraging Connections, Opportunities, and Creative Team Strategies February 27
- Executive Committee Meeting February 26
- Executive Committee Meeting February 28
- Executive Committee Meeting March 3
- Governance Committee Meeting March 5
- Governance Committee Meeting March 13
- Finance and Audit Meeting March 14

December Board Meeting Evaluation

Attached is the December 2024 Board Meeting Evaluation report (Attachment 5.1).

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

Since the December 2024 Board meeting, it has been a busy few months for the Board, Committees and me along with OCP staff working hard and getting priorities on track and aligned. There have been many meetings among several committees, and I want to thank all Board Directors and Committee Members for their continued commitment over the last few months.

One of our focuses this quarter is to strengthen the relationship between the Board and OCP staff. With that in mind I wanted to highlight two very impactful CNAR Workshops myself, Connie Beck, Vice Chair and Susan James, Acting Registrar attended in February:

- Effective Board and Staff Relations: Partnering in Leadership a key take away was the reassurance that many of the issues we have been experiencing are not unique and shared among many other boards
- Collaboration to Address Complex Issues: Leveraging Connections, Opportunities, and Creative Team Strategies a core message was the importance of collaboration with multiple partners & stakeholders

We are committed to making real progress in this area so that we can focus on our mandate of protecting the public interest.

Board Director Committee Activities (Dec 11-Mar 23)

The following chart below provides an overview of the committee activities which the Board Directors participated in since the December Board meeting. Information in the table below is intended to provide an overall sense of workload and may not capture every activity. Staff continue working to refine information-gathering precision in this area.

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline	Jan 14, 17, 24
	Governance	Dec 11, 18, Jan 15, Feb 19, Mar 5
Connie Beck	Discipline	Feb 3, 4, 18, 20, 21, 26, 28
	Executive	Jan 13, Feb 10, 24, 26, 28, Mar 3, 17
	*Observed Finance and Audit	
	*Observed Governance Review Committee	Feb 7, 10, 11, 12, 13, 14, Mar 18
Simon Boulis	Discipline	Jan 20
	Finance and Audit	
Doug Brown	Discipline	Jan 14
0	Executive	Jan 13, Feb 10, 24, 26, 28, Mar 3
	*Observed Finance and Audit	Mar 14
	*Observed Governance	Dec 11, 18, Jan 15, Feb 19, Mar 5
Andrea Fernandes	Discipline	Feb 19
	Finance and Audit	Mar 14
	Governance	Dec 11, 18, Jan 15, Feb 19, Mar 5
Megan Peck	Discipline	Feb 10, 11, 12, 13, 14, Mar 4, 5, 6, 7, 21
	Finance and Audit	Mar 14
	Governance Review Committee	Feb 7, 10, 11, 12, 13, 14, Mar 18
Siva Sivapalan	Discipline	Dec 16
	Executive	Jan 13, Feb 10, 24, 26, 28, Mar 3
	Governance	Dec 11, 18, Jan 15, Feb 19, Mar 5
Wilf Steer	Discipline	Jan 27, Feb 28
	Finance and Audit	Mar 14
Victor Wong	Discipline	Feb 19
JP Eskander	Accred/DPP	Jan 28, Feb 10
	Executive	Jan 13, Feb 10, 24, 26, 28, Mar 3, 17
	Finance and Audit	Mar 14
	ICRC	

Adrienne Katz	Discipline	Jan 17, Feb 19
	Executive	Jan 13, Feb 10, 24, 26, 28, Mar 3, 17
	ICRC	Jan 29, Feb 26
	Governance Review Committee	Feb 7, 10, 11, 12, 13, 14 & Mar 18
James Killingsworth	Discipline	Feb 19
	Fitness to Practise	Dec 19
	ICRC	Jan 23, Mar 6
	Governance Review Committee	Feb 7, 10, 11, 12, 13, 14 & Mar 18
Elnora Magboo	Accred/DPP	Feb 19, Mar 13
	ICRC	Feb 6, 11
Stephen Molnar	Discipline	Jan 27
	Governance	Dec 11, 18, Jan 15, Feb 19, Mar 5
	ICRC	Jan 9, 21, Feb 20
	Governance Review Committee	Feb 7, 10, 11, 12, 13, 14 & Mar 18
Nadirah Nazeer	Discipline	Feb 3, 4, Mar 4, 5, 6, 7, 21
	Fitness to Practise	Dec 19
	ICRC	Jan 14, Feb 13
	Quality Assurance	Feb 20
Danny Paquette	Discipline	Jan 20
	ICRC	Feb 6, 25, Mar 18
	Registration	Dec 20, Feb 28
Cindy Wagg	Discipline	Jan 14, 20, 24, 27, Feb 10, 11, 12, 13, 14, 28,
		Mar 4, 5, 6, 7, 21
	Finance and Audit	Mar 14
	ICRC	Dec 17, Jan 23, Mar 11
	Quality Assurance	Dec 19, Jan 16, Mar 20
Devinder Walia	Discipline	Jan 17, 24, Feb 3, 4, 10, 11, 12, 13, 14, 18, 20, 21, 26, 28
	ICRC	Dec 12, 19, Jan 30, Feb 7, 27, Mar 20
	Registration	Dec 20, Jan 31
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	N/A



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR INFORMATION

From: Doug Brown, OCP Board Chair

Topic: December 2024 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the December2024 Board meeting, 13 attending members completed the evaluation survey.

Results:

Overall, the meeting was productive despite a few challenges that were brought forward including the need for more time to review the board materials prior to each meeting. The meeting was successful in terms of completing the agenda items and ensuring the fiduciary duties in the public interest were achieved. The following summary highlights responses that reinforce current practices or identify opportunities for improvement.

Board Meeting

Adequacy of Background Information

Eleven Board members were confident the reports included in the Board package provided adequate background information for each agenda item. While two felt background information was lacking.

Proposed action: None

Board Conduct

One hundred percent of respondents felt board members were respectful and considerate of each other. Some of the comments received follow:

- "Doug did a great job and also I like how Delia managed her portion to get input from everyone and ensured that all board members shared their opinion.
- Yes, in all discussions, the Board consistently demonstrated respect and consideration foreach other and staff. They actively encouraged and thoughtfully considered diverse viewpoints, fostering an inclusive and collaborative environment. The Board's commitment to respectful dialogue and open-mindedness was evident in their interactions and decision-making processes.

Proposed action: None

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

All 13 Board members reported that the Chair was effective in managing the meeting. Four Directors felt this topic worthy of comment including:

- I think the chair was being a bit hard on himself. I think it's appropriate to move the discussion towards a conclusion if a consensus is emerging.
- Doug did an amazing job ensuring that all views are heard and respected.

- Doug did his best with time considering some time constraint.
- Yes, the Chair was effective in ensuring that all views were heard while guiding the discussion towards a timely decision. Doug facilitated open dialogue, encouraged participation from all members, and skillfully balanced diverse opinions, leading to well-considered outcomes.

Proposed action: None

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

All responding Board members felt the decisions that the Board made were consistent with the College's mandate to put the public interest first.

• Yes, the Board's decisions consistently aligned with the College's mandate to put public interest first. Each decision was made with careful consideration of its impact on the community, ensuring that the public's safety, well-being, and trust were upheld. The Board demonstrated a clear commitment to transparency, ethical standards, and accountability in all deliberations and outcomes.

Proposed action: None

My peer participants actively participated in the discussion

Twelve Board members expressed that the meeting was actively participated in by all members and one disagreed.

Proposed action: None

The time spent on each agenda item was appropriate

Ten Board members felt the appropriate time was spent on each agenda item. Three members commented that:

- This was a meeting filled with complicated topics and many areas that needed discussion. I thought the meeting went well but also think there was too much to cover in the time provided. It may be that an extra meeting is needed to address the considerations related to expanded scope and PPNs.
- Over 500 pages were released 7 days before the meeting, is inadequate time to read and make a well informed opinion. Also, a very busy schedule that makes us feel rushed.
- The agenda was aggressive, and short of scheduling a 3 days meeting, I don't think we could have completed it. With that said, everything that required a decision was completed.
- We spent significant time on items for information that took away from items for decision. I think for information items should be handled elsewhere or given less time. We had several items lingering without clarity on actions: policy on transfer of consultants to full time roles and PPN follow-up and direction.
- No disagreements, it was an aggressive agenda in terms of content. I felt the Chair was very effective considering the task at hand.
- For Item 8 Regulatory Exemption for Pharmacists under the Veterinary Professionals Act and Item 17 Expanded Scope of Practice I would have preferred more background information. For Item 12 Budget 2025 I feel too much time was spent on this item.
- Great meetings and important work done. Lots to do so lots in the board package. One would hope it won't always be 600 pages.

Proposed action: Materials will now be posted seventeen days ahead of each Board meeting 17 days rather than 10 to allow for more review time.



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FORINFORMATION

From: Susan James, Acting Registrar

Topic: Registrar's Update, December 11, 2024 to March 23, 2025

REGULATORY ACTIVITY

Regulations Update

The College does not have any outstanding regulations at this time. Attached is the table summarizing the status of OCP's outstanding and recently approved regulation amendments (Attachment 6.1a).

Expanded Scope

At the December 10th, 2024 meeting, the Board considered safeguards that should be in place to support the safe expansion of pharmacy practice scope, in anticipation of a request by the Ministry of Health to make regulatory changes in response to the their August 2024 public consultation. While the College anticipated receiving direction early in 2025, the recent provincial election led to a break in government activity. It is expected to take a few months for government and the Ministry of Health to set their priorities following the election, however it is expected that expansion of minor ailment prescribing will remain on their policy agenda. While we await further direction, College staff have continued to work on the direction from the Board during the generative discussion in December 2024 regarding safeguards to support safe implementation of additional scope. Below is a summary of the key discussion points which have guided the work to date.

- 1. Education and Training:
 - Pharmacy technicians may be authorized to provide additional immunizations and should be expected to have up-to-date CPR and first aid training, in addition to the requirement of registering their injection training.
 - Certain minor ailments and additional controlled acts being proposed by the MOH may require a competence assessment.
- 2. Clinical viewers:
 - Access to and use of clinical viewers should be mandated across all community pharmacies. This
 requirement could be phased in over time, recognizing that there are operational challenges
 (external to OCP) which need time to be addressed.
- 3. Staffing:
 - High workload is a result of many underlying issues. Addressing corporate pressures should be OCP's focus first, rather than implementing any staffing requirements at this time. Gaining a better understanding of the current state staffing and operational practices is a foundational step to support any future discussions around staffing.
- 4. Physical Space:
 - The College has a duty to ensure that patients know they have a right to private and confidential assessment spaces. Required signage or other mechanisms to inform the public can be implemented to achieve this, along with a review and potential update of the Standards of Operation for pharmacies.

Each of the proposed safeguards requires a more in-depth workup and implementation plan. College staff are in the early stages of gathering additional, current-state information related to each safeguard. If the College receives further direction from the MOH in the coming months, the Board can expect an update related to the

safeguards, as well as the clinical restrictions and specified drugs for the additional minor ailments at the June 2025 Board meeting.

Modernization of the Veterinarians Act in Ontario

Following the presentation at the December 2024 Board meeting, College staff provided the College of Veterinarians of Ontario (CVO) with confirmation that the College will develop a policy instrument to regulate the practice of pharmacy with animal patients in a way the codifies existing practice while clarifying the College's expectations of registrants who engage in this practice.

In February, CVO launched a <u>60-day public consultation</u> on the regulatory concepts related to the *Veterinary Professionals Act, 2024.* Topics include licensure, professional misconduct, quality assurance, the authorized activity model and the development of regulatory exemptions for certain activities and/or other non-veterinary animal care providers under that model. The College is currently developing a response to the consultation, and continues to work on preparing a policy for the Board to consider later this year.

SYSTEM PARTNER ENGAGEMENT: DECEMBER 11, 2024 TO DATE

Registrar's Activity

Health Professional Regulators of Ontario (HPRO)

The Registrars from all 26 health regulatory colleges in Ontario form the Board of HPRO, which brings regulators together to promote ongoing regulatory improvement that supports the public interest. College staff have maintained involvement with HPRO, including attendance at the following meetings:

- Board Bi-Weekly meetings January 9, February 4, 18, March 4, 18
- Board Meeting January 15
- Citizen's Advisory Group Committee weekly check-ins

NAPRA (National Association of Pharmacy Regulatory Authorities)

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. The meetings keep us aware of events, trends, and changes in legislation and regulations that affect the practice of pharmacy across Canada.

The Acting Registrar and other staff representatives continue to attend NAPRA meetings, including these below since the last report:

- PRA Roundtable & Emerging Issues December 17, January 14, February 11, March 11
- Board Meeting January 21
- National Approach to Compounding Competence Meeting March 4

Other meetings involving the Registrar

- Nova Scotia College of Pharmacists Discussion about the <u>StaffWise program</u> December 11
- Ministry of Health Touch Base Meetings with Health Workforce Regulatory Oversight Branch December 11, January 8, March 5, 19
- Ministry of Health and Ministry of Finance Board Meeting Debrief on PPN's December 12
- Ontario Pharmacists Association Quarterly Meeting January 20
- Pharmapod In-person Strategy Session January 22
- CIHI Health Workforce Information Interview Pharmacist Scopes of Practice January 24
- CNAR Winter Workshop 1 Effective Board and Staff Relations: Partnering in Leadership February 6
- Shopper's Drug Mart Overview of new Patient Care and Quality Committee February 25

Other Staff / System Partner Activity

- University of Ottawa and OCP To discuss use of OCP's OPPCAT during experiential training for University of Ottawa pharmacy students December 17, 2024
- NAPRA Compounding Standards Working Group January 16, 2025
- College of Kinesiologists of Ontario QA program performance metrics January 22, 2025
- Health Canada To discuss compounding and manufacturing issues January 28, 2025
- IPAC Regulatory Working Group To discuss IPAC issues –January 28, 2025
- College of Massage Therapists of Ontario QA program performance metrics January 31, 2025
- University of Waterloo and OPA Discussion re: OCP feedback/observations from the field and revisions to OPA/UW Minor Ailments CPD Program February 11, 2025
- Nova Scotia College of Pharmacists and OCP To discuss the adoption of PACE for pharmacy technician applicants in Nova Scotia February 13, 2025
- Ontario Health Cancer Care Ontario (OH-CCO) To discuss cancer care issues February 26, 2025
- NAPRA Compounding Information Sharing Group PRA information sharing related to current compounding issues February 27, 2025
- Numerous hospital partners and OCP To discuss the implementation of PACE for pharmacy technician applicants in hospital sites and address any potential barriers or challenges numerous dates
 - Queensway Carleton Hospital January 13, 2025
 - Thunder Bay Regional Health Sciences Centre February 18, 2025
 - Lake of the Woods Hospital February 27, 2025
 - Riverside Health Care Facilities February 28, 2025
 - St. Joseph's Care Group March 7, 2025
 - Sioux Lookout Health Centre March 12, 2025
- NAPRA discussion re NS legislation to remove barriers to trade and national licensure March 7, 2025

OCP Report to the Pharmacy Examining Board of Canada (PEBC)

The PEBC is a critical partner in the College's ability to evaluate pharmacy applicants. As set out in their by-laws, the PEBC is comprised of members of the profession, including representatives from pharmacy regulatory bodies that rely on PEBC certification for registration purposes, including OCP.

Jane Hilliard has served as OCP's representative on the PEBC Board since March 2024 and has provided her annual report to PEBC on behalf of OCP (Attachment 6.1b). While no items or issues for consideration or recommendations were brought forward to PEBC on behalf of OCP, several items of interest to PEBC from the previous year were highlighted, including:

- enactment of new O.Reg. 256/24 under the Pharmacy Act, 1991 which introduced the intern technician class of registration, eliminated the student class of registration, extended the two-part register to pharmacy technicians, and some other registration and quality assurance program related changes.
- the introduction of PACE for pharmacy technician applicants and the elimination of the Structured Practical Training program for pharmacy technician applicants.
- the approval of a policy regarding the opening and closing of the emergency assignment of classes of registration and the subsequent closure of these classes of registration.

Canadian Council for Accreditation of Pharmacy Programs (CCAPP)

The Canadian Councial for Accreditation of Pharmacy Programs set standards for pharmacy and pharmacy technician education programs and grants accreditation awards to programs that meet the standards. The Council is comprised of representatives from the Canadian Associations of Educators for Pharmacy and Pharmacy Technician programs (AFPC, CPTEA), Canadian Associations for Pharmacists, Pharmacy Technicians and Healthsystems Pharmacy (CPhA, CAPT, CSHP) and the National Association of Pharmacy Regulatory Authorities (NAPRA), along with a non-pharmacy member.

CCAPP is an important partner for OCP as pharmacy professional graduates from a CCAPP accredited education program meet the educational requirement for registration, under OCP's Registration Regulation (O.Reg 256/24).

The CCAPP annual report is attached for your information (Attachment 6.1c)

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
6-Jan-25	CCAPP and Q&A	Fanshawe Students	Fanshawe College
7-Jan-25	Hospital Oversight	University of Toronto Students	University of Toronto
9-Jan-25	CCAPP and Q&A	Centennial Students	Centennial College
14-Jan-25	Registration requirements - IPGs	Internationally trained pharmacy professionals	Achev, Employment Pathways in Canada – Health Careers (EPIC-HC)
10-Feb-25	CCAPP and Q&A	Georgian Students	Georgian College
11-Feb-25	CCAPP and Q&A	Centennial Students	Centennial College
19-Feb-25	CCAPP and Q&A	Niagara Students	Niagara College
21-Feb-25	CCAPP and Q&A	Sheridan students	Sheridan College
26-Feb-25	Registration requirements - IPGs (FRENCH)	Internationally trained pharmacy professionals	Center Francophone
26-Feb-25	Current Topics in Practice	University of Toronto Students	University of Toronto
7-Mar-25	CCAPP and Q&A	Lambton Students	Lambton College
12-Mar-25	CQI in Hospital pharmacy practice	Confederation Students	Confederation College

HORIZON SCAN

Trade tariffs and national licensing

One of the newest and uncertain issues that has emerged is related to Canada's response to trade tariffs between Canada and the United States. Federal and provincial governments are seeking ways to reduce internal trade barriers between the provinces and territories, including the movement of people, including healthcare workers. One of the identified strategies is the move to pan-Canadian licensing of healthcare professionals. Pharmacy associations, including the National Association of Pharmacy Regulatory Authorities (NAPRA), have begun to engage in discussions to learn more about this issue and consider the impact. This may be an issue for debate with the Board at a future meeting. College staff are participating in these meetings and will provide updates as more information becomes available.

OPERATIONS

Goal 1 - Progress Update

Significant work has been undertaken in the last quarter, specifically with respect to data collection and foundational operational assessment changes. A summary of the progress made since the last report is attached (Attachment 6.1d).

Equity, Diversity and Inclusion (EDI) Workshop for Registration and Quality Assurance Working Groups

Both the Registration and Quality Assurance teams have working groups consisting of registrants tasked with generating questions, setting standards, and reviewing questions related to the College-administered Jurisprudence, Ethics, and Professionalism exam and Knowledge Assessments. On January 28, 2025, a workshop facilitated by the College's EDI Strategic Advisor was held for all members of these working groups. The workshop

introduced the working group members to the foundations of equity, diversity, and inclusion, including a highlevel understanding of the impacts of systemic barriers on social determinants of health and the use of reflexive practices to help uncover implicit values and assumptions embedded in question writing. Based on feedback from participants, the workshop was very well received with many participants indicating that they would like additional information on these principles.

Registrant Annual Renewal

All pharmacists and pharmacy technicians must complete the annual renewal of their certificate of registration by March 10 of each year. Due to regulatory changes that came into effect in October 2024, there have been some changes to the annual renewal process for this year, including:

- The ability for pharmacy technicians who do not provide patient care to move to Part B of the register.
- The requirement for Part A pharmacy technicians to participate in the College's Quality Assurance Program, which includes selection of a designated practice assessment site where patient care is being provided.
- The elimination of the requirement for Part A registrants to declare that they have practiced at least 600 hours within the previous 3 years, which was replaced with a self-declaration of competence.

I am happy to report that these changes to the annual renewal process have been implemented without issue and there has been no negative feedback from registrants about the changes in the process.

College Performance Measurement Framework

The College Performance Management Framework (CPMF) is an annual reporting tool developed by the Ministry of Health (Ministry) in collaboration with the regulatory colleges, the public and experts. The CPMF was introduced in 2020. The purpose of the CPMF is to improve accountability and the Ministry of Health's oversight of Ontario's health regulatory colleges, strengthen the public trust that the colleges act in their interest and provide benchmark information to help colleges improve their performance.

Performance under the CPMF is defined as how well a college is meeting a set of standards or best practices across seven domains that relate to colleges' key statutory functions, governance, and operations.

Colleges are required to post their completed CPMF on their website by March 31st and provide a copy to the Ministry.

The CPMF reports on 14 Standards. For 12 of those standards, colleges must respond as either 'having met,' 'partially met,' 'or not met,' for a total of 49 responses. For the other two standards, colleges are being asked to describe how they have engaged or collaborated with system partners in executing their mandate and ensuring alignment with other health regulatory colleges, where appropriate, and building and maintaining relationships to respond in a timely way to changing public expectations.

The goal of the CPMF is not necessarily for health regulatory colleges to meet all the standards. Colleges might have different ways to meet or even exceed the standards mentioned in the CPMF. This allows both the Ministry and colleges to keep thinking about whether the processes and activities listed in the CPMF are the most efficient or effective in serving and protecting the public interest and what the actual best practices are. The OCP met seven of the 12 standards and two standards partially.

In reflecting upon the 2024 results, the College improved its performance regarding the standard on protecting information from unauthorized disclosure. This improvement was achieved through the development of a cybersecurity policy. Furthermore, it is expected that the College will meet the performance expectation for timely responses to inquiries from the public in 2025. The Intakes team experienced some staff turnover, which negatively affected the achievement of this standard in 2024. Finally, concerning the standard for a coordinated and integrated complaints process, the College has collaborated with other health professional regulators in Ontario to establish a common Information Sharing Policy. This policy will guide information sharing between the

Ontario health professional regulators, police, employers, and other third parties. The draft policy has been approved in principle.

The CPMF also includes a section that provides statistical data that may offer helpful context information about a College's performance related to the standards.

See Attachment 6.1e for the 2024 CPMF Report.

Registrant Records System (RRS)

The vendor completed all development work on the RRS by the end of December 2024. Currently, the project is in the end-to-end testing phase to ensure all required features function as expected in preparation for User Acceptance Testing (UAT).

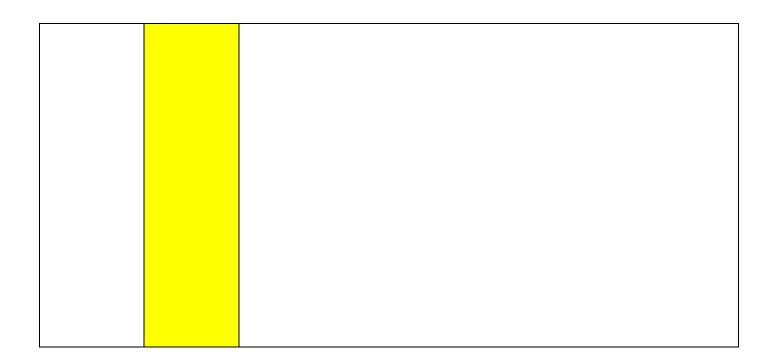
During the initial end-to-end testing review, a high number of system bugs were identified. Consequently, the UAT stage has been delayed by one month to allow the vendor to address these quality issues. The new UAT start date is mid-April, with a duration of six weeks.

The primary risks to the project are associated with staffing availability due to competing emerging priorities, core work and the time required to learn the new system. To mitigate these risks, the system go-live date has been postponed to October 2025. This delay will help address risks in several areas, including:

- Data Migration
- End-User Training
- External Communications

Specifically, the project team is currently monitoring several key risks, including:

Risks	Health Check	Comments
Budget	G	• With the approved budget increase and the completion of the development phase, College staff do not foresee any further challenges.
Schedule	G	Project is on track.
Resources	Y	 Staff availability: A key risk to successful implementation is the impact on business resources, as staff must balance their involvement in UAT and end- user training with other existing priorities. The project team will closely monitor this situation and keep the Executive Team informed to re-prioritize if necessary.
		• Data Migration: The go-live date has been updated to address the potential risk of requiring additional time to migrate the data from the current system to the new system. However, it still remains a key risk, which the project team will continue to monitor and develop mitigation strategies if needed.
		• End-User Training Materials: Initially, tight timelines did not allow for the development of comprehensive user guides for the go-live date. With the extension to October, introductory training material will be available for end users to navigate the system. More fulsome user guides will be developed post go-live.
		• External Communications to Registrants: Introducing a new system to registrants requires our internal staff to fully understand the solution and then prepare training and communication material for our registrants. The delay in the go-live date will allow additional time to prepare these external communications.



OCP 2024 annual report

Each year, the College publishes an annual report on key highlights over the past year along with statistical information related to the College's core activities. The report, which complements the information contained in the annual CPMF reporting documents, includes a summary of the audited financial statements as well as links to the summary of discipline decisions from the previous year which are requirements under provincial legislation. Upon approval of the audited financial statements by the Board, College staff will finalize the corporate annual report and publish it on its website and other primary communication channels by mid-April.

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 February 26, 2025)

Act/Regulation	Primary purpose for the proposed	Date of Submission to	Current Status	Next Steps	Other Comments
	amendment	МОН			
Outstanding Sub			I	Γ	1
Pharmacy Act, General Regulation (256/24) 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.	Minister has completed a consultation on the proposed expanded scope amendments. College submitted consultation response on Oct 20, 2024	Awaiting government response/ direction following the consultation period.	At the December 10, 2024 meeting the Board considered the potential safeguards related to the different expanded scope activities proposed. Informal RFPs received from 3 legal consultants. Analysis and recommendation completed.
Recently Approve	ed		·	•	· ·
Pharmacy Act, General regulation (202/94) - Registration ardQuality 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	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Board approved the updated Supervision of Pharmacy Personnel policy at the September meeting. Policy has been in effect since Oct 1, 2024.
	technicians and align QA program	56			

	with new Mode,				
	-				
	including shift from declaration				
	of practice hours				
	to maintenance of				
	competency to				
	practice to				
Pharmacy Act,	standards. Expand scope to	August 31, 2023	Approved	Effective as d	The Ministry did
General regulation (202)94 – Controlled Acts	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, - removal of specific age restrictions for		December 12, 2023	December 12, 2023: - Part A pharmacists, registered pharmacy students, interns and pharmacy technicians are authorized to administer the RSV vaccine to patients five years of age and older. -Part A pharmacists are authorized to prescribe Oseltamivir	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 was provided.
	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).			(Tamiflu). -the current authority for pharmacists to prescribe Paxlovid transitioned from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94). The authority for	
				- The authority for pharmacists and pharmacy	
				technicians to	
				administer the	
				COVID-19 vaccine	
				will transition on	
		E7			
		57		April 1, 2024.	

Pharmacy Act,	To achieve	June 15, 2023	Amending	Implementation	
General regulation (202/94) Registration- Emergency Assignment Certificates	alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA		regulation (295/23) approved by government and filed on Aug 21, 2023	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 1 st , 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 (Administratio n 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
		58			

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	





REPORT TO PEBC (2025)

Submitted by:Jane HilliardAppointing Body:Ontario College of Pharmacists (OCP)

Items/Issues for Consideration: Nothing to report.

Recommendations: N/A

Activities/Information of Interest to PEBC: See sections below.

New Regulation enacted under the Pharmacy Act, 1991

As reported to PEBC previously, OCP made amendments to the registration and quality assurance sections of Ontario Regulation 202/94 under the *Pharmacy Act, 1991* to support practice evolution and change. These amendments were approved by the OCP Board several years ago in December 2017 and submitted to the Ontario Government shortly thereafter for approval. In late 2023, the Ontario Government posted the amended regulations to their Regulatory Registry for stakeholder consultation and sought input from stakeholders until early 2024. The Government finalized the amendments in Spring 2024 and enacted a new <u>O. Reg. 256/24</u> (to replace the previous O. Reg. 202/94) under the *Pharmacy Act, 1991* that came into force on October 1, 2024. This new regulation had several impacts to OCP's registration program, including:

- The addition of an intern class of registration for pharmacy technicians (called "intern technicians"), which is required for the introduction of the PACE for pharmacy technician applicants program.
- The elimination of the student class of registration for pharmacist applicants (relying on a provision in the RHPA to allow students to practice under supervision, similar to other professions regulated under the RHPA).
- The extension of the two-part register to pharmacy technicians.
- The addition of a requirement that registrants maintain language proficiency in English or French with ongoing terms, conditions, and limitations on all certificates of registration.
- The requirement to demonstrate currency of education, demonstrate language proficiency, pass the Jurisprudence, Ethics and Professionalism exam, and complete a practice-based assessment within 2 years of submitting an application for registration.

PACE for Pharmacy Technician Applicants

The *Regulated Health Professions Act* ("RHPA") indicates that Canadian experience shall not be required as a qualification of registration unless an exemption is provided for. The registration requirements regulation under the RHPA specifies such exemptions, including the requirement to complete a structured practical training program as a condition for registration as a pharmacy technician. However, the regulation also indicates that this exemption is revoked effective December 31, 2024, meaning that this program can no longer be a requirement for registration after that date. Accordingly, OCP worked on replacing the structured practical training program for pharmacy technician applicants with a Practice Assessment of Competence at Entry (PACE) for pharmacy technician applicants program, which was introduced in October 2024, ensuring that OCP is in compliance with the regulation.

OCP's structured practical training ("SPT") program began to wind down in September 2024 such that all candidates accepted into the SPT program could complete training by the end of December 2024. The PACE for pharmacy technician applicants program was introduced in October 2024 building upon the success of the PACE for pharmacist applicants program that was introduced by OCP several years ago. Throughout 2024, including before and after the launch of the PACE for pharmacy technician applicants program, registration team members spent considerable effort on outreach to all system partners to explain the PACE program, recruit assessors, and orient educational programs and candidates to this new registration requirement. This education and outreach will continue into 2025 and beyond.





Jurisprudence, Ethics and Professionalism (JEP) Examination

The JEP exam blueprint that was approved in May 2022 with increased focus on the application of ethical principles, professionalism, and scope of practice was introduced successfully in the February 2023 offering of the JEP exam. To reflect the class exemption of the *Controlled Drugs and Substances Act* subsection 56(1) that is in place until (at least) September 2026, OCP has began incorporating assessment of knowledge of this exemption with the June 2024 offering of the JEP exam. In addition, all JEP question writers, standard setters and exam reviewers participated in an equity, diversity, and inclusion training session to ensure that these principles are reflected in the JEP exam.

Emergency Class of Registration

As required by regulation, all Colleges that regulate professions under the RHPA were required to, by August 31, 2023, implement regulations regarding an emergency class of registration. Accordingly, an amendment to *Ontario Regulation 202/94* was approved by the OCP Board and submitted to the Ontario Government during the summer of 2023 which provided for the requirements as stipulated in the Registration Requirements regulation under the RHPA. There have been no drastic changes to OCP's emergency classes since the implementation of the regulation amendments until 2024. In August 2024, the OCP Board approved a policy regarding the opening and closing of the emergency assignment classes of registration and passed a motion to close the emergency class of registration for pharmacists and pharmacy technicians. This gave emergency class pharmacists a period of 3 months (until November 2024) to transition to an alternate certificate and emergency class pharmacy technicians a period of one year (until August 2025) to transition to an alternate certificate.

Ontario Office of the Fairness Commissioner

The Office of the Fairness Commissioner (OFC), an arm's length agency of the Government of Ontario, assesses the registration practices of regulated professions and trades in Ontario. In 2023, the OFC undertook a review of their risk-informed compliance framework for rating regulators and implemented a new <u>framework</u> for use in 2024. OCP was asked to provide the OFC with numerous pieces of information regarding its registration practices for the purpose of the OFC assigning a risk rating. The OFC has informed OCP staff in the Spring of 2024 that OCP has received an assigned risk of "low" (the lowest rating possible) for the period of April 2024 through March 2026.

Registration Statistics

The OCP Annual Report, available at <u>www.ocpinfo.com/news-resources/annual-reports/</u>, provides yearly registration statistics. It is anticipated that the 2024 OCP Annual Report will be published within the upcoming weeks.

Respectfully submitted,

Jane Hilliard

Date: February 21, 2025

The Canadian Council for Accreditation of Pharmacy Programs Le Conseil canadien de l'agrément des programmes de pharmacie

> Leslie Dan Faculty of Pharmacy, University of Toronto 1207 – 144 College St., Toronto, ON, Canada M5S 3M2 Phone (416) 946-5055 • Website: www.ccapp.ca

and DIRECTORY OF ACCREDITED PROGRAMS

2023 - 2024



62

TABLE OF CONTENTS

Page

Acknowledgements	3
CCAPP Mission, Vision and Goals	4
CCAPP Membership and Board of Directors 2023 - 2024	5
CCAPP Officers 2023 - 2024	5
Directory of CCAPP Accredited University Programs	6
University Site Visits and Accreditation Decisions 2023 - 2024 Canadian Programs • Université d'Ottawa • University of Manitoba	9 9
• Université Laval	
 Interim Reports International University Programs Kuwait University 	10
King Abdulaziz University	
University of Doha for Science and Technology	
Interim Reports	
Directory of CCAPP Accredited Pharmacy Technician Programs	11
 Pharmacy Technician Site Visits and Accreditation Decisions 2022 - 2023 Centennial College, Scarborough, ON CTS College, North Bay, ON Confederation College, Thunder Bay, ON Conestoga College, Kitchener, ON Vancouver Community College, Vancouver, BC Nova Scotia Community College, Dartmouth, NS Keyin College, St. John's, Newfoundland Sprott Shaw College, Vancouver, BC College of North Atlantic, St. John's Newfoundland Western Community College, Surrey, BC 	14 14 14 14 14 14 14 14 15 15
Report of the President – Ms. Kendra Townsend	16
Report of the Chief Executive Officer – Dr. K. Wayne Hindmarsh	18
Appendix 1 – The CCAPP Audited Financial Statement 2023-2024	20

ACKNOWLEDGEMENTS

"CCAPP respectfully acknowledges the Indigenous Peoples as original stewards of the land across what we know as Canada, and is committed to its role in Indigenous reconciliation in pharmacy education."

CCAPP acknowledges the financial support provided by its participating member agencies through their annual membership fees: Association of Faculties of Pharmacy of Canada (AFPC), Canadian Pharmacists Association (CPhA), Canadian Society of Hospital Pharmacists (CSHP), National Association of Pharmacy Regulatory Authorities (NAPRA), and The Pharmacy Examining Board of Canada (PEBC)

Acknowledgement is also made of the financial support provided by the following universities through their annual accreditation fees: University of Alberta, University of British Columbia, Dalhousie University, Université Laval, Université d'Ottawa, University of Manitoba, Memorial University of Newfoundland, Université de Montréal, University of Saskatchewan, University of Toronto, University of Waterloo, and the International Accredited Schools - Beirut Arab University, King Abdulaziz University, King Faisal University, Doha University for Science and Technology and Qatar University.

CCAPP also acknowledges the financial support provided by the accredited Pharmacy Technician Programs through their annual accreditation fees and their support for the Canadian Pharmacy Technician Educator member position on the Board. A list of the accredited Colleges is found later in this report. In 2023-2024 there were 39 accredited programs across Canada and 1 international program.

Finally, CCAPP acknowledges, with sincere appreciation, the very generous support of the Pharmacy Examining Board of Canada (PEBC) in providing a grant in 2023 – 2024 for special CCAPP initiatives.

CCAPP MISSION, VISION AND GOALS

Mission: The Canadian Council for Accreditation of Pharmacy Programs sets standards for pharmacy and pharmacy technician education programs; grants accreditation awards to programs that meet the standards; and promotes continuous improvement of accredited programs.

Our Vision is "to be a world leader in pharmacy program accreditation".

The Goals of the Council are:

- (a) To formulate the educational, scientific, and professional principles and standards that an accredited school, college or faculty of pharmacy or pharmacy technician program is expected to meet, and to maintain, and to revise these principles and standards as necessary.
- (b) To appraise any school, college, institution, or faculty of pharmacy or pharmacy technician program that requests the approval of this corporation.
- (c) To publish a list of approved schools, colleges, institutions and faculties of pharmacy and pharmacy technician programs and to revise such lists annually or as frequently as may be deemed desirable.
- (d) To satisfy itself that schools, colleges and faculties of pharmacy and pharmacy technician programs that have been approved maintain the required standards and to withdraw approval of any school, college or faculty failing to maintain standards formulated by the corporation.
- (e) To assist in the advancement and improvement of pharmaceutical education.

CCAPP MEMBERSHIP AND BOARD OF DIRECTORS 2023 - 2024

Association of Faculties of Pharmacy of Canada Dr. Marie-France Beauchesne – Sherbrooke, QC Dr. Julie Méthot – Quebec City, QC

The Canadian Council for Accreditation of Pharmacy Programs Dr. Donald McKay (*non-pharmacy academic appointee*) – St. John's, NL

Canadian Pharmacists Association Dr. Philip Emberley – Ottawa, ON

Canadian Pharmacy Technician Educators Association Ms. Julee Joseph – Scarborough, ON

Canadian Society of Hospital Pharmacists Dr. Curtis Harder – Victoria, BC

National Association of Pharmacy Regulatory Authorities Ms. Tana Yoon – Calgary, AB

Pharmacy Examining Board of Canada Ms. Kendra Townsend – Regina, SK

CCAPP OFFICERS/STAFF 2023 - 2024

President – Kendra Townsend

President-Elect – Julee Joseph

Past President – Curtis Harder

Chief Executive Officer - K. Wayne Hindmarsh

Coordinator Pharmacy Technician Programs - Cathy Schuster

DIRECTORY OF CCAPP ACCREDITED UNIVERSITY PROGRAMS

The following universities offer pharmacy programs that have been accredited by The Canadian Council for Accreditation of Pharmacy Programs. Included in each listing is their current accreditation award and term. The listing reflects the status of each program <u>as of June 30, 2024</u>.

Canadian Programs

University of Alberta, Edmonton, Alberta Faculty of Pharmacy and Pharmaceutical Sciences

> President Dr. B. Flanagan Dean Dr. C. Hughes

Doctor of Pharmacy Program – Accreditation Status 2023 - 2029

The University of British Columbia, Vancouver, British Columbia Faculty of Pharmaceutical Sciences

> President Dr. S. J. Ono Dean Dr. L. Lynd Doctor of Pharmacy Program – Accreditation Status 2020 - 2026

Dalhousie University, Halifax, Nova Scotia

College of Pharmacy

President Dr. K. Brooks Director Prof. S. Mansour Doctor of Pharmacy Program – Provisional Accreditation Status

Université Laval, Québec City, Québec

Faculté de pharmacie

Rectrice Dr. Sophie D'Amours Doyenne Dr. Julie Méthot Le programme de doctorat en pharmacie – Accréditation Status 2024 - 2030

The University of Manitoba, Winnipeg, Manitoba

College of Pharmacy

PresidentDr. M. BenarrochDeanDr. L. Raman-WilmsDoctor of Pharmacy Program - Accreditation Status 2024 - 2029

Memorial University of Newfoundland, St. John's, Newfoundland and Labrador School of Pharmacy

> President Dr. N. Bose Dean Dr. Shawn Bugden Doctor of Pharmacy Program – Accreditation Status 2022 - 2027

Université de Montréal, Montréal, Québec

Faculté de pharmacie

Recteur Dr. Daniel Jutras Doyen Dr. S. de Denus

Le programme de doctorat en pharmacie – Accreditation Status 2023 - 2029

Université d'Ottawa, Ottawa, Ontario

l'École des sciences pharmaceutics

President Dr. J. Frémont Dean Dr. Alain Stintzi

Le programme de doctorat en pharmacie – Provisional Accreditation Status

University of Saskatchewan, Saskatoon, Saskatchewan College of Pharmacy and Nutrition

> President Dr. P. Stoicheff Dean Dr. J. Alcorn

Doctor of Pharmacy Program – Accreditation Status 2021 - 2026

University of Toronto, Toronto, Ontario

Leslie L. Dan Faculty of Pharmacy

President Dr. M. Gertler Dean Dr. L. Dolovich

Doctor of Pharmacy (Post Baccalaureate Program) – Accreditation Status 2020 - 2025 Doctor of Pharmacy (Entry-Level) – Accreditation Status 2020 - 2026

University of Waterloo, Waterloo, Ontario School of Pharmacy

President Dr. V. Goel Director Dr. A. Edginton Doctor of Pharmacy – Accreditation Status 2021 - 2027

International Programs

Beirut Arab University, Beirut, Lebanon Faculty of Pharmacy

> President Professor W. N. A. Salam Dean Professor A. El-Lakany

Bachelor in Pharmacy – International Accreditation Status 2023 - 2028

King Abdulaziz University, Jeddah, SA

Faculty of Pharmacy

PresidentProfessor Hana Al-NuaimDeanDr. H. AsfourDoctor of Pharmacy – International Accreditation Status 2024 - 2030

King Faisal University, Al Ahsa, SA

College of Clinical Pharmacy

PresidentDr. A. AlsaatyDeanDr. Abdulaziz Saleh Al-MulhimDoctor of Pharmacy – International Accreditation Status 2018 - 2024

Kuwait University, Kuwait City, KU

College of Pharmacy

President Professor Nawaf Almutairi Dean Dr. M. Khajah International Provisional Accreditation June 2024

Qatar University, Doha, Qatar

College of Pharmacy

President Dr. O. Al-Ansari Dean Professor M. Izham

Bachelor of Science in Pharmacy – International Accreditation Status 2023 - 2028 Doctor of Pharmacy – International Accreditation Status 2023 - 2028

UNIVERSITY SITE VISITS AND ACCREDITATION DECISIONS 2023 - 2024

Canadian University Programs

Université d' Ottawa

An evaluation of le programme de doctorat en pharmacie (PharmD) of the École des Sciences Pharmaceutiques at the Université d'Ottawa was conducted on January 15-17, 2024.

