Board of Directors Meeting Agenda

Monday, September 15, 2025 – Day 1
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, Devinder Walia.
	2. Appointment of New Directors Appointment of Directors elected in the 2025 OCP elections.
	3. Approval of Agenda The Board will be asked to approve the Board agenda.
	4. 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.
	5. Minutes of Board Meetings - For Decision The Board will consider the minutes of the June 9th and August 22nd meetings for revision or approval.
9:40am	**6. 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.
10:10am	**7. 2025-2026 Executive Committee Election - For Decision** Each year Elections for membership of the Executive Committee are held at the September Board meeting for the coming year this includes the election of the Chair and vice-Chair.
10:40am	**8. Search Committee Final Report - For Information** Search Committee Co-Chairs, Adrienne Katz and Cindy Wagg, will present the Search Committee final report on the Registrar and CEO recruitment.
10:50am	**BREAK**
11:05am	**9. Final Report of the Governance Review - For Decision** Siva Sivapalan, Chair of the Governance Committee, will introduce the Co-Chairs of the Governance Review Committee (Christine Henderson and Chris Aljawhiri), along with members of the Institute on Governance, to present the final report of the governance review. The Board is asked to determine next steps. Additionally, the Governance Review Committee will present their annual committee report for information. 9.1 Governance Review Committee Report 2024-2025
12:20pm	**LUNCH** *Governance Committee meets to adjust Committee Slate*

1:35pm	**10. 2025-2026 Committee Slate - For Decision**
	Governance Committee Chair, Siva Sivapalan, will ask the Board to consider the recommended Board and Committee slate for the coming year.

1:45pm	**11. Committee Reports - For Information (PART 1)**
	The Board will receive the annual reports from Committees. Committee Chairs to present with Staff Resource – 10-minute presentations.

2:45pm	**12. 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.

12.1 Registrar's Update – June 2025 to September 2025
12.2 Appointment of Inspectors
12.3 2025 Q2 College Performance Dashboard
12.4 2025 Q2 Financial Report

3:15pm	**BREAK**

3:30pm	**13. Committee Reports - For Information (PART 2)**
	The Board will receive the annual reports from Committees. Committee Chairs to present with Staff Resource – 10-minute presentations.

4:30pm	**14. As of Right Regulation - For Information**
	Acting Registrar, Susan James will provide an overview and status update of the government's proposal for As of Right regulation changes.

ADJOURNMENT *(See below Day 2)*

Board of Directors Meeting Agenda

Tuesday, September 16, 2025 – Day 2
9:30 AM – 5:00 PM
MEETING LINK

Time	Topic
9:30am	**15. 2026 Operational Plan - For Decision** Acting CEO, Thomas Custers, will ask the Board to consider the proposed Operational Plan and priorities for 2026.
10:00am	**16. Appointment of Auditor for 2025 - For Decision** Finance and Audit Chair, Wilf Steer, will ask the Board to consider appointing the recommended auditor for 2025.
10:05am	**17. Reducing the Costs of Processing Credit Card Fees** Finance and Audit Chair, Wilf Chair, will ask the Board direction on a proposed cost-saving initiative to reduce expenses associated with credit card payment processing.
10:25am	**18. Expanded Scope of Practice - For Information** Acting Registrar, Susan James will update on the status of government consultation regarding the expansion of scope for pharmacists and pharmacy technicians.
11:10am	**BREAK** (+ Board Group Photo)
11:30am	**19. AIMS (Assurance and Improvement in Medication Safety) Program Updates - For Decision** Medication Safety Lead, Saira Lallani, will present proposed changes to the Supplemental Standards of Practice in relation to the program requirements for AIMS (Assurance and Improvement in Medication Safety).
11:50am	**20. Policy Refresh and Projected Practice Policy Reviews - For Decision** Manager of Equity and Strategic Policy, Delia Sinclair Frigault will present the Virtual Care Policy, which has been updated as part of the College's policy review and refresh program. A further update on the progress of this work and what to expect leading into 2026 will also be provided.
12:10pm	**21. Update to Registration-Related Resolutions - For Decision** Manager, Registration, Greg Purchase, will ask the Board to approve an updated resolution related to registration requirements that are listed in O. Reg. 256/24 under the *Pharmacy Act, 1991.*
12:20pm	**LUNCH**
1:00pm	**22. 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.*
	ADJOURNMENT

MINUTES OF A
BOARD OF DIRECTORS MEETING
JUNE 9, 2025
9:30 A.M. TO 5:00 P.M.

OCP Board of Directors

Jennifer Antunes
Connie Beck (Vice Chair) (virtually)
Simon Boulis
Douglas Brown (Chair)
Lisa Dolovich (regrets)
Andrea Edginton
Andrea Fernandes
Adrienne Katz
James Killingsworth
Elnora Magboo
Stephen Molnar
Nadirah Nazeer
Danny Paquette (virtually)
Megan Peck
Siva Sivapalan
Wilfred Steer
Alain Stintzi (regrets)
Cindy Wagg
Devinder Walia (virtually)
Victor Wong
Mark Feldstein (regrets)

Regrets
None

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
Todd Leach, Director, Communications and Knowledge Mobilization

Staff
Stephenie Summerhill, Executive Assistant to Registrar and CEO
Sharlene Rankin, Executive Assistant to the Directors
Saira Lallani, Medication Safety Lead
Delia Sinclair Frigault, Manager, Equity and Strategic Policy

1. **Welcome and Land Acknowledgement**
   - The meeting was called to order at 9:30 a.m. The Chair, Doug Brown, welcomed all Board Directors, staff and observers, and acknowledged members of the public in attendance. The Chair noted that the meeting was being recorded for the purposes of minutes only and would be deleted once the minutes are approved.
   - Jennifer Antunes provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.
   - The Board Chair provided several updates, as follows:
     - JP Eskander has not been reappointed to the Board.
     - Congratulations to Devinder Walia, who has been reappointed to the Board for a 3-year term.
     - Our new public director, Mark Feldstein, is appointed for a 3-year term, but is unable to attend today.
     - Nadirah Nazeer is resigning from the Board following this meeting to pursue a new opportunity.
     - June is National Indigenous History Month and Pride Month.
     - We have a short in camera session at the end of today's meeting, as best practice, to allow the Board to meet with the Acting Registrar and Acting CEO .
     .

2. **Approval of the Agenda**
   - Board Chair, Doug Brown provided an overview of the items listed on the agenda for approval.
   - Propose removing item 11 – Policy Refresh and Projected Practice Policy Reviews, given feedback following publication of the agenda.
   - Action: College staff will revise the process for Board review of policy revisions with changed practice expectations ("must" vs. "should")

     Motion: THAT the Board of Directors approves the agenda for the June 9, 2025 Board of Directors meeting, as amended to remove agenda item 11 – Policy Refresh and Projected Practice Policy Reviews.

     Moved by: Jennifer Antunes
     Seconded by: Cindy Wagg
     CARRIED

3. **Declaration of Conflicts of Interest**
   - Andrea Edginton declared a conflict of interest re agenda item 16 – Preparing for Expanded Scope.
   - Siva Sivapalan declared a conflict of interest for one of the *in camera* items.
   - Connie Beck declared a conflict of interest for one of the *in camera* items.
   - Doug Brown declared a conflict of interest for one of the *in camera* items.

4. **Minutes of Board Meeting**

   MOTION:
   THAT the Board approve the minutes of the March 17th and March 24th meetings of the Board of Directors as presented.

Moved by: Jennifer Antunes
Seconded by: Andrea Fernandes
CARRIED

5. **Chair's Report**
   - Board Chair, Doug Brown presented his report to the Board and provided highlights from the past quarter, noting the following:
     o The Chair participated in two White Coat Ceremonies, at the University of Waterloo and University of Toronto. He noted it is very exciting to welcome new students to the profession.
     o Susan James and the Chair attended NAPRA meetings in May which allowed for dialogue between Registrars and Chairs across the country; there was a speaker addressing the role of patient stories in the work of regulators, which raises the idea of revisiting this practice at Board meetings.
     o The Chair attended the Canadian Society of Healthcare-Systems Pharmacy - Professional Practice Conference in Ottawa on behalf of the College.

6. **Registrar's Report**
   - Susan James, Acting Registrar, noted some highlights from the Q1 Registrar's Report.

6.1 Registrar's Update – March 2025 to June 2025
   - Susan James presented her report to the Board. Highlights included:
     o New legislation coming re: As of Right Rules that currently exist for four professions is being expanded to several other health colleges, including Pharmacy,
     o The OCP is already at the forefront for rapid registration of interprovincial candidates, however there is a requirement for interprovincial candidates to complete the jurisprudence exam, only offered three times yearly; therefore, the College is looking at ways to manage this differently to prevent any delay the current approach may cause. Any significant changes would come to the Board for approval.
     o The NAPRA Board discussed the concept of a national pharmacy registry and supported a feasibility assessment. The physician and nursing regulators have been working on the development of such registries, which would serve to support registration activities and provide workforce supply data.

6.2 College Performance Dashboard – Key Performance Results for Q1 2025
   - Thomas Custers, Acting CEO and Director, Corporate Services, provided an update on the College Performance Dashboard – Key Performance Results – Q1 2025.
   - Mr. Custers reviewed the 2025 Dashboard Domains and the Q1 2025 Performance Indicators. Nine indicators are on-track to meet or exceed targets; two are approaching; one is at risk; and four are measured annually, so there is no data this quarter.
   - Operational Plan initiatives are mostly on-track.
   - Performance by dashboard domains (Regulatory Competence, Strategic Priorities, Organizational Capacity) were also reviewed, and it was noted that the 150-day Complaints disposal target is most at risk.
     o Jimmy Le, Manager, Investigations, responded to questions from Board directors and noted several reasons for this, including a spike in volume of medium-risk files received

in 2024. There were also many external delays (e.g., requests for extension from external legal counsel, records requests), which must be tracked manually. In addition, multiple-registrant files involve sharing responses between registrants, which also creates delays. Several mitigation plans are in place to improve timelines.

- o A question was posed by a Board member re: the ADR provisions in the Code. It was noted that the statutory process is quite involved and involves ratification by ICRC. Staff are focused instead on informal resolutions that do not involve panel time.
- Risk metrics and Monitoring Measures were also reviewed and no concerning issues flagged.

6.3 Financial Report Q1 Results

- Thomas Custers provided the Q1 2025 results from the Financial Report. No immediate concerns were noted; and the financial targets for 2025 are on-track.
- One cost area being monitored is related to the new registrant record system. User Acceptance Testing (UAT) resulted in several flagged concerns that may result in change requests which require additional funding. There is a contingency of about $300,000 to manage related additional work, and to date it appears to be sufficient.

6.4 Mid-Year Risk Report

- Thomas Custers presented the Mid-Year Risk Report. There are no changes to the existing four from risks from 2024, but 28 new risks have been added to the Risk Register; the majority are medium risk.
- The Risk Categories were reviewed, noting that 13 risks relate to public protection.
- When the risk appetite scores are applied to the risks: 11 are on risk appetite, 10 are outside of the risk appetite, and 10 are within risk appetite.
- Risks exceeding the Board's risk appetite include cyberattacks, policy review backlog, DPP manufacturing, IT infrastructure disruption, and absence of external reporting.
- Emerging risks include the impact of AI and a dedicated action plan for monitoring and mitigation is being considered. It was noted that pharmacists are starting to use AI in practice and in response to a question about the possible use of AI in assessments and examinations, Susan James noted that the OCP is in the early stages of understanding the use of AI in this context and the potential impact.

7. Finance and Audit – Remuneration Policy Update

- Wilf Steer, Chair of the Finance and Audit Committee, and Thomas Custers presented an update to the Remuneration Policy for approval. Wilf Steer noted that this follows additional work from the update presented last December.
- Mr. Custers noted additional information relating to the proposed amendments.
  - o A question was raised about whether there was ever a stipend for the Board Chair and Vice Chair. Thomas Custers noted that this question will be considered, though not this year.
  - o A question was raised about any efforts to advocate with government regarding public director remuneration. Thomas Custers noted that many colleges face the same issue, i.e., noting a growing gap between remuneration of public and professional directors. Colleges have advocated regarding this issue, and Susan James noted that HPRO has raised it with the Ministry.

MOTION:
THAT the Board of Directors approve the proposed amendments to the Remuneration Policy and Summary of Allowable Expenses**.**

Moved by: Andrea Fernandes
Seconded by: Simon Boulis
CARRIED

8. Appointment of the Scrutineers

- Susan James noted that scrutineers are required for the purposes of validating election results.

   MOTION:
   THAT the Board approves the appointment of Zubin Austin and Wayne Hindmarsh to serve as Scrutineers for the 2025 Election

   Moved by: Siva Sivapalan
   Seconded by: Elnora Magboo
   CARRIED

9. 2025-2026 Executive Committee and Board Meeting Dates

- Susan James noted that the following dates are proposed for the 2025-26 Executive Committee and Board meeting dates:

Executive	Monday, March 2, 2026
BOARD	Monday, March 23, 2026
Executive	Monday, May 25, 2026
BOARD	Monday, June 15, 2026
Executive	Wednesday, September 9, 2026
BOARD	Monday, September 28, 2026
	Tuesday, September 29, 2026
Executive	Monday, November 23, 2026
BOARD	Monday, December 7, 2026

   MOTION:
   THAT the Board approves the 2025-2026 Executive Committee and Board Meeting Dates as presented.

   Moved by: Siva Sivapalan
   Seconded by: Jamie Killingsworth
   CARRIED

The Chair called for a break starting at 10:55 am. The meeting resumed at 11:10 am.

10. AIMS Program Updates

- Saira Lallani, Medication Safety Lead, presented an overview and updates regarding the AIMS program, noting that the Board's approval of key changes to the AIMS program is being requested.

- An Overview of the AIMS Program was provided and the results of the AIMS Program comprehensive evaluation conducted in 2024 were presented.
- Proposed changes and analysis of options were noted:
  o Revising overall model of AIMs program, given that no other provincial regulator absorbs cost; opportunity to align with other provinces, including giving flexibility to community pharmacies to select platform
  o Aligning with NAPRA model standards by adapting or adopting them. The pros and cons of each were outlined.
- The timeline and key deliverables for 2025-2027 were outlined, including the following work streams: Discovery and Requirements, Framework Development, Rollout and Engagement, and Transition Support, with a January 1, 2027 implementation target.
- A question was raised about SSAs (safety self-assessments), and how to ensure learnings are shared with teams and actioned. Ms. Lailani noted that this is the responsibility of the DM but should be completed with the full team.
- A question was raised re: the requirement for unique logins, i.e., whether a pharmacy could end up with hundreds of individual accounts, including those given to relief staff. Ms. Lailani noted this is not a requirement for relief or occasional staff; and there is no additional cost for additional logins. Engagement has been noted by other regulators to improve with individual logins.
- A question was asked about the evidence for quarterly CQI meetings. Ms. Lailani noted that Nova Scotia has had good success with quarterly meetings, and that meetings need not be extensive, but can just provide an opportunity for frequent open discussions. Community Operations Advisors have more opportunity to review minutes.

MOTION:
That the Board of Directors confirms the changes to the AIMS Program model that will result in giving community pharmacies autonomy to select their own medication incident reporting platform that meets requirements and contributes to the national incident data repository (NIDR). Pharmacies would be responsible for platform costs, while the College would cover costs for submitting data to the NIDR.

Moved by: Andrea Edginton
Seconded by: Cindy Wagg

Debate
- A Board member asked for confirmation that this plan will lead to increased engagement. Ms. Lailani noted that engagement has been relatively low. One of the issues is duplication of reporting, i.e., reporting to pharmacies' own platform and AIMS. Change should prevent duplication. It was noted that engagement has increased in other jurisdictions.

The motion was then voted on and CARRIED.

MOTION:
That the Board of Directors approves amendments to the supplemental Standard of Practice (sSOP), subject to any revisions by the Board, with a view to updating the sSOP, with subsequent implementation by 2027.

Moved by: Simon Boulis
Seconded by: Wilf Steer

Debate:
- It was confirmed by a Board member that this is just going to consultation and will come back for decision.

The motion was then voted on and CARRIED.

MOTION:
That the Board of Directors approves adapting the NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals using the updated requirements to the College's supplemental Standard of Practice.

Moved by: Cindy Wagg
Seconded by: Victor Wong
CARRIED

11. Succession Planning (originally item 13)
- Siva Sivapalan, Chair, Governance Committee, presented a proposal regarding succession planning, specifically whether an analysis is required of the need to revise the Board Director terms and composition/size of the Board.
- As described in the briefing note, two changes are being proposed:
  - First: increased term limits for Board members, and composition; these are needed to ensure Board stability, continuity, and leadership development
  - Second: increasing the number of Board directors
- Considerations going forward:
  - Benefits of increasing number of elected/public directors – stability and workload distribution
  - Longer terms enable leadership training and succession
  - Implementation can align with 2026 election cycle but requires bylaw revisions
- Next steps were outlined, including directing staff to begin work as part of the 2026 Operational Plan; coordinating efforts with the Governance Review and Policy Booklet update; and ensuring governance evolution aligns with RHPA principles and the public interest.

Several comments and questions were raised by Board members regarding this subject:
- Regarding the history of governance reform at OCP, Ms. James referenced the information in the addendum. Reform began in 2017, and in 2020 resulted in revisions to bylaws, followed by implementation. Reform was part of governance modernization taking place across regulators and at the Ministry level. OCP has not completed an impact analysis of these changes.
- It was noted that longer terms do allow for better development and use of institutional knowledge. Soon, many Board members will have less than two years' experience, which is a risk for the public and profession. The learning curve is steep and is it felt that six years is not a long enough term.

- It was noted that terms are staggered, but this does not account for unplanned departures. One-third of the Board is turned over each year. Existing Board members were grandparented under the Bylaw in 2020, but these individuals will soon have completed their full terms.
- Does the OCP provide input to the Ministry on public directors' reappointments? Ms. James noted that the Ministry does check in with the OCP, but the Ministry makes these decisions.
- Regarding the 2026 Operational Plan and the budgeting process, Ms. James noted that staff are currently developing the proposed 2026 Operational Plan; having this item on today's agenda will help in the development of the Plan, which will come to the September Board meeting for approval.

MOTION:
THAT the Board direct College staff to develop and execute a work plan for the 2026 Operating Plan to examine and report on the implications of current Board composition and term limits, including:

- The impact of maintaining the minimum number of elected and public directors, and the potential benefits and risks of increasing the number of directors.
- The transition from nine-year to six-year term limits for Board directors and, including an assessment of the potential benefits of reinstating nine-year term limits to support leadership development, continuity, and succession planning.
- The associated effects on Board and committee succession planning, continuity, and the risk of becoming unconstituted.

The work plan should include a policy and legal analysis, an environmental scan of comparable regulatory organizations, and any proposed by-law amendments, for Board review and decision.

> Moved by: Siva Sivapalan
> Seconded by: Victor Wong
> CARRIED

The Chair called for a lunch break at 12:17 pm. The meeting resumed at 1:03 pm.

11. **Preferred Provider Networks**
    - The Chair provided a brief introduction to this agenda item as follows:
        o A decision regarding PPN regulatory options was deferred from the March Board meeting, pending government direction.
        o The government has announced a second consultation, leading to some concerns regarding progress. It is premature to make a unilateral policy decision now, as that may be at odds with the government's direction. The government sees the OCP as a regulatory partner.
        o The OCP is prepared to move forward on solutions; however, the best solutions may come from government.
        o The OCP is prepared to move quickly once the government's direction is announced, and make use of the consultation feedback.
        o The OCP is best positioned to inform the government about what we believe the impact on pharmacy patients will be.

- o Stories from patients about medication errors and access have been heard, and raise serious concerns.
- o The goal of today's discussion is to provide information about the government consultation.

- Todd Leach, Director, Communications, Policy and Knowledge Mobilization, and Delia Sinclair Frigault, Manager, Equity and Strategic Policy, presented an information update regarding the status of the government's consultation on PPNs and facilitated a discussion to obtain the Board's input to the consultation and consider the OCP's next steps. The two proposed models from government are "Any Able and Willing Provider" and "Standard Mandatory Exemptions".

- Delia Sinclair Frigault facilitated a discussion about the models and several questions and comments were raised, including:
  - o The two options presented may not be the only possibilities government considers if a more robust option is presented. The models are not exclusive; nothing prevents the OCP or any other interested stakeholder from presenting another model. However, when the Ministry consults on specific models, it is important to consider these first.

  - o Re: the term "Able and Willing Provider," several concerns were noted.
    - The model may not go far enough to address well-established patient risk/public interest concerns and changes/safeguards via the OCP can strengthen the proposals.
    - The term sounds inclusive but caution should be employed in its use. The key word "able" does not address the equity concerns and risks that were originally raised re: PPNs, including underserviced areas and independent pharmacies. "Able" could still mean market-driven, i.e., driven by insurers. This could be used as a barrier to cut out underserved and independent pharmacies.
    - Requirements must be bona fide. Who decides what is bona fide or not? They need to be administratively manageable. Does the OCP need to certify pharmacy specialists? Fragmentation of care and consent is problematic, and consent cannot be forced.
    - It is unclear who would regulate, but it needs to be an unbiased party.
    - If insurers can erect arbitrary barriers that limit competition, perhaps the role of OCP is to act as a pre-approver of these terms through a public protection lens. Re: Standardized and Mandatory Exemption: Who is the patient calling? Who will have supervision over this?

  - o Re: "Standard Mandatory Exemptions," several comments were made.
    - Exemptions could apply to protected characteristics.
    - Who is accountable for approving the exemption? Approvals processes could result in delays in the patient receiving care.
    - If the risk is that patients face unnecessary barriers (e.g., insurer as arbiter), perhaps OCP's role is to establish an appeals process to judge in the best interests of the patient.

- Ms. Sinclair Frigault noted that while responding to this consultation, the Board's input will be considered along with jurisdictional insights from other regulators.

12. Governance Review Update (originally item 14)

- Siva Sivapalan, Chair, Governance Committee presented a status update on the Governance Review, which was directed by the Board at its September 15, 2025, Board meeting.
- The Chair noted that there have been several meetings between the consultant (Institute on Governance – IOG) and the Governance Review Committee (GRC) since the project kick-off meetings in March, including meetings in April and May. During those meetings, the GRC identified lists of prospective survey and interview participants and approved the final versions of the survey questions and the interview guide.
- The survey closed on May 13 with a 91% completion rate; and interviews are being completed this week.
- Next, the GRC and IOG will meet to review what the consultant heard during the surveys and interviews.
- The consultant will submit an initial draft report by July 11. The report will be finalized in August, when it will also be considered by the Governance Committee.
- The final report will be considered by the Board at its September meeting.

13. Policy Refresh and Projected Practice Policy Reviews – removed from the agenda

14. Amendment to Policy 3.9 - Conflicts of Interest (COI) Guidance Tool

- Siva Sivapalan, Chair, Governance Committee presented an amendment to Policy 3.9 Conflict of Interest Guidance Tool.
- The Governance Committee recommends clarifying expectations around election protocols related to Board member endorsement of candidates
- The recommendation is to amend the Guidance Tool to state that sitting Board members must not endorse any electoral candidates, including social media posts and reactions
- The importance of Board member objectivity as noted and the changes are intended to support a consistent approach to conflict of interest

    MOTION:
    THAT the Board approve the proposed amendments to the guidance tool supporting Policy 3.9 – Conflicts of Interest, as recommended by the Governance Committee, to clarify expectations regarding Board member endorsements during the electoral process.

    Moved by: Siva Sivapalan
    Seconded by: Jennifer Antunes
    CARRIED

15. Preparing for Expanded Scope *(Andrea Edginton recused herself and left the room for this discussion)*

- Jennifer Leung, Senior Strategic Policy Advisor, facilitated a discussion to assist in development of regulatory changes that will be needed to enable expanded scope, which is anticipated following last year's government consultation.

- The objectives of the discussion were to confirm the drug lists for anticipated additional minor ailments and the conditions and restrictions related to some of the minor ailments.
- Board members provided several comments:
  - Lists that name individual drugs is problematic. Some drugs on the list do not meet the criteria. No matter how fast we try to update the lists, we will always be behind. Elected Board members have expressed a longstanding concern with lists, noting it also impacts prescribing pharmacists who also conduct therapeutic checks. It was noted that the Ministry is aware of these challenges.

- Recommendations and concerns re: insomnia were outlined. The Board was asked if members agree with limiting this minor ailment to acute insomnia; excluding controlled substances (e.g., benzodiazepines); and including eszopiclone and zopiclone. It was agreed there will have to be robust communications around this and can be managed by following guidelines.

- The Board also discussed considerations related to fungal nail infections, noting that a visual assessment is needed for proper follow-up and if oral medication is included, this will need to go into the record which suggests the Clinical Viewer is needed. The ability to order samples would also be needed.

- Re: Shingles – The Board was asked if members agree that patients with shingles involving the face/eye should be included in minor ailments. There was support for keeping it on the list as it is a time-sensitive condition. However, ensure it comes with a stern warning to get to an emergency department.