On the basis of the Board's review of all material received the following was approved:

On June 10, 2024, "Le programme de doctorat en pharmacie at Université d'Ottawa was awarded Provisional Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs."

University of Manitoba

An evaluation of the Doctor of Pharmacy Program at the College of Pharmacy at the University of Manitoba was conducted on February 5-7, 2024.

On the basis of the Board's review of the material received, the following was approved:

On June 10, 2024, "The Doctor of Pharmacy program at the University of Manitoba has been awarded Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs for a five-year term ending in 2029."

Université Laval

An evaluation of le programme de doctorat en pharmacie (PharmD) at Université Laval was conducted on February 25-28, 2024.

On the basis of the Board's review of the material received, the following was approved:

On June 10, 2024, "le programme de doctorat en pharmacie at Laval Université has been awarded Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs for a six-year term ending in 2030."

Interim Reports:

Interim Reports were received from the University of Alberta and the University of Saskatchewan. The Board acknowledged the achievements of each program in addressing the Standards that were deemed partially or not met at the time of their last site visit.

International University Programs

Kuwait University, Kuwait

An evaluation of the Doctor of Pharmacy Program at Kuwait University was conducted on November 19-21, 2023.

On the basis of the Board's review of the material received, the following was approved:

On June 10, 2024, "The Doctor of Pharmacy program Kuwait University has been awarded International Provisional Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs."

King Abdulaziz University, Jeddah Saudi Arabia

An evaluation of the Doctor of Pharmacy programs at King Abdulaziz University was conducted on April 21-23, 2024.

On the basis of the Board's review of the material received, the following was approved:

On June 10, 2024, "The Doctor of Pharmacy program at King Abdulaziz University has been awarded International Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs for a six-year term ending in 2030."

University of Doha for Science and Technology, Doha, Qatar

On the basis of material received by the Board, the following was approved::

On June 10, 2024, "The Bachelor of Science in Pharmacy Technology at the University of Doha for Science and Technology has been awarded International Provisional Accreditation Status by the Canadian Council for Accreditation of Pharmacy Programs.

Interim Reports:

Interim Reports were received from Beirut Arab University and Qatar University. The Board acknowledged the achievements of each program in addressing the Standards that were deemed partially or not met at the time of their last site visit.

DIRECTORY OF CCAPP ACCREDITED PHARMACY TECHNICIAN PROGRAMS

The following Colleges offer Pharmacy Technician Programs that have been accredited by The Canadian Council for Accreditation of Pharmacy Programs. Included in each listing is the current accreditation award and term. The listing reflects the status of each program <u>as of June 30, 2024</u>.

Canadian Pharmacy Technician Programs

- 1. Algonquin Careers Academy Ottawa, Ontario Accreditation Status – July 2022 - June 2027
- 2. Anderson College (formerly Algonquin Careers Academy) Mississauga, Ontario Accreditation Status July 2022 June 2027
- Anderson College (formerly National Academy of Health and Business and Technology) -Mississauga, Ontario Accreditation Status – July 2021 - June 2025
- Bow Valley College Calgary, Alberta Accreditation Status – December 2022 - June 2028
- Canadian Imperial College Edmonton, AB Qualifying Accreditation Status 2023
- CDI College Burnaby, British Columbia Accreditation Status – January 2021 - June 2027. This program closed in March, 2024.
- Centennial College Toronto, Ontario Accreditation Status – January 2024 - June 2029
- Collège Communautaire du Nouveau-Brunswick Campbellton, New Brunswick Accreditation Status December 2022 - June 2026
- 9. College of North Atlantic St. John's, Newfoundland Qualifying Accreditation Status 2024
- 10. Confederation College Thunder Bay, Ontario Qualifying Accreditation Status 2024
- 11. Conestoga College Kitchener, Ontario Qualifying Accreditation Status 2024
- 12. CTS Canadian Career College North Bay, Ontario Accreditation Status – January 2024 - June 2029
- Eastern College Halifax, Nova Scotia Accreditation Status – July 2022 - June 2027
- Georgian College Barrie, Ontario Accreditation Status – January 2020 - December 2024
- Fanshawe College of Applied Arts & Technology London, Ontario Accreditation Status – July 2021 - June 2026

16.	Fleming College – Peterborough, Ontario
	Accreditation Status – January 2020 - December 2024

- 17. Humber Institute of Technology & Advanced Learning Toronto, Ontario Accreditation Status – July 2022 - June 2027
- Keyin College Grand Falls-Windsor, Newfoundland Accreditation Status – January 2022 - June 2025
- Keyin College St. John's, Newfoundland Probationary Accreditation Status
- 20. La Cité Collégiale Ottawa, Ontario Accreditation Status - December 2022 - June 2028
- Lambton College Sarnia, Ontario Accreditation Status – December 2022 - June 2028
- 22. Manitoba Institute of Trades and Technology Winnipeg, Manitoba Accreditation Status December 2022 June 2028
- 23. Mohawk College of Applied arts and Technology Hamilton, Ontario Accreditation Status June 2023 June 2026
- 24. New Brunswick Community College Moncton, New Brunswick Accreditation Status – January 2022 - June 2027
- 25. New Brunswick Community College Saint John, New Brunswick Accreditation Status - June 2023 - June 2028
- 26. Niagara College of Applied Arts and Technology Welland, Ontario Accreditation Status – July 2022 - June 2027
- 27. Norquest College Edmonton, Alberta Accreditation Status – July 2022 - June 2027
- 28. Nova Scotia Community College Dartmouth, Nova Scotia Accreditation Status – July 2024 - June 2029
- 29. Okanagan College Kelowna, British Columbia Accreditation Status – June 2023 - June 2026
- 30. Red Deer Polytechnic College Red Deer, Alberta Accreditation Status – December 2022 - June 2028
- 31. Robertson College Calgary, Alberta Accreditation Status – July 2022 - June 2025
- 32. Saskatchewan Polytechnic Saskatoon Campus Saskatoon, Saskatchewan Accreditation Status – July 2022 - June 2027
- Selkirk College Castlegar, British Columbia Accreditation Status – January 2022 - June 2025

- 34. Sheridan Institute of Technology and Advanced Learning Brampton, Ontario Accreditation Status January 2022 June 2027
- 35. Sprott Shaw College Vancouver, British Columbia Qualifying Accreditation Status 2024
- 36. St. Clair College of Applied Arts and Technology Windsor, Ontario Accreditation Status July 2022 June 2025
- 37. Stenberg College Surrey, British Columbia Accreditation Status – December 2022 - June 2028
- 38. Vancouver Community College Vancouver, British Columbia Accreditation Status – July 2024 - June 2029
- Western Community College Surrey, British Columbia Qualifying Accreditation Status 2024

International Pharmacy Technician Programs

1. University of Doha for Science and Technology (formerly the College of North Atlantic) – Doha, Qatar International Accreditation Status – June 2023 - June 2028

PHARMACY TECHNICIAN SITE VISITS AND ACCREDITATION DECISIONS 2023 - 2024

Accreditation Awards approved at the December 2023 Board Meeting

Centennial College - Scarborough, ON

On December 14, 2023, the Pharmacy Technician Program of Centennial College, Scarborough, ON was awarded Accreditation Status for 5.5 years from January 2024 - June 2029.

CTS College, North Bay, ON

On December 14, 2023 the Pharmacy Technician Program of CTS College, North Bay, ON was awarded Accreditation Status for 5.5 years from January 2024 - June 2029.

Confederation College, Thunder Bay, ON

This is a new program expected to begin in September, 2024.

On December 14, 2023 the Board approved Qualifying Accreditation Status for this program

Conestoga College, Kitchener, ON

This is a new program expected to begin in September, 2024.

On December 14, 2023 the Board approved Qualifying Accreditation Status for this program

Accreditation Awards approved at the June 2024 Board Meeting

Vancouver Community College, Vancouver, BC

On June 10, 2024, the Pharmacy Technician Program of Vancouver Community College, Vancouver, BC was awarded Accreditation Status for 5 years from June 2024 - June 2029.

Nova Scotia Community College, Dartmouth, NS

On June 10, 2024, the Pharmacy Technician Program of Nova Scotia Community College, Dartmouth, NS was awarded Accreditation Status for 5 years from June 2024 - June 2029.

Keyin College, St. John's, NFLD

On June 10, 2024, the Pharmacy Technician Program of Keyin College, St. John's NFLD was awarded Probationary Accreditation Status.

Canadian Imperial College, Edmonton, AB

On June 10, 2024, the Pharmacy Technician Program of Canadian Imperial College, Edmonton, AB remained on Qualifying Status.

Sprott Shaw College - Vancouver, BC

A new program application was received and the program was awarded Qualifying Accreditation Status.

College of North Atlantic - St. John's, NFLD

A new program application was received and the program was awarded Qualifying Accreditation Status.

Western Community College – Surrey, BC

A new program application was received and the program was awarded Qualifying Accreditation Status.

REPORT OF THE PRESIDENT

Annual General Meeting - June 10, 2024

It was a pleasure and honour to serve as CCAPP Board of Directors President for the 2023-2024 year. Not only are the staff very supportive and competent, but the Board members also each bring unique wisdom and expertise to the Board table.

Our June 2023 Annual Meeting marked the change in trend from holding stand-alone Annual Board meetings, to that of meeting at the same time and location as the CPERC (Canadian Pharmacy Education and Research) Conference. Winnipeg was the site of the 2023 CPERC Conference and during this time, CCAPP was able to meet formally and informally in person with a number of collaborative partners and organizations.

Using the **Strategic Plan** that was ratified in 2022 for the 2023 to 2026 cycle, this Presidential term saw much activity in regard to working to achieve goals set out by the Plan. Two major working groups were formed that were able to make much progress over the year. The **Evaluation Working Group** strove to complete tasks in Goal 1 (Standards for Accreditation are evidence-based, clear, current and relevant) and Goal 2 (CCAPP pursues program evaluation processes that are efficient and effective). This Working Group will continue to function over the next year, primarily to formulate guidance documents and directives for both the Pharmacy Degree and Pharmacy Technician Programs. The **Technology Working Group** became active late in 2023 and is supporting the work of the Evaluation Working Group in its tasks to facilitate meeting Strategic Goal 3 (CCAPP employs technology to enable operations and processes).

The 2023 Standards for Pharmacy Degree Programs revisions were recently used for the first time by the University of Dalhousie. Feedback from this faculty will be instrumental in updating both content and format of the Guidance document to accompany these new standards. Following ratification of the revisions of the Pharmacy Technician Standards at this meeting, the Guidance document to facilitate the Self-Study process will be completed such that it is ready for use as soon as possible. These **Guidance documents** will be much different than those provided in the past, and it is hoped that their level of usefulness will increase greatly.

Both the CCAPP CEO and the Coordinator of Pharmacy Technician Programs have embraced changes to **communication tools used for annual reporting** by university and college programs which have been implemented in the last year to streamline this process for both CCAPP and the schools.

A unique project completed during the 2023-2024 year was to ratify CCAPP **Standards** for **Bachelor of Science in Pharmacy Technology** at the request of the University of Doha. Much of the credit for this document completion goes to Cathy Shuster, Wayne Hindmarsh, and the University of Doha (for both content and funding).

It was a pleasure to welcome Julie Méthot and Don McKay to our Board of Directors in June 2023 and the organization has already benefited from their thoughtful input and enthusiasm. With deep regret, we accepted the resignation of Julee Joseph from the CCAPP Board of Directors. She brought much energy and dedication to CCAPP and we will miss her contributions, especially those surrounding the Pharmacy Technician Standards and Accreditation visits. At the time of writing of this report, we are awaiting the name of the CPTEA delegate replacing Julee.

Challenges encountered over the year included a change in auditor, lack of endorsement by the Indigenous Pharmacy Professionals of Canada of our Territorial Acknowledgement, and the withdrawal of Accreditation for a pharmacy technician program. These challenges, however, did not overshadow the extremely competent work completed by our well-respected staff, nor the input and contributions by our Board and Working Group members.

I would like to thank the staff and members of the Board for their guidance, patience and understanding over the past year - especially that given by Wayne, Cathy, Jenna, Curtis and Julee. It is much easier to take on a leadership role when you have such a great crew around you!

Respectfully submitted,

Hown d

Kendra Townsend President

REPORT OF THE CHIEF EXECUTIVE OFFICER

Board of Directors Meeting – June 10, 2024

2023-2024 was another exciting year for CCAPP. Below is a summary of a number of our activities.

Accreditation Activities - Canadian Degree Programs

The Doctor of Pharmacy programs at the Université d'Ottawa, University of Manitoba and Université Laval were reviewed early in 2024.

Accreditation Activities – Pharmacy Technician Programs

Eight Pharmacy Technician programs were reviewed during 2023-2024 – CTS College, North Bay, ON; Centennial College, Scarborough, ON; KLC College, Kingston, ON; Vancouver Community College, Vancouver, BC; Nova Scotia Community College, Dartmouth, NS; Keyin College, St. John's; Canadian Imperial College, Edmonton, AB; and Robertson College, Edmonton, AB.

CDI College, Surrey, BC and KLC College, Kingston, ON closed down this year.

Qualifying Status has been granted to Confederation College, Thunder Bay, ON; Conestoga College, Kitchener, ON; Sprott Shaw College, Vancouver, BC; Western Community College, Surrey, BC; College of North Atlantic, St. John's, NFLD.

The following Table provides a breakdown of the number of Pharmacy Technician programs by province (and one international).

A breakdown of the number of Accredited PT Programs by Province

British Columbia	6
Alberta	5
Saskatchewan	1
Manitoba	1
Ontario	18
New Brunswick	3
Nova Scotia	2
Newfoundland	3
International (Doha University)	1
Total	40

International Activities

Two international Universities requested review of their PharmD programs this past year. CCAPP teams visited Kuwait University in November and King Abdulaziz University in April. We also worked with the faculty of Doha University of Science and Technology to develop International Standards for a combined Pharmacy Technician Diploma and a Bachelor of Science in Pharmacy Technology program.

CCAPP Member Relations

This past year we were able to meet in person with AFPC (faculty and Deans) and virtually with the executive of PEBC and executive members of CAPSI. Cathy Schuster presented an update on the accredited Pharmacy Technician programs at a meeting of the provincial Regulatory Authorities. Cathy and I participated in the CPTEA Conference in Burlington, Ontario on May 29th. We sponsored a 'Best Practices' session and presented a CCAPP update.

Strategic Plan - Operational Plan

I wish to thank our president, Kendra Townsend and our past president, Curtis Harder for their leadership as Chairs of the Evaluation Working Group and the Technology Working Group. They, along with their team members, are to be congratulated for their great accomplishments.

Appreciation

I wish to express my sincere appreciation to all Board members for your support during this past year. We had to deal with some unusual issues this past year and I was pleased with the thoughtful guidance you provided.

A special thank you to all the volunteers who assisted us on committees and as site team reviewers. A substantial amount of time has been dedicated by you to our organization.

Thank you to Julee Joseph who is leaving the Board this year. We benefited greatly from your input. You will be missed.

A huge thank you to Cathy Schuster, our Coordinator of Pharmacy Technician Programs. Her dedication to the Technician program accreditation process is truly amazing! CCAPP is fortunate to have such a committed person serving in this role.

Thank you Jenna Parachoniak and your staff for the excellent support from Megram and for providing me with many "how to do it" lessons over the past year.

In closing, thank you Kendra for your leadership, not only as President but as a Chair of one of the Working Groups. I enjoyed watching you when discussions were seemingly not reaching a conclusion – you would quietly sit back and listen and then summarize what you heard and get us to agree on a plan going forward!

Respectfully submitted,

W Hindmand

K. Wayne Hindmarsh Chief Executive Officer

APPENDIX 1

THE CCAPP AUDITED FINANCIAL STATEMENT March 31, 2024

THE CANADIAN COUNCIL FOR ACCREDITATION OF PHARMACY PROGRAMS FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2024

CONTENTS

Independent Review Engagement Report Statement of Financial Position Statement of Net Assets Statement of Income Statement of Cash Flows Notes to Financial Statements



INDEPENDENT PRACTITIONER'S REVIEW ENGAGEMENT REPORT

To the Board of Directors of

The Canadian Council for Accreditation of Pharmacy Programs

We have reviewed the accompanying financial statements of The Canadian Council for Accreditation of Pharmacy Programs that comprise the statement of financial position as at March 31, 2024, and the statements of operations and changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not for profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial statements based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial statements in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on these financial statements.

Other Matter

The financial statements for the year ended March 31, 2023 were audited by another auditor who expressed an unqualified opinion on those financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the financial statements do not present fairly, in all material respects in accordance with Canadian accounting standards for not for profit organizations.

DS CPA Professional Corporation

Smiths Falls, Ontario November 13, 2024 Chartered Professional Accountants Licensed Public Accountants

-1-

82

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2024

		2024		2023
ASSETS				
CURRENT				
Cash	\$	105,880	\$	360,611
Investments (note 3)		336,150		473,767
Accounts receivable - trade		388,113		144,244
Accounts receivable - government - GST/HST		23,589		3,614
Accounts receivable - interest		18,511		11,784
Prepaid expense		5,520		10,577
		877,763		1,004,597
LONG TERM				
Investments (note 3)		652,501	-	486,258
	\$	1,530,264	\$	1,490,855
LIABILITIES				
CURRENT				
Accounts payable and accrued liabilities Deferred revenue	\$	6,849 396,061	\$	6,848 411,042
		402,910		417,890
NET ASSETS	N 40 - 21	1,127,354		1,072,965
	\$	1,530,264	¢	1,490,855

STATEMENT OF NET ASSETS

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
Unrestricted		
Balance, beginning of year Excess of revenue over expenses	\$ 1,072,965 54,389	\$ 1,050,746 22,219
Balance, end of year	\$ 1,127,354	\$ 1,072,965



STATEMENT OF INCOME

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

		2024		2023
REVENUE	.	274 (24	¢	242.086
Accreditation fees	\$	374,634	\$	342,986
Membership fees		52,500		52,500 17,594
Interest income		35,342 5,000		5,000
Grant		5,000		5,000
		467,476		418,080
EXPENSES		50.404		42.020
Administration fees		72,406		42,030
Bank charges and interest		2,403		3,451
Insurance		10,557		9,513
Membership and subscriptions		3,759		-
Meetings and travel		52,854		31,043
Office		7,967		24,930
Professional fees		10,700		8,000
Rent		11,700		15,300
Site visits		67,965		92,236
Special projects		-		8,893
Travel - Executive Director		22,010		10,828
Wages and employee benefits		150,766		149,637
	·····	413,087		395,861
	<u>م</u>	54 280	¢	22.210
EXCESS OF REVENUES OVER EXPENSES	\$	54,389	\$	22,219



85

STATEMENT OF CASH FLOWS

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

	 2024		2023
OPERATING ACTIVITIES			
Cash (used in) operations Excess of revenues over expenses	\$ 54,389	\$	22,219
Net change in non-cash working capital balances related to operations (note 5)	 (273,768)		3,904
	(219,379)		26,123
INVESTING ACTIVITIES			
Increase in investment	(166,243)		83,698
INCREASE IN CASH AND EQUIVALENTS	(385,622)		109,821
CASH AND EQUIVALENTS, BEGINNING OF YEAR	 834,378		724,557
CASH AND EQUIVALENTS, END OF YEAR (note 4)	\$ 448,756	<u>\$</u>	834,378



86

NOTES TO FINANCIAL STATEMENTS

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

1. INCORPORATION

The The Canadian Council for Accreditation of Pharmacy Programs is a non-profit organization incorporated in 1993 under The Canada Corporations Act, and now operates under the Canada Not-for-profit Corporations Act. The Council is exempt from income taxes under Part 1 of the Income Tax Act.

The Council assesses the quality of pharmacy programs in Canadian Universities and Canadian technical pharmacy programs and promotes continued improvement of educational programs.

2. GENERAL

Basis of Presentation:

These financial statements have been prepared in accordance with Canadian accounting standards for not-forprofit organizations.

3. SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of accounting

Revenue and expenditures are recorded on the accrual basis whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Revenue recognition

The Association follows the deferral method of accounting for contributions. Unrestricted contributions are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Membership dues, conference income, sponsorships, fundraising, smoke alarm sales, and interest income are recognized in the fiscal period. All expenditures are on the accrual basis.

(c) Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the year. Actual results could differ from these estimates.

(d) Investments

Investments are comprised of fixed income and equity mutual funds recorded at fair market value. Investments with a maturity beyond one year are classified as long-term.



NOTES TO FINANCIAL STATEMENTS

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

4. STATEMENT OF CASHFLOWS

STATEMENT OF CASHE DOWS	2024	2023
Accounts receivable	\$ (263,844)	\$ (147,575)
Prepaid expenses	5,057	(2,635)
Accounts payable and accrued liabilities	1	1,848
Deferred revenue	(14,982)	172,252
HST receivable/payable	 -	(19,986)
	\$ (273,768)	\$ 3,904
Cash and equivalents		
Cash	\$ 105,880	\$ 360,611
Investments	 336,150	 473,767
	\$ 442,030	\$ 834,378

5. FINANCIAL INSTRUMENT RISKS AND UNCERTAINTIES

The association is exposed to various financial risks through transactions in financial instruments. The following analysis provides helpful information in assessing the association's risk exposure and concentrations as at March 31, 2024.

<u>Credit risk</u>

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The association is exposed to credit risk on its accounts receivable in the event of non payment by sponsors, exhibitors, grantors or other customers.

<u>Liquidity risk</u>

Liquidity risk is the risk that the association will encounter difficulty in meeting obligations associated with financial liabilities. The association is exposed to this risk mainly in respect of its accounts payable and accrued liabilities.



88

NOTES TO FINANCIAL STATEMENTS

FOR THE FOR THE YEAR ENDED MARCH 31, 2024

6. FINANCIAL INSTRUMENT RISKS AND UNCERTAINTIES (continued)

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate as a result of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk, and other price risk. The association is mainly exposed to interest rate risk.

Currency risk

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The association is not exposed to this risk.

Interest rate risk

Interest rate risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The association is exposed to interest rate risk on its fixed interest rate investments.

Other price risk

Other price risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The association is not exposed to this risk.

Changes in risk

There have been no significant changes in the association's risk exposures from year to year.

7. COMPARATIVE FIGURE

Certain of the prior year figures have been restated to conform with the current year presentation

89

Goal 1 Feasibility Ratings and Quarterly Progress Reporting: March 2025

The College has committed to publishing regular progress updates on the work associated with Strategic Goal #1, including reports included with regularly scheduled Board meetings. At the summer and fall 2024 Board meetings, Board Directors were provided with feasibility and status reports of actionable initiatives the College would begin to implement this year. Together, this format is being used to report on our quarterly Goal 1 progress.

The work associated with this strategic goal has been categorized into four areas for reporting and tracking purposes: Regulatory Programs, Data Collection and Public Reporting, Legislation and Regulation Changes and Engagement and Outreach. Progress since the last report on the initiatives undertaken in each of these categories is reported below. Reporting to registrants and system partners through routine College communication tools and future Town Halls is included in the 2025 operations plan for Strategic Goal #1. Project management reporting tools, including performance metrics showcasing results and impact of defined interventions remain in early stages of development due to prioritization of activities that could be undertaken within existing resources and because of other competing demands on staff time. Development of project management activities and performance metrics will be shared with the Board, registrants and other partners as part of the 2025 progress reports.

Identified Idea/Action	Feasibility rating (Highly Feasible, Feasible, Possibly	Level of Execution (not yet started, initiation,	Comments and Related Action Since the Last Update
	Feasible, Minimally Feasible)	planning, execution)	
REGULATORY PROGRAMS		··· - ·	
I. Enforcement Changes			
 Conduct Framework re - Zero Tolerance Approach - application to investigations and Committee adjudications 	Highly Feasible	Execution	What is being done? The framework is actively being applied at Intakes and Investigations to screen incoming information for possible relevance to business pressures. Since the establishment of the zero-tolerance statement on business pressures in March 2024, 87 related investigation files have been opened, including at the individual pharmacy and corporate ownership levels.
			Why is this important? Moving forward with investigations that include information about business pressure is a concrete way that the College is demonstrating zero tolerance and fulfilling its

Highly feasible: within regulatory authority, know what to do, and within existing resources.

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing

			mandate. Although this process takes some time and is confidential, the College believes it will have an impact on decision- makers that are behind the proliferation of business pressures in pharmacy.
• Enforcement through other legal means and sanctions for individuals and corporations under the HPPC and DPRA	Highly Feasible	Execution	 What is being done? Legal analysis on the application of Health Professions Procedural Code and Drug and Pharmacies Regulation Act provisions is being thoroughly conducted as matters come before the College. Why is this important? The College is looking at different ways to take appropriate legal action to respond to business pressures in pharmacy and to use all possible tools in order to take decisive and meaningful discipline/legal action within its mandate and authority.
II. Pharmacy Accreditation Changes			
 Develop process/mechanism to assess director character at application and renewal 	Highly Feasible	Execution	What is being done? The self-declaration for pharmacy directors/director liaisons has been modified to address both business metrics and PPNs. Starting in April, pharmacist directors of pharmacies will be required to confirm the following: "I declare and certify that I will not allow business interests and management pressures to undermine or unduly influence my pharmacy's ability to provide safe, quality care to patients as required by the Code of Ethics, Standards of Practice and Standards of Operations." For pharmacy accreditation applications, all pharmacist directors of pharmacies will have to make this declaration. For pharmacy annual renewal in 2025, the liaison director will make this declaration for themselves and on behalf of other pharmacist directors. For 2026, with the introduction of the new CRM (the College's primary registrant database), an annual declaration from every pharmacist director is being considered. Initial communication regarding this requirement has been sent to

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			pharmacy directors/liaisons and designated managers. <i>Why is it important?</i> This declaration is key to both informing all pharmacist directors of the importance of ensuring that business metrics do not compromise patient care AND obtaining a record of agreement regarding zero tolerance. This information, along with any evidence to the contrary such as complaints, anonymous tips etc., will be used to initiate assessments of pharmacies and/or investigations.
 Establish process to assess if corporate entity meets accreditation standards 	Feasible	Initiation	Research / jurisdictional scan conducted regarding contracts / leasing agreements that restrict professionals' autonomy. Further work on this initiative to be determined. This will include work as part of renewals process for pharmacies.
Consider conflict of interest related to corporate services	Feasible	Initiation	Research / jurisdictional scan conducted. Further work on this initiative to be determined. This is, however, being actively assessed as new cases forward.
III. Operational and Practice Assessment Chang	es		
 Review assessment criteria and weighting, set expectations and assessment approach to support zero tolerance position 	Highly Feasible	Execution	What is being done? Operational assessment criteria were evaluated to select specific measurable criteria that would identify pharmacies where business metrics are compromising patient care. Through this evaluation it was determined that the focus should be on outcomes regardless of the cause. As a result, the operational assessment will focus on whether patient care is compromised, specifically whether the standards of practice are being met for patients, not why patient care compromised. The important change for the operational assessments is shifting the lens from assessment of processes to assessment of outcome markers, such as evidence of patient assessment. An early pilot, sampling a number of patients and reviewing the documentation

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			associated with their prescriptions against the operational criteria focusing on standards of practice, has commenced. <i>Why is this important?</i> Originally, this project was focused on identifying pharmacies where business metrics are compromising patient care. The new broader approach identifies pharmacies where patient care is compromised, regardless of why it is compromised. So, although this approach does not differentiate between pharmacies where business metrics are compromising patient care and where they are not, this approach does differentiate between pharmacies where standards of practice are being met for patients and those where they are not and it aligns with OCP's overall mandate of patient safety.
Change assessment model to risk-based approach, reflect zero tolerance statement in risk model	Highly Feasible	Initiation / On Hold	Dependency: Risk-based selection is dependent on having the effective assessment criteria established, as mentioned above.
Change practice assessment process to encompass all patients	Feasible	Not yet started	
DATA COLLECTION AND PUBLIC REPORTING	•		
Consider compulsory completion of provider experience indicators and workplace practices through survey at annual renewal	Possibly Feasible	Execution	What is being done? OCP has taken the lead in initiating collaboration with other provinces and researchers to develop a national survey on workplace practices and wellness. This is a key initiative in establishing the groundwork for the data collection project. The intent of the survey is to determine the current state regarding workplace practices and wellness for pharmacy professionals and to provide a baseline to measure impact of the College's initiatives for Goal 1. The survey will be voluntary and anonymous and data will be reported at Board meetings and through OCP's annual report. Compulsory data collection continues to be a future consideration.

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			Why is this important? Following the College's work on business pressures, other jurisdictions conducted surveys similar to OCP's workplace practices survey. In order to fortify the evidence and validate information across the country, common survey questions are required. A national databank of survey questions enables comparison of the aggregate data collected, while at the same time providing the opportunity for provinces to customize their surveys.
Explore data sharing with partners	Possibly Feasible	Initiation	As noted above, a national databank of survey questions is being collated to enable sharing of data.
Collect/analyze AIMS data by corporate groups	Possibly Feasible	Not yet started	
Share data publicly	Highly Feasible	Execution	 What is being done? Progress on strategic Goal 1 is being shared at every Board meeting. Progress update summaries were also published for registrants and the public in June and December 2024, with another to come following the March 2025 Board meeting. Our website, newsletters and social media are used to feature and share these updates widely. We include aggregate reporting of specific activities such as the number of tips received through mechanisms such as our anonymous online reporting tool, and the number of investigations that have been initiated. Outcomes of investigations that are publicly disclosed will be posted on our public register. Why is this important? Sharing data publicly helps build trust in the College's commitment to taking action within its mandate. By being transparent about our activities, we also demonstrate greater accountability. The data can encourage those with concerns to come forward by showing them that the information they share will be considered by the College and can make an impact.

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٠	Public Register changes – assessment data, identify risks	Feasible	Not yet started	
•	Share data with corporates (assessments, AIMS)	Possibly Feasible	Not yet started	
٠	Analyze AIMS data by corporate ownership	Possibly Feasible	Not yet started	
•	Signage in pharmacies to show assessment outcomes - (e.g., colour coding like <i>Dine</i> <i>Safe</i> - could include signage in pharmacies)	Possibly Feasible	Not yet started	
•	Partner / enable research to provide data that informs performance correlated to corporation (ODPRN – gets us access to ICES data)	Minimally Feasible	Not yet started	
LE	GISLATION AND REGULATION CHANGES			
٠	Revise funding models	Minimally Feasible	Not yet started	
•	Restrict lease agreements, franchise model agreements/provisions that impact/restrict professional autonomy	Minimally Feasible	Initiation	 What is being done? Research, including environmental scans, has been initiated in a number of areas including ownership models, staffing ratios, clinic requirements, management of closed preferred provider networks and conflict of interest. The expectation is that the research will lead to evidence-based recommendations for the Board to consider. Why is this important? Being thorough and judicious in the review of various regulatory options including experiences of others in different jurisdictions promotes greater confidence in the appropriateness of potential interventions and will lead to better informed analyses and subsequent Board consideration of legislative or regulation changes.
•	Change Pharmacy ownership requirements, Pre- 54 Charters	Minimally Feasible	Initiation	See above.
•	ESA requirements (research required)	Minimally Feasible	Not yet started	
L				

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Set staffing requirements/ratios linked with professional services	Minimally Feasible	Initiation	See above.
ENGAGEMENT AND OUTREACH			
Business pressures tipline/ hotline	Feasible	Execution	What is being done? Since October 1, our anonymous business pressures reporting form has yielded 134 submissions (as of March 2). We continue to promote this form through our communication channels. Common themes we are hearing through our tool continue to be focused on quotas for MedsChecks and other professional services, reduction of staffing affecting ability to provide patient care, and threats to job security or requirement to justify numbers to management.
			The College continues to assess concerns raised by registrants, whether through the online form or other ways, and consider how we could address them. For example, in November 2024, we sent a direct message to Designated Managers and Director Liaisons regarding unacceptably short vaccination appointments that could put patients at risk. If reported concerns do not fit the criteria for investigation, we consider whether they present additional communication opportunities aimed at registrants, managers and directors.
			Why is this important? Provides an opportunity (other than the formal complaints or reports process) for registrants to provide specific details regarding business pressures that are being used to initiate an investigation. Even if the information is not appropriate for conduct-related investigations, it still provides us with insights into the current state of pharmacy practice and helps to identify potential communication opportunities.
Social media monitoring/network engagement	Highly Feasible	Execution	What is being done? The College continues to monitor social media comments and sentiment based on channels it has access to (engagement is limited with existing resources) and uses the

Feasible: within regulatory authority, know what to do, but require additional resources to move ahead.

Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing **Minimally feasible:** not within regulatory authority, but within our mandate, need more research into what to do and will require additional resources and support from external partners **Other:** not within regulatory authority, questionable alignment with scope or mandate

				information to support subsequent direction or actions related to Goal 1. Why is this important? Monitoring social media comments enables the College to keep track of/determine trends or themes related to business pressures that it ought to be aware of in a timelier manner for quicker and meaningful responses where appropriate.
•	Develop mechanisms/resources to support/empower professionals	Possibly Feasible	Not yet started	
•	Proactive media relations on emerging priorities	Highly Feasible	Execution	 What is being done? The College continues to respond to inquiries and identify opportunities to engage directly with the media on specific milestones and decisions once made. About half of media engagements in 2024 were related to business pressure related topics. Why is this important? Media will continue to play an important role in helping to influence the necessary changes to respond to business pressures concerns and to help demonstrate and promote sustained public interest behind this focus.
•	Communications and engagement strategy	Highly Feasible	Planning/Execution	 What is being done? In line with the 2025 operational plan, we are finalizing a comprehensive plan for registrant engagement that identifies the webinar, town hall and social media tactics we will use to reach pharmacy professionals. Why is this important? Communication and engagement in 2024 related to Goal 1 was nimble and highly responsive to the emerging priorities and focus on the decision to make Goal 1 actions a priority for this year. The experience demonstrated the need to continue to share updates openly and transparently and engage directly with registrants and system partners on these issues. It also emphasized the need to effectively map out high priority activities in 2025

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				where engagement and information-sharing will be critical to			
				success.			
Preferred Provider Network (PPNs) ¹							
٠	Create Position Statement	Highly Feasible	Execution	Complete			
•	Prohibit Closed PPNs – research conflict of interest provision, other approaches to restrict PPNs	Possibly Feasible	Planning	 What is being done? At its March 2025 meeting, the Board will be asked to consider specific direction on the development of a policy related to PPNs/payer directed care models in response to the concerns that have been raised about such models over the past year. The Board will also be asked to consider amendments to the Code of Ethics. Why is this important? Payer-directed care models present potential risks to patient safety and wellbeing, including limiting patient choice and autonomy. While we do not have the authority to regulate payer-directed care models themselves, we can regulate the participation of registrants in these models. 			
•	Collaborate with association of insurers to gain access to insurers/send communications	Possibly Feasible	Not yet started				
0	FHER - not ranked yet						
•	Revise Retail Sales Act (adjust percentage of floor space for non-pharmacy) Rate your pharmacy/pharmacist						
•	Request Ontario Drug Benefit audit						
•	Prohibit / change pharmacy ability to sell non-health items						
•	Advocacy associations to leverage issue on behalf of professionals working in corporations						
•	Mandate membership with associations (e.g. OPA) to amplify bargaining power						

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¹ For the purposes of this Briefing Note, the use of the term "closed PPNs" includes 1) non-public agreements between an insurance company, a health benefit provider and a service provider (pharmacy or group of pharmacies), 2) self-insurance models that limit employee/patient choice of pharmacy, 3) Pharmacy Benefit Managers (PBMs) that restrict pharmacy choice, or 4) any other model or benefit plan where the payer places limits on where an employee/patient can obtain their prescription medications.

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Possibly feasible: within regulatory authority, but need more research on what to do, and may require additional resources, and if needed, external partners are willing



COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF) REPORTING TOOL

Reporting Year: January 2024 – December 2024

March 2025

Contents

Introduction	4
The College Performance Measurement Framework (CPMF)	4
CPMF Model	5
The CPMF Reporting Tool	8
Completing the CPMF Reporting Tool	8
Part 1: Measurement Domains	9
Part 2: Context Measures	70
Table 1 – Context Measure 1	71
Table 2 – Context Measures 2 and 3	73
Table 3 – Context Measure 4	74
Table 4 – Context Measure 5	75
Table 5 – Context Measures 6, 7, 8 and 9	
Table 6 – Context Measure 10	79
Table 7 – Context Measure 11	81
Table 8 – Context Measure 12	82
Table 9 – Context Measure 13	
Table 10 – Context Measure 14	85

Glossary	•••	•		•	•	•	•	
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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate to act in the public interest?" This information:

- 1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	\rightarrow	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	\rightarrow	Performance-based activities that a college is expected to achieve and against which a college will be measured.
3	Measures	\rightarrow	More specific requirements to demonstrate and enable the assessment of how a college achieves a Standard.
4	Evidence	\rightarrow	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a college's achievement of a standard.
5	Context measures	\rightarrow	Statistical data Colleges report that will provide helpful context about a college's performance related to a standard.
6	Planned improvement actions	\rightarrow	Initiatives a college commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a college effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a college to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a college is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

ORGANIZATIONAL	FOCUS	APPLICANT/REGISTRANT FOCUS	RESULTS & IMPROVEMENT		
 ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance. ✓ Integrity in Council decision making. ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences 	2. Resources The College's ability to have the financial of human resources to meet its statutory jects and regulatory mandate, now and in the future 3. System Partner which a college works with other olleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation. 4. Information Management College efforts to ensure its confidential formation is retained securely and used propriately in administering regulatory activities, legislative duties and objects.	<section-header></section-header>	 7. Measurement, Reporting and Improvement ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance. ✓ The College is transparent about its performance and improvement activities. 		

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among college staff and Council members and between colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a college fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a college does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a college fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council a of the Council or a Statuto	and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment ory Committee.	prior to becoming a member
		Required Evidence	College Response	
		a. Professional members are eligible to stand for election to	The College fulfills this requirement:	Yes
		Council only after:	The competency and suitability criteria are public: Yes	
IN 1: GOVERNANCE	STANDARD 1	i. Meeting pre-defined competency and suitability criteria; and Benchmarked Evidence	 Eligibility criteria for election to the Board can be found in the College's By-Laws (Section 4.5 "Eligibility for Election", page In addition, the College screens potential candidates for election against a list of competencies/qualities targeting specific Competencies Survey (which is sent to Board Directors prior to the election). See By-Law section 4.7 "Director Competencies", page 7. The College attempts to recruit electoral candidates who demonstrate the specific competencies and experiences the support materials. 	gaps identified by the overall Board
DOMAIN	ST		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting per reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implement	

trainin manda pertai	ing an orientation g about the College's ate and expectations ning to the member's nd responsibilities.	The College fulfills this requirement:	No
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
		Additional comments for clarification (optional):	
		The College's application and screening process makes holding pre-election orientation sessions redundant. Applicants must:	
		 Review documents that outline the College's mandate, Governance Framework, role, responsibilities and expectations of Board Committees. (See website for more details). 	of the Board, individual Directors, and
		• Provide written answers to questions about serving in the public interest.	
		Applicant responses are screened by an independent consultant and then a Screening Committee to assess their understanding of the required competencies.	of the role of a Board of Director and
b. Statutor have:	y Committee candidates	The College fulfills this requirement:	Yes
	t pre-defined	The competency and suitability criteria are public: Yes	
	npetency and suitability	• If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.	
crit	eria; and	 <u>https://www.ocpinfo.com/about/council-committees/nccm/</u> 	
		• https://www.ocpinfo.com/wp-content/uploads/2020/08/professional-committee-appointee-application-guide.pdf	
Bench	nmarked Evidence	 Eligibility Criteria (for professional applicants) include having a valid Certificate of Registration, practicing or residi discipline or incapacity proceeding, being found to have committed an act of professional misconduct or to be inconcommittee, being disqualified from serving on the Board or a committee within the last six years. 	