The Board Chair paused the meeting for a break at 3:42 pm. The meeting resumed at 3:52 pm.

15. Search Committee Update – For Information
- Search Committee Co-Chairs, Adrienne Katz and Cindy Wagg, provided a verbal status update on the Search Committee's progress in the recruitment of the new Registrar and CEO.
- There are five Board members on the Committee, with Jennifer Antunes having been appointed to the vacant position by the Executive Committee, as directed by the Board in March.
- The first meeting was held April 10, and two additional meetings were held on May 2 to review the RFP submissions and May 22 to initiate the recruitment process with the selected search firm.
- Selection of the search firm was completed via an RFP process and following assessment of the responses the Committee selected Mirams Becker, who have now initiated the recruitment process and posted the job ad this week.
- The recruitment firm will consult with key system partners, including an all-staff survey and interviews with senior staff, OPA, CPhA, CCAPP and government.
- Tentative scheduling of interviews has been set for late July into early August.

16. Executive Committee Election – For Decision
- Governance Committee Chair Siva Sivapalan called for interest from public board members in running for election to the Executive Committee to replace JP Eskander, whose public appointment ended on May 29th, 2025.

- Megan Peck nominated Cindy Wagg to the vacancy on the Executive Committee. No other nominations were received.

    MOTION:
    THAT the Board appoint Cindy Wagg to the Executive Committee for the term commencing June 9, 2025 and ending September 14, 2025.

    Moved by: Jennifer Antunes
    Seconded by Megan Peck
    CARRIED

17. *In Camera*

    MOTION:
    THAT Pursuant to Health Professions Procedural Code subsections 7 (2)(d) and (e), the Board of Directors pauses the public portion of the meeting to move *in camera.*

    Moved by: Jennifer Antunes
    Seconded by: Andrea Fernandes
    CARRIED

Angela Bates   **Doug Brown**
Director, Conduct   **Board Chair**

MINUTES OF A
BOARD OF DIRECTORS MEETING
AUGUST 22, 2025

1:00 P.M. TO 3:43 P.M.

FRIDAY, AUGUST 22, 2025 – 1:00 P.M.

HELD VIA VIDEOCONFERENCE

OCP Board of Directors
Jennifer Antunes
Simon Boulis
Douglas Brown (Chair)
Lisa Dolovich
Andrea Fernandes
Mark Feldstein
Adrienne Katz
James Killingsworth
Elnora Magboo
Francis Michaud
Stephen Molnar
Nadirah Nazeer
Danny Paquette
Megan Peck
Siva Sivapalan
Alain Stintzi
Cindy Wagg
Devinder Walia
Victor Wong

Staff present:
Susan James
Christian Guerette

Regrets:
Connie Beck (Vice Chair)
Andrea Edginton
Wilfred Steer
Alain Stintzi

1. **Welcome and Land Acknowledgement**

The meeting was called to order at 1:00 pm. The Chair, Doug Brown, welcomed all Board Directors, guests and staff in attendance.

Megan Peck provided the land acknowledgement as a demonstration of the Board's recognition and respect for the Indigenous peoples of Canada.

The chair gave a special welcome to Francis Michaud, a newly appointed Public Director and noted that Jae-Yon Jung, also a newly appointed Public Director, was unable to attend the meeting and would be introduced at the September meeting. Mark Feldstein was also welcomed to his first meeting, having been newly appointed a couple months ago.

The chair also noted that it was the last meeting for Megan Peck and Andrea Fernandes and thanked them for their contributions and commitment during their time on the Board. It was also noted that newly elected directors would begin their term at the September Board meeting and would be introduced then.

The chair also thanked Jennifer Antunes for taking meeting notes given that most of the meeting would be held in-camera, without staff support.

2. **Approval of the Agenda**

Board Chair, Doug Brown provided an overview of the purpose of the meeting and sought approval of the agenda.

Motion: THAT the Board approve the agenda for the August 22nd, 2025, Board meeting as presented.

Mover: Stephen Molnar
Seconder: Andrea Fernandes
CARRIED

3. **Declaration of Conflict of Interest**

At this time, Board members were requested to disclose any agenda items with which they had, or may appear to have, a conflict of interest.

There were no conflicts declared.

4. **In-camera**

   MOTION: THAT pursuant to the Health Professional Procedural Code s 7 (2)(d) and (e) the board pause the public portion of the meeting and move in camera.

Mover: Jamie Killingsworth
Seconder: Devinder Walia
CARRIED

5. *Personnel Matter – In Camera*

   -Staff were asked to leave for in camera portion of the meeting-

   A motion to go *in camera* was moved and seconded. The motion CARRIED.
   The Board discussed a personnel matter.

6. Motion to Adjourn

There being no further business, at 3:43 p.m., a motion to adjourn the meeting was moved by Devinder Walia and seconded by Cindy Wagg. The motion **CARRIED.**

Doug Brown	**Jennifer Antunes**
Board Chair	**Board Director and recorder**

BOARD BRIEFING NOTE
MEETING DATE: September 15-16, 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, listed below are the meetings I attended on behalf of the College during the reporting period.

College and Other External Partner Meetings:
- Executive Committee Meeting – July 11, 2025
- Governance Committee Meeting – July 16, 2026
- New Board Director Orientation for Mark Feldstein – July 24, 2025
- Search Committee Meeting – July 31, 2025
- Search Committee Meeting – August 6, 2025
- Executive Committee Meeting – August 11, 2025
- Search Committee Meeting – August 15, 2025
- New Board Director Orientation for Akil Dhirani, Francis Michaud, Scott Ford, and Jae-Yon Jung – August 19, 2025
- Governance Committee Meeting – August 21, 2025
- Executive Committee Meeting – August 22, 2025
- Special Board Meeting – August 22, 2025
- Executive Committee Meeting – August 27, 2025
- Ministry of Health Update Meeting (with Acting Registrar)– August 27, 2025

June Board Meeting Evaluation
Attached is the June 2025 Board Meeting Evaluation report (Attachment 6.1).

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. We saw a reduction in response rate with 12 out of 21 Directors participating, I would like to remind everyone we are still hoping for a 100% response rate on the next evaluation. Going forward, in order to ensure fulsome engagement, there will be a reminder sent following the due date and a follow up by the Board Chair if necessary.

Updates

I am pleased to welcome our newest elected directors, Akil Dhirani, Scott Ford and Simran Bal our new publicly appointed directors Mark Feldstein, Francis Michaud and Jae-Yon Jung. Mark, Francis and Jae-Yon, bring diverse skillsets from their respective experience as accountants and a litigation lawyer, respectively. Akil and Scott both bring over 30 years of experience as dedicated pharmacists, with skill sets from diverse roles including clinical consultancy and both hospital and independent pharmacies. Simran has been a Pharmacy Technician for over 6 years and we are excited to have her onboard.

We are saying goodbye to elected directors Megan Peck, Andrea Fernandes and Connie Beck. I would like to publicly thank all three them for their dedication and contributions during their time on the Board and all will be greatly missed.

Board Director Committee Activities (June 10-September 14)

The following chart provides an overview of the committee activities the Board Directors have participated in since the June Board Meeting. Information in the table is intended to provide an overall sense of workload and may not capture every activity. Staff continue to work on refining information-gathering precision for this report.

Director	Committee(s)	Meetings/Hearings
Jennifer Antunes	Discipline Governance Search	 Jul 16; Aug 21 Jul 21, 31; Aug 6, 15
Connie Beck	Discipline Executive Governance Review	Jun 13, 30; Jul 9, 15; Aug 12, 13, 18, 19, 20 Jun 16
Simon Boulis	Discipline Finance and Audit Special	 Aug 12 Jun 24; Jul 7, 15, 31; Aug 25
Doug Brown	Discipline Executive Search	 Jul 11; Aug 11, 22, 27 Jul 21, 31; Aug 6, 15
Mark Feldstein	Discipline ICRC Finance and Audit	 Aug 12
Andrea Fernandes	Discipline Finance and Audit Governance	 Aug 12 Jul 16; Aug 21
Megan Peck	Discipline Finance and Audit Governance Review Special	Jun 20; Aug 15 Aug 12 Jun 16; Jul 17, 18; Aug 14 Jun 24; Jul 7, 15, 31; Aug 25
Siva Sivapalan	Discipline Executive Governance Screening Search	Aug 12, 13, 18, 19, 20 Jul 11; Aug 11, 22, 27 Jul 16; Aug 21 Jun 16; Aug 11 Jul 21, 31; Aug 6, 15
Wilf Steer	Discipline Finance and Audit	Jul 21; Aug 8, 22 Aug 12
Victor Wong	Discipline Screening Special	Jun 13 Jun 16, 20; Aug 11 Jun 24; Jul 7, 15, 31; Aug 25
Adrienne Katz	Discipline Executive Fitness to Practise ICRC Governance Review Search	 Jul 11; Aug 11, 22, 27 Jun 17; Aug 21 Jun 16; Jul 17, 18; Aug 14 Jul 21, 31; Aug 6, 15
James Killingsworth	Discipline Fitness to Practise ICRC Governance Review Special	Aug 12, 13, 18, 19, 20 Jun 24; Jul 22 Jun 16; Jul 17, 18; Aug 14 Jun 24; Jul 7, 15, 31; Aug 25
Elnora Magboo	Accred/DPP ICRC	Jul 8; Sep 3 Jun 18, 23; Jul 31; Sep 10

Stephen Molnar	Accred/DPP	Aug 21 (observer)
	Discipline	Jun 13
	Governance	Jul 16; Aug 21
	ICRC	Aug 7, 12; Sept 2
	Quality Assurance	
	Governance Review	Jun 16; Jul 17, 18; Aug 14
Danny Paquette	Discipline	Jun 13; Jul 21; Aug 8, 12, 13, 18, 19, 20
	ICRC	Jun 19; Jul 10; Aug 28
	Registration	Aug 14, 29
	Screening	Jun 16, 20; Aug 11
	Special	Jun 24; Jul 7, 15, 31; Aug 25
Cindy Wagg	Discipline	Jun 20; Jul 15; Aug 15
	Executive	Jul 11; Aug 11, 22, 27
	Finance and Audit	Aug 12
	ICRC	Jul 29; Aug 12, 19; Sep 4
	Quality Assurance	Jun 19, Aug 21
	Search	Jul 21, 31; Aug 6, 15
Devinder Walia	Discipline	Jun 13, 30; Jul 9, 21; Aug 8, 22
	ICRC	Jun 11, 26; July 2, Jul 7, 9, 15; Aug 7, 13, 26; Sep 9, 11
	Registration	Jun 2; Jul 16, 25; Aug 14
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	Aug 14

BOARD BRIEFING NOTE
MEETING DATE: September 15-16, 2025

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the June 2025 Board meeting, 12 attending members completed the evaluation survey.

Results:
Overall, the meeting was highly effective. The meeting successfully accomplished all agenda items and fulfilled its fiduciary duties in the public interest. The following summary below highlights current practices and identify opportunities for improvement.

Board Meeting

Adequacy of Background Information
83% of responding Board Directors felt that adequate background information was provided, indicating that meeting preparation is largely effective. A few comments, however, highlighted opportunities for improvement, particularly by including more specialized or current clinical knowledge in the pre-meeting package for certain agenda items.

Proposed action: None

Board Conduct
All responding Board Directors felt board members were respectful and considerate of each other and staff, which led to a productive and collaborative meeting.

Proposed action: None

Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?
All responding Board Directors reported that the Chair was effective in managing the meeting. Comments further highlighted the Chair's ability to be transparent and inclusive. One of the Board Directors commented:

- The Chair was very effective at clarifying other members' concerns and keeping the discussion focused and timely. It's a bit of a feat given the agenda and enjoyable to watch.

Proposed action: None

Were decisions that the Board made consistent with the College's mandate to put public interest first?
All responding Board Directors felt the decisions that the Board made were consistent with the College's mandate to put the public interest first. One Board Director specifically noted the following:
- The degree of attention and time being invested towards achieving the College's position on the PPN prove our laser-focused commitment to advancing the public interest.

Proposed action: None

My peer participants actively participated in the discussion
92% of responding Board Directors expressed that all members actively participated in the meeting. Notably, one of the Board Directors commented:
- I feel that the Chair misses people on the right side of the room for questions, moving and seconding motions. I also feel strongly that Committee Chairs should be the movers of motions.

Proposed action: None

The time spent on each agenda item was appropriate
All responding Board Directors felt the appropriate time was spent on each agenda item.

Proposed action: None

BOARD BRIEFING NOTE
MEETING DATE: **September 15-16, 2025**

FOR DECISION

From: Siva Sivapalan, Governance Committee Chair

Topic: 2025-2026 Executive Committee Election

Issue: Annual election and appointment of the Chair, Vice-Chair and three additional directors to the Executive Committee.

Public interest rationale: The governance framework incorporates the principle of competency-based appointment/election. All actions taken by the Board, or the Executive Committee on their behalf, are conducted transparently and subsequently reported publicly. Given the critical role of the Executive Committee, it is essential that qualified Directors with the appropriate background and experience are appointed to support sound decision-making.

Strategic alignment, regulatory processes, and actions: The Executive Committee, on behalf of the Board, supports the strategic and regulatory priorities of the College, in serving and protecting the public interest.

Background:
In accordance with Article 8.2.1 of the OCP By-Law, the Executive Committee shall be composed of 5 members, the Chair and the Vice-Chair, and three (3) additional Directors, such that at least two (2) Directors are Elected Directors and at least two (2) Directors are Public Directors.

In accordance with section 12 of the Health Professions Procedural Code:
> **Executive Committee's exercise of Council's powers:**
> 12 (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by- law.
> **Report to Council:**
> (2) If the Executive Committee exercises the power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting. 1991, c. 18, Sched. 2, s. 12.

As per the *Pharmacy Act, 1991* section 7.1 Council (Board) shall be composed of:
- at least nine and no more than 17 persons who are members elected in accordance with the by-laws at least two and no more than four of whom must hold a certificate of registration as a pharmacy technician.
- at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council
- the dean(s) of each faculty of pharmacy of the universities in Ontario.

Analysis:
- As the Board is currently comprised at the minimum number of Elected Directors prescribed in the statute, an unexpected vacancy would result in the Board not being properly constituted. Accordingly, the Executive Committee plays an important role by enabling the College to continue to operate and meet its regulatory obligation in such a circumstance.

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

- The following individuals are willing to serve as Chair or Vice Chair and have been assessed by the Governance Committee to be qualified to fulfill these roles and serve on the Executive Committee in accordance with the criteria set out in [Board Policy 1.6](#):

  Chair:
  Douglas Brown
  Siva Sivapalan

  Vice Chair:
  Douglas Brown
  Siva Sivapalan
  Adrienne Katz

- The following individuals are willing to serve and have been assessed by the Governance Committee to be qualified to serve on the Executive Committee:

  Public Directors:
  Adrienne Katz
  Cindy Wagg

  Elected Directors:
  Jennifer Antunes
  Simon Boulis
  Douglas Brown
  Siva Sivapalan
  Victor Wong

Next Steps:
- In accordance with 11.1 of the By-Law, the Board shall hold an election for all Executive Committee positions.
- The Chair of the Governance Committee will not call or permit the nomination of additional names from the floor for Chair or Vice-Chair during the election. (11.1.2 b).
- The Chair of the Governance Committee will call for further interest from the floor for Executive Committee positions during the election (11.1.4 b).

**Statement of Suitability: Continued Leadership as Chair of the Board —
Ontario College of Pharmacists**

Expression of interest in serving as Vice Chair

Douglas Brown

As Chair of the Board, I have been privileged to guide the Ontario College of Pharmacists through a pivotal chapter in its evolution. Our collective efforts have laid the groundwork for strategic initiatives that promise to redefine pharmacy practice in Ontario for years to come. While significant progress has been made, essential work remains unfinished, and I am committed to ensuring the continuity necessary to see these initiatives through to fruition.

Over the past term, the Board undertook a comprehensive governance review aimed at enhancing transparency, accountability, and effectiveness within the College. This work—while well underway—requires thoughtful completion to support a more responsive and resilient organizational framework. In parallel, we have championed preliminary efforts to advance the scope of practice expansion, enabling pharmacists to better serve their communities and meet the dynamic needs of Ontario's health system.

The rise of payor-directed care and intensifying corporate pressures on pharmacy practice continue to challenge the profession's independence and patient-centric values. Navigating this landscape demands balanced, visionary leadership that protects professional integrity while embracing innovation. In this regard, the Board has taken critical first steps, yet the path forward must be stewarded with consistency and care.

In addition, we are welcoming a new Registrar and CEO, ushering in a fresh chapter for the College's executive leadership. A successful transition depends on strong collaboration and alignment between the Board and Registrar—something that I have worked diligently to cultivate and am deeply invested in sustaining.

At the heart of all these efforts lies a foundation of trusted relationships: with our dedicated staff at the OCP, and with key stakeholders such as the Ministry of Health. These relationships have been built on mutual respect, open communication, and a shared commitment to public safety and excellence in pharmacy practice. The momentum we've gained cannot be taken for granted; it must be preserved and propelled forward with steady leadership and strategic continuity.

For these reasons, I respectfully submit my intention and strong suitability to continue serving as Chair of the Board. I believe that my ongoing leadership will bring stability, depth of experience, and an unwavering focus on our shared goals—ensuring that the Ontario College of Pharmacists continues to advance a future-ready profession in service of all Ontarians.

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

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

He has spent over 34 years as a community pharmacist, however he has also been involved with educating young health professionals. He has acted as a Teaching Assistant with the Lesley Dan Faculty of Pharmacy, University of Toronto, an Adjunct Clinical Assistant Professor and Clinical Coordinator for the University of Waterloo School of Pharmacy and developing Inter-professional Medical Education with the Rural Family Practice program of the Department of Family Medicine, University of Toronto. He has also worked closely with physicians and other health professionals on various projects, including the PAACT project and Pharmacist-Physician Collaboration with Dr. John Stewart. In 2020, he joined the Board of Directors of the Ontario College of Pharmacists and participated in various committee roles, including Finance & Audit, Governance an Executive Committees. In 2024, he was elected Chair of the Board and currently fulfills that role.

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

 Douglas loves to get involved and works with various groups to help improve the community at large. He is well known for his role for supporting local healthcare through his involvement with the Lake Ridge Health Port Perry Hospital Foundation (Past Chair and Board Member for 2 decades) and as a member of Community Living Durham North's Rights Committee, providing support and oversight for intellectually challenged adults. In 2020, he was elected to the Board of Directors of the Ontario College of Pharmacists where he contributes to the oversight of the organization and serves on the Discipline and Finance & Audit Committees and currently Chairs the FAC.

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

Dear Peers, Friends and Colleagues,

I am submitting my expression of interest to serve as Board Chair or Vice Chair. With over six years of experience as an elected member of the College Board, I have developed a deep understanding of its governance structures, strategic priorities, and public interest mandate. I have participated on a number of committees as a Board Director, including the Executive, Governance, Finance and Audit, ICRC, Screening, and Discipline committees. This wide-ranging committee work has equipped me with the insight and experience required to lead effectively at the Board level.

As Chair of the Governance Committee, I believe I have demonstrated leadership, strategic thinking, and a commitment to upholding the College's public protection mandate. Together with our staff partners, I had the privilege of leading the Governance Committee's work on succession planning, a body of work for which a number of Directors expressed appreciation. This initiative examined structural issues in our governance framework and, through thoughtful analysis and collaboration, proposed a path forward that balances renewal with continuity and safeguards the Board's long-term capacity to govern effectively. I believe this kind of strategic, forward-looking thinking is essential to the College's leadership readiness and institutional resilience.

As a Primary Care and Community Pharmacist with 15 years of direct patient care experience, I bring a deep understanding of patient care across diverse clinical settings. My practice has spanned hospital-based services, leadership in community pharmacy, and collaborative work in an interdisciplinary primary care team alongside our medical, nursing, physiotherapy, mental health, and dietician colleagues. I have extensive experience in chronic disease management, medication optimization, and complex healthcare interventions in diabetes, cardiovascular disease, and chronic pain. I serve as a clinical preceptor for PharmD students from the University of Toronto and the University of Waterloo, and have also mentored future pharmacy technicians from Niagara and Lambton Colleges. Many of you have seen how the application of this clinical lens has strengthened our regulatory discussions, helping ensure our decisions remain grounded in evidence-based care that prioritizes patient safety and access.

I am committed to fostering the culture of integrity, trust, and collaboration you expect. I believe my actions have consistently reflected that commitment. Many of you have seen firsthand how I work constructively with both elected and public Directors, engaging in respectful, evidence-informed dialogue that supports strong, principled decision-making. I have built collegial and productive relationships across the Board and with senior staff, always mindful of the boundaries between governance and operations. I believe this spirit of cooperation and mutual respect is essential to maintaining a high-functioning Board and a resilient organization.

With one of the broadest ranges of committee experience at the Board table, I seek to bring deep institutional knowledge of the College's governance processes, policies, decision-making history, and statutory functions and duties. I view this experience as something to be shared to the fullest extent for the benefit of the organization. I have consistently supported new Directors in understanding the Board's work, committee structures, and the broader context behind our policies. I believe this kind of knowledge transfer is vital to building continuity, leadership readiness, and a culture of collective accountability.

I would be deeply honoured and privileged to serve the Board in the role of Chair or Vice Chair, to help guide our institutional stewardship and strategic governance, and importantly to support all Directors in their steadfast commitment to serving the public interest.

Sincerely
Siva Sivapalan R.Ph.
Primary Care and Community Pharmacist

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

Pharmacy Leader | Community Health Practitioner | Governance Professional

Qualification Profile

Primary Care and Community Pharmacist with comprehensive experience across the spectrum of clinical care. Passionate clinical preceptor, guiding pharmacy students through their professional development. Proven leader in multi-disciplinary healthcare teams. Holds advanced training in Human Resources Management and Health Governance. Brings a wide breadth of governance and oversight experience as an elected board member at the Ontario College of Pharmacists, serving as Chair of the Governance Committee and participating in key committees such as Executive, Finance and Audit, Screening, Search, ICRC, and Discipline.

PHARMACY LEADERSHIP EXPERIENCE

Ontario College of Pharmacists Member of Council/Board Member, Toronto, Ontario [September 2019 – Present]
•Fulfills governance and oversight responsibilities as an Elected Professional member of the board.
•Serves on and has served on the following Standing and Statutory Committees: Governance, Finance and Audit, Executive, ICRC, Discipline, Screening, CEO/Registrar Search
•Current Chair of the Governance Committee

P4T Mentor - Government of Canada Foreign Credential Recognition program and NAPRA [January 2022 – Present]
•Introduce international pharmacy graduates to the pharmacy environment in Canada.
•Coach and prepare to successfully complete their formal training and assessment.

Clinical Preceptor University of Toronto, Leslie Dan Faculty of Pharmacy & Co-Operative term preceptor, University of Waterloo [April 2020 – Present]
•Guide, role-model, supervise, mentor and assess PharmD students during their rotation period.

Pharmacy Technician Structured Practical Training Preceptor, Niagara College and Lambton College [April 2019 – Present]
•Guide, role-model, supervise, mentor and assess Pharmacy Technican students during their rotation period.

Pharmacy Examining Board of Canada Hamilton/Welland Ontario Test Centers - OSCE/OPSE Assessor [May 2014 – Present
•Observe and evaluate candidates' interactions with a standardized patient in a standardized, objective manner using standardized scoring guidelines.
•Important component of assessing potential pharmacists and pharmacy technicians for their suitability to serve the public. Successful candidates enter into the entry to practice register.

WORK EXPERIENCE

Primary Care Pharmacist - Hamilton Family Health Team, Hamilton, Ontario [July 2022 – Present]
•Improve drug therapy using a collaborative care model as part of the primary health care team.
•Collaborate with physicians, nurses, dieticians, social workers, and patients to promote optimal health care in the community as part of an interdisciplinary team.
•Provide individual patient assessments to identify, prevent, and resolve drug-related problems.

Community Pharmacist - Beamsville's Community Pharmacy, Beamsville, Ontario [August 2023 – Present]
•Provide individualized clinical services including medication reviews, deprescribing consultations, and vaccine administration.
•Serve as a local resource for drug therapy questions and collaborate with prescribers to resolve medication-related problems.
•Support integration of pharmacy services into community health initiatives through education and outreach.

Community Pharmacist/Associate Owner – Shoppers Drug Mart, Beamsville, Ontario [September 2011 – January 2023]
•Commitment to delivering the highest level of patient care.
•Motivating and inspiring my team to do and be their best.
•Actively manage and oversee the day-to-day operations of all aspects of my franchised business including human resources and risk management.

Director, Lincoln Chamber of Commerce, Lincoln, Ontario [October 2015 – February 2020]
•Liaise with town to bring forth issues that affect local commerce and trade, and foster economic development.
•Build strong working relationships with key stakeholders both inside and outside the Chamber.
•Human Resources committee chair.

Pharmacist, Basildon & Thurrock University Hospitals, United Kingdom [December 2009 – December 2010]
•Provision of clinical services and integrated medicines management services to allocated wards.
•Provided a comprehensive medication monitoring service for inpatients and optimised medication use in allocated wards.
•Worked within a multidisciplinary team responsible for care on obstetrics & gynaecology, stroke rehabilitation, orthopaedic surgery, and care for the elderly wards.