		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting po reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implemen	
	 attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	The College fulfills this requirement:	Νο
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
		Additional comments for clarification (optional):	
		The College is not intending to provide orientation training prior to appointment to a Committee as the College is confident that:	
		 Its application and screening process for Committee members ensures that those who wish to serve on a committee are well- respective committee and the role expectations. 	oriented to the mandate of the
		2. Its comprehensive Committee orientation program for members, once appointed, will provide them with the information the Committee appointees effectively, including:	y need to perform their duties as
		• New appointees receive training from the Board Chair and Registrar/CEO at the beginning of the Board year.	
		 All appointees (new and returning) are sent a confirmation package which contains the <u>Board policy booklet</u> as well as a review the policies, paying particular attention to sections regarding role, duty of care and loyalty, conflict of interest (Control includes a requirement to view a video on "Moving Beyond Cultural Competency to Practicing Cultural Humility". 	
		New appointees also participate in Committee-specific orientation prior to, or at the same time as, their first Committee meeting. Committee Appointees as well as Board Directors appointed to serve on Committees.	This applies to Professional and Lay

	c. Prior to attending their first meeting, public appointments to	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Council undertake an orientation	Duration of orientation training:	
	training course provided by the College's • A one-hour orientation training with the Board Chair, the Registrar/CEO and a designated mentor (a current public Board member who provides guid support in onboarding a new public Director).		lic Board member who provides guidance and
	mandate and expectations	• A one-hour online orientation module. <u>https://www.ocpinfo.com/extra/board-orientation/index.html#/</u>	
	pertaining to the appointee's role and responsibilities.	Please prietiv describe the format of orientation training. The Obe-Doll Orientation training with the Roard Chair, the Registrary FU and the mentor is virtual	
	·	• Please insert a link and indicate the page number if training topics are public OR list orientation training topics.	
		1. Role of the College (who we are, what we regulate, how we regulate).	
		2. Governance & Operations of the OCP.	
		3. Board oversight (OCP risk appetite statement, oversight tools).	
		4. Board duties (duties of Board of Directors, conflict of interest, privacy and confidentiality, equity, diversity, and i	nclusion).
		5. Committees - Statutory and Standing Committees.	
		See for more detail: Board Policy 3.1 – Orientation of Board Directors and Committee Appointees (Pages 26-27)	
		 Starting in 2024, the Colleges further enhanced the orientation for public Board members by providing them with pharmacist practice assessment to help them gain knowledge about the pharmacy profession. 	h the opportunity to shadow a virtual routine
		 In 2024, the College also hosted a full day hybrid orientation session for all Board and Committee members to a 	ttend. This included:
		 Board and Ministry of Health discussion 	
		 Committee Fundamentals warm-up 	
		 Welcome/Introductions 	
		 Governance and College Operations – an overview of mandates and functions 	
		 Privacy and Confidentiality – statues, policies and best practices for governing boards and committees 	
		 What do we mean by "discrimination"? Exploring the commitment to pharmacy practice and regulation t understanding the implications of discrimination in our regulatory context 	hat is free from discrimination, and
		 Governance Workshop – roles, relationships and responsibilities in good governance and committee activities 	<i>v</i> ities
		 A close-up on College Committees and their relationship to operational functions 	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses		s effectiveness and addresses identified opportunities for improvement through ongoing education.	
Re	equired Evidence	College Response	
a.	Council has developed and implemented a framework to	The College fulfills this requirement:	et in 2023, continues to meet in 2024
	regularly evaluate the	Please provide the year when Framework was developed <i>OR</i> last updated. 2021	
	effectiveness of: i. Council meetings; and ii. Council.	 Please insert a link to Framework <i>OR</i> link to Council meeting materials and indicate the page number where the Framework is <u>Board Meeting Effectiveness Assessment Policy (Page 28)</u>. Evaluation and assessment results are discussed at public Council meeting: Yes If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results here the page 19, 2024, Board meeting (Page 33-34). 	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

b. The framework includes a third- party assessment of Council	The College fulfills this requirement:	Yes
effectiveness at a minimum every	 Has a third party been engaged by the College for evaluation of Council effectiveness? Yes 	
three years.	• At the September 2024 Board meeting, the Board approved a motion to initiate an independent third-party governance	ce review.
	 Subsequently, at the December 2024 Board meeting, the Board approved the scope of a Request for Proposal (RFP) fo the timeline for issuing the RFP. See for more details the December Meeting Report (Page 2). 	r the Board's Governance Review and
	• The RFP was posted and concluded on January 31, 2025. Proposals are currently being reviewed.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

	c. Ongoing training provided to Council and Committee members	The College fulfills this requirement:	Yes
	has been informed by:	Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indica	te the page numbers.
	 the outcome of relevant evaluation(s); 	• Please insert a link to Council meeting materials and indicate the page number where this information is found OR please brief the training provided over the last calendar year.	ly describe how this has been done for
	ii. the needs identified by Council and Committee	 Informed by, for example, Board evaluations, the Board Chair and Board Vice-Chair may meet to discuss opportunities for elect to meet with any number of Directors to discuss opportunities for Board Director development. 	or Board development and may also
	members; and/or	 Informed by the Board Competencies Survey which provides an overall picture of strengths and gaps in competencies ar 	nd experience on the Board.
	iii. evolving public expectations including risk management	 The Governance Committee may consider and recommend training or development based on feedback for the Board as Director of the Board which is also informed by the Board's understanding of public expectations and the resulting need 	-
	and Diversity, Equity, and	o In 2024:	
	Inclusion.	The College hosted a full day hybrid orientation session for all Board and Committee members to attend. This inc	luded:
		 Governance and College Operations – an overview of mandates and functions 	
	Further clarification:	- Privacy and Confidentiality – statues, policies and best practices for governing boards and committees	
	Colleges are encouraged to define	 What do we mean by "discrimination"? Exploring the commitment to pharmacy practice and regulation that understanding the implications of discrimination in our regulatory context 	at is free from discrimination, and
	public expectations based on input	- Governance Workshop – roles, relationships and responsibilities in good governance and committee activit	ies – led by external consultant
	from the public, their members, and stakeholders.	 A close-up on College Committees and their relationship to operational functions 	
		 Board and Committee Chair Training – led by external consultant 	
	Risk management is essential to effective oversight since internal and external risks may impact the ability	 The Board attended a retreat in March 2024 which focused on examining and revising Board attributes and comp support decision-making, role of the registrar, and succession planning. 	etencies, presentation on EDI to
	of Council to fulfill its mandate.	 A Board lunch and learn was held in July 2024 to review OCP's discipline processes and in November 2024 to provon College Performance Measures. 	vide more context and information
		A Board Governance workshop was held in November 2024 with an external facilitator covering these topics:	
		- Regulation and regulatory governance	
		 Revisiting the principles of Good Governance 	
		- Roles and Responsibilities	
		 The Board fulfilling its legislative and regulatory role 	
		 Focusing on the Right things and doing things right 	

 Fiduciary duties The Board's role in identifying, reviewing, and overseeing the management of risk(s) Board members as leaders (focusing on emotional intelligence) Various group discussions and scenarios 	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

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STANDARD 2

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Measure

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance public interest.

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:	 The College fulfills this requirement: Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. 	Yes
 i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and 	 The <u>Conduct of Directors and Committee Appointees and Sanctions Process</u> (Board Policy 3.7) was last updated in 2021. The <u>Board Code of Conduct</u> (Appendix to Board Policy 3.7) was last updated in 2021. The <u>Conflict-of-Interest Policy</u> (Board Policy 3.9) was last updated in 2022. Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. Changes to the Conflict-of-Interest Policy can be found <u>here</u> (Pages 33-34). 	
Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members,		
stakeholders, and the public. While	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

there will be similarities across	Additional comments for clarification (optional)
Colleges such as Diversity, Equity,	
and Inclusion, this is also an	
opportunity to reflect additional	
issues, expectations, and emerging	
initiatives unique to a College or	
profession.	
	and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or

ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where and approved and indicate the page number. See links above	the policy is found and was last discussed
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.
b. The College enforces a minimum time before an individual can be	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	 Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed <i>OR</i> last evaluated/updated: 2024 Please provide the length of the cooling off period: Three (3) years How does the College define the cooling off period? The Registrant is not and has not within the three (3) years immediately preceding the election been, an employed Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate system diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will association or organization to which they have been appointed by the Board as a representative of the College, for Director; Where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at lea Director; The Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. 	mic barriers to access to the profession for prevent a Registrant who serves on an rom running for election to be an Elected east three (3) years since the Registrant was preceding the election, has undergone a re- tion.
	 please briefly describe the cooling off policy: See <u>College By-Law No 7 Section 4.5.</u> The By-Law was updated in 2024 with the following amendment: "Removing barriers to Board membership for p populations, marginalized groups and individuals with disabilities." (<u>March 2024 Board Materials</u>, Pages 206-207) 	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
c. The College has a conflict-of- interest questionnaire that all	The College fulfills this requirement:	Yes
Council members must complete	• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated: 2022	
annually.	• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any con	flicts of interest based on Council
Additionally:	agenda items: Yes	
 The completed questionnaires are included as an appendix to each Council meeting package; 	Please insert a link to the most recent Council meeting materials that include the questionnaire and indicate the page number	er. N/A
ii. questionnaires include definitions of conflict of interest;		
iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession		
and/or College; and	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
 iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific</u> <u>to the meeting agenda</u>. 	 Additional comments for clarification (optional) The College believes that its current approach meets the intent of this Measure, including: The requirement that all Board Directors complete an attestation of conflict of interest (COI) at the beginning of each they must declare any real or perceived conflicts of interest to mitigate any risk to myself, the College, or the Board/C At the beginning of each meeting, Board Directors are being asked whether there is a conflict of interest with one or r Education regarding expectations as it relates to conflict of interest is part of the annual Board and Committee orients conflict of interest was covered at the Board Governance training workshop in November. 	ommittee. nore of the agenda items.

• The Governance Committee developed a table of Conflict-of-Interest considerations and precedents to assist in resolving these issues for Committee and
 Board Directors. See <u>Board Policy 3.9 – Conflicts of Interest</u> for more details (Page 53). At the beginning of each meeting, Board Directors are asked to declare conflict with any of the items on the agenda. In the rare event where the Chair
believes there may be a conflict, they will contact the Board Director in advance to ensure an understanding of the potential issue.

	d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
		identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available	 Please briefly describe how the College makes public interest rational for Council decisions accessible for the public. Matters that come before the Board for approval or decision are accompanied by a supporting briefing note which includes a section that defines the public interest rationale for the item coming forward to the Board. The content of each briefing note reinforces the connection of the matter to the College's mandate and Board's role. This includes providing the necessary context and background to support the Board's decision-making and understanding and any key considerations that must be included to demonstrate the item as a matter of public interest. Briefing notes are supplemented by presentations, which are used to further emphasize the content of the matter before the Board as well as the public interest rationale. Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. Board meeting materials can be found <u>here</u>. Example of how the College references a public interest rationale in its briefing notes: <u>New Practice Policy – Supervision of Pharmacy Personnel</u> (Page 162). 	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	Choose an item.

e. The College has and regularly reviews a formal approach to	The College fulfills this requirement:	Yes
identify, assess, and manage	Please provide the year that the formal approach was last reviewed: 2020 (and continues to be refined)	
internal and external risks. This approach is integrated into the College's strategic planning and	• Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were College's strategic planning activities and indicate page number.	
operations.	 The College's Risk Appetite Statements, which outline the degree of risk OCP is willing to accept to achieve its objectives Board packages (Page 3). 	, can be found at the beginning of
Further clarification:	• An example of the College's Risk Reporting can be found <u>here (Pages 97-104)</u> .	
Formal approach refers to the documented method or		
which a college undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.	identify, assess, and manage risk. This method or process should be regularly reviewed as	
Risk management planning activities	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	Additional comments for clarification (if needed)	
Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.		

	Measure: 3.1 Council decisions are transparent.				
	Required Evidence	College Response			
STANDARD 3	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	 The College fulfills this requirement: Please insert a link to the webpage where Council minutes are posted. College's Board Meetings & Reports. In addition, the College: Drafts and posts Board Summary Reports about one week after the meeting on the College's website. Highlights of the Board meetings are also shared via X (formerly Twitter) Please insert a link where the status updates on implementation of Council decisions to date are posted <i>OR</i> where the posted. Status updates on Board decisions are not posted separately on the College's website. Updates are provided in su are available on the <u>College's website</u>. If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional) 			

	b. The following information about Executive Committee meetings is	The College fulfills this requirement:	Yes
	clearly posted on the College's	Please insert a link to the webpage where Executive Committee minutes/meeting information are posted: College's Board Meeti	ngs & Reports.
	website (alternatively the College		
	can post the approved minutes if		
	it includes the following		
	information).	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	i. the meeting date;	Additional comments for clarification (optional)	
	ii. the rationale for the		
	meeting;		
	iii. a report on discussions and		
	decisions when Executive		
	Committee acts as Council		
	or discusses/deliberates on matters or materials that		
	will be brought forward to or		
	affect Council; and		
	iv. if decisions will be ratified by		
	Council.		

Required Evidence	College Response	
a. With respect to Council meetings:	The College fulfills this requirement:	Met in 2023, continues to meet in
 i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a 	 Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials past three calendar years are posted on the <u>College's Board Meetings & Reports</u> site. 	rials is clearly posted: Materials for
process for requesting materials is clearly outlined.	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in	The College fulfills this requirement:	Met in 2023, continues to meet in
advance and include a link to allegations posted on the public register.	 Please insert a link to the College's Notice of Discipline Hearings. Notices of Discipline Hearings are posted at least one month in advance with required information posted online via: The College's <u>Upcoming Discipline Hearings website</u>. The College's <u>Public Register (Find a Pharmacy/Professional Tool)</u>. 	

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
Measure: 3.3 The College has a Diversit	ty, Equity, and Inclusion (DEI) Plan.	
Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning	The College fulfills this requirement:	Yes
resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	 Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate rest number: See above In addition: See the <u>College's 2024-2028 Strategic Plan</u> Goal 4: The College uses its regulatory influence to ensure that all patt discrimination via positive changes in pharmacy practice. <u>March 25, 2024</u>: Elections Eligibility Requirements amended to allow individuals who have been an employee, advocacy association within the past three years to run. This amendment is important as some associations evanderrepresented groups in the profession. The by-law was revised to create an exception for associations why systemic barriers. In addition, candidates with competency working with diverse populations and marginalized to the board https://www.ocpinfo.com/wp-content/uploads/2024/03/March-25-2024-Board-Meeting-Matertot to the board 	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	·

b. The College conducts Equity	The College fulfills this requirement:	Yes
Impact Assessments to ensure that decisions are fair and the policy, or program, or process not discriminatory. <u>Further clarification:</u> Colleges are best placed to deterr how best to report on an Evidence There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the to best suited to its situation based the profession, stakeholders, and patients it serves.	 Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <i>OR</i> please brint Equity Impact Assessments. The College is in the process of developing Equity Impact Assessment tools catered to specific department function College to provide direction on how to ensure a policy or program that is being reviewed or developed upholds the fairness. For example, EDI staff have been consulted on the development of OCP's Service Charter, review of goven the related policies and programs. In addition, relevant program and policy development topics are brought to the Registrant Reference Group (RRG) to ensure a range of registrant experience is considered. Members of the RRG expertise of EDI in the field of pharmacy. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied Equity Impact Assessments were conducted. Equity analysis tools are being used as part of the review of the College's existing policies, procedures, and process provide analysis tools are being used as part of the review of the College's existing policies, procedures, and process provide to the college's existing policies, procedures, and process provide to the college's existing policies. 	ons. Currently, EDI staff work across the ne College's commitment to inclusion and ernance frameworks, as well as internal and e College's Equity, Diversity, and Inclusion have diverse backgrounds and demonstrate I to a policy, program, or process) in which esses as part of the overall EDI strategy. is underway. orate policies, template letters and s, to support the competency of staff in every
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.

		Measure: 4.1 The College demonstrates	s responsible stewardship of its financial and human resources in achieving its statutory objectives and regulat	ory mandate.
		Required Evidence	College Response	
DOMAIN 2: RESOURCES	STANDARD 4	 a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification</u>: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly. 	 The College fulfills this requirement: Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AN approved budget and indicate the page number. Every year, the College develops an annual budget based on the resources required to implement initiatives to achieve the the Strategic Plan established by the Board and support the College's ongoing regulatory and operational functions: Decem budget approval) (Pages 326-346). Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Project proposals and program improvements in support of the College's strategic goals and ongoing regulator and operation of rigorous resource planning and prioritization exercises before being added to the operating plan and annual budget. The to the Finance and Audit Committee (FAC) for consideration and recommendation to the Board for review and final approvements meeting. If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional) 	College's strategic goals set out in ber 9, 2024, Board Meeting (2025 mal functions go through a series final budget proposal is presented

	b. T	he College:	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	 i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy". 	 Please insert a link to the "financial reserve policy" OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. The College's Financial Reserve Policy is not available on the College's website. The College has established two Reserve Funds to cover variable and/or unforeseen costs and expenses (Investigations and Hearings Reserve Fund and a Contingency Reserve Fund). The amount to be maintained in the Investigations and Hearings Reserve Fund is calculated each year, based on best estimates of potential expenses. The amount to be maintained in the Contingency Reserve Fund is at a minimum of four (4) months operating expenses. Please insert the most recent date when the "financial reserve policy" has been developed OR reviewed/updated: Reviewed 2021 Has the financial reserve policy been validated by a financial auditor? Yes 		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	Choose an item.	

	C.	Council is accountable for the success and sustainability of the	The College fulfills this requirement:	No
		organization it governs. This	Please insert a link to the College's written operational policies which address staffing complement to address current and future needed.	eeds.
		includes:	• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.	
		 regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession 	Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human re organizational success.	
		planning for Senior	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting polici reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementati	-
	-	Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	 The College believes that its current approach meets the intent of this Measure: In considering the College's annual budget, the Board considers the anticipated human resources required to ensure sustainabil The 2023 budget included a significant investment in increasing staffing to meet operational requirements (See <u>December</u> more detail (pages 200 and 211)) The College invests in staff training (<u>See December 9, 2024, Board materials (pages 326 - 346)</u>. Staff engagement surveys are conducted annually by a third party and reported to the Board. The Board reviewed and discussed the 2024 OCP Employee Engagement Survey results at the September 16th Board meet 	er 12, 2022, Board materials for
	-	Benchmarked Evidence		

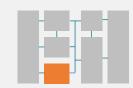
			The College fulfills this requirement:	Yes
	ii.	regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	 Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe In 2021, the College outlined a plan to modernize its technology infrastructure over a three-year period. The plan (known as includes implementation of cloud-based applications to improve collaboration, productivity, availability, and security while a and downtime. Updates on the progress of the Roadmap are regularly reviewed 	the Technology Roadmap)
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER		i - T-i	
STANDARD 5 and STANDARD 6			
	College response		
Measure / Required evidence: N/A	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.		
	Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.		
The two standards under this domain are not assessed based on measures and evidence like other domains, as	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the precution of its mandate.	profession and support the	
there is no 'best practice' regarding the execution of these two standards.	Engaging with other health regulatory colleges and system partners is critical for the College and even codified in its 2024-2028 Strategic Pla principles: "We engage and collaborate with Ontario patients and other health system partners to protect the public"	n as one of its <u>regulatory</u>	
	Engagements with other colleges and system partners included (but was not limited to):		
Instead, <u>Colleges will report on key activities</u> ,	 HPRO (Registrar on Management Committee and staff are on a variety of communities of interest (e.g. Equity, Diversity, and Inclusion Advisory Group Committee) 	Network, Chair of the Citizens	
outcomes, and next steps that have emerged through a dialogue with the ministry.	o Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies of Regulation (CNAR) attendance and presentations		
Beyond discussing what Colleges have done, the	 National Association of Pharmacy Regulatory Authorities (NAPRA) – The College is part of the NAPRA Board. The meetings keep the Co events, trends, and changing legislation that affects the practice of pharmacy across Canada. Furthermore, through NAPRA, PRAs work practices and provide feedback on Health Canada consultations (e.g., updating the provisions for hospitals and practitioners in regulati and Substance Act). 	together to identify risk and best	
dialogue might also identify other potential areas for	 Universities (in research partnerships) and both Universities and Colleges in outreach activities) 		
alignment with other Colleges and system partners.	 Pharmacy associations 		
	 Special interest working groups and organizations either providing care or advocating on behalf of equity-denied communities (e.g. Rainbow Health Ontario and Indigenous Pharmacy Professionals of Canada) 		
	 Ontario Chiefs of Police (regarding Time Delayed Safes safety initiative) 		

 Ontario Ministry of Finance (provided feedback on the Ministry's consultation on the impact of pharmacy Preferred Provider Networks on Ontario's employer sponsored drug insurance sector)
 The College of Veterinarians of Ontario (collaboratively engage with the College of Veterinarians of Ontario (CVO) during CVO's drafting of regulations under the Veterinary Professionals Act).
o Ongoing interactions with the Ontario Ministry of Health and in addition provided feedback on the Ministry's consultation on advancing the pharmacy sector in Ontario.
 Ongoing relationships and information-sharing with colleagues across colleges on an <i>ad hoc</i> basis about matters from governance best practices to best leadership training for staff
The examples are too numerous to provide details about how each has shaped College outcomes. Often, this will be reflected in the environmental scanning section of briefing materials provided to the Board or in revisions to operational documents based on best practices identified through our community. Furthermore, the Registrar's Update to the Board includes a section outlining the key engagement activities over the previous quarter.

	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.		
	The intent of Standard 6 is to demonstrate that a college has formed the necessary relationships with system partners to ensure that is receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.		
	 Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public, to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation. 		
	 In addition to the partners, it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a college responded is requested in Standard 7). 		
	Expanded Scope of Practice		
	• In September 2024, the Ministry of Health launched an open consultation on a proposal to advance the pharmacy sector in Ontario. Additional minor ailments (excluding erectile dysfunction, birth control, and emergency contraception), additional authorized vaccines, controlled acts (ordering labs, communicating a diagnosis), barriers to scope of practice in hospital, and the provincial MedsCheck program were the topics of the consultation. To provide a well-informed response to the consultation that reflected the risks and benefits of the proposed scope expansion, College staff conducted the following activities:		
	 Engagements with external system partners: 		
	 Ontario schools of pharmacy 		
	 Ontario pharmacy technician programs (Centennial, Humber) 		
	 Ontario hospital pharmacy directors 		
	 Ontario Hospital Association 		
	 Health Profession Regulators of Ontario Citizens Advisory Group The Cellencia Decision of Contract Cont		
	 The College's Registrant Reference Group Indigenous pharmacists 		
	 Engagement with OCP's staff Pharmacy Professionals Group 		
	 Jurisdictional scan survey of other provincial pharmacy regulators 		
	 Literature scan 		
-			
	EDI Reference Group		
	 A group comprised of six pharmacists and three pharmacy technicians with diverse professional and personal experience. 		
	 Provides arm's length advice to the College about matters related to our EDI strategy. 		

HPRO Citizen's Advisory Group (CAG)
• All health profession regulators in Ontario support, both financially and in-kind, the operation of this group as a commitment to patient engagement in regulation
 The College occupies the Chair position of the Committee that manages the daily operations of the CAG. The Committee has representatives from the Ontario College of Pharmacists, the College of Physiotherapists of Ontario, the College of Midwives of Ontario, the College of Occupational Therapists of Ontario, the College of Physicians and Surgeons of Ontario, and the Royal College of Dental Surgeons of Ontario.
Indigenous Involvement in Pharmacy Regulation
To support the development of the College's Indigenous Cultural Competency work
Provide feedback on policy development work
Business pressures in pharmacy that impede pharmacist ability to meet standards of care and ethical obligations
 Following significant concerns heard from the public, media and registrants regarding corporate influence on pharmacy practice, the College collected feedback through a survey and virtual town halls to better understand the current environment and the impacts on care. The strategy developed in response to the feedback included approval by the Board of Directors of a zero-tolerance position in the public interest. This statement states that business practices must not compromise the ability of pharmacy professionals to provide safe and effective care to patients.
Time-Delayed Safe Mandate
 To deter crime and reduce pharmacy robberies, the College partnered with the Ontario Association of Chiefs of Police, the Ontario Pharmacists Association and law enforcement, including Peel Regional Police, Toronto Police Service and Windsor Police Service, on the Ontario-wide time-delayed safe mandate. As part of the public awareness campaign, a joint College and Ontario Association of Chiefs of Police press conference announced that all 4,900+ community pharmacies in Ontario are using time-delayed safes for securing narcotics and showcased the mandatory pharmacy signage indicating a time-delayed safe is in use. This generated a potential overall reach of 139 million.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

	Required Evidence	College Response	
	 The College demonstrates how it: 	The College fulfills this requirement:	Yes
		• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that address disclosure and respective policies and respective policies and respective policies address disclosure address disclos	requests for information.
	 uses policies and processes to govern the disclosure of, and requests for information; 	 A Privacy Code outlining the kind of personal information the College collects, the rationale for collecting it, and how the College the information. The Code adopted the 10 principles of the Canadian Standard Association's Model Code for Protection of Perso Code can be found on the <u>College's website</u>. 	
		• Privacy and Information Access Policy & Manual that provides operational guidance to help OCP staff:	
		 understand privacy legislation and regulations and how it may or may not apply to the OCP; 	
~		 understand the general framework of the OCP's Privacy Management principles and practices; 	
RD 7		 meet OCP and external administrative and operational requirements as it relates to information access and disclosure; ar 	nd,
NDA		 understand and apply OCP's privacy and information access management protocols to their work at the OCP. 	
STANDARD		 An Assessing External Requests for Data and Information process document that describes: the kinds of requests for information differing ways that the College can fulfill those requests, the criteria used by the College to assess whether it is able to disclose th best practices for sending requested data depending on the sensitivity of the data, and "Terms of Use" that outline what the reci with the data they receive. 	e requested information,
		• All College staff are required to complete training to refresh awareness on information/data responsibilities.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

	. uses cybersecurity	The College fulfills this requirement:	Yes
	measures to protect against unauthorized disclosure of	• Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and disclosure of information.	nd accidental or unauthorized
111.	information; anduses policies, practices and processes to address	IT/IM infrastructure and those of its vendors to ensure optimal protection. Upon identification of a potential cybersecurity thre	at, a thorough vulnerability
	accidental or unauthorized disclosure of information.		
			nd document the findings.
			agement lead to include in the
_	Benchmarked Evidence	• College staff are trained on the Privacy and Information Access Policy & Manual, and a Privacy Breach Summary Report templat	e to support staff exists
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, co reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	onsulting stakeholders, or
		against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure	 Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and disclosure of information; and uses policies, practices and processes to address accidental or unauthorized disclosure of information. <u>Cybersecurity</u>: The College has a cybersecurity policy and a cybersecurity response plan in place. Furthermore, it has processes in address accidental or unauthorized disclosure of information. <u>Cybersecurity</u>: The College has a cybersecurity policy and a cybersecurity response plan in place. Furthermore, it has processes in address accidental or unauthorized disclosures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment is conducted, and countermeasures are formulated and rapidly deployed. Events are logged, monitored, and report assessment protocol. <u>Process for Addressing Accidental or Unauthorized Disclosure of Information</u>: The College's Privacy Breach and Incident Protocols. At a high level - Any potential accidental or unauthorized disclosure of information is reported to the Privacy Officer. College staff investigate the root cause of the breach, collaborate with the IT Department to develop a remediation plan, are - Affected parties from the incident are notified, if necessary, and follow-up is managed. <

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DOMAIN 5: REGULATORY POLICIES

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Measure:

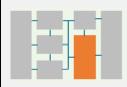
8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

	Required Evidence	College Response
	a. The College regularly evaluates its policies,	The College fulfills this requirement: Met in 2023, continues to meet in 2024
	standards of practice, and practice guidelines to determine whether they are	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
	appropriate, or require	• The process outlining how the College evaluates its policies, standards of practice, and practice guidelines can be found here.
ARD 8	revisions, or if new direction or guidance is required based on the current practice	 College staff proactively monitor the practice environment through several different mechanisms, including our practice and operational assessment process, complaints and intake trends, practice queries from professionals and the public (as received by our practice consultants), and collaborate with external stakeholders to identify the need to develop or review a policy, standards, and practice guidelines.
STANDARD	environment.	 In 2024, the Strategic Policy department completed an analysis of all 61 policy documents (policies, guidelines, guidance, position statements, frameworks, factsheets) to investigate the feedback that the current categories are difficult to navigate when they relate to similar or related aspects of practice. The outcome of this analysis is a set of recommendations to the Board on completing minor updates, prioritize some policies for major updates, and
	Benchmarked Evidence	considering rescinding some redundant documents in 2025.
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

	b.	Provide information on how	The College fulfills this requirement:	Yes
		the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients /	 Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practaddress the listed components and indicate the page number(s) <i>OR</i> please briefly describe the College's development and amends The process outlining how the College evaluates its policies, standards of practice, and practice guidelines can be found here The College applies a risk framework to assist with prioritizing the review and development of policies, which includes criter public interest mandate, strategic plan goals, government directives, internal data (inquiries, assessments, conduct outcor factors. This includes an equity-impact assessment of the policy issue and a focus on engagement on implementation active and understanding across the profession. College staff conduct an analysis of the practice-related problem that the policy instrument is proposed to respond to, the 	ndment process. ere. eria related to patient harm, mes), external environmental vities that could support uptake
		the public;iii. the current practice environment;iv. alignment with other	internal and external data available related to the policy issue, and present options to the Board related to policy expectat the profession. The analysis is provided through briefing notes with every accompanying policy agenda item. This will inclu appropriate, and an implementation plan that is developed through engagement with the public, registrants, other health partner organizations (e.g. HPRO)	tions that they could adopt for ude a plan for consultation, if
		health regulatory Colleges (where appropriate, for example where practice matters overlap);	 In 2024, targeted consultation was held to inform the College's response to the Ministry of Health's consultation on pharn practice. This included a focused session with HPRO's Citizen Advisory Group to explore patient expectations on safeguard proposed activities. This group allows health profession regulators to explore complex regulatory topics with a group of pa facilitated by a 3rd-party. 	ls related to the government's
		v. expectations of the public; and	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implement	

vi. stakeholder views and feedback.
Teedback.
Benchmarked Evidence

	c.	The College's policies, guidelines, standards and	The	College fulfills this requirement:	Yes
		Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	٠	Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promot	e Diversity, Equity and Inclusion:
				 2024 Strategic Plan, Goal 4: "The College uses its regulatory influence to ensure that all patients are treated with respect positive changes in pharmacy practice." The College continues to embed the process of systematically reviewing existing standards, policies, and guidelines related 	ed to the practice of pharmacy and
				the operation of pharmacies to assess for the existence of bias and resulting effect on patients and registrants of differer orientation, ages, disability status, family status, and other characteristics.	t races, gender identities, sexual
		U U		• The College implemented a Human Rights Policy to ensure the human rights of all patients is upheld in accessing pharma	cy services in Ontario
				• The College seeks targeted feedback from marginalized communities regarding policy development (e.g. the College held professionals policy review meeting)	an Indigenous pharmacy
			•	Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are	reflected:
				• The Ontario College of Pharmacists' Service Charter.	
				• Human Rights Policy	
				• Equity Diversity Inclusion-Registrant Reference Group	
			lf th	e response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Add	itional comments for clarification (optional)	



DOMAIN 6: SUITABILITY TO PRACTICE

Measure:

1 Applicants meet all College requirements before they are able to practice.

	Required Evidence	College Response				
	a. Processes are in place to ensure that those who meet	The College fulfills this requirement:	Yes			
	the registration requirements receive a certificate to	• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candic indicate page number OR please briefly describe in a few words the processes and checks that are carried out.	lates meets registration requirements and			
	practice (e.g., how it operationalizes the registration of members, including the review and	 Please insert a link and indicate the page number <i>OR</i> please briefly describe an overview of the process undertaken a registration processes to ensure documentation provided by candidates meets registration requirements (e.g., com jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). To register as a pharmacist or pharmacy technician, an applicant must meet the registration requirements that are the December 4.1001. Some of these requirements are specificate of provided to the process. 	munication with other regulators in other			
6 Q	validation of submitted documentation to detect fraudulent documents,	 the Pharmacy Act, 1991. Some of these requirements are specific to the certificate of registration for which th pharmacy technician). In sum, applicants are required to satisfy a total of eight requirements in order to be registered to practice pharmacy pharmacy technician. 				
STANDARD	confirmation of information from supervisors, etc.) ¹ .	1. Education:				
STA		 <u>Canadian Council for Accreditation of Pharmacy Programs (CCAPP) or Accreditation Council for Pharmacy</u> graduation lists directly from the CCAPP-accredited programs for pharmacists and pharmacy technici available, for graduates of a CCAPP-accredited program outside of Ontario, or for graduates of an ACPE-a official letter directly from the education institution confirming the applicant's level of education complete 	ans in Ontario. Where these lists are not ccredited program, the College requires an			
		- International Pharmacy Graduates:				
		i. Through the <i>National Association of Pharmacy Regulatory Authorities</i> (NAPRA), the College has agree including documentation and the authentication process.	eed on national standards for registration			
		ii. The Pharmacy Examining Board of Canada (PEBC) is responsible for assessing the qualifications and The College accepts the documentation process that PEBC follows to verify the identification and ec any determination that PEBC has made using an alternative verification approach. Furthermore, doc reviewed by College staff upon application.	lucation credential requirements and			

iii. Bridging education may be required for some individuals to pursue registration in Ontario. The College receives completion lists directly from the Board-approved bridging education providers for those individuals.
2. Jurisprudence, Ethics and Professionalism Examination:
 The College manages applications for this computer-based exam to assess a candidate's knowledge of federal and provincial legislation affecting pharmacy practice in Ontario and informs candidates of their results. Candidates must submit proof of identification when they apply to register with the College and must present proof of their identification at the testing centre or to the remote proctor on the day of the exam.
3. Practice Assessment of Competence:
- The College manages applications to undergo practice-based assessments and informs candidates of their outcome. Candidates must submit proof of identification when they apply to register with the College and provide valid, government-issued photo identification to their assessor at the commencement of the assessment.
4. Pharmacy Examining Board of Canada (PEBC) Qualifying Examination:
- A pass result list with successful candidates on each exam is electronically transmitted directly to the College from the PEBC.
 PEBC Identification Authentication: Candidates must submit proof of identification with their application for each part of the relevant Qualifying Exam and must present proof of their identification at the testing centres (or to the remote proctor) on the day(s) of the exams. Candidates must also provide the College with their PEBC ID number so that results can be authenticated by College staff.
5. Language Proficiency:
- All applicants must be able to speak, read, write and comprehend English or French with sufficient fluency to practice the profession.
- Graduates of Canadian educational programs accredited by CCAPP or of pharmacy degree programs accredited by ACPE are considered to have met the language proficiency requirements and is validated by College staff through verification of an applicant's education.
 International applicants must meet the minimum acceptable test scores for one of the objective language tests accepted by the College, provide acceptable non-objective evidence of language proficiency, or request that a panel of the College's Registration Committee consider other evidence of the applicant's language proficiency.
 Language proficiency test score reports must be provided directly to the College (or the NAPRA Pharmacists' Gateway, if applicable) from the testing institution, or are confirmed online with the testing institution by College staff. The language testing centres evaluate proof of identification for all test takers. Letters or transcripts submitted as non-objective evidence must be sent directly to the College from the applicant's pharmacy school, employer, secondary school or school board, and/or undergraduate university.
6. Good Character:

 A police background check must be provided through an OCP-contracted background and identity services provider (accessed directly by staff) or obtained at the applicant's local police station and submitted as a notarized copy or original documentation. A declaration of good character asking about an applicant's past conduct, character, and competence is completed within the College's online application.
7. Canadian Citizenship or Legal Status in Canada:
- The applicant must provide a notarized copy or original documentation of their identity and citizenship/legal status in Canada, including proof that they are legally entitled to live in Canada and practice pharmacy in Ontario. Documentation is reviewed by College staff for authenticity, and retained in the applicant's file.
8. Personal Professional Liability Insurance:
- The applicant must complete a declaration confirming that they have obtained and will maintain personal professional liability insurance as specified in the College's By-Laws while registered with the College. College staff may review evidence of personal professional liability insurance as needed.
Mobility within Canada:
 Applicants who are currently licensed as a pharmacist or pharmacy technician in another Canadian province are considered to have met, and do not need to provide documentation of the education, practice assessment of competence or PEBC Qualifying Exam requirements in accordance with the labour mobility provisions of the Canadian Free Trade Agreement (CFTA). However, these applicants must provide evidence of meeting the other registration requirements as described above.
 A current letter of standing as validation of current licensure must be provided directly to the College from the pharmacy regulator of any Canadian province or territory where the applicant holds an active license. College staff may verify the applicant's registration information using the public register of the other province(s). The College's expectations for document authentication are provided for candidates on the College's <u>Supporting Documentation</u> for Registration page.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	If the	e response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Addi	itional comments for clarification (optional)	
reviews its processes whether a registratio against be how a Coll language p Colleges d application including a parties, ho registratio	 s criteria and for determining in applicant meets its in requirements, est practices (e.g., lege determines proficiency, how letect fraudulent ns or documents applicant use of third pow Colleges confirm on status in other 	 College fulfills this requirement: Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been of indicate page numbers <i>OR</i> please briefly describe the process and checks that are carried out. The College is involved with a number of professional regulatory organizations including the Canadian Network of Agencie Council on Licensure, Enforcement & Regulation (CLEAR), the Health Profession Regulators of Ontario (HPRO), the Nationa Regulatory Authorities (NAPRA), and the Ontario Regulators for Access Consortium (ORAC). By attending and presenting a organizations, and by maintaining contact with individuals employed by these organizations on a regular basis, College state and developments in registration and assessment for entry to practice across Ontario, Canada, and internationally. Staff in the College's Registration Department also attend other educational events, including in-person training sessions, hosted by the organizations listed above, as well as other entities, including private regulatory and legal firms, to learn aborand assessment. Changes in best practices in registration requirements or processes are monitored by College staff and may trigger an evaluation of the process and process are monitored by College staff and may trigger an evaluation of the process and processes are monitored by College staff and may trigger an evaluation of the process and processes are monitored by College staff and may trigger an evaluation of the process and processes are monitored by College staff and may trigger an evaluation of the process and processes are monitored by College staff and may trigger an evaluation of the process and processes are monitored by College staff and may trigger an evaluation of the processes are monitored by College staff a	liscussed and decided upon and es for Regulation (CNAR), the al Association of Pharmacy at conferences organized by these ff keep abreast of best practices webinars, and discussion forums but best practices in registration
where rele	• F	 In general, the steps outlined below are followed when an evaluation of a requirement or process may be warranted: Conduct preliminary background research and an environmental scan. Contract with an external consultant to gather data and/or provide expert knowledge. Review research findings and expert recommendations to determine the changes required. If further development is required, pilot test the proposed changes. Launch the changes. Evaluate the impact of the changes. The Registration Committee and/or Board are informed and approve decisions as necessary. Please provide the date when the criteria to assess registration requirements were last reviewed and updated. The College has no specific criteria to assess registration requirements. Registration requirements are being updated bas the process outlined above and Ontario government direction. The most recent changes in registration requirements or process outlined above and Professionalism (JEP) E	processes include:

 2022: The Registration Committee approved the competency framework and bridging program for international applicants 	lly educated pharmacy technician
 2022: Ontario government legislated new registration requirements, which came into effect August 31, 2023 th amendments: 	rough corresponding regulation
- Colleges must provide applicants with confirmation of receipt of their application materials and details	about any missing information.
- Timelines: Application decisions, or a referral to the Registration Committee, must be made within 30 application.	days of receipt of the complete
 Language Proficiency: Language proficiency testing requirements have now been codified. The require approved under the Immigration and Refugee Protection Act (Canada). 	ement is that the College accept a test
- Canadian Experience: Canadian experience may not be required as a condition of registration.	
- Colleges are required to establish an emergency class of registration, which the College had implement	ted in regulation in March 2021.
 2024: Ontario government implemented significant changes to the General Regulation under the <i>Pharmacy At</i>, including: 	1991 pertaining to registration,
 Removal of the pharmacy student class of registration 	
 Introduction of the intern technician class of registration 	
 Introduction of a two-part register for pharmacy technicians 	
- Requirement to complete registration requirements within specified time periods.	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

a. A risk-based approach is used	The College fulfills this requirement:	Yes
to ensure that currency ² and other competency	• Please briefly describe the currency and competency requirements registrants are required to meet.	
requirements are monitored and regularly validated (e.g., procedures are in place to verify good character,	 In 2024, the Ontario government implemented significant changes to the General Regulation under the P competency requirements. Part A pharmacists and Part A pharmacy technicians (those who provide patie declaration of competency, consisting of a statement of competence and an affirmation of requirements, Quality Assurance Program activities when selected to do so. 	ent care) are required to make an annual self-
continuing education, practice hours requirements etc.).	 Part B pharmacists and Part B pharmacy technicians (those who do not provide patient care) are not subj and are not subject to any Quality Assurance Program activities. 	ect to any currency or competency requireme
	Please briefly describe how the College identified currency and competency requirements.	
	 Conducted a jurisdictional scan regarding the requirements of other regulators, and review of literatur best practice. Competencies are set using a modified Delphi process with representative members of t validated by representative members of the profession. 	
	 As part of the Quality Assurance (QA) program, registrants are assessed on their knowledge, skills and and code of Ethics, in order to ensure they remain competent to provide safe, quality care that optimi all part A registrants at annual renewal is now required (see currency requirements below), and as suc competency as noted above. 	zes patient health outcomes. A declaration fr
	• Please provide the date when currency and competency requirements were last reviewed and updated.	
	• Regulation amendments were made in 2024, in which the competency requirements were updated.	
	• Please briefly describe how the College monitors that registrants meet currency and competency requirements and how frequently this is done.	s (e.g., self-declaration, audits, random audit
	• Currency requirements:	
	 As stipulated in the amended registration regulation of the Pharmacy Act (O.Reg. 256/24 GEN technicians must complete a declaration that they have met the requirements at annual regist declaration, they are unable to proceed with registration renewal). As part of the declaration, Assessment Site indicating the place where they provide patient care and where a quality ass more information the College's website). 	stration renewal (if they are unable to make t , they must also provide a Designated Practic

 All Part A pharmacists and Part A pharmacy technicians are required to complete quality assurance assessment activities when selected so. 	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

	Measure: 9.3 Registration practices	es are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of the outcome assessment report. • Based on OFC's Risk-Informed Compliance Framework, the OFC has placed the College in the low-risk category (the lowest available category) for the period of April 1, 2024 to March 31, 2026. This result was based on OFC's assessment of the College's organizational capacity, overall control over its assessment and registration processes, the impact of major changes to registration practices and relations with third-party service providers, the College's ability to comply with newly introduced legislative and/or regulatory obligations, and public policy considerations. • Where an action plan was issued, is it: No Action Plan Issued		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	Choose an item.	