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

Pharmacy Leader | Community Health Practitioner | Governance Professional

AWARDS

2022 – Bowl of Hygeia Award
•Presented in recognition of outstanding community service and leadership in the pharmacy profession by the Ontario Pharmacists Association.
2021 – Community Partner Award
•Presented by the Town of Lincoln and the Lincoln Chamber of Commerce for extraordinary contributions to the community.
2015 and 2019 – Pathways to Opportunities Award
•Presented by the Town of Lincoln and Beamsville District Secondary School for commitment to the co-operative education program for students.
2008 – GlaxoSmithKline Prize for Medicinal Chemistry
•Presented by the University of London for best performance in Medicinal Chemistry for the Master of Pharmacy Degree.

CONTINUING EDUCATION

HPRO – GovernanceTraining forRegulated Health Colleges [2020]
HPRO – Discipline Committee Training [2021]
Canadian Diabetes Educator Certification Board - Certified Diabetes Educator [2013 – Present]
University of Toronto/CAMH – Opioid Addiction Treatment Core course [2015]
University of Toronto/CAMH – Certificate in intensive Tobacco Cessation Counselling [2022]
Ontario Pharmacists Association – Certified Cardiovascular Health Coach [2014]
Facilitation First– The Facilitative Chair [2025]

VOLUNTARY WORK

Gillian's Place WestNiagara Ambassador [2013 – 2023]
•Responsible for fundraising activities for local shelter for victims of abuse.

Continuing Education Coordinator (Hamilton) [2016 – present]
•Organize monthly continuing education events to help improve their clinical skills and share best practices amongst pharmacy technician and pharmacist peers.

EDUCATION

Directors College, McMaster University, Hamilton, Ontario [December 2022]
•Certificate in Collaborative Health Governance.
McMaster University, Hamilton, Ontario [December 2013 – April 2016]
•Post graduate diploma in Human Resources Management. (Satisfies academic requirements of the Human Resources Professional Association).
University College London (UCL), University of London, United Kingdom [October 2004 – August 2008]
•Master of Pharmacy with honours (MPharm)(Hons).
Aristotle University of Thessaloniki, Thessaloniki, Greece [January 2007 – June 2007]
•One Semester of pharmacy school completed through the European Union Action Scheme for the Mobility of University Students (ERASMUS).
•Research focused on in vitro testing of novel agents used to treat Chronic Myelogenous Leukemia.

PRESENTATIONS

Canadian Pharmacists Association Annual Conference, Ottawa 2022 [June 2022]
•Panel member for "The COVID-19 Experience: Applying lessons learned.
PharmacyU Toronto The Pharmacist's Role with GLP-1s in the Treatment of Diabetes [April 2023]
•Delivered at Canada's largest Continuing Education Conference for Pharmacists
Diabetes Canada Frontline Forum- Injectable Diabetes Medications- "Fitting" them into practice [June 2022]
•Delivered to Pharmacy Technicians and Pharmacists across Canada.
Calling All Allies: The Team Approach to Preventing Asthma Attacks (AstraZeneca Sponsored) [May 2021]
•Delivered on May 1, 2021 to the Hamilton Academy of Medicine (Ontario).
Type 2 diabetes Pathways, A Multidisciplinary Approach (NovoNordisk Sponsored) [January 2021]
•Delivered on January 27, 2021 to pharmacists across Canada.
How Can Pharmacists Safely Immunize in this Era? (Pfizer Sponsored) [September 2020] •Delivered on September 25, 2020 to the New Brunswick Pharmacists Association.

Publications

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

McMaster University | **DeGroote**
SCHOOL OF BUSINESS
EDUCATION WITH PURPOSE

Certificate of Completion

is hereby presented to

Sivajanan Sivapalan

to recognize the successful completion of the

Collaborative Health Governance Program

November 23-26, 2022 (virtual delivery)

Michael Hartmann

Michael Hartmann, Principal, Directors College
and Co-Director, Health Leadership Academy

34/244

The Directors College

Michael G. DeGroote
Health Leadership
Academy | McMaster University

CERTIFICATE

— OF COMPLETION —

Siva Sivapalan

has completed to satisfaction

The Facilitative Chair on **June 5, 2025**

Professional Development Hours: 7 hours

Michael Goldman
President

FACILITATION
F I R S T

Adrienne Katz

BA, MBA

Thank you for the opportunity to put my name forward for the role of Vice Chair.

I was appointed to the Board in March 2022 as a Public Director, and actively serve on a number of committees including: Executive, Discipline, ICRC, Governance Review, Search (Co-Chair), Fitness to Practise and Finance & Audit (22-24). I have learned a tremendous amount over the course of the last three and half years at our college and have enjoyed working with many of you on the Board serving on committees and panels, as well as with many excellent and hardworking College staff.

Colleagues who have served with me would agree that I ask the appropriate albeit hard questions necessary for our work. I collaborate effectively with both board members and staff and have demonstrated my clear commitment to the College. I have guided and mentored several members, both formally and informally, to help onboard and navigate how to govern in the public interest, within our statutory framework.

Having been reappointed to the Board for another 3 year term (March 2024), it would be my honour to continue to ensure public safety as a Public Director in the Vice Chair role.

I love learning and recently achieved the Facilitative Chair Certificate, an opportunity I was grateful to have been offered by the College. I have been fortunate to put this training into practise several times when I have stepped in for the Vice Chair in their absence, as well as for the Chair in a number of complex matters.

This past year, I had the opportunity to help steward an important leadership transition for the College as Co-Chair of the Search Committee, culminating in the appointment of a new Registrar. This will be both a transitional and stabilizing time for the College, as we implement the governance report that we produced through the work of the Governance Review Committee, of which I was an active contributing member.

In my role Co-Chairing the Search Committee, I believe my colleagues would agree that meetings are run effectively, efficiently, and with robust discussion from everyone involved. In opportunities where I acted as Vice Chair or Chair, presiding over motions, complex and sensitive materials, or meetings in the Vice Chair's absence, I believe my colleagues would agree that I fostered space for diverse views and voices, encouraged healthy debate, kept discussions on task and on time, and ensured focus on the College's mandate.

Election to the Vice Chair role would allow me to help ensure the leadership continuity our Board requires. I would be honoured to continue to fuel the College's mission and fulfill its mandate to ensure public safety, security and confidence as a Public Member in the Vice Chair role.

Sincerely,

Adrienne

Adrienne Katz

Adrienne Katz

BA, MBA

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

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

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

Her experience spans diverse industries including:

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

Experience

Partner, Strategy
Creative Equity Partners Inc.

Board Member
Ontario College of Pharmacists
Committees: Executive, Finance & Audit (22-24), Discipline, ICRC, Governance Review, Search (Co-Chair), Fitness to Practise

Brand Manager
General Mills

Marketing Specialist, Strategic Alliances
724 Solutions

Education

Master of Business Administration
McGill University
Dean's Honour List & Academic Distinction
MBA Woman of the Year, Roger Bennett Marketing Prize, President American Marketing Association, VP Council Executive

Bachelor of Arts
McGill University
Dean's Honour List & Academic Distinction

Volunteer & Community Leadership

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

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

UJA
Top Fundraiser, Donor

Ve'ahavta
Volunteer

CERTIFICATE

— OF COMPLETION —

Adrienne Katz

has completed to satisfaction

The Facilitative Chair on **June 5, 2025**

Professional Development Hours: 7 hours

Michael Goldman
President

FACILITATION
F I R S T

Dear fellow board directors,

I would like to express my interest to serve on the Executive committee.

I have been serving on the Board as an elected member since 2022. Since then I have been an active member of the following committees: Discipline, Governance, and Search Committee.

Prior to serving on the Board, I have been an active member of the Discipline Committee since 2014. Through my time with the discipline committee, I have been appointed to multiple panels, including both contested and uncontested hearings. These hearings also include motions, and reinstatement hearings, where I have drafted multiple decisions for panel review, which emphasizes my understanding of the law, and College oversight.

In addition, I currently chair the Pharmacy Technician Program Advisory Committee at Humber College.

I am a registered pharmacy technician, working full-time at Sunnybrook Hospital, and casually at Etobicoke General Hospital, and Toronto South Detention Center. Previously, I held a position at a local community pharmacy for 16 years.

Given my roles as a frontline pharmacy professional, in community and teaching hospitals, institutional pharmacy, and past community pharmacy experience, I am able to recognize gaps that continue to put the public at risk. With my experience in these roles, I would be a valuable member of this committee.

Thank you for your consideration.
Jennifer Antunes

JENNIFER ANTUNES

Toronto, Ontario

Professional Summary

Experienced Pharmacy Technician with over 15 years across hospital, academic, and regulatory environments. Proven track record managing complex medication systems, leading interdisciplinary initiatives, and optimizing workflows. Strong project coordination capabilities demonstrated through health policy contributions, drug shortage management, and clinical trial regulation. Committed to patient safety, operational excellence, and collaborative healthcare delivery.

Core Skills & Project Expertise

Medication & Regulatory Program Management

- Best Possible Medication History
- Drug shortage mitigation
- Regulatory compliance (Ontario College of Pharmacists, clinical trials, Good Clinical Practice, Division 5)

Project & Leadership Roles

- Chair, Humber College Pharmacy Technician Advisory Committee
- Elected Director, Ontario College of Pharmacists Board of Directors
- Contributor to Institution of Safe Medication Practice Publications

Coordination & Communication

- Liaison across departments (inpatient/outpatient, funding, pharmacy)
- Ministry of Health program enrollments and insurance advocacy
- Structured Practical Trainer for regulated pharmacy applicants

Technical & Clinical Proficiency

- Certified to administer vaccines
- Drug distribution
- Inventory management and narcotics control

Professional Experience

Sunnybrook Health Sciences Center, Nephrology, Toronto, ON | 2017–Present

- Assist in completion of accurate medication reconciliations
- Enroll patients in Ministry of Health funding for erythropoietin injections

- Dispense erythropoietin injections to patients registered in the nephrology program
- Assist in exceptional access coverage and private insurance coverage for Nephrology patients
- Liaise between patients, outpatient pharmacy, and inpatient pharmacy to ensure continuous medication therapy

Sunnybrook Health Sciences Center, Pharmacy Stores, Toronto, ON | 2014–Present

- Manage hospital-wide drug shortages, and coordinate reimbursements for off-contract purchases (HealthPRO)
- Ensure proper stock levels on all floors including narcotics and regular items
- Maintain ward stock levels on acute care wards
- Place and receive orders through wholesalers and direct from manufacturers
- Ensure proper filing of all paperwork including all narcotic registers

Ontario College of Pharmacists, Toronto, ON

- Board of Directors, Elected Director, Pharmacy Technician (2022 – Present)
- Search Committee, Elected Director (2025 – Present)
- Governance Committee, Elected Director (2024 – Present)
- Discipline Committee, Elected Member (2022 – Present)
- Discipline Committee, Professional Committee Appointee (2015 – 2022)

Humber College, Toronto, ON

- Chair, Pharmacy Technician Advisory Committee (2022 – Present)
- Representative, Pharmacy Technician Advisory Committee (2016 – 2022)
- Teaching Assistant - Pharmacy Technician Program (2021)

Toronto South Detention Center | Nov 2023 – Present
Etobicoke General Hospital | Oct 2023 – Present
Medavie Health Services, GoVAX Mobile Clinic, ON | 2022–2023
Humber River Hospital, COVAX Clinic, Toronto, ON | 2021–2022
Wellcare Union Medical Pharmacy, Toronto, ON | 2009–2020
Union Medical Pharmacy Inc., Toronto, ON | 2006–2009

Education

Humber Institute of Technology and Advanced Learning, Toronto, ON | 2010

Regulated Pharmacy Technician Diploma Program

Loretto Abbey Catholic Secondary School, Toronto, ON | 2008

Grade 12 Diploma attained

Certifications & Professional Accomplishments

- Intra Professional Education facilitator – Humber College (2024, 2025)
- Health Canada Division 5 – Drugs for Clinical Trials Involving Human Studies (2021)
- Canada Good Clinical Practices (GCP) – Sunnybrook Health Sciences Centre (2021)
- John Iazetta Award – Sunnybrook Health Sciences Centre
- Injection and Immunization Certified – PharmAchieve (2021)
- Structured Practical Trainer for Pharmacy Technician Applicants – Ontario College of Pharmacists (2015)
- Registered Pharmacy Technician – Ontario College of Pharmacists (2014)
- Registrant – Pharmacy Examining Board of Canada (PEBC)
- Jurisprudence Exam – Ontario College of Pharmacists
- Certificate of Participation in Interprofessional Education – Humber College

Publications

- Pediatric Medication Errors in the Community: A Multi-Incident Analysis – ISMP (2022)
- Balancing Safety and Efficiency: Incidents Reported by Community Pharmacies Reveal Process Problems – ISMP (2021)
- Pharmacy Technicians During COVID-19 – An Evolving Profession – Ontario Respiratory Care Society (2021)

Simon Boulis

RPh, CDE, MScPhm Candidate
Board Member, Ontario College of Pharmacists

August 26, 2025

Governance Committee
Ontario College of Pharmacists
Toronto, Ontario

Re: Statement of Interest – Executive Committee of the Board

Dear Nominating Committee,

I am writing to express my interest in serving on the Executive Committee of the Ontario College of Pharmacists. As a sitting board member with a strong voice for ethical governance, sustainable practice models, and meaningful community impact, I believe this role is an opportunity to continue supporting bold, balanced, and forward-looking leadership within our profession.

This past year, the Board faced several unprecedented challenges—operating without a permanent Registrar, managing a projected $3 million budget deficit, and restoring internal confidence and transparency. I am proud to have played a constructive leadership role during this time of transition. Together, we stabilized governance, strengthened fiscal controls, and laid the foundation for a new, collaborative culture that respects diverse views and puts public interest at the core.

Throughout the year, I contributed actively to key discussions and motions on matters such as the Payor Preferred Network (PPN) framework, pharmacist workload, transparency in Board processes, and standard of practice for pharmacists and registered technicians. These efforts reflect my belief that regulatory decisions must be guided by principle, practicality, and a commitment to fairness for both registrants and the public.

Beyond governance, I bring hands-on leadership from operating a growing network of pharmacies in Niagara Falls, delivering programs in cardiovascular risk, hormone health, and compounding. I've served in hospital pharmacy leadership at McMaster Children's, am a Certified Diabetes Educator, and am currently completing a Master of Science in Pharmacy at the University of Toronto with a focus in pediatric oncology at SickKids.

I view executive leadership as a responsibility to uphold the College's strategic priorities, support staff and fellow Board members, and ensure our decisions reflect thoughtful stewardship. My experience managing multi-million-dollar operations, launching clinical programs, and working across diverse teams positions me well to contribute meaningfully to this role.

Thank you for considering my application. I would be honoured to continue serving the profession and the public through this position.

Warm regards,
Simon Boulis

SIMON BOULIS

RPh, CDE, MScPhm (Candidate)
Board Director, Ontario College of Pharmacists
Clinical Pharmacist | Pharmacy Owner | Governance Advocate
Niagara Falls, Ontario

PROFESSIONAL SUMMARY

Seasoned clinical pharmacist and board director with over a decade of experience leading innovative pharmacy practices across hospital, community, and academic settings. Founder of a multi-site pharmacy group and clinical lead for cardiovascular and hormone health initiatives. Currently completing a Master of Science in Pharmacy at the University of Toronto (Pediatric Oncology focus – SickKids). Demonstrated commitment to professional governance, ethics, and health system transformation. Recognized for bridging tertiary and community care and advancing pharmacy's role through policy, mentorship, and governance.

BOARD & REGULATORY LEADERSHIP

- Board Director, Ontario College of Pharmacists (2024–2027) – Active in governance, policy advocacy, and regulatory modernization.
- PACE Assessor, Ontario College of Pharmacists (2022–Present) – Conduct comprehensive practice assessments.
- Mentor, PharmaSEE Program – University of Toronto (2024–2025).
- Advisor & Tutor, International Pharmacy Graduates (2015–2018).

PHARMACY LEADERSHIP & PRACTICE EXPERIENCE

- Founder & Pharmacy Director – LiveWell Pharmacies, Niagara Falls (2019–Present) – Manage 3 pharmacy locations; deliver advanced clinical services.
- Pharmacy Manager – McMaster Children's Hospital Outpatient Pharmacy (2017–2019) – Led pediatric outpatient site operations.
- Pharmacy Manager – Walmart Pharmacy (2015–2017).
- Pharmacist – Shoppers Drug Mart (2012–2015).

CLINICAL & ACADEMIC ADVANCEMENT

- MScPhm (Candidate), University of Toronto – Pediatric Oncology focus at SickKids (2024–2028).
- Certified Diabetes Educator (Since 2017 – Renewed 2023).
- Advanced Certifications: The Science of Pharmaceutical Compounding 2021, Personalized Hormone Restoration Therapy 2023, Essential Elements of Personalized Analgesic Medications 2023, Mastering the protocol for Optimization of Hormone Replacment Therapy 2024, Injection 2013.

PRESENTATIONS & PATIENTS ADVOCACY

- "Improving Pediatric Oncology Support through Community Pharmacy Partnerships" – CSAP Symposium, UofT, April 2025.
- Organizer: LiveWell Swing Against Cancer Charity Golf Tournament – Raised $30,000+ (2024, 2025).

PROFESSIONAL MEMBERSHIPS

- Ontario College of Pharmacists (OCP)
- Canadian Pharmacists Association (CPhA)
- Ontario Pharmacists Association (OPA)
- Canadian Association of Pharmacy in Oncology (ACPHO)

Adrienne Katz

BA, MBA

Dear Fellow Board Members,

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

I was appointed to the Board in March 2022 as a public member, and actively serve on a number of committees including: Executive, Discipline, ICRC, Governance Review, Search (Co-Chair), Fitness to Practise and Finance & Audit (22-24) . I have learned a tremendous amount over the course of the last 3.5 years at OCP, and have enjoyed working with many of you on committees and various panels. I hope you will consider me a strong candidate for the Executive Committee again this year.

This year has been a challenging and transitional year for the College and for the Board. It highlights how important collaboration is. In my professional life, I have been known for galvanizing teams and fostering momentum to achieve key goals. I am confident that the Board – with its many accomplished directors – will continue to focus on our mandate to protect the public, and will work together to ensure public safety, especially in the face of corporate pressures and PPNs. I would be honoured to continue to serve on the Executive Committee to see to it that this happens.

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

This past year, on the Executive Committee, I had the privilege of helping to negotiate the exit of the former Registrar, and then helping to secure a new leader for the College as acting Co-Chair of the Search Committee. This will be both a transitional and stabilizing time for the college, as we implement the governance report that we produced through the work of the Governance Review Committee, of which I was an active member.

As one of the longest serving members of the Executive Committee, I continue to use my knowledge and experience to support the goal of technological advancement with the new RRS. It has been a significant commitment for the College, both financially and in terms of human resources. My experience in the design and development of strategic technology systems for clients across industries over the course of almost 20 years in business has given me the skills and insight to help ensure alignment with the College's strategic objectives. My business' involvement with AI and Cybersecurity gives me the context and ability to ask the right questions. I am eager to continue to help support PRIME's delivery.

Thank you for the opportunity to put my name forward for the Executive Committee again this year. I believe my skills can help fuel the College's mission and fulfill its mandate to ensure public safety, security and confidence.

Sincerely,

Adrienne

Adrienne Katz

47/244

Adrienne Katz

BA, MBA

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

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

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

Her experience spans diverse industries including:

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

Experience

Partner, Strategy
Creative Equity Partners Inc.

Board Member
Ontario College of Pharmacists
Committees: Executive, Finance & Audit (22-24), Discipline, ICRC, Governance Review, Search (Co-Chair), Fitness to Practise

Brand Manager
General Mills

Marketing Specialist, Strategic Alliances
724 Solutions

Education

Master of Business Administration
McGill University
Dean's Honour List & Academic Distinction
MBA Woman of the Year, Roger Bennett Marketing Prize, President American Marketing Association, VP Council Executive

Bachelor of Arts
McGill University
Dean's Honour List & Academic Distinction

Volunteer & Community Leadership

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

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

UJA
Top Fundraiser, Donor

Ve'ahavta
Volunteer

STATEMENT OF INTEREST

Dear Board Directors,

I am writing to express my interest in the position of Executive Committee Member. My background is in human resources and industrial psychology. I feel that this along with my current role as a Public Member puts me in a unique position to contribute to the current perspective of the Committee's responsibilities. Being part of a team and acting as a conduit between the Board and the CEO, I believe that my four and a half years of public service to the OCP Board has given me a broad knowledge to support our mandate of protecting the public. My understanding of this Committee's goal is to address urgent matters between Board meetings, coordinating Committee responsibilities and facilitating decision making on critical issues. I am familiar with our current issues of business pressures, PPN's and expanded scope of practice among others and look forward to leading OCP in the right direction on these issues.

Kindest regards,
Cindy Wagg
Public Director, OCP

Cindy Wagg

PROFESSIONAL SUMMARY

A highly organized and detail-oriented Executive Assistant with over 35 years experience providing thorough and skilful administrative support to senior executives. Proven competencies as an office administrator with capabilities to facilitate well-run and stream-lined office operations. Well-developed interpersonal communication skills to work effectively with people from diverse professional and cultural backgrounds.

SKILLS

Exceptional interpersonal skills, reliable and conscientious, with proficiency to promote confidence and build strategic/ client relationships, while interfacing positively with people of diverse backgrounds.

Has developed solid managerial and administrative skills.

Displays dedication and motivation to excel.

Trusted and served as a right-hand person For the owner of and Doctor of an industrial psychology practice for over 25 years.

Demonstrates outstanding interpersonal and customer service skills.

Possesses exceptional versatility and multi-tasking skills.

Exhibits loyalty, dedication, and passion for service excellence.

Computer literate and internet savvy.

CURRENT

Public Board Director, Ontario College of Pharmacists - Since 2021. reappointment to 2027. Committee member for QA, FAC, Search, ICRC, and DC.

PROFESSIONAL EXPERIENCE

Pamela Ennis & Associates Inc.
Industrial Psychology
Toronto, Ontario
Executive Assistant   1991 - December 2017

Administered psychometric testing clients. Scored and reviewed psychometric testing from clients. Liaised with clients to ensure proper positioning of assessment tools.
Set up interview and testing appointments as well as conference call follow-ups.
Coordinated and facilitated appointments with potential executive hires for clients.

Created and maintained computer- and paper-based filing and organization systems for records, reports and documents. Investigated issues an problems an drafted responses to urgent requests. Served as a liaison between company president and clients regarding client accounts and new business.

Accounting functions (AR/AP) such as invoicing, accounts payable, accounts receivable, monthly bank reconciliation, quarterly HST payments, monthly source deductions, Federal and Provincial CRA tax payments. Financial reporting to outside accounting firm for final-year-end results as well as business closing.

Ordering and procurement of equipment and maintenance of such. Including copier, computer, telephone, dictation systems. Other office duties including processing mail and general.

PREVIOUS EMPLOYMENT
Mississauga and Toronto

Landmark Consulting - Executive Assistant

C. ITOH - Administrative Assistant

Dictaphone Canada
Customer Service/Training Representative
Lone Canadian Representative conducting installation/training of digital dictation equipment to hospitals , Drs offices and legal businesses requiring dictation units, compiling policies and procedures as well as training manuals for clients.

OTHER
HRPAO - Human Resources Professionals of Ontario - 8 module, two year program involving all aspects of the Human Resources Function.

Self-taught computer training of various programs (MYOB - accounting, MSWord, WorkPerfect, PowerPoint

INTERESTS
Gourmet cooking/baking, golf, cycling, design and maintenance of home and garden.

Victor Wong, BScPhm, PharmD, MBA, MFin, RPh

Toronto, Ontario, Canada | LinkedIn

RE: Ontario College of Pharmacists (OCP) - Executive Committee

To the OCP Board Directors,

It is an honour to submit my application to serve on the Executive Committee of the Board of Directors for the Ontario College of Pharmacists.

My 20-year career have been at the intersection of pharmacy practice, governance, operations, regulatory affairs, pharma, and consulting. My focus has consistently been on strengthening public sector protection and ensuring that the profession remains accountable, transparent, and future-ready. I believe my breadth of governance experience, record of regulatory modernization, and ability to build consensus across complex stakeholder groups uniquely position me to contribute meaningfully to the Executive Committee's work and uphold the College's mandate.

Key contributions I would bring to the Executive Committee include:

- **Regulatory integrity and governance modernization:** At The Pharmacy Examining Board of Canada, I led national exam delivery and modernization; at the National Examining Board of the Canadian Veterinary Medical Association, I co-led the development of new licensure models. Both experiences demonstrate my ability to strengthen existing frameworks and protect the public.

- **Stakeholder and government relations:** I have led consulting engagements with provincial and international Ministries of Health on policy reform, workforce optimization, and formulary review. This background is directly relevant to OCP's ongoing engagement on issues such as Preferred Provider Networks and pharmacist expanded scope of practice.