Required Evidence	College Response	
a. Provide examples of how the College assists	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
registrants in implementing required changes to standards of practice or practice guidelines	Please briefly describe a recent example of how the College has assisted its registrants in the uptake of	a new or amended standard:
	 Name of Standard: As of October 1, 2023, Ontario Pharmacists are now authorized to prescribe amendments in July 2023 authorized pharmacists to administer substances listed in the regula demonstration and education. In December 2023, pharmacy professionals were also authorize and older. 	ntions by injection and inhalation for purposes other than patier
(beyond communicating	 Activities undertaken to support registrants: 	
the existence of new standard, FAQs, or supporting documents).	 Practice Assessments (a component of the <u>College's Quality Assurance program</u>). During patient care in a registrant's place of practice, College practice advisors provide coaching to enable them to use their full scope. Conversations specific to minor ailments prescribt obligations occur during practice assessments for all pharmacists engaged in this scope 	ng and feedback to increase adherence to practice standards, a bing, including understanding their ethical, legal and profession
	- Duration of support: Ongoing	
Further clarification:	 % of registrants reached by the outreach activity: 100% of part A pharmacists (pha 	armacists who provide patient care)
Colleges are encouraged to support registrants when implementing changes to	 Evaluation conducted on effectiveness of support provided: Feedback surveys use (including minor ailments prescribing) before and after the practice assessment, a Does the College always provide this level of support: Yes 	
standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how	 Practice resources. As the list of substances that pharmacy professionals are authorized developed resources to explain expectations and address potential gaps in knowledge a pharmacists and pharmacy technicians. This included a <u>micro e-learning module</u> and a <u>o</u> regulations and related policy. 	around which vaccines and medications can be administered b
registrants are adopting	- Duration of support: Ongoing	
updated standards of practice and addressing identifiable	 % of registrants reached by the outreach activity: 100% of registrants received nor electronic newsletter, e-Connect. 	tice about these resources in October 2024 in the College's
gaps.	 Evaluation conducted on effectiveness of support provided: The micro e-learning effectiveness of the content. 	module includes a feedback survey to evaluate the value and

	 Does the College always provide this level of support: No. The decision to develop practice resources is based on the complexity of the practopic and may be used to address common questions received by Practice Consultants or gaps in knowledge identified during practice assessments. 	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting	? Choose an item	٦.
Additional comments for clarification (optional)		

a. The College has processes and	he College fulfills this requirement:	Met in 2023, continues to meet in 20
policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	 Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified Q this information can be found and indicate the page number. The College's Quality Assurance Program consists of four major components (see here for more details): Pharmacist/Pharmacy Technicians self-assessment (to identify learning needs) – No priority areas. Pharmacist knowledge-assessment (to evaluate current core knowledge) – Patient care, jurisprudence, ethics detail) Pharmacist (Part A)/Pharmacy Technicians practice-assessment (to evaluate performance) – Focuses on the pregistrant's place of practice through feedback and discussion with a College practice advisor. Community Pharmacist Practice Assessment Criteria can be found here. Hospital and other Healthcare Facility Pharmacist Practice Assessment Criteria can be found here. Pharmacy Technician Practice Assessment Criteria can be found here. Learning portfolio (to support ongoing development and reflect learnings from the other quality assure to support ongoing development and reflect learnings from the other quality assure tools and the assessment process and includes the following steps: (1) Research, (2) Analysis and Drafting, (3) Consultat (5) Final Policy and Implementation, (6) Measuring Outcomes. 	, and professionalism (see <u>here</u> for mor rocesses used to deliver patient care in rance activities) – No priority areas. The review assesses both the assessme

³ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

	ii. details of how the	The College fulfills this requirement:	Met in 2023, continues to meet in 2024		
	College uses a right touch, evidence- Informed approach to determine which registrants will undergo an assessment activity (and which type of	 Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, explicitly indicate page number(s) OR please briefly describe the right touch approach and evidence used. 	ert panel) to inform assessment approach and		
		 All Part A pharmacists and Part A Pharmacy Technicians are required to complete quality assurance assessment ac A risk-based approach is applied after the initial assessment - only those registrants that are unsuccessful move or (for both the Practice Assessment and Knowledge Assessment). As of October 1, 2024, Pharmacy Technicians are Regulations. Pharmacists and Pharmacy Technicians who do not provide patient care remain in Part B of the regis assessments of clinical competency. 	n to remediation (coaching) and reassessment now included in the Quality Assurance		
	multiple assessment activities); and	 Part A Pharmacists who have been unsuccessful at a practice reassessment or a knowledge reassessment online with a remote proctor. 	nt are required to knowledge assessment		
		 Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): - updated in 2016. 	The current QA approach was reviewed and		
		 With the QA regulatory amendments as of October 1, 2024 (<u>Ontario Regulation 256/24: General)</u>, the College h participate in the QA Program based on risk, rather than random selection. This allows the Quality Assurance P based, right-touch selection criteria. Risk factors may include the registrant's workplace environment, the type Quality Assurance Program outcomes, and the time elapsed since their last Quality Assurance Program activity. 	rogram to further strengthen the focus on risk- of services provided, past conduct, previous		
		 Beginning January 1, 2025, Part A Pharmacists will be selected for a practice assessment if: 			
		 Eight or more years have passed since their last assessment OR 			
		- They have never completed a practice assessment			
		If evaluated/updated, did the college engage the following stakeholders in the evaluation:			
		– Public Yes			
		– Employers Yes			
		– Registrants Yes			
		– Other stakeholders Yes			
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.		
		Additional comments for clarification (optional)			
		As a 2025 priority, the College will identify additional risk factors for selecting Part A registrants to take part in the QA Program	n.		

iii. criteria that will inform	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
the remediation activities a registrant must undergo based on the QA assessment, where necessary.	 Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR The following Practice Assessment criteria serve as a self-evaluation for pharmacists and pharmacy technicians. In using these criteria form the basis for remediation activities. Practice Assessment Criteria – Community Pharmacists Practice Assessment Criteria – Hospital and other Healthcare Facility Pharmacists Practice Assessment Criteria – Community and Hospital Pharmacy Technicians 	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

a. The College tracks the results of remediation activities a	The College fulfills this requirement:	Yes	
registrant is directed to	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please brid	efly describe the process.	
undertake as part of any College committee and	 For Quality Assurance (QA) Committee-required remediation and for Inquiries, Complaints, and Reports Committee (IC has implemented a post-remedial assessment process. 	RC)-required remediation, the Colle	
assesses whether the registrant subsequently	 Registrants who are required by the QA Committee to complete specified remediation undergo a post-remedia later. 	l assessment approximately one ye	
demonstrates the required knowledge, skill and	 Registrants who are required by the ICRC to complete a SCERP are tracked for completion and undergo a post-r remediation is complete. 	emedial assessment once their	
judgement while practicing.	 The College tracks remediation activities ordered by the Discipline Committee to assess whether the registrant has con- and whether the registrant is complying with any conditions imposed by the Discipline Committee order. In some case include a Compliance Audit/Review (CAR) as part of its order 		
	• Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills an OR please briefly describe the process.	d judgement following remediation	
		 A post-remediation practice assessment will be scheduled approximately one year after the completion of directed rem practice. The post remediation practice assessment will be conducted using the assessment tool for registrant practice advisor will conduct the post-remediation assessment. 	
	 For QA-directed remediation, a post-remediation, unproctored knowledge assessment will be scheduled for approxima May) after completion of directed remediation. 	tely one year or less (the following	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.	
	Additional comments for clarification (if needed)		

Required Evidence	College Response	
 a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and; 	 The College fulfills this requirement: Please insert a link to the College's website that clearly describes the College's complaints process including, options to resc associated with the respective options and supports available to the complainant. Click here for description complaints process, and click here for infographic. Click here for information on ways to inform the College about a concern. Click here for information on how a complainant can file a complaint. Click here for Information on the College providing funding for Sexual Abuse Therapy Click here for a sheet for sexual abuse complainants/witnesses Please insert a link to the polices /procedures for ensuring all relevant information is received during intake <i>OR</i> please bries if the documents are not publicly accessible. A standard operating procedure (not publicly accessible) has been created to ensure all relevant information is ob as follows: Determine what information (if any) is required to satisfy the complaint criteria. Information to be gathered can include: Clarification of intent from complainant Specific details of incident(s) being complained about (e.g., patient information, medication information information information; If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional 	fly describe the policies and procedures tained during intake. The key steps are

STANDARD 11

	iii. evaluated by the College to ensure the information	The College fulfills this requirement:	Yes
	provided to complainants is clear and useful.	 Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A review of website content and other communication (e.g., templates) is conducted regularly and feedback received fr complainants is considered when making any revisions. Feedback is also received as part of a report provided annually by an independent third-party consultant as it relates to have made allegations of sexual abuse. 	
	Benchmarked Evidence	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implement	
	 b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. 	The College fulfills this requirement: No Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College's rate for responding to public inquiries within five (5) business days was 82% in 2024.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional) The College experienced staffing turnover on the Intakes Team in 2024. The College expects to achieve this benchmark in 2025 w	Yes vith a fully staffed team.

	c.	Demonstrate how the College supports the public during	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		the complaints process to	Please list support available for the public during the complaints process.	
		ensure that the process is inclusive and transparent (e.g., translation services are	 Accommodating accessing and participating in the complaints process (e.g., if someone is unable to write or type recording their concerns by alternative means; and use large font correspondence and any other accommodatio meaningfully participate in the process) 	n required for the complainant to
		available, use of technology, access outside regular	 Providing additional information and support for those reporting sexual abuse (e.g., access to external consultan and discipline processes). 	ts for information about investigations
		business hours, transparency	 Providing translation services as required/requested. 	
		in decision-making to make sure the public understand	• Proving paper copies of the College's complaint form mailed directly to potential complainants who do not have	access to email/the College's website
		how the College makes decisions that affect them	 For every complaint filed, staff assigned to the complaint conduct an introductory call with the complainant with the purposes of: 	in five days of receipt of the complaint for
		etc.).	 Introducing themselves. 	
			 Explaining the steps in the complaints process and their associated timelines. 	
			 Clarifying the complaint's concerns and confirming the scope of the complaint. 	
			 Explaining the reasons why certain registrants have been named in the complaint. 	
			 For suitable cases, explore with the complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant if they are open to a resolution other than the formal complainant is a resolution other the formal complainant is a resolution other the formal complainant is a resolution other the formal complainate is a resolution other the formal complainat	
			 Provision of documentation for complainants that outlines possible outcomes that can be adopted by the ICRC to dispose of a Documentation to explain the next steps of the complaints process is also included with each complaint investigation as stand Detailed information pertaining to the complaint process is made available on the <u>College website</u>. 	•
		Please briefly describe at what points during the complaints process that complainants are made aware of the support available.	vailable.	
		 Intake staff are trained to ask complainants during the initial point of contact about any support a complainant n complaint has been filed, complaints are assigned to a Complaints and Resolutions Officer (CRO). Complainants or support they may need throughout the process. College staff also provide additional, non-legal and confidentiand witnesses is available from a third-party consultant retained by the College. Information about the College's on the College's website. 	can contact the CRO with any questions al support to sexual abuse complainants	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure: 11.2 All parties to a compla the process.	int and discipline process are kept up to date on the progress of the	eir case, and complainants are supported to participate effectively in
a. Provide details about how the	The College fulfills this requirement:	Yes
College ensures that all parties are regularly updated on the progress of their	• Please insert a link to document(s) outlining how complainants can contact the provide a brief description.	ne College during the complaints process and indicate the page number(s) OR please
complaint or discipline case,	 Initially through the College's general '<u>Contact</u>' site (under the heading 	; 'Concerns').
including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	 If a complaint is referred to the Discipline Committee, the compl 	number for the Complaints and Resolutions Officer assigned to their file. lainant is provided with contact information for the external consultant who can staff and prosecutors act as a point of contact for witnesses during the discipline
	 Please insert a link to document(s) outlining how complainants are supported provide a brief description. 	d to participate in the complaints process and indicate the page number(s) OR please
	complaints, notification that the investigation is complete and the appr	ughout the various stages of the investigation including acknowledgement of roximate number of weeks until the matter will be reviewed by ICRC. If the complaint Code, correspondence is sent to update the complainant at regular intervals.
	If the response is "partially" or "no", is the College planning to improve its perform	-

			Additional comments for clarification (optional)	
6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	complaints in a right touch manner.	d for an Interim Order under the Code. As tion may change in accordance with the most , the seriousness of the concerns, and whether Complaints and Reports, and tracking began.
DOMAIN 6			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.

		Measure: 13.1 The College demonstr government, etc.).	rates that it shares concerns about a registrant with other relev	ant regulators and external system partners (e.g. law enforcement,	
		a. The College's policy outlining	The College fulfills this requirement:	Partially	
		consistent criteria for disclosure and examples of	• Please insert a link to the policy and indicate page number OR please briefly	y describe the policy	
		the general circumstances	 The College has a policy regarding responding to information requests 	s from police that can be found on the <u>College's website</u> .	
PRACTICE		and type of information that has been shared between the College and other relevant system partners, within the legal framework, about	concerning conduct on the part of another regulated health professio protect the public interest. This review continues through any subseq	actice, College staff review the information to determine if there is evidence of anal which should be reported to the health professional's regulator or elsewhere to uent investigation. If concerning conduct is identified and the pharmacy professional is nation to the health professional's other regulator in accordance with that specific ct, 1991 (RHPA).	
ТО	13	concerns with individuals and any results.	concerns with individuals and	 The College readily shares information requested by other regulators, RHPA. 	, on request, under the relatively broad exemption granted under s. 36(1)(c) of the
DOMAIN 6: SUITABILITY	STANDARD 1		overlaps with the conduct of another regulated health professional, the	ther health regulatory colleges when the alleged misconduct under investigation here is a shared practice site and/or it is a multidisciplinary setting where there may be is taking place, if there is a compelling public interest in such disclosure, under s.	
N 6: S	SI		 Please provide an overview of whom the College has shared information wir of system partner, such as 'hospital', or 'long-term care home'). 	th over the past year and the purpose of sharing that information (i.e., general sectors	
1AII			\circ The College engages with a number of system partners when sharing	relevant information in the course of its regulatory responsibilities:	
NO			 Other pharmacy regulators: 		
D			 College of Pharmacists of British Columbia (CPBC): Provide provided in relation to a complaint investigation 	ed information about an applicant also registered with OCP. Information was also	
			 College of Pharmacists of Saskatchewan (CPS): Provided in 	nformation about an applicant also registered with OCP.	
			 Other RHPA regulators: 		
			 College of Physicians and Surgeons of Ontario (CPSO): Join 	nt investigation commenced in 2024.	
			 Government agencies: 		
			 Ministry of Health (Ontario) (MOH): Information was required to the second of the second with UC representing the second with UC representing the second seco		
			- Health Canada (HC): Information shared with HC regardi	ng a joint investigation, and regarding drug preparation premises.	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)	
The College has continued to work with a number of other RHPA regulators to develop a common Information Sharing Policy, inten proactive information-sharing between RHPA regulators and other regulators, police, employers and other third parties. This work draft policy has been approved in principle.	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.			
–		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT		a. Outline the College's KPIs, including a clear rationale for	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
	STANDARD 14	 Please insert a link to a document that list College's KPIs with an explanation of the college meeting its strategic object information is included and indicate page number <i>OR</i> list KPIs and ratio College staff recommendations (including rationale) <u>2024</u> (Page 1) 		to Council meeting materials where this	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.	
DOI REPO			Additional comments for clarification (if needed)		

b. The College regularly reports to Council on its performance and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
risk review against:	 Please insert a link to Council meeting materials where the College reported to Council on its progress against stated sta and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indica 	
 stated strategic objectives (i.e., the objectives set out in a College's strategic plan); 	 Through the College Dashboard, the Board receives quarterly updates on progress towards strategic objectives a example the <u>December 2024 Board meeting materials</u> (Page 59-96) and minutes. The Board receives a semi-annual report on key risks and mitigation activities. See for example the <u>December 2021</u> 104). 	
ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	Choose an item.
iii. Its risk management approach.		

a. Council uses performance and risk review findings to identify	The College fulfills this requirement:	Yes
where improvement activities are needed.	Blosse insert a link to Council meeting materials where the Council used performance and rick review	w findings to identify where the College needs to impleme
	 For example, the Board has decided, based on insights presented in the quarterly 2024 dasht include the following <u>performance metrics</u> (Page 311): 	boards, that the 2025 College performance scorecard show
Benchmarked Evidence	 High and moderate-risk complaints should be resolved within 150 days. 	
	 High and moderate-risk Registrar's Inquiries should be resolved within 365 days. 	
Measure: 14.3 The College regularly re	eports publicly on its performance.	
14.3 The College regularly re a. Performance results related to	eports publicly on its performance. The College fulfills this requirement:	Met in 2023, continues to meet in 2024
14.3 The College regularly re		,

	Additional comments for clarification (if needed)

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, <u>a recommended method to calculate the information is provided in the companion document</u> "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College's own method: Recommended ded

If a college method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		What does th			
Type of QA/QI activity or assessment:	#	- Improvement (C care that is safe			
i. QI – Self Assessment	2,161	professionals fa practice (e.g., c			
ii. QA – Knowledge Assessment	3,357	legislative chang			
iii. QA – Routine Practice Assessment	1,996	The information undertook in as			
iv. QI - Coaching	136	activities its regis of QA/QI activitie			
v. QA - Practice Reassessment	116	in executing its C maintain comp			
vi. QA – QA Assessment	17	competently. De assessment com			
-		College in Measu			

What does this information tell us? Quality assurance (QA) and Quality inprovement (QI) are critical components in ensuring that professionals provide are that is safe, effective, patient-centered and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, regislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPI
may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the
requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and
distribution of QA/QI activities or assessments used in the reporting period.

Additional comments for clarification (if needed)

- 1. The Pharmacy Act regulations do not yet incorporate pharmacy technicians. The regulation has been submitted to the government and was approved in October 2024. Those pharmacy technicians who have engaged in QA activities have done so voluntarily.
- 2. OCP's Practice Assessment model involves three steps prior to referral to the QA Committee: (1) routine practice assessment; (2) coaching and re-assessment and (3) QA assessment. Note that remediation in the form of coaching is provided up-front prior to the practice reassessment. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 10						
Statistical data collected in accordance with the recommended method or the College own	n method:Recommend	e d				
If a college method is used, please specify the rationale for its use:						
Context Measure (CM)						
	#	%	What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been			
CM 2. Total number of registrants who participated in the QA Program CY 2024	7,558		and Judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee (QAC). The information provided here shows how many registrants who			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	47 / 7,558	62%	<i>where the QA Committee deemed that their practice is unsatisfac</i> <i>and as a result have been directed to participate in specified</i> <i>continuing education or remediation program as of the start of C</i> <i>2024, understanding that some cases may carry over.</i>			
<u>NR</u>						
Additional comments for clarification (if needed)						
1. The Pharmacy Act regulations do not yet incorporate pharmacy technicians.						
2. CM3: 47 (20 Directed Remediation + 27 Directed Assessments) registrants have been resubmissions to defer the completion of the remediation directed by QAC.	eferred to QAC and had rea	mediation directed a	nd 1 registrant was directed with SDL. In 2024 there were a number of			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE									
STANDARD 10									
Statistical data collected in accordance with the recommended method or the College's own method: R e c o	mmend	e d							
If a college method is used, please specify the rationale for its use:									
Context Measure (CM)									
CM 4: Outcome of remedial activities as at the end of CY 2024:**	#	%	What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may						
i. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	5/6	83%	help a college evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA						
ii. Registrants still undertaking remediation (i.e., remediation in progress)	16/47	34%	remediation activities are, as many factors may influence the practice and behavior registrants (continue to) display.						
NR * This number may include registrants who were directed to undertake remediation in the previous year and a **This measure may include any outcomes from the previous year that were carried over into CY 2024.	completed	reassessm	าent in CY 2024.						
Additional comments for clarification (if needed)	CV 2024+	at paced	the next remedial according to 5. 1 Desistrant failed the DDA						
CM 4 (i): Total number of registrants that were referred to the QA Committee as part of the QA Program in CMI 4 (ii): - Total number of registrants who were required by the QA Committee to undergo a remediation activity as		-							
- Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period = 16 - Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2024 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program = 20; In 2024 there were a number of registrants did not complete the KA-U and had to complete the KAP and were brought to QAC to implement the KAP completion by a certain date.									

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE										
STAN	STANDARD 12									
Statist	cal data is collected in accordance with the recommended method or the College's own r	method: Re	commend	e d						
lf a col	lege method is used, please specify the rationale for its use:									
Contex	t Measure (CM)									
CM 5.	Distribution of formal complaints and Registrar's Investigations by theme in CY 2024		omplaints eived	-	Investigations itiated					
Theme	5:	#	%	#	%					
Ι.	Advertising	NR	NR	NR	NR					
١١.	Billing and Fees	39	4.2%	19	7.8%					
III.	Communication	395	42.3%	21	8.6%					
IV.	Competence / Patient Care	322	35.4%	52	21.4%	What does this information tell us? This information facilitates transparency to the public, registrants and the				
V.	Intent to Mislead including Fraud	0	0	0	0	ministry regarding the most prevalent themes identified in				
VI.	Professional Conduct & Behavior	53	5.7%	57	23.5%	formal complaints received and Registrar's Investigations				
VII.	Record keeping	NR	NR	8	3.3%	undertaken by a college.				
VIII.	Sexual Abuse	NR	NR	NR	NR					
IX.	Harassment / Boundary Violations	NR	NR	7	2.9%					
Х.	Unauthorized Practice	NR	NR	0	0					
XI.	Other <other and="" business="" conduct="" practices=""></other>	112	12.3%	68	29.6%					
Total n	umber of formal complaints and Registrar's Investigations**	543	100%	157	100%					

<u>Formal Complaints</u>	
<u>NR</u>	
Registrar's Investigation	
**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.	
Additional comments for clarification (if needed)	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE											
STAN	STANDARD 12										
Statist	cal data collected in accordance with the recommended method or the College's own method: College I	Method									
	lege method is used, please specify the rationale for its use: Due to conflicting information within the Technic additional comments.	al Specification,	we have interprete	d our calculations the best we can. Further explanations are below							
Conte	tt Measure (CM)										
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2024		398								
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024		79								
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024		156								
CM 9.	Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	What does this information tell us? The information helps is public better understand how formal complaints filed with a second seco							
١.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	College and Registrar's Investigations are disposed of resolved. Furthermore, it provides transparency on key sour							
١١.	Formal complaints that were resolved through ADR	0	0%	of concern that are being brought forward to the Colleg							
III.	Formal complaints that were disposed of by ICRC	371	N/A	Inquiries, Complaints and Reports Committee.							
IV.	Formal complaints that proceeded to ICRC and are still pending	58 15%									
V.	Formal complaints withdrawn by Registrar at the request of a complainant	82	20%								
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%								

VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	16	3.5%							
ADR										
<u>Disposa</u>	Disposal									
<u>Formal</u>	<u>Complaints</u>									
<u>Formal</u>	Complaints withdrawn by Registrar at the request of a complainant									
<u>NR</u>										
Registra	ar's Investigation									
# May	relate to Registrar's Investigations that were brought to the ICRC in the previous year.									
	e total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that poses of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total n	-								
Additio	onal comments for clarification (if needed)									
• For	r CM 6 and CM 7, the College considers "brought forward" to be files where the ICRC reviewed the file and	rendered an ou	tcome (though the	files may not be finally disposed with a decision issued yet).						
• For	r CM 9, it indicates "formal complaints and Registrar's Investigations received in CY 2024", though we hav	e noted that sor	ne of the subseque	nt values in CM 9 relate to files received before 2024.						
• For	r CM 9 III, as indicated in the Technical Specifications, this value is all complaint files where a decision was	issued in 2024 (though the file may	v have been opened prior to 2024).						
• For	• For CM 9 IV, denominator is 398 (the same as CM 6) and also includes files that may have been opened prior to 2024 (but proceeded to ICRC in 2024).									
• For	• For CM 9 VII, denominator is 461, which represents all ICRC decisions issued in 2024 (excluding health inquiries as per Technical Specifications).									

Table 6 - Context Measure 10

DOM	OMAIN 6: SUITABILITY TO PRACTICE										
STAN	ANDARD 12										
Statisti	cal data collected in accordance with the recomn	nended method o	or the College's own n	nethod:Recon	n m e n d e d						
If a coll	f a college method is used, please specify the rationale for its use:										
Contex	tt Measure (CM)										
CM 10.	Total number of ICRC decisions in 2024	461									
Distrib	ution of ICRC decisions by theme in 2024*	# of ICRC [Decisions++								
Nature	of Decision	Take no action	Provides advice or recommendations	lssues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Take any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.			
Ι.	Advertising	NR	0	0	NR	0	0	0			
II.	Billing and Fees	16	5	NR	NR	0	NR	NR			
III.	Communication	125	91	NR	38	0	0	24			
IV.	Competence / Patient Care	86	101	9	58	0	NR	49			
V.	Intent to Mislead Including Fraud	0	0	0	0	0	0	0			
VI.	Professional Conduct & Behaviour	9	18	NR	NR	NR	8	0			
VII.	Record Keeping	NR	0	0	NR	0	0	NR			
VIII.	Sexual Abuse	0	0	0	0	0	0	0			
IX.	Harassment / Boundary Violations	NR	0	0	NR	0	NR	NR			

X. Unauthorized Practice	0	NR	0	NR	0	NR	NR
XI. Other	39	17	NR	11	5	5	14
 Non-practice related - Includes employment, compensation and civil proceedings. 							
 Business Practices - Includes restriction of choice, refusal to transfer, offering an inducement, return to stock of previously dispensed product, conflict of interest; drug distribution 							
• Other Conduct/Behavior not included in any other OCP Theme							
The number of decisions are corrected for formal complain 2024.	ts ICRC deeme	ed frivolous and ve.	xatious AND deci	isions can be regarding form	al complaints and	registrar's investigatior	s brought forward prior to
+ The requested statistical information (number and distri bove, therefore when added together the numbers set out IR	-				-	-	ler multiple themes identified
What does this information tell us? This information will h ctions taken to protect the public. In addition, the informat r Registrar investigation and could facilitate a dialogue with	on may assist	t in further informi	ng the public reg	arding what the consequent	ces for a registran		
dditional comments for clarification (if needed)							

- The College's ICRC does not issue decisions solely as a specified continuing education or remediation program (SCERP). SCERP decisions are always accompanied with Advice/Recommendation or an Oral Caution. In the chart above, to avoid duplication of decisions, we entered Advice/Recommendation + SCERP decisions in the SCERP column and entered Oral Caution + SCERP decisions in the "Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or By-Laws" column.
- Similarly, if a registrant agrees to an undertaking, that is always accompanied with another ICRC decision such as Take No Action, Advice/Recommendation, etc. To avoid duplication, we entered decisions that include an undertaking only in the undertaking column above.

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method	or the College c	own method: Recommended						
If College method is used, please specify the rationale for its use:								
Context Measure (CM)								
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us?</i> This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed of by the College.						
I. A formal complaint in working days in CY 2024	294	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information						
II. A Registrar's investigation in working days in CY 2024	615	regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.						
Disposal								
Additional comments for clarification (if needed)								

Table 8 - Context Measure 12

-

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data collected in accordance with the recommended method or the College	's own method: Reco	m m e n d e d			
If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being			
I. An uncontested discipline hearing in working days in CY 2024	557	disposed.			
II. A contested discipline hearing in working days in CY 2024	1,214	The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.			
Disposal	I				
Uncontested Discipline Hearing Contested Discipline Hearing					
Additional comments for clarification (if needed)					

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE								
STAN	STANDARD 12							
Statist	ical data collected in accordance with the recommended method or t	the College's own method: R e c o m	m e n d e d					
If Colle	ege method is used, please specify the rationale for its use:							
Conte	xt Measure (CM)							
CM 13	Distribution of Discipline finding by type*							
Туре		#						
I.	Sexual abuse	NR						
١١.	Incompetence	0						
III.	Fail to maintain Standard	14						
IV.	Improper use of a controlled act	0						
V.	Conduct unbecoming	NR	What does this information tell us? This information facilitates transparency to the public, regist					
VI.	Dishonorable, disgraceful, unprofessional	14	and the ministry regarding the most prevalent discipline findings where a formal complain	nt or				
VII.	Offence conviction	NR	Registrar's Investigation is referred to the Discipline Committee by the ICRC.					
VIII.	Contravene certificate restrictions	NR						
IX.	Findings in another jurisdiction	0						
Х.	Breach of orders and/or undertaking	NR						
XI.	Falsifying records	7						
XII.	False or misleading document	12						
XIII.	Contravene relevant Acts	14	7					

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

<u>NR</u>

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Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 12						
Statistical data collected in accordance with the recommended method or the College ov	wn method: R e c o	m m e n d e d				
If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 14. Distribution of Discipline orders by type*						
Туре	#					
I. Revocation	7	What does this information tell us? This information will help strengthen transparency on the type of				
II. Suspension	14	actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without				
III. Terms, Conditions and Limitations on a Certificate of Registration	14	knowing intimate details of each case including the rationale behind the decision.				
IV. Reprimand	21					
V. Undertaking	0					
not equal the total number of discipline cases. Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR	include multiple ji	indings identified above, therefore when added together the numbers set out for findings and orders may				

Additional comments for clarification (if needed)

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Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute, in accordance with the provisions of the Code.

Return to: Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: <u>Table 5</u>, <u>Table 7</u>, <u>Table 8</u>

Formal 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.

Return to: <u>Table 4</u>, <u>Table 5</u>

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five da

Return to: Table 4, Table 5

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: Table 10

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: Table 10

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: Table 10

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10

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BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR INFORMATION

From: Thomas Custers, Acting CEO

Topic: College Performance Dashboard – Key performance results for 2024 (Year-End)

Issue/Description:

To provide the Board with a quarterly update on how well the College is tracking towards its 2024 performance targets and trends on key monitoring measures.

Public interest rationale: To support the Board in providing oversight and being accountable to the Board and the public on the College's performance on its 2024 goals.

Strategic alignment, regulatory processes, and actions: Maintaining and reporting on regulatory performance supports the Board in its oversight role, strengthens trust and confidence in the College's capacity to address emerging issues and to strive for regulatory excellence.

Background:

- Each year, a performance scorecard is developed and approved by the Board to enable the Board and the public to evaluate how well the College is performing in achieving its targets.
- For 2024, staff believed there was value in broadening the focus beyond reporting on how well the College achieved its 2024 targets and recommended moving to a dashboard that would also report on the following:
 - Key risks that may negatively impact the achievement of the 2024 targets or the College's mandate.
 - The College's execution of critical regulatory activities to provide context and inform future strategic discussions.
- The Board approved the 2024 College Dashboard at its December 11, 2023 meeting and the targets at its March 25, 2024 meeting.
- The 2024 College Dashboard includes four domains ('Regulatory Competence', 'Strategic Priorities', 'Organizational Capacity', 'Risk Management') and two types of measures:
 - **Performance measures:** measures for which a target is set that the College aims to achieve.
 - Monitoring measures: measures of College performance for which no targets have been set. These
 provide context and inform the Board about the College's performance in other areas of its mandate and
 areas not included in the strategic or annual operational plan to support future strategic or operational
 planning.
- The College provides quarterly updates to the Board regarding the measures outlined in the 2024 College Dashboard. Please refer to the attached report for more detailed information on the results, including achievements and ongoing strategies to overcome obstacles in meeting the targets.

- The 2024 College Dashboard has:
 - 14 performance measures:
 - Strategic Priorities Domain: 2 measures track progress toward strategic and operational goals in the 2024 operational plan.
 - **Organizational Capacity Domain**: 12 measures evaluate if the College has the necessary resources and is compliant with relevant policies, laws, and regulations.
 - 5 monitoring measures:
 - **Regulatory Competence Domain:** 4 measures on the College executing its regulatory functions.
 - Organizational Capacity Domain: 1 measure (financial health).

Analysis:

- For detailed year-end 2024 College Dashboard performance analysis and results, please refer to the full report within Attachment 6.2a. Please find below a summary of the results.
- 2024 Strategic Goals (6 initiatives)
 - The College completed 3 of the 6 initiatives in 2024:
 - Identify tactics for implementation starting in 2025 (Strategic Goal #1)
 - Finalize implementation new organizational structure (Strategic Goal #3)
 - Establish a prioritized list of high impact activities to be implemented starting in 2024 (Strategic Goal #4)

• 2024 Operational Goals (12 initiatives)

- The College completed 5 of the 12 initiatives in 2024:
 - Implement a more efficient registration process and enhanced approach to Quality Assurance
 - Implement a revised program to conduct pharmacists' assessments more efficiently and effectively
 - Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians
 - Develop recommendations for future AIMS program
 - Discipline Committee review Phase II
- As a result, the College did not meet the target on the following two 2024 College Dashboard measures under **Strategic Priorities**:

Performance Measure	Target	Year-End-Result
% of 2024 strategic goals on track	100%	50%
% of operational goals on track	100%	42%

- There are several reasons why the College was unable to complete all the strategic and operational initiatives outlined in the 2024 Operational Plan. These reasons include competing emerging priorities and unforeseen challenges in executing specific initiatives, for example, with the Registrant Records System.
- The College will continue implementing the following **2 Strategic Goals in 2025**:

- OCP Website Refresh (Strategic Goal #2)
- Update all OCP communication materials to ensure the information that is shared is precise, understandable and accurate (Strategic Goal #2)
- The College will continue implementation the following **4 Operational Goals in 2025**:
 - o Implement Registrant Records System
 - SharePoint Phase II implementation
 - o Implement policies to improve patient safety for sterile, non-sterile and hazardous compounding
 - Data Governance Framework
- Organizational Capacity Performance Measures (12 total)
 - The College met its targets on 6 performance measures related to people and culture, information technology, and governance.
 - However, the College did not achieve its targets on the following 6 performance measures:
 - Staff feels OCP supports them
 - Voluntary turnover rate
 - Variance operating budget to year-end actuals
 - College Performance Measurement Framework (CPMF) standards fully met
 - Board Directors' Discipline Committee availability
 - Board Directors report receiving appropriate information

• Q4 Monitoring Measures Results (5 total)

- Measures with no change in trends in 2024:
 - 90th percentile disposal time for formal complaints (Regulatory Competence domain)
 - 90th percentile disposal time for Registrar's Investigations (Regulatory Competence domain)
 - Registrar decisions made within 30 days after receiving the complete application (Regulatory Competence domain)
 - Average days cycle time for high risk assessments (Regulatory Competence domain)
 - Reserve balance to required reserve ratio (Organizational Capacity domain)
- Please refer to the attached report for detailed comments regarding each measure and next steps for 2025.

Attachments:

- 6.2a 2024 College Dashboard Report (Year-End Results)
- 6.2b 2024 College Dashboard Measures Definitions



Attachment 6.2a 2024 College Dashboard Report (Year-End Results)

Content

ltem	Slide #
Section 1 – Background	3
Section 2 – Dashboard Summary	5
Section 3 – Year-End Performance Results	7
Section 4 – Results Q4 Monitoring Measures	21

Section 1 – Background

2024 Board Dashboard Domains

Regulatory Competence

Is the College effectively executing its regulatory functions?

Strategic Priorities

Is the College progressing towards its strategic and annual operational goals?

Organizational Capacity

Is the College optimally resourced to execute its mandate now and, in the future, while maintaining compliance with applicable policies, laws, and regulations?

Risk Management*

Is the College effectively managing the identified key risks that may prevent it from executing its regulatory functions and meeting its public protection mandate?

* To come later in 2025

Section 1 – Background

Type of Dashboard Measures



Performance Measure: A measure for which a target is set that the College strives to achieve related to its strategic and operational goals (strategic priorities) or organizational capacity.



Monitoring Measure: A measure of College performance for which no targets have been established. These measures provide context and information about the College's performance in other areas of its mandate to support future strategic or operational planning.

Section 2 – Dashboard Summary (Performance Measures)

Regulatory Competence	Strategic Priorities
Organizational Capacity	Risk Management*

Note:

Strategic goals (initiatives) completed in previous quarters or put on hold in previous or current quarters are removed from calculating the quarterly performance.

Year-End completed				
Strategic Goals				
Numerator 3				
Denominator 6				
Operational Goals				
Numerator 4				
Denominator	12			

PERFORMANCE MEASURES LEGEND

- Target achieved
- Target not achieved

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Sti	rategic Priorities						
Stra	ntegic Goals	Q1	Q2	Q3	Year End	target	status
1	% of 2024 strategic goals on track (completed)	83%	80%	75%	50%	100%	
Оре	erations				Year End	target	status
2	% of 2024 operational goals on track (completed)	67%	78%	87%	33%	100%	•
Or	ganizational Capacity						
Peo	ple and Culture	Q1	Q2	Q3	Year End	target	status
3	Average rating (1-10) of staff likely to recommend the College	8.6	8.3	8.3	8.2	8.2	
4	Average rating (1-7) of staff that feels OCP supports them	5.6	5.7	5.8	5.8	6.5	
5	% of staff engagement (inclusion)	-	90%	-	-	80%	
6	% of staff engagement (culture)	-	83%	-	-	78%	
7	% voluntary turnover rate	1.0%	1.2%	1.2%	4.1%	3.8%	
Fina	ance	Q1	Q2	Q3	Year End	target	status
8	% of variance of operating annual budget to year end actuals	Ν	ot Applicat	ole	-6%	+/- 5%	
Тес	hnology	Q1	Q2	Q3	Year End	target	status
9	% of up-time of business-critical information systems	100.0%	100.0%	100.0%	100.0%	99.9%	
10	% click rate of phishing campaigns	8.0%	1.0%	1.0%	3.5%	4.7%	
Cor	npliance	Q1	Q2	Q3	Year End	target	status
11	% of CPMF standards fully met	Ν	ot Applicat	ole	67%	83%	
Gov	ernance	Q1	Q2	Q3	Year End	target	status
12	% of Board Directors voluntary contributing at each Board meeting	100%	100%	100%	100%	100%	
13	% of Board Directors report receiving appropriate information	100% 196	100%	83%	86%	100%	
14	% of Board Directors indicating availability to sit on a Discipline Committee Hearing panel	39%	47%	49%	45%	85%	

Section 2 – Dashboard Summary (Monitoring Measures)

Regulatory Competence						
Regis	stration	Q1	Q2	Q3	actual	trend analysis
15	% of Registrar decisions made within 30 days after receiving the complete application	100%	100%	100%	100%	•
Quali	ity Assurance	Q1	Q2	Q3	actual	trend analysis
16	Average days cycle time for high risk assessments	393	384	405	462	•
Conduct		Q1	Q2	Q3	actual	trend analysis
17	90th percentile disposal business days of formal complaint	265	293	296	297	•
18	90th percentile disposal business days of Registrar's investigation	630	525	601	568	
Organizational Capacity						
Finar	nce	Q1	Q2	Q3	actual*	trend analysis
19	% of reserve fund balance to required reserve amount per college reserve policy	-	-	-	148%	not applicable

*% of reserve fund balance to required reserve amount per college reserve policy is only calculated at year end.

MONITORING MEASURES LEGEND

- Trending positive
- No change in trend
- Trending negative
- Not applicable (no results this quarter)

2024 Strategic Goals

2024 Strategic Goals (to advance 2024-2028 OCP Strategic Plan)	Completed	Stage		
STRATEGIC GOAL 1 (Pharmacy setting doesn't create barriers)				
1. Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025.	Completed			
STRATEGIC GOAL 2 (Effective College communications in all external interactions)				
2. Refresh OCP website to provide useful, timely & accessible information to the public, registrars, and other partners.	No	E		
3. OCP Brand refresh.	No	On Hold		
4. Update OCP communication materials to ensure the information that is shared is precise, understandable & accurate.	No	E		
STRATEGIC GOAL 3 (We have the resources)				
5. Finalize implementation new organizational structure.	Completed	d in Q1		
STRATEGIC GOAL 4 (Patients receive respect/no discrimination)				
6. Establish a prioritized list of high impact activities to be implemented starting in 2024.	Comple	ted		

Goal Stage	Not Yet Started (NS)	Initiation (I)	Planning (P)	Execution (E)	Complete (C)
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ngulatory Competence Strategic Priorities

Details Update 2024 Strategic Goals

202	24 Strategic Goals	Key points/Cause/Response	Comments or Next Steps	
•	Identified tactics the College will deploy to advance Strategic Goal 1 starting 2025 (Goal #1)	See addendum Registrar's Report for details		
•	OCP Website Refresh (Goal #2)	 Key Points: For a variety of reasons (e.g., delays in contract with vendor, more time for the testing and quality assurance phase), the original launch of late Q1 has been adjusted to September 2025. The adjusted timeline has no impact on resource allocation or finances, nor does it create any risk or negative impact on the College. 	 Next Steps for 2025: College staff are focusing on content reviews and improvements to align with new navigation and information architecture and Goal 2. Ongoing content changes. Preparing for preliminary testing phase. 	
•	OCP Brand refresh (Goal 2)	 Key Points: ON HOLD Prudent that any such refresh properly consider and include broader Board engagement and direction. 	 Comments: Need to re-establish its priority for the College by reevaluating whether it is necessary to achieve the College mandate or serve the public interest and should further explore government appetite for support prior to further work in this area. 	

Regulatory Conservana Strategic Priorities

Details Update 2024 Strategic Goals

Regulatory Competence	Strategic Priorities

2024	l Strategic Goals	Key Points/Cause/Response	Comments or Next Steps
•	Update all OCP communication materials to ensure the information that is shared is precise, understandable & accurate (Goal #2)	 Key Points: Communications materials are updated on an ongoing basis, and this remains an ongoing focus for the entire lifespan of the strategic plan. Communications audit reveals areas for improving what and how OCP communicates to audiences. Decisions made on where to focus on improving core communications tools and how to introduce/evolve other ways to inform and engage registrants to be worked into ongoing quality improvement efforts and communication plans starting in 2025. Website content review will include reflection of clear language principles and will integrate with other changes such as the policy review underway by the Policy division. 	 Next Steps for 2025 : Anticipate ongoing improvements and shifts to plain language and clearer information incrementally, with ongoing focus on CQI of communication materials and messaging including identifying and implementing more cost-efficient ways to meet the needs of audiences (e.g., streamlining our online communications tools).
•	Finalize implementation new organizational structure (Goal #3)	 Finalized activities to complete implementation of new organizational structure that was implement in November 2023. 	No comments / next steps
•	Establish a prioritized list of high impact activities to be implemented starting in 2024 (Goal #4)Key Points:• A prioritized list of high impact activities was developed: 1. Policy Development 2. Capacity & Skills 3. Partnership Agreements		 Next Steps for 2025: Piloting EDI Stewards training program with 10 staff members. Development of EDI analysis tools from partnership agreements. Applying equity and Indigenous lens to policy & process reviews.

2024 Operational Goals

2024 Operational Goals	Completed	Stage
7. Implement Registrant Records System (RRS)	No	E
8. SharePoint phase II implementation	No	E
9. Develop and implement a data governance framework.	No	On Hold
10. Build first components of a data warehouse	No	On Hold
11. Implement a more efficient registration process & enhanced approach to QA (Registration & QA Regulation Implementation)	Completed in Q3	
12. Implement a revised program to conduct pharmacists' assessments more efficient & effective	Complete	d in Q2
13. Implement policies to improve patient safety for sterile, non-sterile & hazardous compounding	No	E
14. Transitioned Structured Practical Training (SPT) Program to Practice Assessment of Competence at Entry (PACE) for intern technicians.	Complete	d in Q3
15. Develop recommendations for future AIMS program	Compl	eted
16. Develop recommendations to strengthen & sustain effective governance	No	On Hold
17. Discipline Committee review – Phase II	Compl	eted
18. Implement a practice-based risk framework to review & prioritize all College regulatory activities	No	On Hold

Details Update 2024 Operational Goals

202	4 Operational Goals	Key Points/Cause/Response	Comments or Next Steps
•	Implement Registrant Records System (RRS)	 Key Points: Original go-live date was August 2024. KPMG completed development work Dec 20, 2024. The project is in the end-to-end testing phase to ensure all required features function as expected in preparation for User Acceptance Testing (UAT) and in process of data migration. Additional OCP staff are involved to help meet timelines. 	 Next Steps for 2025 End to end testing close to completion. Start end-user-training and continue data migration. UAT testing scheduled for mid-April to mid-May. RRS project is on track for go-live in the summer/fall of 2025. Updated go-live date is October 1st, 2025
•	SharePoint Phase II implementation	 Key Points: Approval of document naming and file folder structure policy and guidelines by Management and Executive Teams has been rescheduled for 2025. 	 Next Steps for 2025: Except for the document naming and file folder structure policy and guidelines, all other 2024 deliverables have been completed.
•	Data Governance Framework	Key Points: ON HOLD • Resource competition with other priorities (mainly with RRS)	 Comments: Work on developing the data governance framework will continue in 2025, depending on staff availability.
•	Build first components of a data warehouse	 Key Points ON HOLD This project has dependency on the installation of the new RRS and will be placed on hold until a date for re-start can be established. 	Comments: It will be revisited during 2026 planning.

Strategic Priorities

Details Update 2024 Operational Goals

Regulatory Competence	Strategic Priorities

202	4 Operational Goal	Key Points/Cause/Response	Comments or Next Steps
•	Implement a more efficient registration process & enhanced approach to QA	 Key Points: This project has been completed. Regulation amendments successfully implemented effective October 1, 2024. 	Comments: COMPLETED
•	Implement a revised program to conduct pharmacists' assessments more efficiently & effectively	Key Points:This project was completed in Q2.	Comments: COMPLETED
•	Implement policies to improve patient safety for sterile, non- sterile & hazardous compounding	 Key Points: Structuring and sequencing of the content for the non-sterile compounding training module is complete. Risk assessment e-learning content development, as part of the broader e-learning training module, is in-progress. 	 Next Steps for 2025 Sub-module 3 (assessing risk levels) ready for use. Sub-module 4 (obligations & conduct) is in progress. Next report will provide status on mandatory training roll-out for compounding supervisors.
•	Develop recommendations for future AIMS program	 Key Points: Recommendations for a future AIMS program are identified. Developed options for future Medication Incident Reporting (MIR). 	Next Steps for 2025: Implement recommendations.
•	Develop recommendations to strengthen & sustain effective governance	Key Points: ON HOLD • Due to other emerging priorities, this work is deferred to a future date. (TBD)	Comments: • n/a
•	Discipline Committee review – Phase II	Key Points: • Developed options.	 Comments: Board decision regarding the options to be made at a future Board meeting (date not yet determined).

Details Update 2024 Operational Goals

20	24 Operational Goal	Key Points/Cause/Response	Comments or Next Steps		
•	Implement Practice Risk-Based Framework	 Key Points: ON HOLD Due to limited funding for external consulting assistance and the need to prioritize RRS implementation and Strategic Goal 1 work, this work has been deferred. 	 Comments: Postponed due to other priorities as well as the need for extra resources on expertise the College currently does not have. However, the model/framework to date will be used to help inform the strategic policy work and College continues to apply risk-based, right-touch regulation principles to key activities such as practice, pharmacy assessments, and DPP assessments. 		

Strategic Priorities

Details Update People & Culture Measures

Regulatory Competence	Strategic Priorities
Organizational Capacity	Risk Management*

Perfo	Performance Measures			YTD	Target	Cause	Response
•	Average rating (1- 10) of staff likely to recommend the College to a qualified friend or family member as a great place to work	$\begin{array}{c} \textbf{P} \textbf{D} \\ \textbf{P} \textbf{D} \\ \textbf{R} \textbf{S} \\ \textbf{R} \\$	8.2	8.3	8.2		• College met 2024 target
•	Average rating (1- 7) of staff that feels OCP supports them in having the right skills to be successful in their current role	$\begin{array}{c} \textbf{f} \textbf{BETTER} \\ \textbf{65} \\ \textbf{60} \\ \textbf{55} \\ \textbf{55} \\ \textbf{5.6} \\ \textbf{5.7} \\ \textbf{5.8} \\ \textbf$	5.8	5.7	6.5	 The College's score has remained stable without significant change through 2024. Our central line 5.7 average represents 76% of 90 respondents scoring a rating of 6 and 7 according to December results. The College has not met the target in 2024; however, the target was always meant to be a stretch target. At a minimum, the College has been able to maintain its relatively high score. 	 Next steps for 2025 Continue encouraging staff to enroll in training programs. Continue to identify staff-specific or organization-wide staff needs and provide required support/training.

Details Update People & Culture Measures (Cont'd)

Perf	ormance Measure	Q4	YTD	Target	Cause	Response	
•	% of staff engagement (inclusion)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	90%	-	80%		 Reported at the September 16th Board meeting. This survey is conducted annually in the 2nd quarter.
•	% of staff engagement (culture)	See 'Results of 2024 OCP Employee Engagement Survey' Board agenda item	83%	-	78%		 Reported at the September 16th Board meeting. This survey is conducted annually in the 2nd quarter.
•	Voluntary turnover rate	BETTER	0.6%	4.1%	3.8%		 The College's quarterly turnover rates have been low and stable. However, the annual turnover rate in 2024 was 4.1%, slightly higher than the target of 3.8%. This rate is still significantly lower than the average voluntary turnover in Canada: 11.9% (Canadian Turnover Mercer Survey, 2024) and 6.4% (Conference Board of Canada's HR Metrics Benchmarking, 2023). The College will continue to monitor voluntary turnover and understand staff departures through exit interviews, making improvements based on the findings.
			206				

Details Update Finance Measure

Regulatory Competence	Strategic Priorities
Organizational Capacity	Risk Management*

Perf	Performance Measures			Q4	YTD	Cause	Response	
•	% of variance of operating annual budget to year end actuals	Year 2021 2022 2023 2024	Variance -4% -6% -2% -6%		-6%	+/- 5%	 Underspend in Personnel costs as a result of staff vacancies, and lower costs for employee and HR activities. Lower legal costs with more work performed in house. Some regulatory initiatives did not move forward or were deferred to 2025. 	 Next steps for 2025 Explore the possibility of zero-based budgeting, continue analyzing spending patterns to identify budgeting errors, and strengthen quarterly budget reviews to identify and address variances early.

Details Update Technology Measures



Perf	formance Meas	sures	Q4	YTD	Target	Cause	Response
•	% of up-time of business- critical information systems	Term Term 100 100 100 100 100 100 100 100.0 100 100 100 100 100 100 100 100.0 100 100 100 100 100 100 100 99.9 - - - - - - - 99.8 - - - - - - - - 99.7 - <	100%	100%	99.9%		• College met 2024 target
•	% click rate of phishing campaigns	BETTER	3.3%	3.3%	4.7%		College met 2024 target

Details Update Compliance Measure

Perf	Performance Measures					YTD	Target	Cause	Response			
			M	et]							
		Year	Standard	Evidence								
	% of CPMF 2021 58% 81%			0.00/								
•	standards fully met	2022	2022 58% 82% 6	67%	83% (12 Standards)	See Registrar's Report for more detail.	for more detail.					
		2023	50%	84%								
		2024	67%	90%								
					_							

 Regulatory Competence
 Strategic Priorities

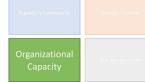
 Organizational Capacity
 Itid Matagement

Details Update Governance Measures

Pe	rformance Measu	res	Q4	YTD	Target	Cause	Response
•	% of Board Directors voluntarily contributing at each Board meeting	TER 100 99 99 90 97 96 96 94 94 94 92 94 91 94 92 94 91 94 92 94 94 94 92 94 94 94	100%	100%	100%	-	• College met 2024 target
•	% of Board Directors report receiving appropriate information to exercise oversight role	100 100 100 95 100 100 90 83 84 80 83 84 70 60 83 84 30 20 100 100 100 100 100 95 100 100 100 100 95 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	84%	86%	100%	 Previous survey results indicated: Need for more detail including referencing to respective legislation/ regulation where applicable. Information not always comprehensive or clear enough to understand the agenda item. 	 Next steps for 2025 College staff will continue to provide the additional needed information and clarity.



Details Update Governance Measures



Performance Measu	ures	Q4	YTD	Target	Cause	Response
% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked	PBETTER O	44%	45%	85%	 Constituting panels for hearings continues to be challenging when conflicts, code requirements and experience are considered 2 polls were sent out on October 31 and November 13, 2024 Poll Response Rates: Elected Directors (66% and 44%); Public Directors (86% and 86%) Availability for Uncontested Hearings: Elected Directors (44%); Public Directors (55%) Availability for Contested Hearings: Elected Directors (33%); Public Directors (43%) 	Next steps for 2025 • Starting in September 2024, a more formal process was instituted for obtaining poll responses whereby a reminder email is sent to all Committee members who did not respond to the poll, along with a final deadline for response.

Section 4 – Year-End Monitoring Measures Results

Details Update Registration & QA Measures

Мо	nitoring Measures		Q4	YTD	Comments
•	% of Registrar decisions made within 30 days after receiving the completed application.	100 100 100 100 100 100 100 99 98 97 96 96 96 96 97 96 96 96 97 96 97 96 96 97 96 92 92 92 92 92 92 92 92 92 92	100%	100%	• Decisions are consistently completed in 30 days or less.
•	Average cycle time between assessments for community pharmacies in highest risk category*, measured in average days	650 600 522 462 500 469 405 400 360 414 350 360 414 300 250 200 210 2023 Q2 2023 Q3 2023 Q4 2023 Q1 2024 Q2 2024 Q3 2024 Q4 2024	462	411	 This measure was introduced in 2023 as a performance metric. By reducing the cycle time between assessments, pharmacy sites can address identified operational issues sooner. Q4 result is higher due the result from a single pharmacy taking 782 days for the assessment. Needed to be re-scheduled due to conflicts. This site is low volume compounding. Efforts are underway to reduce cycle time at the next routine assessment. College staff will continue to monitor and investigate the causes of these changes and assess whether further actions are necessary to ultimately reduce the cycle time to 365 days.

Regulatory

Section 4 – Year-End Monitoring Measures Results

Details Update Conduct Measures

Regulatory Competence	Strategic Priorities
	Risk Management*

M	onitoring Measures		Q4	YTD	Comments
•	90th percentile disposal of complaints in business days.	DETTER 500 400 52 52 52 52 52 52 52 52 52 52	297	294	 Shows the maximum time the College takes to dispose 90% of formal complaints nine out of ten times. No significant change from Q3.
•	90th percentile disposal of a Registrar's Investigation in business days.	$\begin{array}{c} & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & & \\ &$	568	615	 Shows the maximum time the College takes to dispose 90% of Registrar's Investigations (RIs) nine out of ten times. The 90th percentile measure is sensitive to the longest disposed cases. No significant change from Q3.

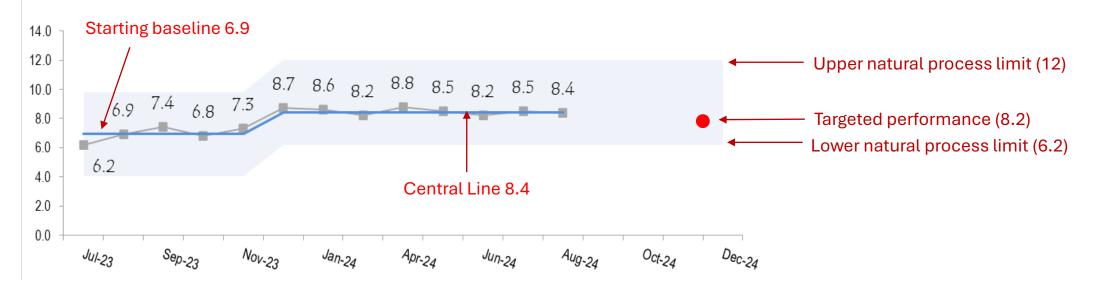
Section 3 – Year-End Monitoring Measure Result

Details Update Finance Measure



Mon	itoring Measures					YTD	Comments
-	% of reserve fund balance to required reserve amount per college policy		Year 2021 2022 2023 2024	% Reserve 109% 117% 152% 148%		148%	• Increase in 2023 is a result of the sale of the 186 St George St premises.
		L			1		

Appendix: How to Read the XmR Graphs* (for illustration purpose alone)



- Performance or values will always differ from one month or quarter to another, and the only way to see which ones are worthy of a response (or explanation) is to show them in what is called an XmR Chart. Showing the results in this format prevents us from:
 - o Over-reacting to differences in our measure values that are not caused by real change but rather caused by natural random variation.
 - Under-react to changes in a measure that are small and easily dismissed but are caused by real changes we should know about (before they escalate)
- The chart's upper and lower natural process limits define the routine or normal variation for the performance measure.
- A starting "Baseline" is collected to calculate process limits and target value.
- Over time, the "Central Line" tracks the process and is recalculated when a shift in performance occurs. (as indicated in Dec 2023 above)
- Both baseline and central line are essentially the same and calculated as averages. The standard label used on the XmR is "Central Line".

215



Attachment 6.2b 2024 College Dashboard Measures Definitions



1

Dashboard Measures: Performance

Measure	Definition	Rationale and Understanding this Measure		
DOMAIN: STRATEGIC PRIC	DOMAIN: STRATEGIC PRIORITIES			
% of 2024 strategic goals on track	 The number of 2024 goals to advance the 2024-2028 strategic plan (strategic goals) that are "on track" divided by the total number of 2024 strategic goals multiplied by 100. 	 Demonstrates the College's progress towards achieving the 2024 goals that will advance the College's 2024-2028 strategic plan. 		
% of 2024 operational goals on track	 The number of 2024 operational goals that are "on track" divided by the total number of 2024 operational goals multiplied by 100. 	 Demonstrates the College's progress toward achieving its 2024 operational priorities related to College operations (the College's ongoing regulatory and operational functions). 		
DOMAIN: ORGANIZATION	AL CAPACITY (PEOPLE & CULTURE)			
Average rating of staff likely to recommend the College to a qualified friend or family member as a great place to work	 Monthly staff survey question: "How likely would you be to recommend this organization to a qualified friend or family member as a great place to work?" on scale from 1 (not likely) to 10 (very likely). The average rating is calculated by the sum of all ratings divided by the number of staff who responded. 	 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. 		



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATION	AL CAPACITY (PEOPLE & CULTURE)	
Average rating of staff that feels OCP supports them in having the right skills to be successful in their current role	 Monthly staff survey question: "OCP is supporting me in having the right skills to succeed in my current role" on a scale from 1 (strongly disagree) to 7 (strongly agree). The average rating is calculated by the sum of all ratings divided by the number of staff who responded. 	• Ensuring staff have the right skills to be successful in their current job will help them to be more effective and efficient. Furthermore, a culture that is known to promote staff learning and development helps improve employee engagement and retention. To that end, staff development continues to be a priority for 2024.
% of staff engagement (inclusion)	 Staff survey score that is based on a range of questions related to whether a staff experience discrimination, bullying or harassment and whether a staff experiences an inclusive environment and is comfortable being themselves at OCP. The survey is conducted annually by an external organization. 	 The College performed exceptionally well on this measure in 2023 (88%). As 'inclusion' is a critical organizational driver affecting a staff's overall engagement and speaks to the College's EDI commitment, the College will continue undertaking efforts in 2024 related to inclusion as needed to maintain its performance on this measure. Reporting on this measure will demonstrate the impact of the College's internal HR Equity, Diversity, and Inclusion activities in maintaining an inclusive organization.

Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATION	AL CAPACITY (PEOPLE & CULTURE)	
% of staff engagement (culture)	• Staff survey score that is based on a range of questions related to whether staff identify with OCP's values, sees a fit with OCP's culture, whether OCP has a friendly atmosphere, whether OCP's policies and processes create a positive working environment, how OCP manages performance and encourages staff to contribute as much as possible.	 Like 'inclusion,' 'culture' is critical to overall engagement. The College improved significantly its performance on this measure (78% in 2023 vs. 64% in 2022). Recognizing its importance, the College aims to maintain last year's performance, with improvements being made on an as-needed basis identified through the engagement surveys or recommendations from the College's internal Culture Advisory group.
	• The survey is conducted annually by an external organization.	• Reporting on this measure will demonstrate the impact of the College's activities in maintaining its performance on this measure.
		 Generally, high turnover rates signal a problem – with the organization's culture, its compensation and benefits structure, individual managers, training and career progression paths, and more.
Voluntary staff turnover rate	• The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100.	 Replacement costs for talent include recruiting, onboarding, training, loss of productivity and, if turnover is high, a decrease in overall staff morale. Reporting on this measure will demonstrate the College's success in preventing high voluntary staff turnover. Planned activities for 2024 that may positively impact retention include an organization-wide job evaluation and salary review, the College's ongoing efforts to ensure an inclusive and healthy workplace culture and continue investing in staff training and development.

Measure	Definition	Rationale and Understanding this Measure		
DOMAIN: ORGANIZATION	DOMAIN: ORGANIZATIONAL CAPACITY (FINANCE)			
	 The total actual operating expenditures for the year divided by the total budgeted operating expenditures, multiplied by 100. 	 Compares the College's actual performance to budget, illuminating the accuracy of budget planning to revenue and cost. 		
% of variance of annual operating budget to year end		• For example, if the annual spend was 95% of budget, the % of variance reported would be -5%. This would indicate the College under spent.		
actuals		• 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.		
DOMAIN: ORGANIZATION	AL CAPACITY (TECHNOLOGY)			
% of up-time of business- critical information systems	• Shows the percentage of network and host server availability within AGT (agreed service time), i.e., systems have been running continuously without restarting between 7 am to 7 pm, excluding scheduled maintenance.	 Provides a snapshot of the College's performance in ensuring its IT systems perform robustly and reliably, whether it is the hardware, software, network infrastructure, human factors, compliance with Service Level Agreements. 		
% click rate of phishing campaigns	 Shows the percentage of staff who clicked on a simulated phishing link or attack. 	 Employees can pose the biggest cyber security risk due to opening malicious emails. This measure indicates the College's level of vulnerability to phishing attempts and the effectiveness of activities surrounding awareness training and cyber security risk prevention. 		

Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATION	AL CAPACITY (COMPLIANCE)	
% of CPMF Standards fully met	 Is calculated by number of Standards 'met' divided by the total number of Standards (for which Colleges must state whether it has either 'met,' 'partially met,' or 'not met,' the respective Standard) multiplied by 100. A Standard is met when the College meets all the requirements associated with a Standard. 	• The CPMF is a self-assessment tool required annually by the Ministry of Health. It measures college performance against a set of standards which set 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 execute its mandate effectively now and in the future.
DOMAIN: ORGANIZATION	AL CAPACITY (GOVERNANCE)	
% of Board Directors voluntarily contributing at each Board meeting	 At the meeting, staff tracks whether Board Directors actively participate in the 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.
% of Board Directors report receiving appropriate information to exercise oversight role	 The data for this measure comes from the Board Meeting Evaluation that is being conducted after each meeting. It includes the question: "Were the materials appropriate to exercise your oversight role?" 	 Knowing the % of Board Directors indicating that the meeting materials are appropriate to exercise their oversight role is critical 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.

Regulatory Competence	Strategic Priorities
Organizational Capacity	Risk Management*

Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATION	AL CAPACITY (GOVERNANCE)	
% of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel, when asked	 College staff canvasses Board Director availability to sit on hearings. 	 This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing.

Dashboard Measures: Monitoring



Measure	Definition	Rationale and Understanding this Measure	
DOMAIN: REGULATORY C	DOMAIN: REGULATORY COMPETENCE (REGISTRATION)		
% of Registrar decisions made within 30 days after receiving the completed application.	 Number of applications completed within 30 days or less out of the total applications completed. 	• The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee.	
DOMAIN: REGULATORY C	DOMAIN: REGULATORY COMPETENCE (QUALITY)		
Average cycle time between assessments for community pharmacies in highest risk category, measured in average days	 Average number of days between current calendar assessment date to the previous assessment date for sterile compounding pharmacies classified as "high risk". 	• 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.	

Dashboard Measures: Monitoring

Measure	Definition	Rationale and Understanding this Measure
DOMAIN: REGULATORY C	OMPETENCE (CONDUCT)	
90th percentile disposal of complaints, expressed in business days.	 In business days, the time the College takes to process 90 percent of disposed complaints. Exclusions from this measure are all concerns that a Panel of the ICRC determines are frivolous and vexatious in nature; complaints withdrawn by the Registrar at the request of a complainant; all health-related inquiries; and all formal complaints. 	 Provides information about the time it takes the College to dispose of 9 out of 10 complaints/Registrar investigations.* The time it takes the College to dispose of a complaint/Registrar's
90th percentile disposal of a Registrar's Investigation in business days.	 In business days, the time the College takes to process 90 percent of disposed Registrar's Investigations Exclusions from this measure are appeals to the Divisional Court, and active uncontested Discipline Committee hearings in which the panel has not yet issued its written decision and reasons. 	investigation may impact public trust in the College's ability to ensure they receive safe, competent and ethical care. It may also provide the College with information about patient risk exposure, our business processes and resources.

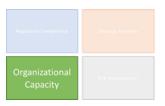
*

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).

Regulatory

Competence



Measure	Definition	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY (FINANCE)		
% of Reserve fund balance to required reserve amount per College's Reserve Policy	• This indicator shows the % balance of funds available out of the amount of funds on hand. Policy states that the College should have four months of operating expense in reserve.	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: March 24, 2025

FOR DECISION

From: Thomas Custers, Acting CEO

Topic: 2025 College Performance Dashboard Targets and Definitions

Issue/Description: Seek approval of proposed targets for 2025 College Dashboard.

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

Strategic alignment, regulatory processes, and actions: Defining and subsequently reporting on the College's progress in achieving those targets, supports the Board in its oversight role and strengthens trust and confidence in the College's capacity to execute its mandate and strategic direction.

Background:

- The Board approved the 2025 College Dashboard at its December 9th, 2024, meeting. The dashboard will provide the Board with a clear understanding of how well the College is achieving its public interest mandate, including progress against its 2024-2028 strategic plan, 2025 operational goals, and its organizational capacity to execute its mandate now and in the future (see Appendix 1 for the 2025 College Dashboard domains).
- The 2025 College Dashboard includes two types of measures:
 - **Performance measures:** Measures for which a target is set that the College aims to achieve.
 - **Monitoring measures:** Measures of College performance for which no targets have been set. These provide context and inform the Board about the College's performance in other areas of its mandate and areas not included in the strategic or annual operational plan to support future strategic or operational planning.
- Targets for the performance measures are set by analyzing historical data trends, industry benchmarks (where possible), and activities the College plans to undertake in 2025 to improve its performance.
- Starting at the June Board meeting, staff will provide the Board with quarterly updates on progress toward meeting the 2025 targets, as well as quarterly insights from the monitoring measures to inform future strategic and operational planning.

Analysis:

- The 2025 College Dashboard has 36 measures, of which 18 are performance measures:
 - Twelve performance measures are tied to the 2025 Operational Plan (see Appendix 2 for more detail).
 - The remaining six performance measures relate to the College:
 - Continuously improving its core work, particularly in Conduct and adherence to the College Performance Measurement Framework (CPMF) standards (four measures).
 - Maintaining its current performance. The College will undertake improvement activities if it falls below the established thresholds (two measures).

Motion: That the Board approves the 2025 College Dashboard targets as presented.

Attachments:

- 7.1 2025 College Dashboard
- 7.2 Rationale and Definitions for 2025 Measures
- 7.3 Rationale for 2025 College Dashboard Targets

Appendix 1

2025 College Dashboard Domains

Regulatory Competence		
Sub-domains	Definition	Scope Includes
 Registration Quality Conduct Regulatory Policies Public Trust 	Measures how effectively and efficiently the College executes its core statutory functions and regulatory mandate to protect the public interest.	 Core regulatory functions Timeliness and consistency of regulatory decisions Risk-based regulatory approaches Achievement of public protection outcomes Appropriateness of regulatory interventions Effectiveness of regulatory tools and approaches Public opinion on College's ability to act in the public interest / protecting the public effectively

Strategic Priorities		
Sub-domains	Definition	Scope Includes
 Strategic Plan Execution Government-Directed Change System Partnerships 	Measures progress towards the College's strategic goals, implementation of Ministry direction and system-level collaboration.	 Progress towards defined strategic goals Progress implementation of Ministry direction Cross-health care regulator initiatives Health system improvement initiatives

Organizational Capacity				
Sub-domains	Definition	Scope Includes		
	Definition Measures whether the College has the necessary resources, capabilities, and infrastructure to effectively execute its mandate now and in the future while maintaining compliance with applicable policies, law, and regulations.	 Scope Includes Staff competency and development Employee engagement and retention Organizational culture Training effectiveness Succession management Budget management Cost control Reserve adequacy 		
		Resource utilizationService delivery efficiency		
		IT infrastructure reliabilityData management		

Organizational Capacity			
	Cybersecurity		
	Technology adoption		
	Legislative / Regulatory		
	requirements		
	Financial regulations		
	Reporting obligations		
	Privacy compliance		
	Employment standards		

Risk Management		
Definition	Scope Includes	
Measures how effectively the College identifies, assesses, and manages risks that could impact the achievement of its performance targets across the measurement framework.	 Target achievement barriers Risk scores Risk mitigation plans Corrective actions taken Performance shortfall implications 	

Appendix 2

Performance Measures Related to 2025 Operational Plan

Strategic Goal / Operational	Priority	Performance Measure / Milestone
Goal 1 – Pharmacy setting does not create barriers	Changes to operational and practice assessments to identify pharmacies where business metrics impact patient care and prepare to shift to a risk-based model reflecting a zero-tolerance approach for practice assessments	Completion of 2025 deliverables to reduce corporate pressures
	Pharmacy professional experience survey on workplace practices and public reporting	
	Policy changes to reduce corporate pressures	
Goal 1 – Pharmacy does not create barriers Goal 2 – Effective	Engaging with registrants and other audiences to share insights, demonstrate accountability and transparency, and enhance the effectiveness of college	Complete two townhall sessions by the end of December
communications in all interactions	decisions and communications in support of Strategic Goals 1 and 2	
Goal 2 – Effective Communications in all interactions	Completing website renewal to provide more meaningful, timely and accessible information to the public, registrants and other partners	Launched website renewal to strengthen effective communications in all interactions
Goal 3 – The College has the resources	Continue to proactively identify and implement strategies, such as aligning mandates, adopting risk-based regulation, to enhance the College's capacity for effective regulatory oversight, etc.	% of resource optimization initiatives achieving defined efficiency targets
Goal 4 – Patients receive respectful, non-discriminatory care	Foundational EDI work that will enable the identification and response to inequities through an in-house curriculum and facilitation program (EDI Stewards), providing direct and applicable support for teams	% of trained staff reporting confidence in applying EDI principles
Operational – non- strategic plan related priorities	Develop regulatory changes and standards to implement Ministry direction on scope expansion (pending Ministry direction)	Completion of required regulatory framework components for scope expansion implementation

Strategic Goal / Operational	Priority	Performance Measure / Milestone
	Review out of date practice policies	% of out-of-date practice policies that have been reviewed
	Registrant Records System (RRS) implementation	Implemented new Registrant Records System (RRS)
	Implement mandatory training for compounding supervisors	Mandatory training program for compounding supervisors established and launched
	Maintain and enhance employee retention, recognition and increase satisfaction and productivity in the workplace	% of staff engagement (overall) % of staff engagement (inclusion) Voluntary staff turnover rate

2025 College Dashboard – Performance Measures

Reg	Regulatory Competence				
Qual	ity	actual	target	status	
1	Mandatory training program for compounding supervisors established and launched Detection Detection <thdetection< th=""> Detection Detection<</thdetection<>		Dec-2026		
Cond	luct	actual	target	status	
2	% High and moderate risk complaints disposed of within 150 days		30%		
3	% High and moderate risk Registrar's Inquiries are disposed of within 365 days		50%		
4	% HPARB complaint decisions confirmed		90%		
Regu	Ilatory Policies	actual	target	status	
5	% of out-of-date practice policies that have been reviewed		26 %		
Stra	ategic Priorities				
2024	I-2028 Strategic Plan Execution	actual	target	status	
6	2025 deliverables to reduce corporate pressures completed (Strategic Goal #1)		Dec-2025		
7	Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)		Dec-2025		
8	Launched website renewal to strengthen effective communications (Strategic Goal #2)		Sep-2025		
9	% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal #3)		TBD		
10	% of trained staff reporting confidence in applying EDI principles (Strategic Goal #4)		50%		
Gove	ernment Directed Change	actual	target	status	
11	Completion of required regulatory framework components for scope expansion		TBD		
Org	anizational Capacity				
Hum	an Resources	actual	target	status	
12	% of staff engagement (overall)		63 %		
13	% of staff engagement (inclusion)		78%		
14	% Voluntary staff turnover rate		3.8%		
Info	mation Infrastructure	actual	target	status	
15	% of up-time of business-critical information systems		99.9 %		
16	Microsoft Secure Score		80%		
17	Implement Registrant Records System (RSS)		Oct-2025		
Con	pliance	actual	target	status	
18	% of CPMF standards fully met	232	90%		

Performance measures: Measures for which a target is set that the College aims to achieve in 2025

2025 College Dashboard – Monitoring Measures

Reg	gulatory Competence		
Regi	stration	actual	trend analysis
19	% of Registrar decisions made within 30 days after receiving the complete application		
Qual	ity - Registrants	actual	trend analysis
20	% of community pharmacists who successfully passed their practice reassessments following coaching		
21	% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation		
22	% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation		
Qual	ity - Pharmacies	actual	trend analysis
23	Average days cycle time for high risk assessments		
Cond	luct	actual	trend analysis
24	Open investigation cases at month end		
25	Average processing times for high and moderate risk Complaints		
26	% of Complaints resolved through informal processing		
27	% of Registrar's Reports resolved through informal processing		
28	% of registrants who successfully passed the post-ICRC remediation assessment		
Publi	ic Trust	actual	trend analysis
29	Sentiment ratio		
Org	anizational Capacity		
Hum	an Resources	actual	trend analysis
30	% of staff completing professional development activities		
Finar	ncial Health	actual	trend analysis
31	Working Capital Ratio		
32	Months of Spending Ratio		
33	Budget-to-actual variance		
34	% above/below required reserve balance		
Effic	iency	actual	trend analysis
35	Staff Cost Ratio		
36	External-to-total cost Ratio	233	

Monitoring measures: Measures of College performance for which no targets have been set. These provide context and inform the Board about the College's performance in other areas of its mandate and areas not included in the strategic or annual operational plan to support future strategic or operational planning.

Attachment 7.2: Rationale and Definitions for 2025 Measures

2025 Dashboard Measures: Performance

Performance Measure	Formula	Rationale and Understanding this Measure	
DOMAIN: REGULATORY EXC	ELLENCE		
QUALITY			
Mandatory training program for compounding supervisors established and launched	 Mandatory training program is implemented. 	• This metric demonstrates progress in implementing the Board's March 2024 Directive. This directive requires OCP-approved training for new compounding supervisors in all pharmacies, as well as for current compounding supervisors in pharmacies where standards are not being met. This is a 2025 Operational Plan priority.	
CONDUCT			
% of high & moderate risk complaints* disposed of within 150 calendar days	 Complaints processed by the College that are classified as high and moderate risk to the public are measured in calendar days, from the date the complaint is filed (assigned to investigations staff) to the date it is disposed. (approved ICRC decision is mailed) The % represents the proportion disposed in less than or equal to 150 calendar days within the above timeline. 	 According to the <i>Regulated Health Professions Act</i>, 1991 (RHPA), complaints from the public must be resolved within 150 days of filing, though this period can be extended. It shows the wait time of the complainant to receive a written decision from the College. It should be noted that weekends and statutory holidays are included in the time included to dispose of a complaint. 	
% of high and moderate risk Registrar's inquiries* are disposed of within 365 calendar days	 Registrar's inquiries (or investigations) processed by the College that are classified as high and moderate risk to the public are measured in calendar days, from the date the investigator is appointed (assigned to investigations staff) to the date it is disposed (approved ICRC decision is mailed). The % represents the proportion disposed in less than or equal to 365 calendar days within the above timeline. 	 This metric is an OCP internal metric. It shows the wait time of the registrant (and complainant if any) to receive a written decision from the College. It should be noted that weekends and statutory holidays are included in the time to dispose of the investigation. 	

* **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 inquiry (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).

Performance Measure	Formula	Rationale and Understanding this Measure				
DOMAIN: REGULATORY EXCE	DOMAIN: REGULATORY EXCELENCE					
CONDUCT						
% of HPARB complaint decisions confirmed	• Divide the number of ICRC decisions that HPARB confirmed by the total number of ICRC decisions that HPARB reviewed within the reporting quarter, multiplied by 100.	 The Health Professions Appeal and Review Board (HPARB) has the authority to review the outcomes of ICRC decisions. That authority, though, is limited to considering, in its review, the adequacy of the committee's investigation or, the reasonableness of its decision or both. When a decision is not confirmed by HPARB, OCP can learn and apply improvements to its investigations process. 				
REGULATORY POLICIES						
% of out-of-date practice policies that have been reviewed	 Divide the number of out-of-date practice policies that have completed the review process by the total number of out-of- date practice policies 	 It is important to keep regulatory practice policies up to date. A policy that is over 5 years old is considered out-of-date and therefore needs to be reviewed. The out-of-date practice policies to be reviewed are prioritized based on risk criteria. This is a 2025 Operational Plan priority. 				

Performance Measure Formula		Rationale and Understanding this Measure			
DOMAIN: STRATEGIC PRIORITI	DOMAIN: STRATEGIC PRIORITIES				
2024-2028 STRATEGIC PLAN EXECUTIO	DN				
2025 deliverables to reduce corporate pressures completed (Strategic Goal #1)	 Three new initiatives aimed at reducing corporate pressures have been implemented or are ready for Board decisions. 	 In addition to incorporating addressing corporate pressures into core work, the 2025 Operational Plan includes three new initiatives to reduce corporate pressures: Changes to operational and practice assessments to identify pharmacies where business metrics impact patient care and prepare to shift to a risk-based model reflecting a zero-tolerance approach for practice assessments Pharmacy professional experience survey on workplace practices and public reporting Policy changes to reduce corporate pressures This metric demonstrates progress in implementing the three initiatives. 			
Completion of two virtual townhall sessions with registrants and system partners (Strategic Goal #1 and #2)	 This deliverable will engage participants and strengthen communication and transparency. 	• Engaging with registrants and other audiences to share insights, demonstrate accountability and transparency, and improve the effectiveness of college decisions and communications is a priority in the 2025 Operational Plan, supporting the advancement of Strategic Goals 1 and 2.			
Launched website renewal to strengthen effective communications (Strategic Goal #2)	 This project's goal is to successfully update the College website and strengthen interactive communication with the public and registrants. 	 This project demonstrates progress in finalizing the implementation of a 2024 operational plan priority (and is now a 2025 Operational Plan priority). 			

Performance Measure Formula		Rationale and Understanding this Measure				
DOMAIN: STRATEGIC PRIORIT	DOMAIN: STRATEGIC PRIORITIES					
2024-2028 STRATEGIC PLAN EXECUTI	ON					
% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal 3)	• TBD	 Recognizing the College's financial situation, the College will continue to identify and implement opportunities to improve efficiency. This metric will help inform the Board how effectively the College implements the initiatives it identified to improve its efficiency. Achieving these targets will not only strengthen the College's financial health but also enable the College to allocate resources to emerging priorities (2025 Operational Plan priority). 				
% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)	 Dividing the number of trained staff who report confidence by the total number of trained staff, and then multiplying the result by 100 	 The 2025 operational plan prioritizes equipping staff with the ability to identify and respond to inequities and enhance fairness in our processes. This metric will assess the effectiveness of the training provided to staff. The goal is to have 60 staff trained by the end of 2025. 				
GOVERNMENT DIRECTED CHANGE						
Completion of required regulatory framework components for scope expansion	 The regulatory framework and guidance for pharmacy professionals (if, applicable) for expanding scope of practice, is ready for Board decision. 	 Pending direction from the Ministry, this initiative is prioritized for 2025. This metric will demonstrate progress in developing the necessary regulatory changes and establishing standards and guidance as needed to implement the Ministry's direction for scope expansion. 				