- **Financial stewardship:** At KPMG, I advised Ministries of Health, crown corporations, and hospitals on operational excellence, financing, and sustainability. At Loblaw, I managed a $60 million annual P&L and drove 300% EBIT increases through operational efficiency. These experiences support prudent financial oversight and long-term sustainability.

- **Innovation and digital transformation:** I have supported a national pharmacy organization in implementing agentic-AI and organizational change management and led projects in digital health integration. I bring forward-looking insights on how innovation and AI can enhance regulatory processes, improve transparency and expand safe scope of practice.

Recognized with the University of Toronto's prestigious Arbor Award for my contributions to the pharmacy profession, as well as the Preceptor of the Year Award, I am committed to public protection, professional excellence, and collaborative governance. I would be honoured to bring my strategic vision, regulatory expertise, and innovation mindset to the Executive Committee in service of the College's mandate.

Sincerely,

Victor Wong

Victor Wong, BScPhm, PharmD, MBA, MFin, RPh

Toronto, Ontario | <u>LinkedIn</u>

Strategic pharmacy and healthcare leader with over 20 years leading in governance, regulatory affairs, operations, and consulting. Proven record in strengthening board governance, advancing regulatory modernization, and guiding national pharmacy certification and assessment programs. Skilled at building consensus among diverse stakeholders and navigating complex health system challenges. Recognized for strategic vision and a commitment to public trust and professional excellence in pharmacy.

EXECUTIVE COMPETENCIES

- Strategic leadership and execution
- Stakeholder engagement and negotiations
- Building and developing teams
- Governance and Board stewardship
- Innovation and change management
- Operational and financial oversight

PROFESSIONAL EXPERIENCE

Engagement Manager, Management Consulting | KPMG, Toronto, ON   **Sep 2023 – Present**
- Delivered national and international initiatives on complex system transformation, operational excellence, strategic plan development, transactions and financing, health workforce, and digital health.
- Representative engagements include:
  o National Ministry of Health: pharmacy sector reform, supply chain, workforce, and financing.
  o Provincial health department: workforce optimisation, change management, and implementation.
  o Federal crown corporation: financial analysis, commercial strategy, partnerships, and divestiture.
  o Academic multi-site hospital: organisational restructuring of clinical support and procurement divisions.
  o National health insurance agency: clinical formulary review, legislation, financing, and contracts.
  o National pharmacy organization: implement agentic-AI and organizational change management.

Director, Pharmacy Operations | Loblaw Companies Limited, Brampton, ON   **Aug 2021 – Sep 2023**
- Oversight and management of pharmacy operations delivering +300% year-over-year increase in EBIT.
- Developed a national inventory management program, reducing shrinkage by over $1 million.
- Full accountability and management of P&L with annual revenue +$60 million.
- Developed and mentored a high-performing team achieving the highest engagement score of 96%.

Chief Administrator | The Pharmacy Examining Board of Canada, Toronto, ON   **Jan 2008 – Jul 2023**
- Create, implement, and oversee the budget for the semi-annual Qualifying Exam Part II for Pharmacists (OSCE) at exam locations.
- Recruit, train, supervise, and ensure staff meet the quality standards established by the PEBC.
- Develop examination cases, standard setting, and maintain the quality of exam materials through rigorous quality assurance processes.
- *Other positions:* Chief Examiner, Track Coordinator, Assessor, Health Professional, Standardised Patient

New Business Development | Decoy Therapeutics, Boston, MA   **Oct 2021 – May 2022**
- Biotechnology startup developing antiviral solutions funded by Bill & Melinda Gates Foundation and J&J.
- Market research, sizing, and financial modeling to align product with value drivers and objectives.
- Analysis of market access strategies, health outcomes and economic studies.

President and Owner | Victor Healthcare Inc. (o/a Shoppers Drug Mart), Toronto, ON   **Jun 2008 – Apr 2022**
- Scaled the company to recurring annual revenue of +$15M, multiple locations, and +80 employees.
- Achieved 1st place in clinical service revenue (+600%) in district with new clinical services strategy.
- Increased customer acquisition to 6% CAGR by leveraging partnerships and digital marketing strategies.

Manager, Pricing | Wyeth Pharmaceuticals / Pfizer, Richmond Hill, ON   **Jun 2007 – Jun 2009**
- Analysed price change requests to evaluate margin impact, incremental volume, and competitor prices.

Victor Wong, PharmD, MBA, MFin, RPh

Toronto, Ontario | [LinkedIn](#)

- Developed and implemented pricing strategies to enhance profitability for product portfolios by 15%.

Staff Pharmacist | St. Michael's Hospital, Toronto, ON   **Jul 2006 – Sep 2008**
  - Pre-surgical admissions and in-patient pharmacy

EDUCATION

Master of Finance | Queen's University   **2022 – 2023**

Master of Business Administration | University of Toronto   **2020 – 2022**

Doctor of Pharmacy | University of Colorado   **2009 – 2013**

Bachelor of Science in Pharmacy | University of Toronto   **2002 – 2006**

BOARD EXPERIENCE

Board Director | Board of Directors, Ontario College of Pharmacists   **2024 – Present**

Committee Member | Discipline Committee, Ontario College of Pharmacists   **2024 – Present**

Member | National Examining Board, Canadian Veterinary Medical Association **2023 – Present**
  - Co-led the development of a new limited licensure pathway to assess international veterinary graduates

Committee Member | Pharmacy Technician Program Advisory Committee   **2022 – 2023**

Chair | Ontario Professional Practice Committee, Shoppers Drug Mart Inc.   **2014 – 2016**

PROFESSIONAL ASSOCIATIONS & MEMBERSHIPS

Pharmacist License (Part A) | Ontario College of Pharmacists   **2006 – Present**

SELECT PUBLICATIONS AND THOUGHT LEADERSHIP

- A future-forward influenza immunization model of care for high-risk patients in pharmacies: A Canadian consensus | *Canadian Pharmacists Journal, 2024*.
- Understanding the importance of estrogen in combined oral contraceptives: A closer look at estetrol and ethinyl estradiol | *Pharmacy Practice + Business, 2024*.
- Maximizing influenza vaccinations in older adults | *Pharmacy Practice + Business, 2022*.
- A pharmacist's guide to menstrual migraine | *Pharmacy Practice + Business, 2021*.
- Iron Deficiency Anemia | *Pharmacy Practice + Business, 2017*.
- Managing head lice: an overview for pharmacists | *Pharmacy Practice + Business, 2016*.

SELECT AWARDS AND HONOURS

Arbor Award, University of Toronto   **2025**

Preceptor of the Year, Leslie Dan Faculty of Pharmacy, University of Toronto   **2017**

Agenda Item 8

Search Committee Final Report

Verbal Update/Presentation Only

No pre-read materials.

BOARD BRIEFING NOTE
MEETING DATE: **September 15-16, 2025**

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee
Chris Aljawhiri and Christine Henderson, Co-Chairs, Governance Review Committee; and Megan   Peck, Stephen Molnar, Adrienne Katz, and Jamie Killingsworth, Members, Governance Review Committee

Topic: Institute on Governance - Final Report of the Governance Review

Issue/Description: The Governance Committee asks the Board of Directors to review and discuss the Institute on Governance's final report of the governance review (Final Report – Attachment 9a), and determine next steps.

Public interest rationale: Sound governance is the cornerstone of a well-functioning Board, ensuring decisions are made transparently, responsibly, and in the public interest. It is integral to the College's mandate and operations.

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:
- The OCP Board of Directors approved a proposal for a third-party expert governance review at its September 15, 2024 meeting. The Board appointed a special committee to conduct the governance review – the Governance Review Committee (GRC) – for a 12-month term. The final members of the GRC were:
    - Chris Aljawhiri (Co-Chair) (Professional Committee Appointment)
    - Christine Henderson (Co-Chair) (Lay Committee Appointment)
    - Megan Peck (Professional Director)
    - Adrienne Katz (Public Director)
    - Jamie Killingsworth (replacing Shari Wilson on her departure from the Board in December) (Public Director)
    - Stephen Molnar (Public Director)
- The Board's timeline included a requirement for the Governance Review to be completed and presented to the Board at its September 2025 meeting.
- On November 6, 2024, the Board approved terms of reference for the governance review, which included an oversight role for the OCP's Governance Committee, and 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 the College's duty to regulate the profession of pharmacy and carry out its statutory objects in the public interest.

o

Governance Review Process:
- The GRC issued a request for proposals ("RFP") for an expert consultant to conduct the governance review on January 6, 2025 with a submission deadline of January 31, 2025. The GRC received detailed submissions from eight proponents in response to the RFP. The GRC selected four proponents for interviews, and on February 14, 2025, the GRC recommended the Institute on Governance (IOG) (iog.ca) to the Governance Committee. This recommendation was approved by the Governance Committee, and the Executive Committee on behalf of the Board.
- The GRC held a number of meetings over the past year to conduct their work, including the following:

DATE	PURPOSE
2024-11-29	Initial meeting to discuss scope of RFP and direct RFP to be drafted
2024-12-04	Meeting to review draft RFP and Timeline and suggest revisions
2025-02-07	Review RFP submissions
2025-02-10	Interview with RFP proponent + debrief
2025-02-11	Interview with RFP proponent + debrief
2025-02-12	Interview with RFP proponent + debrief
2025-02-13	Interview with RFP proponent + debrief
2025-02-14	Discussion of proponent interviews + selection
2025-03-18	Project kick-off with consultant - 1
2025-03-26	Project kick-off with consultant - 2
2025-04-14	Monthly meeting with consultant
2025-05-15	Monthly meeting with consultant
2025-06-16	Monthly meeting with consultant
2025-07-17	Discussion of consultant's draft report – GRC members only
2025-07-18	Discussion of consultant's draft report with consultant
2025-08-14	Discussion of consultant's revised report with consultant
2025-08-21	Presentation of consultant's final report to the Governance Committee

- In order to conduct the Governance Review, the IOG undertook several activities, including:
  o Review of background information, including:
    ▪ Enabling legislation, by-laws, and governance model
    ▪ Board policy manual and financial framework
    ▪ Election and appointment policies
    ▪ Decision-making procedures
    ▪ The Professional Standards Authority's *Standards of Good Regulation*.
    ▪ The BC Office of the Superintendent of Professional Governance's *Standards of Good Governance*.
    ▪ The IOG's own *Principles for Good Governance* and *Characteristics of High-Performing Boards*.
  o A survey of selected participants, including all current Board members and selected past Board members; and current and past senior staff (April – May 2025).
  o Interviews with a selected list of participants (May – June 2025).
- The IOG's draft report was received by the GRC on July 7, 2025, and the Final Report was received on August 17, 2025.

- The IOG's Final Report includes:
  - Executive Summary
  - Introduction
  - Methods
    - Document Review
    - Survey
    - Stakeholder Interviews
  - Analysis
    - Analytic Framework
    - Overview: The Hard and Soft Wiring
    - Context: The Recent Crisis
    - Applying the Analytic Framework
  - Conclusion and Recommendations, including "Governance Reform Priorities at a Glance"
- Additional information regarding the governance review survey and interviews is included in the appendices to the Final Report, including:
  - Governance Survey Summary
  - Governance Review Survey
  - Survey List (of those invited to participate)
  - Cross-Cutting Summary of Key Themes from 21 Interviews – "What We Heard"
  - Interview Guide
  - Interview List (of those invited to participate)
- GRC members were satisfied that IOG's Final Report addresses the requirements of the terms of reference, including the statement of purpose for the governance review, the process followed, the project timelines, and the quality of project deliverables.
- The Final Report was also considered by the Governance Committee at its meeting of August 21, 2025. The Governance Committee similarly expressed satisfaction with the Final Report.
- Members of the IOG will attend the September Board meeting, along with the Co-Chairs of the GRC, to present the Final Report.