Performance Measure Formula		Rationale and Understanding this Measure	
DOMAIN: ORGANIZATIONAI	L CAPACITY		
HUMAN RESOURCES			
% of staff engagement (overall)	 Staff survey score that is based on 11 questions related to whether staff identify with OCP's values, sees a fit with OCP's culture, whether OCP has a friendly atmosphere, whether OCP's policies and processes create a positive working environment, how OCP manages performance and encourages staff to contribute as much as possible. The survey is conducted annually by an external organization. 	 Maintain and enhance employee retention, recognition and increase satisfaction and productivity in the workplace is a 2025 Operational Plan priority. Reporting on this metric will demonstrate the impact of the College's activities in maintaining its performance on staff feeling energized, passionate, dedicated and highly involved with their work and the organization. 	
% of staff engagement (inclusion)	 Staff survey score that is based on a range of questions related to whether a staff member experiences discrimination, bullying or harassment and whether a staff member experiences an inclusive environment and is comfortable being themselves at OCP. The survey is conducted annually by an external organization. 	 This metric also ties to the 2025 Operational Plan priority regarding enhanced employee retention, recognition, and increase satisfaction and productivity in the workplace. 'Inclusion' is a critical organizational driver affecting a staff's overall engagement and speaks to the College's EDI commitment, the College will continue undertaking efforts in 2025 related to inclusion as needed to maintain its performance on this measure. Reporting on this metric will demonstrate the impact of the College's internal HR Equity, Diversity, and Inclusion activities in maintaining an inclusive organization. 	

Performance Measure	Formula	Rationale and Understanding this Measure	
DOMAIN: ORGANIZATIONAL	. CAPACITY		
HUMAN RESOURCES			
	 The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100. 	 This is the third metric that speaks to the 2025 Operational Plan priority regarding enhanced employee retention, recognition, and increased satisfaction and productivity in the workplace. 	
		 Generally, high turnover rates signal a problem – with the organization's culture, its compensation and benefits structure, individual managers, training and career progression paths, and more. 	
% voluntary staff turnover		 Replacement costs for talent include recruiting, onboarding, training, loss of productivity and, if turnover is high, a decrease in overall staff morale. 	
		 While no new specific initiatives are planned beyond the College's ongoing efforts to foster an inclusive and healthy workplace culture and to invest in staff training and development, tracking this measure will showcase the College's success in preventing high voluntary staff turnover. 	
INFORMATION TECHNOLOGY			
% of up-time of business-critical information systems	 Measures the percentage of network and host server availability within AGT (agreed service time), i.e., systems have been running continuously without restarting between 7 am to 7 pm, excluding scheduled maintenance. 	 Provides a snapshot of the College's performance in ensuring its IT systems perform robustly and reliably, whether it is the hardware, software, network infrastructure, human factors, compliance with Service Level Agreements. 	

Performance Measure	Formula	Rationale and Understanding this Measure			
DOMAIN: ORGANIZATIONAI	DOMAIN: ORGANIZATIONAL CAPACITY				
INFORMATION TECHNOLOGY					
Microsoft Secure Score	 Microsoft monitors our activity as part of our licensed MS products including MS Defender Application. MS assigns points to 4 categories; Identity, Data, Device, and Applications. They provide us with our Secure Score upon request. 	 Provides the Board with and assessment of the College's overall security posture, with a higher score indicating more recommended actions taken. Microsoft Secure Score is a measurement of an organization's security posture and how well security best practices and recommendations across the devices are implemented in an organization. The secure score shows how the overall cybersecurity strength changes over time and compares to other organizations of similar size. The most common attack vectors measured into the score are phishing and ransomware. 			
Implement Registrant Records System (RRS)	The new Registrant Records System is live.	 Following the development of the College's new RRS in 2024, the focus for 2025 will be on implementing the system, which includes activities like testing, data migration, and creating guidance materials. The targeted go-live date is October 1, 2025. This metric will demonstrate the progress the College is making toward this goal (this is 2025 Operational Plan priority). 			
COMPLIANCE					
% of College Performance Measurement Framework (CPMF) Standards fully met	 Divide the number of CPMF standards the College met at the end of 2025 by the total number of CPMF standards multiplied by 100. 	 The CPMF is a self-assessment tool that outlines expectations for regulatory excellence as defined by the Ministry and 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. 			

Dashboard Measures: Monitoring

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY CON	ЛРЕТЕЛСЕ	
REGISTRATION		
% of Registrar decisions made within 30 days after receiving the complete application.	 Number of applications completed within 30 days or less out of the total applications completed. 	• The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee.
QUALITY - REGISTRANTS		
% of community pharmacists who successfully passed their practice reassessments following coaching	 Percentage of community pharmacists that passed a practice reassessment following OCP administered coaching activity. 	 Shows the effectiveness of coaching in improving the professional competence of identified registrants who have not been referred to the Quality Assurance Committee (QAC) after failing their routine practice assessment.
% of community pharmacists who successfully passed their practice assessment following QAC- directed remediation	 Measures the percentage of community pharmacists that passed a practice assessment following QAC-directed remediation. 	 Demonstrates the effectiveness of the remediation ordered by the QAC. These registrants have been referred to the QAC for failing their QA, completing the ordered remediation, and then undergoing a 1-year post-remediation assessment (for high-risk registrants).
% of pharmacists (hospital & community) who passed their knowledge assessment following QAC-directed remediation	 Measures the percentage of community & hospital pharmacists that passed a knowledge assessment following QAC-directed remediation. 	 Demonstrates whether the QAC-ordered knowledge assessment remediation effectively enhances the clinical knowledge of high-risk registrants who failed their proctored assessment.

Monitoring Measure	Formula	Rationale and Understanding this Measure	
DOMAIN: REGULATORY COM	IPETENCE		
QUALITY - PHARMACIES			
Average cycle time between assessments for community pharmacies in highest risk category, measured in average days	 Average number of days between current calendar assessment date to the previous assessment date for sterile compounding pharmacies classified as "high risk". 	 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			
Open investigation cases at month end	 The metric indicates the number of ongoing investigation cases that remain unresolved at the end of each month. It includes all investigations (complaints, Registrar's Reports and Inquiries) 	• This metric keeps the Board informed about whether the number of outstanding cases is increasing or decreasing, which could be influenced by various external factors. Since many of these factors are largely beyond the College's control, this should not be viewed as a performance metric with specific targets. Instead, it serves to provide the Board with a status update.	
Average processing times for high and moderate risk Complaints	 This metric takes the average number of calendar days to dispose of a complaint classified as high and moderate risk. 	 This metric allows the College to monitor those complaints which may have the largest impact on public safety. 	

Monitoring Measure	Formula	Rationale and Understanding this Measure	
DOMAIN: REGULATORY CON	DOMAIN: REGULATORY COMPETENCE		
CONDUCT	-	-	
% of Complaints resolved through informal processing	 Measure the percentage of complaints resolved by an informal process instead of the full investigation and ICRC decision. It is suited as a monitoring measure as it is highly complainant-driven and avoids any potential for incentivization. 	 Not all complaints require a full investigation, and not all complainants desire one. For eligible cases, resolutions provide an effective way to address concerns while minimizing the use of staff and panel resources. This approach enables the College to adopt a more risk-based and appropriate response. 	
% of Registrar's reports resolved through informal processing	 Measure the percentage of Registrar's reports resolved by an informal process instead of the full investigation and ICRC decision. It is suited as a monitoring measure when appropriate cases can be resolved effectively. 	 Many reports (such as mandatory and self-reports) do not require a full investigation. For eligible cases, resolutions provide an effective way to address concerns while minimizing the use of staff and panel resources. This approach enables the College to adopt a more risk-based and appropriate response. 	
% of registrants who successfully passed the post-ICRC remediation assessment	 Divide the number of registrants who successfully pass the remediation assessment by the total number of remediation assessments ordered by the ICRC and then multiply by 100. 	 The ICRC may order a remediation assessment as an outcome of their decision. The success of this assessment supports the corrective behaviour and knowledge of the registrant. 	

Monitoring Measure	Formula	Rationale and Understanding this Measure		
DOMAIN: REGULATORY COM	DOMAIN: REGULATORY COMPETENCE			
PUBLIC TRUST				
Sentiment ratio	 The Sentiment Ratio (SR) is calculated by dividing the number of positive sentiments by the number of negative sentiments. 	 In Ontario, the pharmacy profession, like many other healthcare professions, has been granted the authority by the provincial government to regulate its members. This authority comes with the responsibility to act in a manner that promotes the public's interest. Therefore, it is essential for the public to trust that the College is prioritizing their well-being and acting in the public interest. To effectively measure public trust, conducting a survey among Ontarians would be the gold standard, and it's something the College may consider doing in the near future. In the short term, acknowledging its limitations, public trust can be assessed by examining media sentiment regarding the College. 		

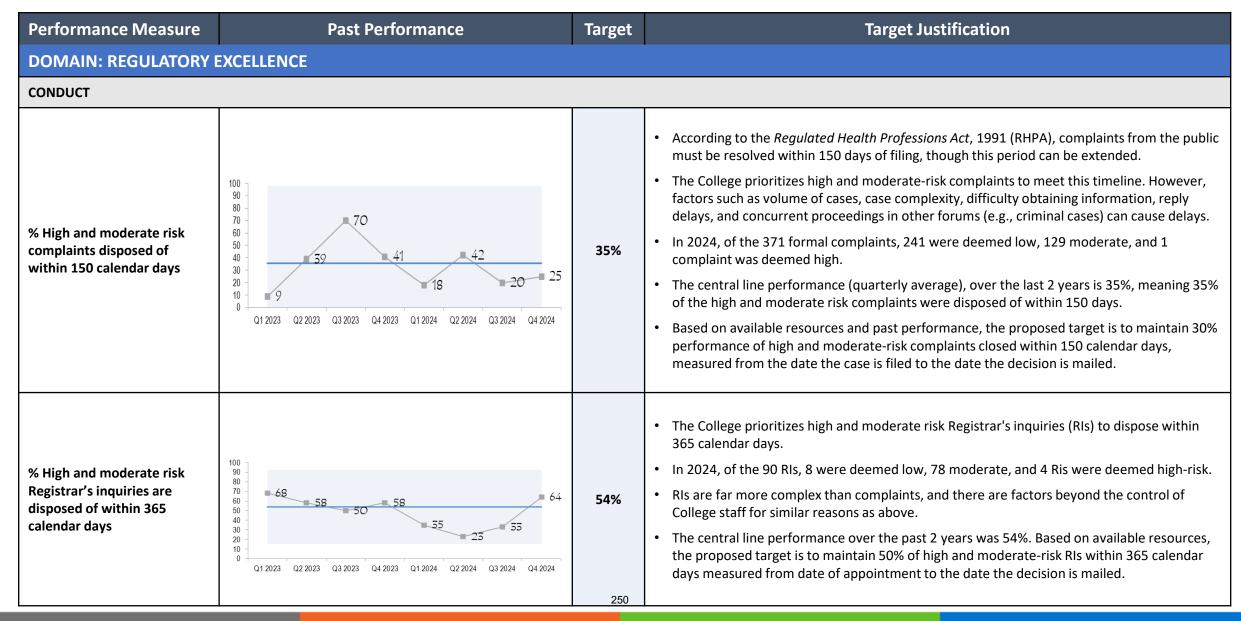
Monitoring Measure	Formula	Rationale and Understanding this Measure			
DOMAIN: ORGANIZATIONAL	DOMAIN: ORGANIZATIONAL CAPACITY				
HUMAN RESOURCES					
% of staff completing professional development activities	 Measures the % of staff that have completed a professional development training course approved by HR. 	• This metric demonstrates the College's commitment to maintaining a competent workforce capable of effectively executing regulatory functions, which is critical for fulfilling the College's public protection mandate and managing organizational risk.			
FINANCIAL HEALTH					
Working Capital Ratio	• Dividing the College's current liabilities from its current assets.	 This metric provides the Board with a clear understanding of the College's liquidity and ability to meet its short-term financial obligations, ensuring financial stability and operational continuity. A working capital ratio of less than one is generally taken as indicative of potential future liquidity problems. 			
Months of Spending Ratio	 The quarterly ratio is calculated by the sum of current assets minus current liabilities plus temporarily restricted net assets, divided by the total expenses minus one-fourth of the depreciation expenses. 	 The ratio provides the Board with a picture of the College's financial resilience and liquidity, indicating how long it can sustain operations with its current reserves during periods of revenue shortfall or unexpected expense. It should be flagged that although calculating this metric on a quarterly basis, ideally leading to earlier detection of financial trends and allowing for more responsive decision-making, there is a risk of volatility misinterpretation. 			
Budget-to-actual-variance	 This metric is calculated by taking the sum of the budgeted amounts and the actual amounts from the start of the calendar year up to the end of the current quarter. Then, subtract the cumulative budgeted amount from the cumulative actual amount. The result can be positive (favourable variance) or negative (unfavourable variance). 	 Informs the Board about the cumulative differences between the College's budgeted amounts and the actual financial outcomes on a quarterly basis. 			

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL	. CAPACITY	
FINANCIAL HEALTH		
% above/below required reserve balance	 This metric is calculated by dividing the total reserve balance by the required reserve balance. Then, subtract one from the result. 	 Informs the Board of how well the College's reserves meet or exceed the required reserve balance. It complements the Months of Spending Ratio by offering insight into whether the College's reserves are sufficient relative to its requirements.
EFFICIENCY		
Staff cost ratio	 Dividing the quarterly staff costs by the quarterly operating expenses and then multiplying the result by 100. 	• This metric assesses the proportion of total revenue or operating costs allocated to staff-related expenses. Given that the College is currently operating at a deficit, the suggestion is to use operating expenses as the denominator. This approach will offer a more stable and accurate representation of the College's cost structure. If total revenue is used, the ratio may seem inflated since the revenue is less than the expenses due to the deficit.
External-to-total cost ratio	 Dividing the adjustable external costs by the total adjustable costs. Adjustable external costs are the costs that the College can potentially manage in-house. 	 Shows the proportion of total costs currently paid to external providers that could feasibly be brought in-house, helping the College identify opportunities to develop internal capabilities that may reduce costs and potentially generate other benefits.



Attachment 7.3: Rationale for 2025 College Dashboard Targets

Performance Measure	Past Performance	Target	Target Justification
DOMAIN: REGULATORY	EXCELLENCE		
QUALITY			
Mandatory training program for compounding supervisors established and launched	N/A	Dec 2025	 Having implemented a mandatory training program for compounding supervisors is a 2025 priority. This priority resulted from the March 2024 Board decision to mandate OCP approved training for new compounding supervisors in all pharmacies and current compounding supervisors in pharmacies where standards are not being met (See for more detail the March 2024 Board package – Page 176).

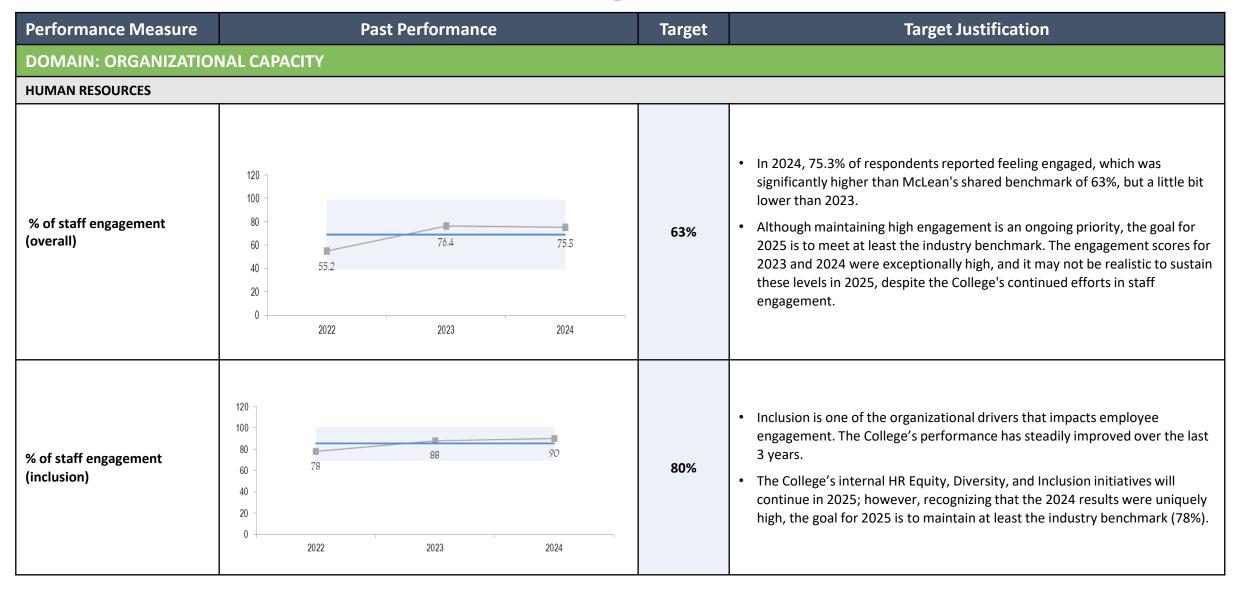


Performance Measure	Past Performance	Target	Target Justification
DOMAIN: REGULATORY	EXCELLENCE		
CONDUCT			
	100 100 100 100 100 100 100 90		• The Health Professions Appeal and Review Board (HPARB) has the authority to review the outcomes of ICRC decisions. That authority, though, is limited to considering, in its review, the adequacy of the committee's investigation or, the reasonableness of its decision or both.
% HPARB complaint decisions confirmed	60 - 50 - 40 -	90%	• Last year, all of OCP's ICRC decisions, which the HPARB reviewed at the request of either party to the complaints process, were confirmed in the College's favour.
	30 - 20 - 10 - 0 -		• In 2023, 15 out of 17 decisions (80%) have been confirmed. The average performance over the last 2 years is 90%.
	Q1 2023 Q2 2023 Q3 2023 Q4 2023 Q1 2024 Q2 2024 Q3 2024 Q4 2024		• The College aims to continue to maintain 90%,
REGULATORY POLICIES			
% of out-of-date practice policies reviewed	 The College has had challenges keeping policies up- to date. Policy development has been the priority and focused resources on development of new policies and created a back-log to review existing policies within their 5-year review date. 	26%	 The College is planning to review 16 of the 61 out-of-date practice policies by end of 2025. By refocusing resources, we believe this is achievable.

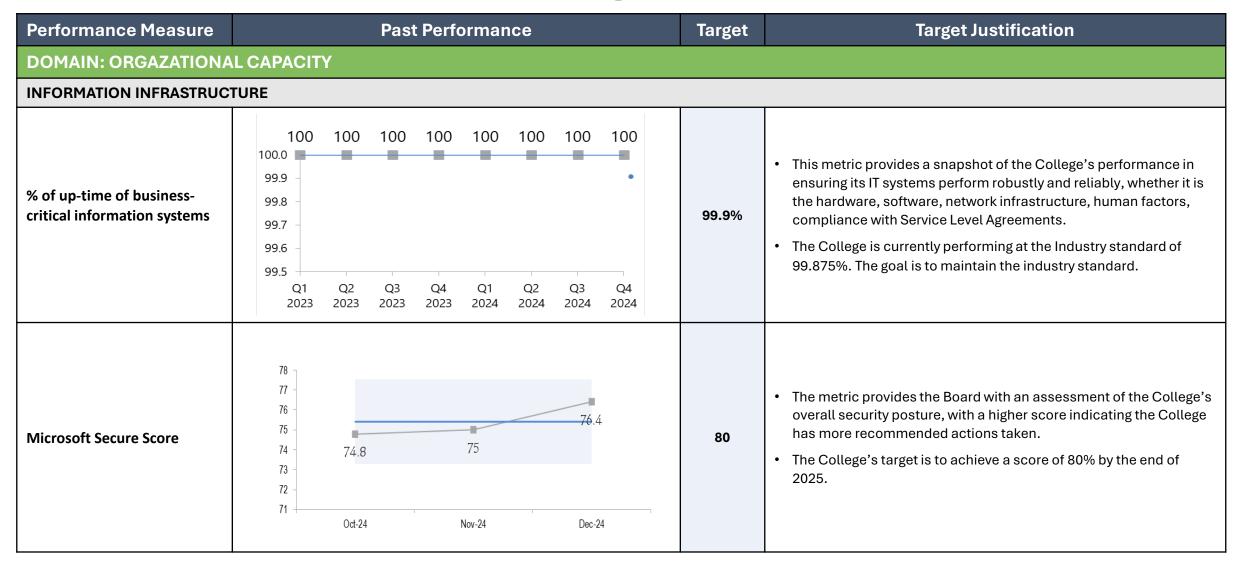
Performance Measure	Past Performance	Target	Target Justification			
DOMAIN: STRATEGIC PRIORITIES	DOMAIN: STRATEGIC PRIORITIES					
2024-2028 STRATEGIC PLAN EXECUTION		-				
2025 deliverables to reduce corporate pressures completed (Strategic Goal 1)	N/A	Dec 2025	 The 2025 Operational Plan includes three new initiatives to reduce corporate pressures: 1) operational and practice assessment changes, 2) launch a new pharmacy professional experience survey, and 3) policy changes developed to reduce corporate pressures. The goal is to have all three milestones completed by the end of 2025. 			
Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)	N/A	Dec 2025	 The College plans to complete two town hall sessions with the goal of engaging with registrants and other audiences by the end of 2025. 			
Launched website renewal to strengthen effective communications (Strategic Goal 2)	 Initiative was a 2024 priority with a planned go-live date by end of 2024. Delay was caused due to a variety of reasons, including delays in contract negations with vendor and the need for additional testing and quality assurance. 	Sept 2025	• Continues to be a priority for 2025 with a planned go-live date of September 2025.			
% of resource optimization initiatives achieving defined efficiency targets (Strategic Goal #3)	N/A	TBD				

Rationale for Proposed Targets

Performance Measure	Past Performance	Target	Target Justification				
DOMAIN: STRATEGIC PRIOF	RITIES						
2024 – 2028 STRATEGIC PLAN EXECUTION							
% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)	N/A	50%	 Equipping College staff with the ability to identify and respond to inequities and enhance fairness in our processes is a 2025 priority. The priority involves developing an in-house curriculum and facilitation program. The goal is to have 60 staff trained by the end of 2025. Surveying staff who took part in the training will commence in the fall of 2025. The goal is to have at least 50% of the participants who undertook the training feel confident in applying EDI principles in their work. 				
GOVERNMENT-DIRECTED CHANGE							
Completion of required regulatory framework components for scope expansion. (pending Ministry direction)	N/A	TBD	• A target date will be determined, once the College receives Ministry direction.				







Performance Measure	e Measure Past Performance Target Target Target Justification				Target Justification				
DOMAIN: ORGANIZATIONA		(
Implement Registrant Records System (RSS)This was a priority for 2024 with a go-live date of August 2024. However, due to various reasons, the go-live date has been postponed to 2025.				Oct 2025	• The updated go-live date is October 1 st , 2025.				
COMPLIANCE					-				
	Year	M Standard	et Evidence		• The CPMF consists of 14 standards. For 12 of these standards, each college must indicate whether it has 'met,' 'partially met,' or 'not met' the specific standard. To determine if a standard has been met, the college must provide evidence by confirming or describing the relevant decisions, processes, or activities. In 2024, colleges were required to provide				
% of College Performance	2021	67%	81%		evidence for 49 different decisions, processes, or activities to demonstrate compliance with the respective standards.				
Measurement Framework (CPMF) Standards fully met	2022	58%	82%	80%	• The College's goal is not to achieve 100% compliance as, in several instances, the College believes its current processes and activities achieve or surpass the respective standard or				
	2023	50%	84%		 evidence mentioned in the CPMF. The College improved its performance. Two of the four unmet CPMF Standards in 2023 				
	2024	67%	90%		were fully met in 2024. Our goal for 2025 is to fully meet the remaining two Standards as well.				



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Finance and Audit Committee

Topic: Audited Financial Statements

Issue/Description: Approval of 2024 Audited Financial Statements

Public interest rationale: The Finance and Audit Committee engages external auditors to assess and test the College's internally produced financial statements, significant accounting policies, management judgements and estimates, and the internal control environment to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Strategic alignment, regulatory processes, and actions: By completing the audit and publishing its results, the public trust in the financial health of the College can be maintained.

Background: The audit was conducted by a team of auditors from Tinkham LLP Chartered Professional Accountants. Prepared as a result of the audit, the Audited Financial Statements comprise of the College's statement of financial position as of December 31, 2024, the statement of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements including a summary of significant accounting policies.

The statements reflect the adjustments to the reserve values, with funds allocated to the investigations and hearings reserve fund based on an estimation of files for which external prosecution is expected. The unrestricted reserves covered the deficit from 2024 and will also offset the budgeted shortfall of revenue over expenditure for 2025.

Analysis: The Finance and Audit Committee reviewed the Auditor's Report and the internal controls and met in camera with the auditors both before and after the audit and is satisfied that the financial reporting risks outlined in the audit planning letter are being appropriately addressed.

The opinion of the auditor is that the financial statements present fairly, in all material respects, the financial position of the College as of December 31, 2024, its results of operations and its cash flows for the year then ended in accordance with Canadian Accounting Standards for not-for-profit organizations.

Motion: THAT the Board of Directors approve the attached Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2024 as prepared by management and audited by Tinkham LLP Chartered Professional Accountants.

Attachments:

• 2024 Audited Financial Statements

Financial Statements

December 31, 2024

	Page
Independent Auditor's Report	1 - 2
Statement of Financial Position	3
Statement of Operations	4
Statement of Changes in Net Assets	5
Statement of Cash Flows	6
Notes to the Financial Statements	7 - 11
Schedules of Expenses	12 - 13



D C Tinkham FCPA FCA CMC LPA P J Brocklesby CPA CA LPA M Y Tkachenko CPA CA M W G Rooke CPA CA LPA A C Callas CPA CA LPA G P Kroeplin CPA C R Braun CPA CA H S Grewal CPA 300 - 2842 Bloor Street West Toronto Ontario M8X 1B1 Canada TEL 1 416 233 2139

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of **Ontario College of Pharmacists**

Opinion

We have audited the financial statements of the Ontario College of Pharmacists (the "College"), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2024, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario March 24, 2025

Licensed Public Accountants

2

Statement of Financial Position

As at December 31	2024	2023
Assets		
Current		
Cash	\$ 1,586,324	\$ 5,246,061
Short term investments (note 4)	15,400,000	16,600,000
Accounts receivable (note 3)	815,979	366,611
Prepaid expenses	439,627	386,434
	18,241,930	22,599,106
Accounts receivable (note 3)	55,291	22,831
Long term investments (note 4)	3,207,627	-,
Property and equipment (note 5)	3,240,481	2,542,065
	\$ 24,745,329	\$ 25,164,002
Liabilities Current		
	\$ 1,882,808	\$ 2,615,409
Accounts payable and accrued liabilities Deferred revenue	\$ 1,882,808 6,617,427	6,257,693
Deleffed levelide	0,017,427	0,237,093
	8,500,235	8,873,102
Not exects		
Net assets Internally restricted (note 6)	11,000,000	10,700,000
Unrestricted	5,245,094	5,590,900
	16,245,094	16,290,900
	\$ 24,745,329	\$ 25,164,002
	¢ 11,140,010	φ 20,101,002
Commitments (note 7)		
Approved on behalf of the Board of Directors		

See accompanying notes to the financial statements.

Statement of Operations

Year ended December 31	2024	2023
Revenues		
Registrant fees - Pharmacists	\$ 15,574,671	\$ 14,704,568
- Pharmacy technicians	3,544,336	3,249,025
Community pharmacy fees	7,455,541	6,997,918
Hospital pharmacy fees	1,203,284	1,139,266
Investment income	1,522,491	978,546
Registration fees	738,056	902,864
Discipline cost recoveries	469,500	351,017
	30,507,879	28,323,204
Expenses		
Board and committee (schedule I)	947,679	659,662
Personnel (schedule II)	23,016,898	22,203,701
Regulatory programs (schedule III)	3,584,540	3,235,992
Operations (schedule IV)	2,811,468	2,771,873
	30,360,585	28,871,228
Excess of revenues over expenses (expenses over revenues) from operations f	or	
the year before amortization and gain on disposals of property and equipment	147,294	(548,024)
Amortization	193,100	350,474
Gain on disposals of property and equipment (net)	-	(6,424,235)
Excess of revenues over expenses (expenses over revenues) for the year	\$ (45,806)	\$ 5,525,737

Statement of Changes in Net Assets

Year ended December 31				
	Internally		2024	2023
	Restricted (note 6)	Unrestricted	Total	Total
Balance, beginning of year	\$ 10,700,000	\$ 5,590,900	\$ 16,290,900	\$ 10,765,163
Excess of revenues over expenses _(expenses over revenues) for the year	-	(45,806)	(45,806)	5,525,737
Inter-fund transfers representing:	10,700,000	5,545,094	16,245,094	16,290,900
Contingency reserve fund: Transfer from unrestricted net assets	300,000	(300,000)	-	-
Balance, end of year	\$ 11,000,000	\$ 5,245,094	\$ 16,245,094	\$ 16,290,900

See accompanying notes to the financial statements.

Statement of Cash Flows

Year ended December 31	2024	2023
Cash flows provided from (used in) operating activities Excess of revenues over expenses (expenses over revenues) for the year	\$ (45,806)	\$ 5,525,737
Items not requiring a cash outlay Amortization Gain on disposals of property and equipment (net)	193,100 -	350,474 (6,424,235)
	147,294	(548,024)
Changes in non-cash working capital balances: Accounts receivable Prepaid expenses Accounts payable and accrued liabilities Deferred revenue	(481,828) (53,193) (732,601) 359,734	38,875 1,047 (170,454) 506,512
	(760,594)	(172,044)
Cash provided from (used in) investing activities Purchase of investments (net) Purchase of furniture and computer hardware Building renovations Purchase of computer software Proceeds from disposals of property and equipment	(2,007,627) (20,937) (34,729) (835,850) -	(4,600,000) (183,065) (188,330) - 7,938,552
	(2,899,143)	2,967,157
Change in cash during the year Cash, beginning of year	(3,659,737) 5,246,061	2,795,113 2,450,948
Cash, end of year	\$ 1,586,324	\$ 5,246,061

1 Organization

The Ontario College of Pharmacists (the "College") regulates pharmacy to ensure that the public receives quality services and care. The vision of the College is to lead the advancement of pharmacy to optimize health and wellness through patient centered care.

The College is the registering and regulating body for pharmacy in Ontario. All persons within Ontario who wish to dispense prescriptions and sell products defined as drugs to the public must first have met the professional qualifications set by the College, and be registered as a pharmacist or pharmacy technician. Likewise, all pharmacies must meet certain standards for operations and be accredited by the College. In addition to setting initial standards, the College ensures ongoing adherence to the professional and operational standards.

The College is a not-for-profit organization, incorporated as a non-share corporation in 1871 under the laws of Ontario and, as such, is exempt from income taxes.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

a) Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all financial assets and financial liabilities at amortized cost, except for long term investments, which are measured at fair value.

b) Property and equipment

Property and equipment are recorded at cost. Amortization is provided over the estimated useful lives of the assets at the following annual rates:

Building Furniture and equipment Computer equipment Computer software 4% declining balance 15% declining balance straight line over 3 to 5 years straight line over 2 years

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount.

The College revised the estimated useful life of computer equipment effective January 1, 2024 from 3 years to 3 to 5 years. This change in accounting estimate was accounted for prospectively as of January 1, 2024.

c) Revenue recognition

i) Fees

The College's principal source of revenue is registrant and pharmacy fees which are recognized as revenue in the period to which these fees relate. Registrant and pharmacy fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the statement of financial position and will be accounted for in income in the year to which they pertain.

ii) Investment income

Investment income consists of interest and is recognized as earned.

iii) Discipline cost recoveries

Discipline cost recoveries are recognized in the year in which the files have been settled and costs have been awarded.

2 Significant accounting policies (continued)

- c) Revenue recognition (continued)
 - iv) Other revenues

All other revenues being registration and other fees, rental income and other miscellaneous income are recognized as revenue when services are provided or as earned.

d) Management estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, accounts receivable valuation and useful lives for amortization of property and equipment. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis.

3 Accounts receivable

	1		
As at December 31		2024	2023
Accounts receivable and cost recoveries from registrants Allowance for impaired receivables	\$	1,021,699 (639,910)	\$ 567,465 (398,259)
Net HST receivable Accrued interest and other receivables		381,789 108,395 381,086	169,206 149,525 70,711
	\$	871,270	\$ 389,442
Current portion Long term portion - due 2026 to 2028 (2023 - due 2025 to 2026)		815,979 55,291	366,611 22,831
	\$	871,270	\$ 389,442

4 Investments

As at December 31	2024	2023
Guaranteed investment certificates		
5.12%, maturing February 11, 2025, redeemable before maturity 4.96%, maturing March 13, 2025, redeemable before maturity	\$ 4,000,000	\$-
(2023 - 5.11%, maturing December 13, 2024) 2.90%, maturing December 16, 2025, redeemable before maturity	4,400,000	9,600,000
(2023 - 4.95%, maturing September 5, 2024)	2,000,000	2,000,000
3.55%, maturing December 17, 2025, not redeemable before maturity (2023 - 5.69%, maturing December 16, 2024)	5,000,000	5,000,000
Short term investments at amortized cost	\$ 15,400,000	\$ 16,600,000

4 Investments (continued)

Investments segregated and managed by an independent investment advisor are classified as long term investments and carried at market value.

As at December 31	2024	2023
Canadian dollar investments		
Cash	\$ 897,287	\$ -
Fixed income	1,663,222	-
Equity investments	264,720	-
U.S. dollar investments		
Cash	19,276	-
Equity investments	363,122	-
Long term investments at market value	\$ 3,207,627	\$ -

The College's fixed income investments consist of guaranteed investment certificates and corporate bonds and have maturity dates ranging from January 6, 2025 to August 21, 2028.

The College's investment income for the year is comprised of the following:

Year ended December 31	2024	2023
Interest and dividend income Change in unrealized gain on long term investments	\$ 1,391,984 130,507	\$ 978,546
	\$ 1,522,491	\$ 978,546

5 Property and equipment

As at December 31		2024			2023
	Cost	 ccumulated mortization	Cost	-	Accumulated amortization
Tangible assets:					
Land	\$ 31,394	\$ -	\$ 31,394	\$	-
Building	4,562,634	2,576,738	4,527,906		2,494,715
Furniture and equipment	702,097	444,835	702,097		399,448
Computer hardware	896,109	766,030	938,757		763,926
Intangible assets:	·				
Computer software	1,150,076	314,226	399,323		399,323
	\$ 7,342,310	\$ 4,101,829	\$ 6,599,477	\$	4,057,412
Net book value		\$ 3,240,481		\$	2,542,065

Included in computer software is \$835,850 of costs related to a project not complete or in use as at December 31, 2024. Accordingly, no amortization has been taken in the current year on this asset.

6 Net assets - internally restricted

The Board of Directors of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Board.

As at December 31	2024	2023
Investigations and hearing reserve fund Contingency reserve fund	\$ 1,100,000 9,900,000	\$ 1,300,000 9,400,000
	\$ 11,000,000	\$ 10,700,000

a) Investigations and hearings reserve fund

The Investigations and Hearings Reserve Fund is designated to cover external legal costs for the conduct of inquiries, discipline hearings, fitness to practice hearings and appeals which exceed annual budget provisions for those activities.

b) Contingency reserve fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Board of Directors.

7 Commitments

- a) The College entered an agreement with Think Research (formerly Pharmapod Canada Limited) in December 2020 for a term of five years to provide a medication incident reporting system. The annual future payments are estimated to be \$1,400,000.
- b) The College entered an agreement for the development and implementation of computer software in the prior year. The remaining future payments are estimated to be \$680,000 for 2025.
- c) The College has indemnified its past, present and future directors, officers and volunteers against expenses (including legal expenses), judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding, subject to certain restrictions, in which they are sued as a result of their involvement with the College, if they acted honestly and in good faith with a best interest of the College. The College has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits and actions, but there is no guarantee that the coverage will be sufficient should any action arise.

In the normal course of operations, the College has entered into agreements that include indemnities in favour of third parties, either express or implied, such as in service contracts, lease agreements and purchase contracts. In these agreements, the College agrees to indemnify the counterparties in certain circumstances against losses or liabilities arising from the acts or omissions of the College. The terms of these indemnities are not explicitly defined and the maximum amount of any potential liability cannot be reasonably estimated.

8 Credit facility

The College has a credit facility available in the amount of \$1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2024, the facility had not been drawn upon.

9 Financial instruments

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date. The Board of Directors has overall responsibility for the determination of the College's risk management objectives and policies.

9 Financial instruments (continued)

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash, investments, and accounts receivable and cost recoveries from registrants.

Accounts receivable from registrants are generally unsecured. This risk is mitigated by the College's requirement for registrants to pay their fees in order to renew their annual license to practice. The College also has collection policies in place.

Cash and short term investments are held by one major Canadian financial institution and therefore a concentration risk exists. Balances exceed the maximum insured amount. Long term investments are uninsured.

The College adheres to an investment policy that outlines the objectives, constraints and parameters relating to investing activities. The policy prescribes limits on the types and concentrations of investments held. The primary objective of the College with respect to its investments is to maintain the value of existing assets in the short term and real growth in the College's assets in the long term.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk reflects the risk that the College's earnings will decline due to fluctuations in foreign exchange rates. The College has investments denominated in US dollars (note 4). The exchange rate used to convert US\$ assets at December 31, 2024 is \$1 USD = \$1.4383

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested and achieves a satisfactory investment return giving consideration to risk.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is exposed to other price risk through its investments in equities (note 4) for which the fair value fluctuates based on the quoted market price.

Changes in risk

Credit risk, currency risk and other price risk increased this year as a result of the long term investments which are new this year. There have been no other significant changes in risk exposures from the prior year.

ONTARIO COLLEGE OF PHARMACISTS Schedule I Board and Committee

Year ended December 31		2024		2023	
Board of directors	\$	335,148	\$	142,684	
Committees		·			
Accreditation		4,958		5,107	
Discipline		360,876		320,278	
Drug preparation premises (DPP)		1,518		2,262	
Executive		75,404		3,202	
Finance and audit		14,495		3,811	
Fitness to practice		7,553		9,104	
Governance and screening committees		29,609		11,243	
Inquiries, complaints and reports (ICRC)		84,000		95,064	
Patient relations		16,143		41,355	
Quality assurance		6,153		8,457	
Registration		11,822		17,095	
	\$	947,679	\$	659,662	

Schedule II Personnel

	2	
Year ended December 31	2024	2023
Salaries Benefits Personnel costs - other Termination costs	\$ 18,457,201 3,624,779 799,807 135,111	\$ 17,320,607 3,399,317 605,568 878,209
	\$ 23,016,898	\$ 22,203,701

ONTARIO COLLEGE OF PHARMACISTS Schedule III Regulatory Programs

Year ended December 31	2024	2024 2023		
Association fees - NAPRA	\$ 146,378	\$	139,407	
Communication initiatives	147,970		17,661	
Election expenses	7,627		5,667	
Examinations, certificates and registrations	271,610		271,858	
Health inquiry / investigation & intake	24,718		27,983	
Legal - conduct external	1,165,745		1,036,265	
Legal - regulatory	30,274		25,595	
Medication safety programs	1,395,479		1,374,002	
Practice assessment of competence at entry	88,790		75,861	
Practice input initiatives	69,436		72,525	
Professional development / remediation	2,539		1,952	
Professional health program	80,932		80,799	
Quality assurance - program administration	153,042		106,417	
	\$ 3,584,540	\$	3,235,992	

Schedule IV Operations

Year ended December 31	2024	2023
Association fees - general	\$ 17,450	\$ 12,898
Audit	28,150	30,800
Bank / credit card charges	642,508	601,442
Consulting - operations	410,616	375,739
Courier and delivery	4,674	3,758
Information system maintenance	739,253	606,891
Insurance - errors and omissions	7,808	7,476
Legal - operations	14,038	69,794
Niagara Apothecary:		
Expenses	57,552	56,409
Sales and donations	(23,237)	(20,412)
Office services equipment leasing and maintenance	13,351	13,253
Postage	1,223	4,781
Property:		
Expenses	251,356	358,655
Rental income	-	(1,815)
Publications - annual report and Pharmacy Connection	8,087	10,515
Subscriptions	68,154	41,750
Supplies and stationery	15,456	37,449
Telecommunications	214,444	235,415
Travel	340,585	327,075
	\$ 2,811,468	\$ 2,771,873



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Susan James, Acting Registrar & Todd Leach, Director, Communications and Knowledge Mobilization

Topic: PPN Action Plan

Issue/Description:

Since March 2024, the OCP Board has expressed concerns about the proliferation of closed Preferred Provider Networks (PPNs) and similar payer-directed care models and their impact on restricting patient choice, patient and professional autonomy, quality and continuity of care and equitable access to care for Ontarians. Following the Board's approval of a zero-tolerance position statement on closed PPNs in July 2024, College staff have identified several actions for the Board to consider that are firmly within the College's authority and capacity to respond to these concerns without limiting additional future regulatory responses.

Public interest rationale:

The public trusts pharmacy professionals to act in the best interests of their patients and in accordance with all relevant laws, regulations, standards and the Code of Ethics. Arrangements such as closed PPNs have the potential to have a negative impact on patient care and autonomy, quality and equitable access to care. These risks of direct harm for Ontario patients provide a compelling argument for the need for a regulatory response by the College that falls within the bounds of its legally mandated purview as Ontario's pharmacy regulator.

Strategic alignment, regulatory processes, and actions:

Addressing the identified ethical issues as they relate to registrants of the College falls within the legislated authority of the College under the *Regulated Health Professions Act, 1991 (including the Health Professions Procedural Code), Pharmacy Act, 1991* and *Drug and Pharmacies Regulation Act, 1990 and their associated regulations,* and is aligned with two of the College's four Board-defined strategic goals that deal specifically with ethical and equitable practice/care:

- Strategic Goal #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."
- Strategic Goal #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.

Background:

- The College has expressed concerns about PPNs in the past, as far back as 2018, when the Registrar, at the direction of the Board, conveyed the concerns about such models on patient care and patient choice, requesting government attention and action to address the concerns, including in collaboration with the College where appropriate.
- The 2024-2028 Strategic Plan, approved by the Board in March 2023, includes a strategic goal (one of four strategic goals overall) that focuses on business exigencies that impede pharmacy professionals' ability to meet their professional and ethical obligations.
- In March 2024, in response to growing public and professional concerns about certain business practices involving MedsCheck reviews, and in keeping with the strategic goal, the OCP Board approved a zero-

tolerance position on business pressures in pharmacy. At that time, the Board also expressed public-interest concerns related to closed PPNs and directed staff to develop a corresponding position statement. It also expressed the need for adequate regulatory options over and above a zero-tolerance statement for the Board to consider, up to and including potential amendments to misconduct regulations.

- In July 2024, the Board approved a zero-tolerance statement specific to PPNs and payer-directed care models to clearly communicate the College's concern about the risk of harm of such models. At that time, and at meetings throughout the year, the Board expressed a desire to have the zero-tolerance statement act as a foundational position that should lead to the development of a policy and other similar mechanisms that more firmly articulate the Board's position and establish/reinforce professional expectations. The Executive Committee of the Board has now established clarity on the regulatory response to PPNs as a key performance indicator for College leadership.
- In the Fall of 2024, the Ministry of Finance initiated an open public consultation on PPNs and invited the public and system partners to provide input. College staff met with Ministry of Finance staff to understand the consultation and to provide preliminary responses until such time that the Board was able to effectively deliberate and establish a formal regulatory position and adequate framework that could inform the Ministry's future direction as well as the College's specific regulatory responses.
- At the December 2024 Board meeting, along with additional policy background materials and considerations for a multi-model approach, a motion prohibiting participation in PPNs was tabled. To support a well-informed debate, deliberation on the motion was deferred to the March 2025 meeting which would provide College staff with adequate time to conduct a proper legal analysis of the viability of the motion in the context of the limits of the legal authority afforded to OCP by statute.
- As the legal analysis was initiated, in January College staff took immediate steps to develop a clear action plan in response to the Board's previous concerns and direction. This action plan prioritizes a focused spectrum of activities and actions that are firmly within the College's authority and can move forward promptly, while acknowledging that some activities will still require government collaboration. The action plan also considers where such actions can be used in response to the broader concerns about business pressures in pharmacy which is in line with the stated strategic goals.

PPN Action Plan:

Immediate Actions:

- **Policy:** to operationalize the Board's position and the response to concerns related to participation in closed PPNs by pharmacies and pharmacy professionals, pending Board policy direction.
- Amendments to the Code of Ethics: to strengthen and clarify the expectations placed on registrants with regard to patient choice, conflict of interest and participation in business agreements that interfere with ethical obligations. To be considered on their own, or together with amendments to practice and pharmacy operational standards.
- **Pharmacy Director Attestation**: to strengthen and clarify the College's expectation regarding registrant decision making which impacts the ability of pharmacy staff to meet their professional obligations. This attestation is already set for implementation with the 2025 pharmacy renewals starting this spring.
- **Review of pharmacy assessment criteria**: to identify opportunities to apply a zero-tolerance framework on pharmacy operational assessments while working toward identifying potential future amendments to the Standards of Operation. This work is already underway.
- **Re-engagement with the Ministry of Finance and Ministry of Health**: to clarify the College's position, with the Board's approval of March 24, 2025 motion(s), and seek collaboration opportunities to further strengthen the regulatory response to the concerns of these models on patients and professionalism.

Longer-term actions, to be confirmed via direction by the Board:

- Amendments to the Standards of Operation: amendments to existing standards or development of a supplemental standard, to be determined.
- Amendments to the Standards of Practice: adapt or adopt updated Model Standards of Practice published by NAPRA but not yet implemented in Ontario.
- Amendments to misconduct regulations: drafting of amendments to regulations pertaining to professional and proprietary misconduct to strengthen existing authority, subject to further discussion with the provincial government to be determined. Collaboration with government is essential.

Analysis:

- Commitments included in the action plan are squarely within the College's authority as a regulator and are not contingent on government approval and/or collaboration with the exception of proposed regulatory amendments. Should the Board direct staff to proceed with drafting misconduct regulation amendments, it can prioritize this activity up to the point of submission to the government only.
- Several of these actions will be subject to open consultation prior to final approval by the Board.
- Additional options will be explored on an ongoing basis, as directed by the Board.

Please see the breakdown of activities and anticipated timelines in the appendices.

Motion:

THAT the Board direct staff to proceed with the Closed PPN Action Plan as presented and report on progress at every Board meeting along with its regular Goal One progress updates.

Next steps:

The Board will be presented with modular policy options along with draft amendments to the Code of Ethics for approval to proceed with consultation, following which an extensive communication plan will be implemented to promote the Board's decisions and direction and encourage participation in the open consultation.

Attachments:

- 12.1a PPN action plan summary timeline
- Links to previous Board meeting materials related to PPNs:
 - o March 25, 2024 meeting materials
 - o July 8, 2024 meeting materials
 - o <u>September 16, 2024 meeting materials</u>
 - o <u>December 9, 2024 meeting materials</u>

[TAKING ACTION]

Protecting the public interest by responding to concerns associated with payer-directed care models and business practices that interfere with the delivery of ethical, safe and quality pharmacy care for Ontarians.

POLICY STREAM

Previous Board motions, direction and expressions since March 2024 through to March 2025

ETHICS & STANDARDS STREAM

✓ POLICY FRAMEWORK:

Intended to operationalize the Board's final direction to be deliberated at the March 24th meeting. Will lead to development of the draft Policy to be presented to the Board as early as June.

✓ FORMAL POLICY:

Board will be presented with a formal policy based on the March approved direction, for approval to proceed to open consultation.

POLICY FOR OFFICIAL APPROVAL & ENFORCEMENT: Following the consultation, the

Policy will be presented to the Board **for final approval** and would be in force upon approval. Significant communication to follow.

March

June

September

✓ PROPOSED AMENDMENTS TO THE CODE OF ETHICS:

Designed to strengthen an existing lever, with amendments aimed at explicitly stating relevant behaviours and activities that are considered a violation of ethical practices. Draft will be presented to the Board to approve for open consultation.

✓ CODE OF ETHICS FOR OFFICIAL APPROVAL & ENFORCEMENT:

Following the consultation, Code of Ethics will be presented to the Board **for final approval** as early as June and would be in force upon approval. Significant communication effort to follow.

OTHER 2025 ACTIVITIES:

 PHARMACY DIRECTOR ATTESTATION (NEW):
 Adding a new declaration regarding any practice that goes against established standards, policies and ethics.

✓ PHARMACY ASSESSMENTS:

Reviewing criteria against Goal 1 expectations, zero tolerance statements and policy direction. May result in future amendments to the Standards of Operation.

RE-ENGAGEMENT WITH GOVERNMENT: OCP staff will re-engage with the Ministries of Finance and Health to explore further collaboration options.



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Susan James, Acting Registrar & Todd Leach, Director, Communications and Knowledge Mobilization

Topic: Draft amendments to the Code of Ethics, for approval or direction

Issue/Description:

Proposed draft amendments to the Code of Ethics are aimed at strengthening the clarity of the College's expectations around ethical care and decision making and are presented to the Board for approval for the purpose of conducting an open consultation. The Board will also be asked to consider two additional options for making amendments to the Code of Ethics and subsequent direction to staff in that regard.

Public interest rationale:

In line with OCP's zero-tolerance statement approved in July 2024, closed PPNs pose risks of harm to patients/public by disrupting continuity of care, limiting patient choice, limiting access to care through patient steering. Arrangements that compromise patient autonomy in this way appear to run counter to the ethical principles of the pharmacy profession. The Code of Ethics is a foundational document which assists in regulating registrant behaviour by articulating expected ethical practice through principles and associated standards.

Strategic alignment, regulatory processes, and actions:

Developing, establishing and maintaining standards of ethical practice is one of the objects of the College under the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act, 1991* and falls squarely within its public protection mandate. Additionally, addressing the identified ethical issues and inequities resulting from registrant participation in closed PPNs is aligned with two of the College's four strategic goals that deal specifically with ethical and equitable practice/care:

- Strategic Goal #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."
- Strategic Goal #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.

Background:

- The Code of Ethics is the College's fundamental articulation of the ethical principles and related standards guiding registrant practice and decision making. It is a powerful and effective regulatory instrument to express expectations for registrants (and help the public understand what they can expect from their pharmacy professionals). It is a building block in a wider picture that enables the College to hold registrants accountable for undesirable conduct.
- The last major revision to the Code of Ethics was approved by the Board in December 2015 when the principles were expanded and the standards of expected behaviour added (revisions to update minor terminology only were completed in 2022). The Code of Ethics exists as Schedule A of <u>By-Law No. 7</u>.
- To emphasize the importance of the Code of Ethics as a foundational document for the profession, the Board established a requirement in 2017 that all current (and new) registrants declare that they have read and

understand the Code of Ethics and affirm their commitment to it by signing a <u>Declaration of Commitment</u>.

- Since March 2024, the Board has discussed the ethical concerns associated with pharmacies and registrants participating in closed PPNs and other payer directed care models. The Board, in establishing the 2023 strategic plan, made addressing business exigencies that interfere with pharmacy professionals' ability to meet their obligations under the Standards of Practice and the Code of Ethics a priority.
- The possibility of unethical behaviours and decision making have been a central concern related to registrant participation in PPNs. The Code of Ethics is often referred to as the anchoring tool to which pharmacy professionals can and must be held accountable and that stronger action against unethical behaviours should be considered.
- As part of the PPN Action Plan, and the ongoing work associated with our strategic goals, the College has identified a number of opportunities to amend, and subsequently strengthen, the existing Code of Ethics to ensure greater clarity about ethical expectations of pharmacy professionals.

Analysis:

- Staff reviewed the Code of Ethics to determine if the document sufficiently addresses the concerns related to registrant behaviour in the context of closed PPNs. Through this review, the Code of Ethics was found to contain numerous standards that can apply to closed PPNs such as standard *3.2 Registrants respect and value the autonomy and dignity of patients* and standard *4.21 Registrants will not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.*
- The review also identified areas, in particular in *Section B Business Practices under the Principle of Accountability (Fidelity)* where standards could be added to strengthen the document by clarifying expectations and application.
- In total, eight standards were either significantly changed or added, seven standards underwent minor revisions, and three other sections were revised. The revisions and a rationale for the revisions can be found in the attached appendices.
- Before making a final decision on any amendments, an open consultation will be facilitated, as it has in previous amendments to the Code of Ethics, to solicit feedback from system partners, the public and registrants. The outcome of the consultation will inform any potential additional amendments for the Board to consider before approval for implementation.

Key Consideration – Code of Ethics as a first step of a broader standards review:

- The Code of Ethics was last updated a decade ago and since that time much has changed within the profession of pharmacy, the health system and government/public policy relevant to pharmacy practice. OCP has worked closely with government to expand the scope of practice of pharmacists, to respond to a global pandemic, and to continue to consider other ways that the profession can contribute to improving access to healthcare services across the province in the public interest.
- Furthermore, OCP has not yet brought forward for the Board's consideration the most recently updated NAPRA Model Standards of Practice from 2022 (the current standards were published in 2009). Given the ongoing evolution of the practice of pharmacy, the Board may wish to consider moving forward with a review of said standards for consideration of adoption or adaptation which might be particularly important in light of the ongoing expansion of scope and the focus on the Board-defined strategic goals.
- Accordingly, as the Board contemplates amendments to the Code of Ethics related to the immediate concerns raised by closed PPNs, consideration ought to be given to a broader review of the Code of Ethics against the

existing realities of the profession and its ongoing evolution in Ontario's healthcare system, together with a review of the Standards of Practice and the Standards of Operation (established by OCP and last updated in relation to the implementation of the AIMS medication safety program) to assure the public of their continued utility and relevance in promoting quality, safe and ethical pharmacy practice.

Suggested Motion Options:

The Board is asked to consider ONE of the following three motions:

THAT the Board of Directors approve the draft amendments to the Code of Ethics as presented, subject to any revision(s) by the Board, and direct College staff to proceed with an open consultation, with a view to bringing back a final amended Code of Ethics for Board approval and subsequent implementation as early as June 2025.

OR

THAT the Board of Directors directs College staff to conduct a comprehensive review of the Code of Ethics, together with a review of the updated NAPRA Model Standards of Practice and the OCP Standards of Operation to ensure their continued relevancy and appropriateness for the regulation of the profession of pharmacy in Ontario, to be added to the 2026 OCP operational plan priorities.

OR

THAT the Board of Directors approve the draft amendments to the Code of Ethics as presented, subject to any revision(s) by the Board, and directs staff to proceed with an open consultation, with a view to bringing back a final amended Code of Ethics for approval in June 2025 AND directs staff to conduct a broader review of the Code of Ethics, Standards of Practice and Standards of Operation to be added to the 2026 OCP operational plan priorities.

Next steps:

The next steps will be determined contingent on the Board's direction.

Attachments:

- Code of Ethics
- 12.2a Code of Ethics Drafts Amendments Tracker

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS : March 2025

The table below is a summary of the changes being proposed to the College's Code of Ethics (November 2022. Text in red with a strike through (e.g. X) is proposed to be deleted. Text in blue and underlined (e.g. X) is proposed to be added.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	CHANGE TO STANDARD or NEW STANDARD	RATIONALE FOR CHANGE & ADDITIONAL COMMENTS
Who does the Code of Ethics Apply To Paragraph 2	N/A	The Code of Ethics applies to anyone who has been issued a certificate of registration in Part A or B of the register (O. Reg. 256/24) and to those aspiring to be registrants of the College, including pharmacy students and pharmacy technician studentsall registrants of the College, -in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be registrants of the College. The Code of Ethics is applicable. The Code of Ethics applies to registrants at all times in all settings including, but not limited to administration, academia, government, pharmaceutical industry, and consulting. pharmacy practice, education, and research, environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship	The Code of Ethics has always applied to all pharmacy professionals in all settings, but this reinforces same. The changes were made to be specific about Part A and Part B and to reflect the language on the website about part B.
<u>Standard 1.1</u>	N/A	Registrants ensure that their primary focus at all times is the well-being and best interests of the patient and the public.	<u>"The public"</u> was added to make explicit that all pharmacy professionals must uphold the social contract to act in the best interest of patients and the broader public. This is already an expectation in the Principle of Accountability (pg. 4) that states pharmacy professionals are <i>fiduciaries of</i> <i>the public trust ensuring that we keep our promise to our patients and</i> <i>society to always and invariably act in their best interests and not our own.</i>
Principle of Respect for Persons/Justice Introduction	N/A	The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably. <u>Central to this principle is patient autonomy, dignity, and the right to choose their pharmacy care provider.</u>	Added to address patient steering by making explicit the obligations of all registrants to ensure patients provide informed consent to treatment by the care provider of their choice.
Standard 3.9	N/A	Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional, whether the patient chooses to remain with their existing pharmacy and/or pharmacy professional, or alternatively chooses to transfer pharmacy care and services, in which case registrants must facilitate the transfer and facilitate the patient's wish to change or transfer pharmacy care and services as requested.	The patient's choice to remain with an existing pharmacy and/or pharmacy professional was added to make it explicit that patients should not be required to change pharmacies via patient steering. The revision also addresses the consent issue that arises in a closed PPN context as the network pharmacist will need to make sure that patients want to switch pharmacy or pharmacy professional. This helps avoid them relying on the

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS : March 2025

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			standard form contract consents provided by the insured at the beginning of the network 'chain'.
Standard 3.16	N/A	Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients in a manner that complies with Ontario Human Rights Legislation and does not create or foster barriers to service delivery related to geographic location or health status. regardless of socio economic status, culture, disease state or any other related factor that might unfairly bias patient care.	Adding geographic location and health status to the standards addresses inequitable access to care created by closed PPNs. The human rights legislation reference was added to strengthen the intent of the standard allowing specifics, such as socioeconomic status, to be deleted.
Principle of Accountability (Fidelity). <i>Business Practices</i> <u>N/A</u>	New Standard 4.27	Registrants avoid entering into payer or prescriber directed agreements which specify the pharmacies where patients must receive care without the patient's informed consent being provided at the pharmacy level.	This standard was created to make explicit that pharmacists who are decision-makers, on behalf of insurance companies or PBMS, cannot make agreements with each other or with pharmacies that require patients receive care from specific pharmacies without truly informed consent being provided by the patient to the pharmacy at the transfer point. To date consent for the transfer appears to revolve around patients 'signing off' on a pharmacy transfer as part of a larger group insurance contract via their workplace or otherwise. This brings that consent element to the forefront at the end of the chain and puts the network pharmacy squarely at the center of the consent issue.
<u>N/A</u>	New Standard 4.28	Registrants must not enter into arrangements for exclusive distribution of a drug that restricts patient access to that drug, without the patient's informed consent being provided at the pharmacy level.	The intent of this standard is to address ethical issues that arise in a vertically integrated context. It should help prevent pharmacists who are decision-makers on behalf of insurance companies or PBMs (not patient-facing) and decision-makers who own and operate pharmacies from entering into exclusive deals with one another and circumventing the patient's role.
<u>N/A</u>	New Standard 4.29	Registrants with authority to make decisions about the pharmacy operation must provide a practice environment where the standards within this Code of Ethics can be met.	This standard reiterates how those making operational decisions are responsible for ensuring everyone can follow the Code of Ethics.

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS : March 2025

The table below is a summary of the changes being proposed to the College's Code of Ethics (November 2022. Text in red with a strike through (e.g. X) is proposed to be deleted. Text in blue and underlined (e.g. X) is proposed to be added.

<u>N/A</u>	New Standard	Registrants must not take advantage of their position of authority to	This standard was added to make it clear that registrants who make
	4.30	undermine the professional autonomy of a pharmacy professional under their	decisions beyond those of the patient-provider relationship must function in
		supervision or direction.	a way that allows pharmacy professionals to maintain professional
			autonomy. As closed PPNs involve contracts that are entered into and
NI / A	Navy Chanaland	Desistante en et la company de la la company de la company d	negotiated at the pharmacy level, focusing on decision makers is important.
N/A	New Standard	Registrants must have responsible business practices that do not impede	This standard was added to make explicit that business practices must be for
	4.31	access to pharmacy care for patients and society.	the good of society and not just patients.
Avoid Conflict of		Registrants need to must proceed with caution and conscientiously exercise	The word must was added to strengthen the intent of the standard. The
Interest		professional judgment in when dealing with conflicts of interest situations	other changes are edits with no change in meaning
Introduction		which they may encounter in practice but which are not explicitly addressed	
		below.	
Standard 4.27		Registrants must avoid situations that are or may reasonably be perceived to	The word must was added to strengthen the intent of the standard
		construe a conflict of interest.	
Standard 4.28		Registrants must avoid dual relationships and other situations which may	As above
		present a conflict of interest and potentially affect the registrant's ability to be	
		impartial and unbiased in their decision-making.	
Standard 4.29		Registrants must declare any personal or professional interests and inform the	As above
		relevant party(s) if they are involved in a real, perceived, or potential conflict	
		of interest and resolve the situation in the best interests of the patient and	
		public safety as soon as possible.	
Standard 4.30		Registrants involved in decision making must disclose to patients any	Adding "patients" makes clear that patients must be made aware of possible
		relationship they are involved in have that may influence or appear to others	conflicts of interest. Because all registrants are involved in decision-making,
		to influence their objectivity.	this term has been removed.
Standard 4.31		Registrants must only enter into relationships with industry which are	The word <u>must only</u> was added to strengthen the intent of the standard.
		appropriate and in compliance with this Code and which allow them to	
		maintain their professional integrity and retain public trust and confidence.	



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Susan James, Acting Registrar & Todd Leach, Director, Communications and Knowledge Mobilization

Topic: Policy direction options concerning PPNs and other payer directed care models

Issue/Description:

Along with other actions defined within the PPN Action Plan, the Board is presented with several options that will lead to the articulation of clear direction to College staff on the development of a policy in line with the Board's expectations and the College's mandate.

Public interest rationale:

In line with the zero-tolerance statement approved by the Board in July 2024, closed PPNs and payer-directed care models pose risks of harm to patients/public by disrupting continuity of care, limiting patient choice and limiting access to care through patient steering. Arrangements that compromise patient autonomy in this way appear to run counter to ethical expectations placed on registrants. Establishing a policy that clearly articulates the Board's direction within the College's authority and that complements other regulatory levers will strengthen the ability of the College to respond to ongoing concerns about such models effectively and decisively in the public interest.

Strategic alignment, regulatory processes, and actions:

Addressing the identified ethical issues and inequities resulting from closed PPNs is aligned with two of the College's four strategic goals that deal specifically with ethical and equitable practice/care:

- Strategic Goal #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."
- Strategic Goal #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.

Background:

- The Board has the authority to set and establish policy relevant to the regulation of pharmacy within its legislated mandate and the powers granted to the College through various acts, including the *Regulated Health Professions Act, 1991, Drug and Pharmacies Regulation Act, 1990* and *Pharmacy Act, 1991*.
- Such policies can articulate positions and set out rules, expectations and limitations that directly relate to the delivery of pharmacy services by regulated pharmacists and pharmacy technicians, including those that own, operate or otherwise influence the operations of pharmacies in Ontario. For example, due to growing public interest concerns about the use of loyalty points in pharmacy in 2004, the Board established a Loyalty Points Program policy that prohibited pharmacies and pharmacy professionals from engaging in any such program in their practice.
- In July 2024, the Board approved a zero-tolerance statement specific to closed PPNs and payer-directed care models to make clear the College's concern about the risk of harms associated with such models. At that time, and at meetings throughout the year, the Board expressed a desire to have the zero-tolerance

statement act as a foundational pronouncement that should lead to the development of a policy and other similar mechanisms that more firmly articulate the Board's position and establish/reinforce professional expectations. The Executive Committee of the Board has now established clarity on the regulatory response to PPNs as a key performance indicator for College leadership.

• In December 2024, a motion on PPNs was tabled which led to a preliminary discussion and subsequent decision to defer said motion to the March 24, 2025 meeting to allow College legal counsel and staff sufficient time to review and assess the motion and prepare legal advice for the Board. The motion states:

Now therefore, the Board declares that any registrant of the College ("Registrant"), the directors or shareholders of a corporation which has been issued a certificate of accreditation by the Registrar of the College under s. 139 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (a "Certificate of Accreditation"), or any person who has been issued a Certificate of Accreditation, who participates in any payor-directed care model, including a PPN, is in violation of the ethical principles set out in the Code of Ethics of the Ontario College of Pharmacists including, but not limited to beneficence, non-maleficence, respect for persons/justice (the "Ethical Principles").

Violation of the Ethical Principles constitutes professional misconduct and/or proprietary misconduct, subject to findings made by the Discipline Committee.

The directors or shareholders of a corporation which has been issued a Certificate of Accreditation, or any person who has been issued a Certificate of Accreditation, shall exit any payor-directed care model, including a PPN, within 12 months of the date of this motion, and shall attest that they have done so on renewal of a Certificate of Accreditation.

- Staff will be seeking policy direction from the Board following the outcome of the deliberation on the unresolved motion and in an effort to assist in enacting anticipated Board direction, have presented a number of generative motion options for the Board to consider, from which a policy can be developed, pending any further direction provided by the Board at that time.
- Regardless of the outcome of the deliberation of the existing motion, the Board has the authority to develop a policy if it feels one is warranted that reflects its intentions in seeking to curb problematic registrant behaviours associated with closed PPNs in the context of professional and ethical standards.
- Any such policy would be complementary to other proposals put forward by staff including amendments to the Code of Ethics and amendments to misconduct regulations, the latter requiring collaboration with the government as per statute.
- Draft policy frameworks have been developed that attempt to tackle a variety of problematic registrant behaviours from different perspectives. These are included for consideration by the Board in the appendices, as it determines the policy direction for staff to pursue. In summary these options (which are modular and not mutually exclusive) are:

• A: Focus on Ethics and Conflict of Interest

This policy would set out the requirements that must be met when creating or entering into payer-directed models of care. This policy would build on the standards in the amended Code of Ethics including issues surrounding conflict of interest. The policy would be directed at those registrants in positions of authority as decision-makers, including those in both Part A and Part B of the register, regarding their participation in the implementation of these models and their ethical obligations to put the needs of patients and the public interest first.

• B: Focus on Patient Autonomy and Person-Centered Care

This policy would set out the requirements that must be met by registrants when creating or entering into closed PPNs of care to ensure respect for patient autonomy and the delivery of person-centered care.

• C: Focus on Closed PPNs and Patient Steering

This policy would essentially prohibit participation in closed PPNs involve patient steering. This policy would define what constitutes a closed PPN, describe the elements of it and make it clear that pharmacy professionals are not permitted to enter into such agreements. This may be considered the more aggressive of the three options and may generate stronger opposition.

Analysis:

- The Board will receive legal advice in-camera (under provisions established in *the Regulated Health Professions Act, 1991*) in relation to the current outstanding motion. The frameworks offered in this briefing note serve as modular **options to consider, and alternative options may be identified by the** *Board and staff following their consideration of legal advice, and/or the final outcome of the discussion on the existing unresolved motion*.
- As the Board considers any policy direction within its authority, just as it does other direction provided to College staff, it is important to remain attuned to the potential for any unintended consequences or challenges that may arise when selecting a particular approach. All Board decisions must be underpinned by a clear and relevant public-interest rationale.

Motion:

THAT the Board directs College staff to develop a policy <specific focus of the policy to be defined at the Board meeting and included in the motion> and to present the draft policy for the Board's consideration at the June 2025 Board meeting.

Next steps:

Once the Board has provided clear policy direction, staff will work on drafting a policy, which may include engaging with system partners where appropriate and necessary. The draft policy will be presented to the Board at the June 2025 meeting and, pending approval by the Board at that stage, will be subject to an open consultation prior to being brought back to the Board for final approval and implementation at a subsequent meeting in 2025.

Attachments:

- 12.3a Policy framework options for consideration
- Links to previous Board meeting materials
 - o March 25, 2024 meeting materials
 - o July 8, 2024 meeting materials
 - o <u>September 16, 2024 meeting materials</u>
 - o December 9, 2024 meeting materials

POLICY FRAMEWORK OPTIONS – OCP ACTION ON CLOSED PREFERRED PROVIDER NETWORKS – FOR BOARD DISCUSSION/DECISION ON STAFF DIRECTION: March 24, 2025

Please note that the options below are modular and elements from any of them can be combined with each other (and other items discussed by the Board as needed) to come up with a custom solution. These options are meant to help guide discussion/direction and not meant to be mutually exclusive.

Policy Framework Options	OPTION ONE	OPTION TWO	OPTION THREE
Summary	Focus on Ethics and Conflict of Interest This policy would set out the requirements that must be met when creating or entering into closed PPNs. This policy would focus on the standards in the Code of Ethics including those about conflict of interest. The policy will pay particular attention to those in positions of authority and decision-makers, including those	Focus on Patient Autonomy and Person-Centered Care	Focus on Closed PPNs. and Patient Steering This policy would essentially prohibit participation in closed PPNs that involve patient steering. This policy would define what constitutes a closed PPN, describe the elements of it and make it clear that pharmacy professionals are not permitted to enter into such agreements. This may be considered the more aggressive of the three options and may
	in Parts A and B of the register, as they are directly integrated into the creation and maintenance of the closed 'network' chain.		generate stronger opposition.



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Governance Review Update – Request for Proposals & Consultant Selection

Issue/Description: For information, the Governance Committee will update the Board of Directors regarding the selection of a third-party vendor (i.e., expert consultant) to conduct the governance review (Governance Review) which was directed by the Board at its September 15, 2024 meeting.

Public interest rationale: Good governance is crucial for running the Board smoothly and making decisions that serve and protect the public's interests. It is a key part of everything the OCP does.

Strategic alignment, regulatory processes, and actions: While not specifically related to one of the Board's current strategic goals, effective governance is an essential building block for all OCP regulatory initiatives, as well as the Board's fiduciary and legislated duties. Periodic Board effectiveness reviews are also one component of a highly functioning regulatory College, as outlined in the College Performance Measurement Framework (CPMF) Standards.

Background:

At its September 15, 2024 meeting, the Board decided to engage a third-party vendor (or expert consultant) to conduct an external Governance Review. To facilitate this process, a Special Committee, the Governance Review Committee (GRC), was established by the following motion:

THAT the Board approve a Special Committee to make recommendations to the Board regarding the governance review project including carrying out the RFP process and communicating and directing any third party to carry out the wishes of the Board. The committee will have a 12-month mandate ending at the first meeting of the next Board year.

On November 6, 2024, the Board approved terms of reference for the governance review, including the following statement of purpose:

The Governance Review Committee's purpose is to work directly with an expert consultant to draft a report which will be presented to the Board of Directors.

The report shall consider the relationship between the College's Board of Directors and the College's Registrar and CEO from a legislative and best practices perspective.

The report shall include recommendations that will inform and enhance the Board in its duty to manage and administer the College's affairs, including its duty to provide the College with its overall policy and strategic direction, and College's duty.

Process:

The GRC, with the assistance of College staff, developed a request for proposals (RFP - attached) for an expert consultant to conduct the Governance Review. The RFP was approved by the Governance Committee on December 5, 2024, and by the Board at its meeting on December 2024, with minor revisions. The RFP was posted on the OCP's website on January 6, 2025, and subsequently on other platforms such as regulatoryjobs.ca, with a submission deadline of January 31, 2025.

The GRC received detailed submissions from several proponents in response to the RFP. Each submission was reviewed by the GRC at its February 7, 2025 meeting for the purpose of selecting three or four candidates for interviews. After all submissions were thoroughly reviewed, the GRC selected four proponents for interviews, which took place in the week of February 10, 2025.

On February 14, 2025, the GRC met again to deliberate and evaluate each of the four candidates. Each candidate's submission and interview were evaluated for the purpose of choosing one expert consultant that the GRC could recommend to the Governance Committee for its consideration and approval at its meeting on February 19, 2025.

The GRC recommended the Institute on Governance to conduct the Governance Review. The Governance Committee approved the GRC's recommendation at its February 19, 2025 meeting. On behalf of the Board, the Executive Committee also approved the recommendation at its meeting of February 24, 2025.

The Institute on Governance (<u>https://iog.ca/</u>) (IOG) is a well-established consultancy with broad expertise in best practices in public sector governance. With over thirty years' experience, the IOG has worked with federal, provincial, territorial, municipal, and Indigenous governments, as well as not-for-profit organizations in over 35 countries to develop and apply fit-for-purpose governance solutions. The IOG is an independent, non-partisan, not-for-profit registered charitable organization overseen by a volunteer Board of Directors.

In recommending the IOG to the Governance Committee for the Governance Review, the GRC outlined several factors supporting their recommendation, including the IOG's diverse team, each with extensive experience; their understanding of the legislative scheme and the OCP's public protection mandate; their experience with governance reviews of health regulators, including reviews focused on the relationship between the board of directors and CEOs of organizations; their comprehensive approach to reviews, including use of tools, techniques timelines and stakeholder engagement; and their proposed consulting fee.

Next steps:

By the March 24 Board meeting, it is anticipated that the consulting services agreement will have been signed, and that the initial meeting with the IOG will have taken place on March 18. The GRC will continue to meet with the IOG on a regular basis. In accordance with the project timeline, the draft report will be received in July 2025, and the final report in August 2025. The final report will be reviewed by the Governance Committee in August, and presented to the Board at its September meeting.

Attachments:

• 13.1 - Request for Proposals for Governance Review



Request for Proposals for Ontario College of Pharmacists Governance Review

Issued: January 6, 2025 Closes at: January 31, 2025 at 5:00 PM

TABLE OF CONTENTS

A <u>General Information and Instructions</u>

- A.1 About the College of Pharmacists
- A.2 Invitation
- A.3 Contracting Authority
- A.4 Project Authority
- A.5 <u>Terms and Conditions</u> (including Glossary of Terms)
- A.6 Form Of Contract
- A.7 Insurance

B <u>Project Description</u>

- B.1 Project Purpose and Background
- B.2 <u>Scope of Services</u>
- B.3 Project Timelines
- B.4 <u>Project Budget</u>

C <u>Submission Requirements</u>

- C.1 Proposal Requirements
- C.2 <u>Submission Format and Requirements</u>
- C.3 <u>Understanding of Requirements</u>
- C.4 Consultant Team
- C.5 Approach and Methodology
- C.6 Project Plan and Schedule
- C.7 Project Budget
- C.8 Overall Quality of Proposal
- C.9 Confidentiality

D Evaluation Process

- D.1 Evaluation of Proposals
- D.2 Scoring Rubric
- D.3 Evaluation Process
- D.4 Interview
- D.5 <u>References</u>

APPENDIX A – RFP Submission Form

A General Information and Instructions

A.1 About the Ontario College of Pharmacists

- With a mandate to serve and protect the public interest, the Ontario College of Pharmacists (OCP) is the regulatory body that oversees pharmacists, pharmacy technicians and pharmacies in Ontario.
- OCP regulates registered pharmacy professionals by holding them accountable to OCP's governing legislation, and the standards of practice, Code of Ethics and policies and guidelines relevant to pharmacy practice that OCP has developed. In order to carry out professional regulation, OCP administers a quality assurance program, including practice assessments. OCP also conducts investigations, resolutions and prosecutions of registrants, with respect to professional misconduct, incompetence and incapacity.
- OCP also accredits and regulates hospital and community pharmacies in Ontario, holding them to relevant legislation, and the operational standards and policies developed by OCP.
- The objects of OCP are set out in section 3 of the <u>Regulated Health Professions Act, 1991.</u>
- OCP is governed by a Board of Directors.
- Standing committees include the Finance and Audit Committee, Governance Committee, the Screening Committee, the Drug Preparation Premises Committee, and the speciallyappointed Governance Review Committee.
- Statutory committees include the Executive Committee, the Registration Committee, the Quality Assurance Committee, the Inquiries, Complaints and Reports Committee, the Accreditation Committee, the Patient Relations Committee, the Discipline Committee and the Fitness to Practise Committee.
- See OCP's website and By-law 6 for more information.
- The Registrar and CEO is the most senior staff member, and reports to the Board of Directors
- OCP divisions are each overseen by a Director who reports to the Registrar and CEO, including Corporate Services (Finance, IT, Facilities); Policy, Engagement and Strategy Implementation; Communications and Knowledge Management; Conduct; and Quality.

A.2 Invitation

- In issuing this Request for Proposals (RFP), OCP invites qualified proponents to make proposals for the services described below.
- The purpose of this RFP is to enable the OCP to review and evaluate proposals and proponents to identify the successful proponent who will carry out this project in their capacity as a consultant.
- This RFP document sets out the requirements for the proponents' proposals and specifies the evaluation criteria and consultant selection process for this project. Proponents must be able to demonstrate a thorough understanding of project requirements, including their approach and methodology, project plan and work plan.

A.3 Contracting Authority

• The contracting authority (Contracting Authority) for this RFP is:

Susan James Acting Registrar The Ontario College of Pharmacists 483 Huron Street Toronto, ON M5R 2R4 416-962-4861 ext. 2206 sjames@ocpinfo.com

A.4 Project Authority

 The project authority (Project Authority) for this RFP is: Angela Bates
 Director, Conduct
 The Ontario College of Pharmacists
 483 Huron Street
 Toronto, ON
 M5R 2R4
 416-962-4861 ext. 2226
 abates@ocpinfo.com

A.5 Terms and Conditions

A.5.1 Glossary of Terms

Agreement: The consulting services agreement that the successful proponent will enter into with OCP at the conclusion of the RFP process.

Consultant: The individual or company that is selected as the successful proponent in this RFP process.

Consultant Team: All team members of the Consultant who will participate in the Project.

Contracting Authority: The senior staff person responsible for execution of the Agreement with the Consultant. Note that the identity of the specific Contracting may change during this RFP process and the project. OCP will notify proponents and the Consultant of any such changes.

Evaluation Criteria: The criteria used to rate the proposals of proponents, contained in the scoring rubric described in this RFP.

Key Personnel: Key Personnel are the critical Team members that carry the responsibility for Project delivery. They are individuals that will have a direct and substantial involvement in the work and whose roles and responsibilities will be crucial to the successful completion of the project.

Ontario College of Pharmacists (OCP): The issuer of this RFP, who will enter into a consulting services agreement with the successful proponent at the conclusion of the RFP process.

Project: The external governance review described herein, including planning, execution and reporting.

Project Authority: The senior staff person who will act as a point person during both the RFP process and the Project. Note that the identity of the specific Project Authority may change during this RFP process and the project. OCP will notify proponents and the consultant of any such changes.

Proponent: Entities who submit a proposal. The entity that will execute the contract with OCP will become the Consultant, who has full contractual responsibility for the delivery of the required services.

Proposal: The submission made by the Proponent, in response to OCP's RFP, outlining the Proponent's qualifications, approaches, etc.

Request for Proposal (RFP): The document that commences the formal procurement process, which sets out Project requirements allowing Proponents to compete for the contract.

Services: The activities outlined in the Proponent's submission, required to achieve the goals of and complete the Project.

Submission: A Proponent's proposal made in response to the RFP, drafted in accordance with the terms of the RFP.

A.5.2 Mandatory and Advisory Clauses

 Mandatory clauses during the procurement are those containing the word "must", "will" or "shall". These clauses must be observed at all times, unless otherwise authorized by OCP. Proponents not respecting these clauses will be disqualified and their proposals will not receive any further consideration. Advisory clauses during the procurement are those containing the word "may" or "should". Proponents not respecting these clauses may be scored lower.

A.5.3 Acknowledgement and Legal Compliance

- By virtue of making a Submission, the Proponent acknowledges that OCP has the right to verify any information contained in their Submission, and that false, erroneous, or inadequate information may require that the Proponent provide corrected information, at the Proponent's own expense, for the approval of OCP.
- Proponent assumes responsibility for compliance with all laws and regulations concerning its eligibility to provide a Submission and to perform the Services in the Province of Ontario and is aware that this RFP is governed by the laws of the Province of Ontario.

A.5.4 Consultant Team Key Personnel

- Proponents are advised that the Key Personnel named in their submission shall remain in their designated roles throughout the RFP period and for the duration of the Project.
- If the Key Personnel named in a Proponent's proposal leave or become unavailable or unable to perform their duties for circumstances beyond the Proponent's reasonable control, the Proponent shall promptly notify the Project Authority and submit resumes of proposed replacement personnel. Proposed replacement personnel should possess

professional qualifications and comparable experience equivalent to the Key Personnel being replaced.

- Should any of the Proponent's replacement personnel be considered in any respect unsatisfactory, alternative replacement personnel shall be proposed by the Proponent within 14 days of receipt of the notice of dissatisfaction from the OCP.
- No payment shall be made for fees incurred by Consultant Team members who were not approved by OCP prior to work taking place.

A.5.5 Queries During the RFP Solicitation Period

- The Proponent will base their proposal on OCP's RFP documents. It is the responsibility of the Proponent to obtain clarification of any terms, conditions or technical requirements contained in the RFP.
- Any questions or requests for clarification during the solicitation period must be submitted in writing by the primary contact of the Proponent to the Project Authority identified on the front page of this RFP document.
- Questions and requests for clarifications will be answered if received in writing by the Project Authority at least seven days prior to the date stipulated for making the proposal.
- OCP will only respond to the primary contact of the Proponent, who will be responsible for further internal distribution as required.

A.5.6 Amendments to the RFP

- The answer to all questions or requests will be responded to by an addendum which will be issued to all Proponents.
- Proponents are advised that only the written information issued by OCP in this RFP document, and any appended documents and any associated amendments shall be contractually binding.

A.5.7 Right to Initiate or to Terminate Negotiations

• OCP shall have the sole right to initiate or to terminate negotiations.

A.5.8 Right to Request Clarifications / Confirmations

 OCP reserves the right to request clarifications and/or confirmations from any or all Proponents regarding any aspect of their proposals. In the event such clarifications and/or confirmations are requested, the Project Authority will make the request, to be directed to the individual named as the Proponent's contact in their proposal. A written response to each such communication is required from the Proponent.

A.5.9 Payment for Proposal

 There will be no direct payment by OCP for the document preparation and submission in response to this RFP.

A.5.10 Privacy and Access Legislation

 Proponents are advised that OCP is subject to the provisions of all applicable privacy and access to information legislation. Information submitted may be eligible for disclosure in accordance with the corresponding legislation. Information is not released without consultation with the Proponents, unless there is an order made under the applicable act.

A.5.11 Selection of Successful Proponent (Consultant)

 During the RFP phase of this procurement the basis of selection will be the Evaluation Criteria included in this RFP.

A.6 Form of Contract

 OCP's standard consulting services agreement template will be used as the contract template.

A.7 Insurance

• The successful Proponent (Consultant) agrees to purchase and maintain in force for the duration of any agreement for services resulting from this RFP the following insurance.

Liability Insurance:

- Consultant to be insured for errors and omissions arising out of the performance or non-performance the Services under a liability policy with a minimum liability limit of not less than \$250,000 for each claim, and \$500,000 in the annual aggregate in respect of any one project.
- Should OCP wish to increase the amount of insurance that the Consultant currently carries or obtain special insurance coverage, then the Consultant shall cooperate with OCP to obtain such increased amount or special insurance at OCP's expense, at such time as the identity of the successful proponent is determined.

B Project Description

B.1 Project Purpose and Background

- At its September 15, 2024 meeting, the OCP Board of Directors directed that an independent governance review be completed.
- In order to implement this direction, the OCP Board of Directors approved Terms of Reference, at its November 6, 2024 meeting.
- The Terms of Reference provide for the appointment of a special committee, the Governance Review Committee, which would report to OCP's standing Governance Committee.
- The Governance Review Committee was mandated by the Board to ensure completion of the governance review and report.
- The Governance Review Committee's purpose is to work directly with a Consultant to draft a report which will be presented to OCP's Board of Directors.
- The report shall consider the relationship between OCP's Board of Directors and the OCP's Registrar and CEO from a legislative and best practices perspective.
- The report shall include recommendations that will inform and enhance the Board in its duty to manage and administer OCP's affairs, including its duty to provide OCP with its

overall policy and strategic direction, and OCP's duty to regulate the profession of pharmacy and carry out its statutory objects in the public interest.

- This Project consists broadly of two components:
 - a governance review, as described below; and
 - a report with recommendations.

B.2 Scope of Services

- The required Services are aligned with the Terms of Reference that OCP's Board of Directors approved for the special Governance Review Committee.
- Throughout, it is expected that the Consultant is to work closely with the Governance Review Committee, including monthly meetings as set out under Project Timelines, below.
- In particular, the final report of the Project must address the following two issues:

1) the relationship between the College's Board of Directors and the College's Registrar and CEO from a legislative and best practices perspective;

2) recommendations that will inform and enhance the Board in its duty to manage and administer the College's affairs, including its duty to provide the College with its overall policy and strategic direction, and College's duty to regulate the profession of pharmacy and carry out its statutory objects in the public interest.

- To complete the final report, the Consultant may consider all, some or none of the following review activities.
 - A general review of the College's governance against external standards of Good Governance, such as the Professional Standards Authority Standards of Good Regulation; the BC Office of Professional Governance Standards; and Standards from Canada's Institute of Governance
 - A review of the College's **governance structures and processes**, possibly including a review of OCP by-laws and /or the Board policy manual or financial framework; a review of election and appointment policies; a review of the governance model itself, decision-making procedures, etc.
 - A review focused on **relational issues** such as human dynamics, decision-making, communication, authentic conversations, conflict management, EQ, etc.
 - A review focused primarily on an evaluation of whether and how effectively the College is **meeting its public interest mandate**.
 - Specific activities to support such reviews may include interviews, document and video review, research regarding external standards and governance best practices, and review of OCP by-laws, governance model and policies.
- Once the Consultant's review is completed, the Consultant will draft a report (of no more than 25 – 35 pages, plus appendices) that addresses the two issues set out above under

Scope of Services. The final report will outline a summary of the Consultant's review, with recommendations.

B.3 Project Timelines

• The following timeline is anticipated for the delivery of this project:

ACTIVITY	DATE DUE
Terms of Reference approved by the Board	November 6, 2024
Governance Review Committee (GRC) requests draft RFP from	November 29, 2024
College staff	
GRC to consider draft Timeline/Workplan, Terms of Reference	November 29, 2024
and proposed RFP	
GRC meets with the Governance Committee (GC) to discuss	December 5, 2024
status update for Board meeting on December 9, 2024, including proposed RFP	
GC status update to the Board including proposed RFP	December 9, 2024
Publish RFP	January 6, 2025
RFP vendor submission deadline	January 31, 2025
GRC completes evaluation of RFP proposals and drafts shortlist	February 10, 2025
GRC vendor interviews and selection of consultant	February 11-17, 2025
GRC's selection of consultant to GC for approval	February 19, 2025
GC reports to Board/Executive Committee for approval of	February 24, 2025
consultant selection	
Vendor contract negotiations completed	March 10, 2025
Project Kick-off, GRC meets with consultant	March 18, 2025
GRC meets with consultant and reports to GC	March 2025
GC status update to the Board	March 24, 2025
GRC meets with consultant and reports to GC	April 2025
GRC meet with consultant and reports to GC	May 2025
GRC meets with consultant and reports to GC	June 2025
Consultant's initial draft report due; GRC meets with consultant	July 2025
and reports to GC	
GRC meets with consultant and reports to GC	August 2025
Consultant meets with GRC re: Final Report	August 14, 2025
GRC to present Final Report to GC	September 4, 2025*
GC to present Final Report to Board for inclusion in Board	September 11, 2025*
package	
Board meeting	September 22-23, 2025*
*Note that the September dates are being adjusted in accordance	with the Board meeting
being held on September 15-16 instead of September 22-23.	

B.4 Project Budget

- The budget for this project is \$50,000 CAD, including expenses and excluding all taxes.
- In making their proposal, the Proponent may provide details of any additional and/or value-added services that may be of benefit to OCP.

C. Submission Requirements

C.1 Proposal Requirements

- Proponents' proposals are to be based solely on the criteria described below and any amendments/addenda issued thereto. Proponents are advised to present the requested information clearly and concisely. The information should be relevant and given in context to this particular project. For the convenience of evaluators, the proposal must be ordered to coincide with the proposal criteria specified herein. Failure to provide the requested information may result in rejection of the proposal.
- Evaluations will be based on the criteria identified below.

C.2 Submission Format and Requirements

- Proposal documents must be formatted as follows:
 - Paper size 8.5" x 11" (metric equivalent A4) OR as indicated. A 11X17 page may be used to present a plan or schedule. Each 11X17 page will be counted as one page.
 - Point size 11 point Aptos, Arial, Calibri or equivalent sans serif font.
 - Margins 25mm (1") left, 19mm (3/4") top, 12mm (1/2") right and bottom
 - Justification Left-justified
 - Double-sided pages will be counted as two pages, exclusive of cover letter, section dividers and appendices.
 - Appendix A may be reproduced by Proponents in their own format provided that the order of the items and content remains unchanged.
 - Proposals will be evaluated solely on the contents of the material as requested in this RFP. Supplementary material in the form of company brochures etc., if submitted, will not be forwarded to evaluators.
 - The Proponent's proposal is to be signed by the Proponent's signing authority.

C.3 Understanding of the Requirements

 Proponents must describe their understanding of the requirements including a discussion of the anticipated challenges.

C.4 Consultant Team

 Proponents must include the names of all Key Personnel who will be participating in the Project.

C.5 Approach and Methodology

Approach

 Through a discussion of the unique aspects, procedures, benefits, skills and techniques that the Consultant's Team will bring to this project, *demonstrate* your understanding of the activities that will be applied to the successful delivery of this project. Explain the Proponent's proposed approach and methodology to satisfy project requirements.

Approaches to Communication and Issue Resolution Strategies

 Describe the Consultant's approaches to communications with OCP, stakeholders, and, if the Consultant consists of more than one individual, within the Consultant Team. Also describe the Consultant's strategy for resolving any issues and conflicts that may arise in the course of the Project.

Quality Assurance

 In order to ensure that the Project results in a high-quality report, Proponents are to describe their quality assurance procedures.

Proposed Schedule and Cost Control Procedures

 Proponents are to discuss their scheduling strategy and any innovative, proactive measures they (and their Team) will adopt to address the project timelines. Highlight any areas to which the Proponent will pay particular attention given understanding of the project scope.

C.6 Project Plan and Schedule

 Provide a detailed project plan including all activities, milestones and dates and provide a narrative work breakdown structure.

C.7 Project Budget

- The budget for this project is \$50,000 CAD, including expenses and excluding all taxes.
- In making their proposal, the Proponent may provide details of any additional and/or value-added services that may be of benefit to OCP.

C.8 Overall Quality of Proposal

 Proposals will be evaluated for quality, presentation and conformance to the prescribed format, and in accordance with the Scoring Rubric set out below.

C.9 Confidentiality

- The Proponent acknowledges that as a potential Consultant to OCP, the Proponent will acquire business information about OCP that is confidential under section 36 of the Regulated Health Professions Act, 1991 (Confidential Information) and which may also include proprietary information of OCP (Proprietary Information). In addition, the Proponent may acquire personal information and/or personal health information of registrants, complainants, patients or other parties, as those terms are defined under the Freedom of Information and Protection of Privacy Act, 1990, and the Personal Health Information Protection Act, 2004 (Personal Information).
- The Proponent agrees to hold all of OCP's Confidential Information, Proprietary Information and Personal Information in strict confidence and not (directly or indirectly) to disclose, use, copy, publish, or summarize and such information, except during the RFP process to the extent authorized and necessary to make a Proposal; and otherwise only as expressly authorized in writing by OCP.
- The Proponent also undertakes not to use any such information for the Proponent's own benefit, apart from that which is required to make a Proposal.
- The Proponent acknowledges that if they are successful, and enter into an Agreement with OCP, that the Agreement will contain a more detailed confidentiality provision.

D. Evaluation Process

D.1 Evaluation of Proposals

 Proposals will be evaluated by the members of the Governance Review Committee of OCP. The evaluation process will begin with the review and scoring of the information provided in the Proposal against the criteria noted Scoring Rubric set out below.

D.2 Scoring Rubric

Proposals will be evaluated in accordance with the following scoring rubric.

Criteria	Description	Weight	Score (1-5)	Weighted Score
Relevant Experience	Consultant's experience with health regulatory colleges' legislative scheme; and with conducting governance reviews, especially with boards of similar size, industry, or complexity.	20%		
Has the consultant worked with similar organizations?				
What is the consultant's level of understanding of and experience with the regulated health colleges' legislative scheme?				
How many governance reviews have they conducted?				
Expertise in Governance Best Practices	Knowledge of best practices in health regulatory governance, compliance, risk management, board effectiveness, and leadership.	20%		
Is the consultant well-versed in current governance trends and regulations?				
Do they have recognized qualifications or certifications in governance?				
Methodology & Approach	The proposed approach for conducting the review, including tools, techniques, timelines, and stakeholder engagement.	20%		
Does the consultant provide a clear, structured approach?				
Is the methodology aligned with the Board-approved terms of reference for the governance review?				

Criteria	Description	Weight	Score (1-5)	Weighted Score
Communication & Reporting Skills	Ability to draft clear, concise reports for the Board, including actionable recommendations.	20%		
Does the consultant offer clear reporting and transparency?				
Can they facilitate discussions with the Governance Review Committee and present complex issues understandably?				
References & Reputation	Feedback from past clients on the consultant's performance, professionalism, and results.	10%		
Are references consistently positive about their governance review services?				
Does the consultant have a strong reputation in the field?				
Can the consultant cite examples of positive impacts of their reviews on other clients?				
Cost & Value for Money	The overall cost of the service relative to the expected value and quality of outcomes.	10%		
Is the cost reasonable for the scope of work?				
Does the proposed cost align with the Board's budget?				

D.3 Evaluation Process

- The Governance Review Committee of the OCP will review all Submissions.
- Based on its review, the Governance Review Committee will select a shortlist of Proponents for an interview in early February 2025.
- Following interviews in mid- to late-February 2025, the Governance Review Committee will recommend a Proponent to the OCP's Governance Committee, which will in turn make a recommendation to OCP's Board of Directors.
- Communication to the successful Proponent will take place near the end of February 2025.
- In the event that any of the Proponents decline the invitation to participate further in the selection process, OCP reserves the right to invite the next most highly-evaluated Proponent to participate in the selection process.

D.4 Interview

- Those Proponents who are selected to proceed and who agree to proceed to an interview with members of the Governance Review Committee and select OCP staff (Interview Panel) will meet with the Interview Panel in mid- to late-February 2025.
- The determination of whether the interviews will be virtual (via MS Teams or a similar meeting platform) or in person rests with the Interview Panel, who will advise the Proponents of this determination at the same time the Proponents selected for an interview are advised of same.
- Instructions will be provided in advance if a presentation is to be required.
- Each Proponent will be allowed a maximum of 3 to 4 participants at the interview. When notified of the interview schedule, Proponents will be asked to name the participants in advance
- The Interview Panel will present a series of questions, some of which will be common to all Proponents, while others will be specific to each Proponent. Time will be reserved for the Proponents to pose questions to the Interview Panel.
- At the conclusion of each interview the Interview Panel will assess the interview with respect to focus, clarity, organization, and overall impact.

D.5 References

 OCP reserves the right to contact any or all project references indicated in the Proponent's submission and to use this information in the evaluation and scoring of submissions.

Appendix A Request for Proposal - Submission Form

Date:	
Submitted By:	
	Proponent
То:	Ontario College of Pharmacists
	Attn:

- Pursuant to the RFP documents listed above, the undersigned Proponent acknowledges their understanding of the RFP and the Project described therein; as well as their understanding of all relevant laws, rules and regulations, licensing and permit requirements and other circumstances which may affect its submission; and hereby submits a proposal to conduct an independent governance review for OCP, and to submit a report for consideration by OCP's Board of Directors.
- 2. The Proponent declares:
 - a) that it has complied with the instructions;
 - b) that it accepts all of the terms, provisions, stipulations and requirements set out in the RFP; and
 - c) that all statements and information set out in its RFP Submission Form or otherwise provided to OCP connection with the RFP, including statements and information hereafter provided, are true, accurate and complete, not misleading, and in accordance with the principles of full, true and plain disclosure.
- 3. The Proponent acknowledges that where that Proponent is comprised of more than one entity, all entities comprising the Proponent shall be jointly and severally liable.

The undersigned has completed this RFP Submission Form.

Signature of Proponent:

Printed Name and Position

Signature

Date



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR INFORMATION

From: Siva Sivapalan, Governance Committee Chair

Topic: 2025 Board Competencies Survey Results

Issue/Description: The results of the 2025 Board Competencies Survey are being shared with the Board of Directors for information.

Public interest rationale: The annual Board Competencies Survey is used to objectively assess the collective skills and experience of Board Directors against the competencies set out in the College <u>By-Laws</u>. The purpose of the survey is to determine where the Board could be strengthened through targeted recruitment/selection of elected and appointed members and through training opportunities. The results provide insights into the degree to which the Board's strengths support their mandate to provide oversight and set strategy for the College. Through this process the public can have confidence that, collectively, the Board has the individual skills, experience and competencies required to provide oversight and act in the public interest when making policy and strategic decisions on behalf of the College.

Strategic alignment, regulatory processes, and actions: A competency-based model supports selection of a Board of Directors with the combined skills, experience and competencies necessary to ensure that the College achieves its public interest mandate and accomplishes its mission as stated in the College's strategic plan.

Background:

- From 2018 to 2020, the Board of Directors engaged in a review of the College's <u>governance structure</u> ultimately leading to the implementation of changes through the adoption of a new By-Law, which was ratified in March 2020.
- The goals of the governance renewal were to strengthen public confidence in the College, act proactively to reflect emerging best practices and align with the work of other health regulators, and to take a leadership role in supporting change in the field of health regulation.
- One of the four main changes was to adopt **a competency-based Board model** instead of a regionally based one to reinforce that registrants elected to the Board are there to ensure that the public interest is served, not to represent voting constituents.
- As part of the nomination process for election, the Board established key competencies and experiences for qualification and instituted a more robust screening process.
- In 2020, to determine the Board's proficiency and identify gaps in skills, experience and competencies, the College initiated conducting an annual Board Competencies Survey (previously referred to as the 'skills inventory' and 'skills attributes matrix').
- The results of the survey inform the strategy for the upcoming election (e.g., recruitment of candidates with remote northern experience, or financial oversight).
- The purpose and process for the annual competencies survey is set out in <u>Board Policy 1.4</u> Board Competencies, Skills, and Experience Inventory.

Analysis:

2024 Results

- In 2024, the Committee determined that a minimum availability of one to three days per month was required for candidates to continue with the applications process.
- Candidates with experience working in diverse populations, financial oversight, and those from diverse populations, marginalized groups, and those with disabilities were also particularly encouraged to apply within the 2024 election.

2025 Results

- The 2025 Board Competencies Survey results are attached for information.
- The results indicate that while collectively all competencies are effectively represented on the Board, a couple of the competencies are concentrated in a low number of Directors. The preference would be to have a Board comprised of broader skill representation to support balanced consideration of issues.
- The Governance Committee has reviewed the survey results and the core competencies and areas of practice where additional skills are required.
- The Governance Committee considered the various factors affecting the elections and agreed not to reserve seats for specific competencies this year, rather to emphasize the additional strengths required on the Board within the Director Profile.
- In addition, the College will communicate this information to the Public Appointments Unit for consideration in future appointments to the Board.
- Information gathered from the survey will be used to identify training and development opportunities for the Board.

Next steps:

- The 2025 Director Profile, which includes the recommendations made by the Governance Committee, will be used within the 2025 Board election cycle.
- A Board Competencies Survey report will be shared with the Board.

Attachments:

- 15.1 Policy 1.4 Board Competencies, Skills, and Experience Inventory
- 15.2 2025 Board Competencies Survey results
- 15.3 2025 Director Profile (refer to page 5)

Policy 1.4 Board Competencies, Skills and Experience Inventory

Purpose:

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

Application:

This process applies to:

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

Process:

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

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

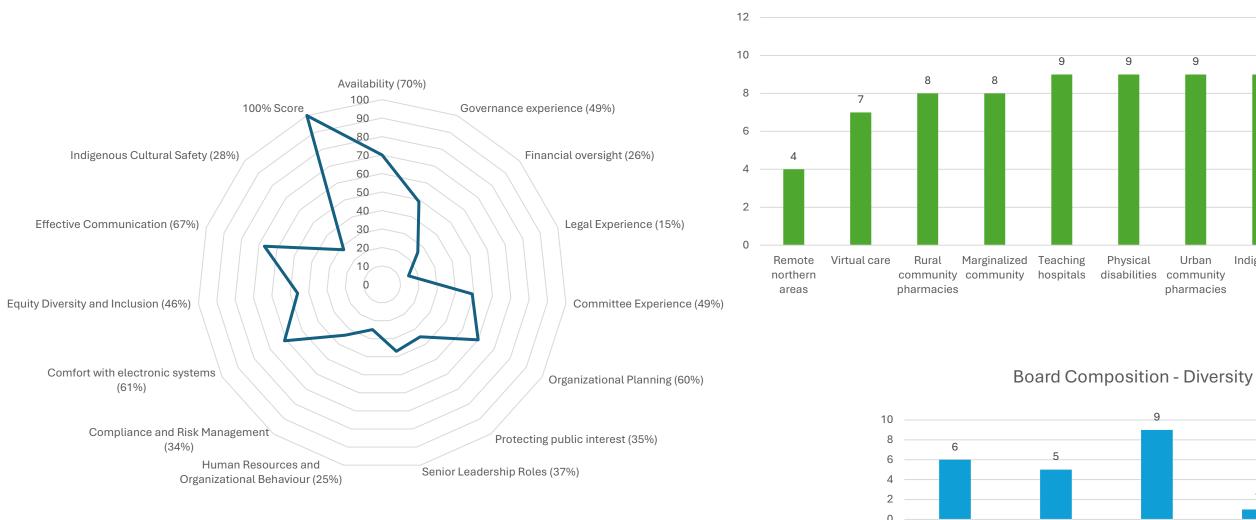
The Governance Committee will also use the results of the inventory to assist in building Board member and Board capacity in governance or other areas, as identified by the Board from time to time.

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

¹ The Skills Inventory is not a public document

2025 Board of Director Competencies (weighted)¹

Fields of Practice/Patient Populations



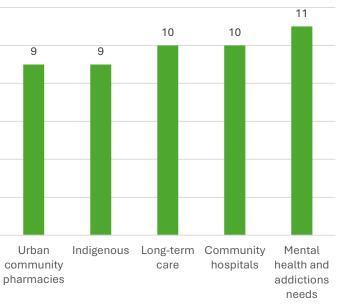
^{1.} "Weighted" score radar graph shows, in a more pronounced way, the gaps or rather the concentration of skills in only one or two people (e.g., legal experience 15%).

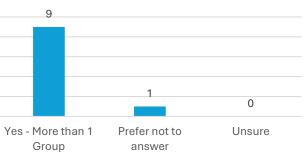
> I identify as someone who is a member of a protected group under the Ontario Human Rights Code (age, ancestry/color/race, citizenship, ethnic origin, place of origin, creed, disability, gender identity/gender expression, sex, and sexual orientation).

Group

No

Yes - 1 Group







Board of Directors

2025 Director Profile

Board of Directors 2025-2026

308

Contents

About the College	. 3
The Role of the Board of Directors	. 3
The Role of a Board Director	. 3
2025 Board Election	.4
Number of seats to be elected in 2025	.4
2025 Terms of Office	.4
Confirmation of Eligibility to Stand for Election	.4
2025 Director Profile	. 5
The Application Process	. 5
Review Information	. 5
Submit Application Form	. 6
A. Confirmation of Eligibility	.7
B. Declaration of Application	. 7
C. Equity, Diversity and Inclusion	. 7
D. Core Governance Competencies	. 7
E. Core Behavioural Attributes	.7
F. Candidate Statement and Resume/CV	. 7
G. References	.7
Remuneration	. 8
The Screening Process	. 8
Screening of Applications	. 8
Next Steps	. 8
Voting	. 8
Eligibility to Vote	. 8
Results	. 8

About the College

The Ontario College of Pharmacists is the registering and regulating body for the profession of pharmacy in Ontario. The mandate of the College is to serve and protect the public and hold Ontario's pharmacists and pharmacy technicians accountable to the established legislation, Standards of Practice, Code of Ethics, policies, and guidelines relevant to pharmacy practice. The College also ensures that pharmacies within the province meet certain standards for operation and are accredited by the College.

The Role of the Board of Directors

The Board of Directors manages and administers its affairs in the public interest and ensures that the College achieves its <u>objects</u> in a manner that serves and protects the public interest.

The Board of Directors is the oversight and policy-making body for the College. The College's administrative staff are responsible for carrying out these policies and administering the *Regulated Health Professions Act*, the *Pharmacy Act* and the *Drug and Pharmacies Regulation Act* and associated <u>regulations</u>.

The Role of a Board Director

Board Directors have a fiduciary duty to the mandate of the College, which is to regulate the pharmacy sector in the public interest.

A Director is expected to:

- Comply with the <u>Code of Conduct</u> which can be found in the Appendix to Policy 3.7 Conduct of Directors and Committee Appointees and Sanctions Process.
- Demonstrate a Duty of Care by taking appropriate steps so that they can make sound, informed decisions (*Policy 2.2 Role of Individual Board Directors and Committee Appointees*), including:
 - Being Diligent being prepared for meetings, reviewing materials, arriving on time and participating in discussions.
 - Being Civil respecting the process and fellow committee members, paying attention (e.g., no mobile devices during the meetings), genuine listening and consideration and adopting an objective approach to decision making.
 - Being Ethical using College resources appropriately, being aware of the facts (e.g., reading provided materials on every matter).
 - Being cognizant of and declaring Conflicts of Interest (e.g. financial, adjudicative, and organizational).
- Demonstrate accountability to the public through decision making that is grounded in the public interest.
- Understand and support the respective roles and responsibilities of the Board, Committees and staff.
- Maintain constructive, collaborative and mutually respectful relations with others.
- Conduct themselves professionally in person and on all social media, upholding their fiduciary duty to the College and acting as an ambassador of the OCP.
- Acquire knowledge of policies and procedures, including relevant legislation, strategic directions and Board values.
- Participate in Board orientation, training and governance education.
- Hold joint responsibility for board and committee decisions and actions even in their absence.

Discipline Committee Appointment

The *Regulated Health Professions Act* requires Elected Directors to serve on adjudicatory panels of the Discipline Committee. While hearings for uncontested matters may be concluded in a single day, contested hearings may require multiple days attendance and may happen throughout the year.

It is crucial that applicants understand the obligation to serve on Discipline Committee panels and to factor it into their decision to run for a seat on the Board.

2025 Board Election

Number of seats to be elected in 2025

The Ontario College of Pharmacists will be holding elections for:

- two (2) Pharmacists
- one (1) Pharmacy Technician

2025 Terms of Office

The terms of office of the two (2) Pharmacist Directors elected in August 2025 will commence at the first meeting of the Board following the election for a three (3)-year term.

The term of office for the one (1) Pharmacy Technician Director elected in August 2025 will commence at the first meeting of the Board following the election for a three (3)-year term.

Confirmation of Eligibility to Stand for Election

As defined within the <u>By-Laws</u> (4.5.1), a Registrant who holds a valid Certificate of Registration and lives and/or works in Ontario is eligible to seek to be a candidate for election to the Board if they meet the following criteria:

- The Registrant is not in default of payment of any fees prescribed in the By-Laws.
- The Registrant is not the subject of any disciplinary or incapacity proceeding.
- The Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.
- The Registrant is not a registered pharmacy student or intern.
- The Registrant's Certificate of Registration is not subject to a term, condition, or limitation other than one prescribed by regulation.
- The Registrant is not and has not, within the three (3) years immediately preceding the election, been an employee, officer, or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the pharmacy profession for diverse populations, marginalized groups and individuals with disabilities.
- The Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election. Where the Registrant has served two (2) consecutive, three (3) year terms for a total of six (6) years, it has been at least three (3) years since they were a Director. (Some exceptions apply.*)

* Registrants elected prior to 2020 who have served continuously since that time are eligible to complete three (3) consecutive three (3) year terms for a total of nine (9) years.

- The Registrant is not an adverse party in litigation against the College, the Board, a committee or any of the College's officers, employees or agents.
- The Registrant commits to devoting sufficient time in their schedule to participating in all required Board and Committee activities.
- The Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director.
- The Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

2025 Director Profile

The Governance Committee of the College has conducted a thorough assessment of the skills and practice environment inventory of the current Board.

This information was used to create the Board Director Profile. Competency-based selection ensures that the Board has a diverse mix of knowledge, skills, experience, and attributes. The Screening Committee will review applications with consideration to the specific competencies and practice experience required to round out the Board.

The College is seeking applicants with the following practice experience (in order of priority):

- patients located in northern/remote areas
- virtual care
- patients served by rural community pharmacies
- patients who may identify as part of a marginalized community (which may include but is not limited to at risk youth, women, lesbian, gay, bisexual, transgender and intersex people, members of minority groups, internationally displaced persons, and non-national, including refugee, asylum seekers)
- patients treated at teaching hospitals
- patients with physical disabilities
- patients served by urban community pharmacies
- patients who identify as Indigenous
- patients in long-term care
- patients treated at community hospitals
- patients with mental health and addictions needs

For the 2025/2026 Board Year the College is particularly encouraging applicants who:

- have availability of at least one to three days a month
- have competency in financial oversight
- have business acumen (e.g., experience in compliance and risk management)
- have experience with Indigenous cultural safety and humility
- have professional experience: knowledge, and skills that will support strong decision-making in the public interest, usually gained (for example) through a leadership role, or serving on Boards or committees, or through some other means
- are from diverse populations, marginalized groups, and individuals with disabilities, and/or those with experience working with diverse populations

The Board does not necessarily need to be comprised of individuals who have all or many of the competencies but instead a competency-based process endeavors to ensure the Board is made up of a collection of individuals who bring different strengths to the table.

The Application Process

Review Information

Registrants interested in applying to be a candidate in the Board of Directors elections are asked to consider the responsibilities, skills, and time commitment required to fulfill a director role before submitting their application.

Submit Application Form

The application form includes several sections for applicants to complete. These include:

- A. Confirmation of Eligibility
- B. Declaration of Application
- C. Equity, Diversity and Inclusion
- D. Core Governance Competencies
- E. Core Attributes
- F. Candidate Statement and Resume/CV (to be uploaded)
- G. Three References (to be uploaded)

It is recommended that you gather all these documents before starting the application.

A. Confirmation of Eligibility

Candidates must confirm their eligibility to seek election by answering several questions.

B. Declaration of Application

Candidates must provide their contact details.

C. Equity, Diversity and Inclusion

Candidates must demonstrate their experience levels in serving, protecting or considering the profession of Pharmacy from the perspective of Equity, Diversity, and Inclusion.

D. Core Governance Competencies

Board Governance Competencies are assessed annually to understand the collective competence of the current Board and inform them of the need to address gaps either through training or recruitment. There is no expectation that every Board Director be advanced in every competency; only that all competencies are collectively present. Refer to article 4.7 <u>Director Competencies</u> within the By-Laws.

E. Core Behavioural Attributes

Attributes are defined attitudes and behaviours of individuals. Candidates are to describe how they demonstrate the attributes that will enable them to serve as a Director and provide examples. Answers to this section will be used by the Screening Committee and not published.

F. Candidate Statement and Resume/CV

Candidates must provide a statement outlining their strengths, achievements, and professional contributions, which they believe qualify them for a position on the Board of Directors. **Candidate statements will be distributed to eligible voters and must:**

- $\hfill\square$ include the candidate's reason for wanting to serve on the Board of Directors
- □ must not promote or advocate for the self-interest of the profession
- must not contain any negative criticism of other candidates
- □ must not make libelous or slanderous comments
- $\hfill\square$ must not be more than 300 words

G. References

Applications must be accompanied by reference letters from three individuals who support the application. The references must:

- □ provide their name, email address and OCP number (if applicable)
- \Box be peers or supervisors
- □ speak to your governance and/or leadership experience

In summary, candidates will be required to include the following to complete their application:

- □ three reference letters (from your peers or supervisor) (to be uploaded in Word or PDF format)
- □ current CV/Resume (to be uploaded in Word or PDF format)
- □ candidate statement of 300 words or less indicating why you wish to be on the Board

Remuneration

Elected Directors receive an honorarium for time spent participating in College activity and will be compensated in accordance with the <u>College's Remuneration Policy</u>.

The Screening Process

Screening of Applications

If you meet the basic eligibility requirements, your application will be reviewed by an external governance consultant who will conduct the initial screen against the competencies and qualifications set out in the Director Profile. An external consultant is used to maintain an arms-length process to enhance objectivity, transparency and reduce bias.

Next Steps

A Screening Committee will review the list of all applicants along with a report by the external governance consultant. Please note, you may be invited to an interview to determine if you meet the essential criteria and/or desired competencies.

In addition to verifying the required competencies, skills and diversity elements (e.g., gender, age, cultural backgrounds, etc.), the Screening Committee will ensure that the selected candidates complement the Board's existing experiences, disciplines and expertise.

Finally, the Screening Committee will identify the list of candidate(s) qualified to run in the Board election. All candidates will be notified of the outcome of the screening process.

Voting

The slate of candidates for election will be posted on the Ontario College of Pharmacists website. Voting will be conducted via a secure web-based system.

Eligibility to Vote

Every Registrant who holds a valid Certificate of Registration as a pharmacist or Pharmacy Technician who practices or resides in Ontario, and who is not in default of payment of the annual fee and does not have a shared email address is entitled to vote in elections of Directors. Through a service provider specializing in secure and protected e-voting, the College will send all voters notification on how to access the electronic ballot and vote.

Results

The Registrar will oversee the results of the vote.

Following the closing of voting, the results will be tabulated and ballots will be verified by Scrutineers. The successful candidate(s) will be the individual(s) who receive(s) the greatest number of votes. In the case of a tie vote, lots will be drawn to determine the outcome.

All candidates will be informed of the election outcome before a general announcement.



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Executive Committee

Topic: Appointment of the 2025 Screening Committee

Issue/Description: Using established by-laws and required identified competencies, the Screening Committee will screen qualified candidates for the 2025 Board of Directors election as well as recommend applicants for appointment as professional and lay committee appointees for the 2024-2025 board year.

Public interest rationale: Ensuring there are robust and transparent governance practices setting out the process for screening candidates, including external unbiased individuals versed in governance principles, provides protection against both real and perceived bias.

Background: Annually prior to the election cycle, the Board appoints a Screening Committee to screen applicants to run in the Board election and recommend candidates for lay or professional committee appointments. The activities of the Screening Committee are supported by an external consultant for elections candidates, as well as HR expertise at the College. As per the By-Laws, the Screening Committee is comprised of elected and public Board Directors, as well as at least two Lay Committee Appointees with an understanding of regulatory governance.

The composition of the Screening Committees is set out in the By-Laws as follows:

- Chair of the Governance Committee;
- Two (2) additional Directors, one or more of whom shall be a Public Director; and
- Two (2) or more Lay Committee Appointees.

Lay Committee Appointees:

Recommended for Reappointment:

• Megan Sloan, RPN, BScN, MA

Megan has served as Chair of the Screening Committee from 2020-2024. Megan is currently the Clinical Manager of inpatient medicine and intermediate care unit (IMCU) at Children's Hospital of Eastern Ontario (CHEO) and is a healthcare leader with experience in quality improvement, project management, regulation, governance, and strategy. Megan was a member of the Council at the College of Nurses of Ontario for 6 years and served on the task force established to review to all aspects of its governance — from the basics of how Council is formed, to how it operates. The task force reviewed global governance trends, best practices and expert advice. It also shared how to apply these to the College's governance. The findings and recommendations were published in a report called *Final Report: A vision for the future – Leading in Regulatory Governance Task Force (2017)*.

Recommended for Appointment:

• Jennifer Shin

Jennifer Shin is currently the Manager, Tribunals at the Ontario College of Teachers and is responsible for strategic planning and operations of the Tribunals Unit. She manages Tribunals staff and provides Committee support. She formerly served as Legal Counsel for the Travel Industry Council of Ontario where

she conducted pre-trials, case conferences and hearings. She has served on OCP's Patient Relations Committee since 2021 and previously served as a member of the Elections Committee at the Ontario College of Social Workers and Social Service Workers which discussed methods and policies to ensure integrity of Council elections.

OCP Board Representatives:

Elected Ontario College of Pharmacists Board Directors are eligible to serve on the Screening Committee unless one or more of the following is true: their term is expiring, and they intend to run for re-election in 2025; they are a member of the Governance Committee - excepting the Chair of Governance who is cross-appointed as provided in by-law section 9.23. The two candidates below are both public directors and the Chair of the Governance Committee. Siva Sivapalan is an elected director.

• Danny Paquette

Danny has over 20 years of experience in negotiation and mediation in a variety of real estate sectors including office and industrial leasing, retail and land sales. He has represented national clients with multidisciplined real estate requirements. He has established frameworks for RFP's, lease vs buy decisions, strategic acquisitions and has developed relationships with real estate investment trusts, landlords, developers, private equity fund managers, brokers and investors. Focused on giving back to his community, Danny has been involved with a number of organizations. He has volunteered with the Toronto Humane Society, Habitat for Humanity both locally and abroad, and he currently serves as a volunteer firefighter with Central Frontenac Fire and Rescue.

• Victor Wong

Victor joined as a Board Director in 2025. He brings a diverse range of education and experience within the pharmacy sector. He is a registered Part A pharmacist with a Doctor of Pharmacy, Master in Finance and Master in Business Administration. In his current role as Senior Consultant, Healthcare Solutions for a global organization, his engagements include large scale implementation of workforce transformation solutions, digital health, and strategy. His previous roles have included Director, Pharmacy Operations for a large corporate pharmacy, Chief Administrator for the Pharmacy Examining Board of Canada, and Pharmacy Owner-Operator.

Motion: That the Board approve the appointments of the 2025 Screening Committee as follows:

- Governance Committee Chair, Siva Sivapalan
- Public Director Danny Paquette
- Elected Director Victor Wong
- Lay Committee Appointee Megan Sloan (Chair candidate)
- Lay Committee Appointee Jennifer Shin



BOARD BRIEFING NOTE MEETING DATE: March 24, 2025

FOR DECISION

From: Governance Committee

Topic: Appointment of 2025 Search Committee

Issue/Description: The Governance Committee was tasked by the Board of Directors to provide terms of reference for the 2025 Search Committee and recommend a proposed slate for Board approval.

Public interest rationale: The *Regulated Health Professions Act* 1991, Schedule 2, s. 9(2) sets out the provision that the Council (Board) shall appoint one of its employees as the Registrar. Working collaboratively with the Board and various external stakeholders, the Registrar and CEO leads staff to ensure the College upholds the objects set out in the statute to regulate the profession in the public interest.

Background:

Board of Directors Meeting

- A meeting of the Board of Directors was held on March 17, 2025.
- A public announcement was made following the meeting:
 - Registrar and CEO Shenda Tanchak was no longer with the organization as she and the College had mutually decided to part ways, and she was thanked for her service.
 - Susan James, Acting Registrar, and Thomas Custers, Acting CEO, would continue in their respective roles until a permanent Registrar and CEO was found.
 - The College would continue to fulfill its mandate effectively and its programs, priorities, functions and Committee activities would not be impacted in any way by this leadership announcement.
 - The Board initiated a recruitment process for a new Registrar and CEO.
 - Further information would be communicated across the College's regular communication channels.
- At the meeting, the Board expressed a desire to move quickly to establish a Search Committee for the next permanent Registrar and CEO. This aligns with By-Law 7.4 Appointment of Special Committees.
- The Board requested that the Governance Committee seek expressions of interest from Board Directors to serve on the Search Committee. A request for letters of intent was sent on March 18, 2025.
- The Board also requested that the Governance Committee finalize the terms of reference for the 2025 Search Committee and propose a committee slate for Board approval on March 24th 2025.

Governance Committee Meeting

- A meeting of the Governance Committee was held on March 20, 2025.
- The Governance Committee thoughtfully reviewed and amended the draft terms of reference that had been provided by the Board of Directors as a reference and was based on previous recruitment efforts by the College.
- The Governance Committee reviewed the five (5) letters of intent received from Board Directors expressing interest in serving on the Search Committee.
- Letters were received from: Doug Brown, Connie Beck, Adrienne Katz, Siva Sivapalan and Cindy Wagg.
- Following discussion, all were accepted within the proposed slate.
- Two senior executives were also included within the committee composition: Susan James, Acting Registrar, and Thomas Custers, Acting CEO, to support finding suitable candidates that would meet the day-to-day needs of the organization.

- The Search Committee will also engage frontline staff and receive feedback to help inform decision-making.
- The Search Committee will provide regular progress updates to the Board, and the Board will in turn provide periodic updates to staff.
- It was determined that the Chair of the Search Committee would be selected at their inaugural meeting.
- Following discussion, the Governance Committee approved the terms of reference and the proposed slate for recommendation to the Board.
- Please find attached the 2025 Search Committee terms of reference and slate for approval.

Motion:

THAT the Board appoint a 2025 Search Committee with the purpose, composition of members and timeframe as set out in the attached Terms of Reference (Attachment 17.1).

Attachment:

• 17.1 - 2025 Search Committee terms of reference



TERMS OF REFERENCE – Search Committee

1.1 Purpose

The Search Committee shall oversee the recruitment process, including sourcing an Executive Search Firm, defining search parameters, conducting interviews, and presenting a minimum of two qualified candidates for Board approval.

1.2 Scope

The Committee shall:

- a) Source and select a search firm to undertake the search process;
- b) Working with the Search Consultant, define the search parameters, stakeholders and search approach;
- c) Conduct interviews with identified candidates;
- d) Receive and review the results of candidate references and test results to assess suitability;
- e) Make recommendations to the Board regarding the appointment of a Registrar & CEO.

1.3 Composition

The Committee will be comprised of members of the Board of Directors and staff representatives appointed by the Board of Directors. The Chair will be selected by the Committee at their inaugural meeting.

- Doug Brown, Board Chair
- Connie Beck, Board Vice-Chair
- Adrienne Katz
- Siva Sivapalan
- Cindy Wagg
- Acting Registrar
- Acting CEO

1.4 Process

The Committee will source and select an Executive Search Firm to undertake the search. Working with the Search Consultant, the Committee will establish a timeline, identify stakeholders and determine a process to be followed for the search. Board members, key staff and identified stakeholders will be consulted to develop the position profile/brief outlining the desired attributes and competencies for the role. The Committee will engage staff and receive feedback. The Committee will communicate its progress regularly to the Board. The Board will provide periodic updates to staff. The Search Committee will recommend to the Board the candidate(s) identified through the search.

1.5 Timing

The search and selection are anticipated to take approximately four to five months. Note: Anticipating the chosen candidate will be required to provide notice to a current employer, the target start date for the Registrar and CEO is September 2025.

1.6 Remuneration

Elected Directors will be eligible to claim remuneration in accordance with the College's Remuneration & Expenses policy. Public Directors will be eligible to claim in accordance with the Remuneration Framework for Public Appointees to the Health Professions Regulatory Bodies.

1.7 Sunset

The Committee will be dissolved upon the Board's appointment of a Registrar and CEO.