Next Steps:
- Following review and discussion of the Final Report of the governance review from IOG, the Governance Committee asks the Board of Directors to determine next steps.
- Next steps, for example, may include any of the following:
  - Appointing a new special committee to oversee implementation of recommendations of the IOG's Final Report
  - Extension of the term of the existing Governance Review Committee, with new terms of reference, to oversee implementation of recommendations of the IOG's Final Report
  - Directing the Governance Committee to oversee implementation of recommendations of the IOG's Final Report

Attachments:
- 9a - Institute on Governance – Final Report of the Governance Review – August 17, 2025

Appendix 1

Institute on Governance – Final Report of the Governance Review
August 17, 2025

Governance Review of the Ontario College of Pharmacists (OCP)

FINAL REPORT

August 17, 2025

**The IOG is Canada's independent organization
dedicated to advancing and applying good public governance.**

Institute on Governance

60 rue George Street, Suite 203, Ottawa, ON K1N 1J4
info@iog.ca
613.879.6472

1   Governance Review of the Ontario College of Pharmacists (OCP)

Table of Contents

Executive Summary

This assessment of the Ontario College of Pharmacists (OCP) governance draws on a review of governing documents, a governance survey (April – May 2025), and 21 structured interviews (May – June 2025). While OCP has strong formal governance structures in place ("hard wiring") and complies thoroughly with Ministry of Health reporting requirements, the review found significant challenges in practice ("soft wiring"), particularly in areas of Board culture, role clarity, and oversight of, and engagement with, the Registrar. There have been improvements in several key governance areas, including Board culture and meeting requirements, but these are widely perceived as "works in progress", with much still to be done. Below is a synthesis of key findings and reform priorities by governance principle.

a) Legitimacy and Voice

Governance effectiveness at OCP is hindered by inconsistent alignment with its public interest mandate and a concentration of influence that undermines collective decision-making.

- The College's statutory public interest mandate is clear and universally acknowledged but not always internalized, particularly among elected members.

- Concerns persist regarding conflicts of interest and undue influence, especially from corporate employers and the professional association.

- The Executive Committee's outsized influence compromises collective governance; clarification of its role is needed.

- Reform Priority: Reinforce the public interest mandate through orientation, COI training, and a recalibrated Executive Committee mandate.

b) Strategic Direction and Capacity

While formal planning mechanisms are in place, the Board has struggled to maintain strategic focus and clearly delineate governance from operational roles.

- A current strategic plan exists and is reported on, but the Board reportedly struggles to stay focused on its governing role, including strategy, over operations.

- Persistent role confusion exists – between governance and management, and between public and elected members.

- Inconsistent governance literacy—especially among elected members – impairs role clarity, fiduciary understanding, and alignment with the public interest mandate. More structured onboarding, as well as peer mentoring and ongoing training are required.

- Reform Priority: Improve director onboarding, clarify role boundaries, and strengthen Board capacity to govern strategically.

- The Executive Committee's decision-making role and authority boundaries, although set out in By-law 7, remain poorly defined in practice and require clarification to support shared governance. We recommend the addition of the word IMMEDIATE to By-Law 7.

c) Effective Performance

Key oversight responsibilities – particularly related to CEO performance and Board evaluation – lack structure, consistency, and inclusive engagement.

- OCP reports annually on its performance using the Ministry's College Performance Measurement Framework (CPMF).

- However, performance oversight of the Registrar is opaque and appears to be, at least to some degree, personality-driven; in addition, Board self-evaluation, though formally mandatory, is inconsistent and lacks structured feedback. Reform requires formalized, transparent cycles for both.

- Many directors are unaware of how Registrar/CEO performance reviews are conducted or excluded from the process entirely.

- Reform Priority: Implement a structured, inclusive CEO evaluation cycle and regular, externally facilitated Board assessments.

- A Policy Framework is needed to clarify authorities and accountabilities and prevent overreach by either individuals in particular roles or by committees.

d) Transparency and Accountability

Formal rules are established, but transparency and accountability practices require reinforcement, especially in managing conflicts of interest and decision-making visibility.

- Sound conflict of interest rules are in place but not consistently applied or well understood.

- Concerns about information flow, exclusion from decision-making, and overuse of in-camera sessions were raised as concerns.

- Reform Priority: Provide clearer protocols and legal guidance on COI, and adopt transparency measures to support inclusive governance.

- Standing committee appointments and mandates lack consistency; transparent criteria, published TORs, and strategic alignment would improve legitimacy and oversight.

e) Fairness and Equity

OCP's Board culture has been marked by psychological unsafety and strained interpersonal dynamics, with only modest signs of improvement to date.

- Psychological safety[1] is fragile due to persistent interpersonal tensions, informal alliances, and exclusionary decision-making. A recommitment to respectful governance and shared norms is essential.

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[1] "Psychological safety" is the shared belief that members can raise ideas or concerns without fear of reprisal or undue criticism

- Interviewees cited discomfort with challenge, uneven respect, and a lingering climate of exclusion.

- Improvements have been observed but are fragile and uneven.

- Reform Priority: Rebuild trust through formalized norms of engagement, conflict resolution supports, and visible leadership modeling respectful governance.

Introduction

Background

The Ontario College of Pharmacists (OCP) is the registering and regulating body for the profession of pharmacy in Ontario. Established in 1871, the OCP serves and protects the public interest by holding Ontario's registered pharmacists and pharmacy technicians accountable to established legislation, standards of practice, a Code of Ethics, and relevant policies and guidelines. The OCP also regulates and accredits community and hospital pharmacies, holding them accountable to operational standards, relevant policies, and legislation. Pharmacies must be accredited by the OCP to operate in Ontario. The OCP is governed by a Board of Directors, and its day-to-day operations are managed by a Registrar and CEO who reports to the Board. The OCP also has a number of standing and statutory committees.

The OCP's work includes administering a quality assurance program, conducting investigations, resolving complaints, and, when necessary, prosecuting registrants. The OCP's mandate is set out in section 3 of the *Regulated Health Professions Act, 1991*.

The OCP is a public interest organization responsible for ensuring that the profession of pharmacy in Ontario is practiced safely and ethically and that the public is protected. Like many regulatory bodies, OCP faces complex challenges, including the following:

- Balancing Governance and Operations: The OCP Board is responsible for providing overall policy and strategic direction, while the Registrar and CEO manage the day-to-day operations. Ensuring a clear and effective working relationship between the Board and the CEO is crucial for the OCP to meet its mandate.

- Maintaining Public Trust and Confidence: As a regulatory body, the OCP must maintain the public's trust and confidence in the pharmacy profession. This requires transparency, accountability, and a focus on the public interest in all of the OCP's activities.

- Adapting to an Evolving Healthcare Landscape: The pharmacy profession, and the healthcare system more broadly, is constantly evolving. The OCP must be able to adapt its governance practices to ensure it remains effective and relevant in a changing environment.

Following a competitive process, the Institute on Governance was selected by the Governance Review Committee (GRC) to perform a governance review.

Objectives

The final report of the governance review 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.

Methods

The Institute on Governance (IOG) used a multi-faceted methodology to develop a comprehensive understanding of the Ontario College of Pharmacists' (OCP) governance framework, culture, and practices. The approach combined documentary analysis, stakeholder engagement, and benchmarking against recognized governance standards. This ensured a balanced assessment of both the "hard wiring" of formal structures and the "soft wiring" of governance culture and relationships.

Document Review

A thorough review was conducted of OCP's governing instruments and key operational documents, including:

- Enabling legislation, by-laws, and governance model.
- Board policy manual and financial framework.
- Election and appointment policies.
- Decision-making procedures.

In addition, OCP's governance arrangements were compared with recognized benchmarks for regulatory bodies, including:

- The Professional Standards Authority's *Standards of Good Regulation*.
- The BC Office of the Superintendent of Professional Governance's *Standards of Good Governance*.
- The IOG's own *Principles for Good Governance* and *Characteristics of High-Performing Boards*.

This benchmarking provided a comparative context for identifying strengths, gaps, and opportunities for improvement.

The methodology included observation of one Board meeting, supplemented by a review of available video recordings and/or transcripts of recent meetings. This allowed assessment of meeting structure, deliberation quality, and alignment with best governance practices.

Survey

An online survey was administered to 32 individuals (Board members, senior staff, and key stakeholders) to collect broader input. The survey included questions on Board structures, processes, culture, and performance, with both scaled and open-ended responses.

- All questions were mandatory, with "not applicable" or "do not know" options.
- The survey was administered using SurveyMonkey, and results were analyzed in aggregate to preserve confidentiality.
- The survey instrument was shared with GRC in advance for comment prior to distribution.

A short summary of the survey results is included in the Appendix.

The survey questions and list of those surveyed are also included in the Appendix.

Stakeholder Interviews

IOG conducted 21 confidential, semi-structured interviews with a cross-section of stakeholders, including:

- Members of the Board of Directors.
- The Acting Registrar.
- The Acting CEO.
- Members of the Governance Review Committee.
- Selected senior staff, as agreed with GRC.

Interviews explored perceptions of the Board's effectiveness, culture, and role clarity, as well as the relationship between the Board and the Registrar/CEO. Special attention was paid to human dynamics, communication, decision-making, and conflict management. An interview guide, shared with GRC in advance, ensured consistency while allowing flexibility for context-specific discussion. Interviews lasted approximately one hour and were conducted on a not-for-attribution basis.

A short summary of the interview results is included in the Appendix.

The interview guide and list of those interviewed are also included in the Appendix.

Analysis

Analytic Framework

This assessment of OCP's current governance follows a framework using recognized governance principles and evolving best practices for public purpose organizations, including drawing on IOG's proprietary tools such as the Governance Scorecard. It organizes governance matters into recognizable categories which are intended to be resonant with the client. These principles/categories are as follows:

a) **Legitimacy and Voice**: Governance authority must derive from a duly recognized source or "policy authority" (in the case of a self-governing profession and regulatory body, a legislative authority) and must serve a recognized public interest mandate. Organizational actions must comply with formal requirements (such as statutes, regulations, by-laws and directives) and should be appropriately aligned with the intent of the policy authority. Decision-making processes must accord an appropriate voice to all stakeholders such that decisions are accepted even by those who may disagree with them.

b) **Strategic Direction and Capacity**: Individual decisions should be part of a cohesive and understandable whole that supports the achievement of the organizational mandate and that is set out transparently in public documents. The organization should have the capacity to provide strategic direction and ensure that it is operationalized – for example, through appropriate skill sets, decision-making processes, clarity regarding roles and responsibilities, and effective operational practices.

c) **Effective Performance**: The organization must deliver on its mandate in accordance with established strategic direction and measurable, outcomes-oriented performance metrics. Appropriate oversight and control systems should ensure the sound stewardship of resources and effective management of key risks. There should be sound performance management practices for all officials and staff, particularly the CEO and Board members.

d) **Transparency and Accountability**: The lines of accountability should be clear and well-understood, with timely corrective action and consequences when things go wrong. Documentation and activities should be as transparent as possible to both the policy authority and other stakeholders. Robust conduct norms such as codes of conduct and conflict of interest regimes should be in place and effectively practiced.

e) **Fairness and Equity**: Individuals must be treated with dignity and respect, with mechanisms for redress in the event of lapses. Processes should be as inclusive as possible, and organizational practices consistent with evolving societal norms such as DEI.

Overview: The Hard and Soft Wiring

The documentary review of OCP's governance arrangements was generally very favourable. Formal provisions, which are largely established by statutes, by-laws, and similar instruments, are sound and appear to be fully complied with. The broad organizational structure, including the balance of organizational autonomy and residual ministerial authorities, is consistent with OCP's mandate as a

professional regulatory body. Within this framework, appropriate processes and documentation are in place, generally publicly available, and prepared on a timely basis.

In addition, important structural changes were introduced in 2020 to improve governance, such as a reduction in Board size and competency-based appointments, which are consistent with evolving best practices.

In addition to this generally solid set of governance policies and procedures to guide the Board's work, both the Board and the interim staff leads are working diligently to rebuild trust through better governance. And all Board members have expressed their commitment to serving the best interests of OCP and its mission, particularly its public protection mandate.

However, the formal "hard wiring" of organizational governance does not present a complete picture of how an organization functions. The "soft wiring" of practices, how rules are applied, and the characteristics of organizational culture are equally important and sometimes more so.

In this connection, the results of IOG's May 2025 survey of OCP officials and other stakeholders were less favourable than might be suggested by the quality of OCP documents and structures. The survey's overall governance rating of 3.14 cannot be characterized as better than fair, and the number of individuals who did not respond was exceptional for a targeted survey of this nature and as such troubling. Still, in many areas, such as the effectiveness of the work achieved by numerous committees, the results were better than the often very negative tenor of the confidential interviews that were conducted in June 2025.

We believe there may be several reasons for the generally harsher tone of the interviews. One is that some interviewees with negative perspectives may have declined to participate in the survey. Another is that the survey had a somewhat broader focus than the interviews and thus captured more of the hard wiring strengths of the organization. By comparison, the interviews focused on a more limited range of critical soft wiring issues that are otherwise difficult to discern, and it was here that more of the organization's difficulties seemed to lie. Finally, the survey responses may have been less oriented to the past than the interviews, which, on the positive side, tends to suggest that there has been some overall improvement in areas such as Board culture and the relationship with the Registrar.

These things said, and despite some very positive perspectives being expressed, the interview process left little doubt that OCP governance was and continues to be marked by significant problems. OCP has clearly undergone a period of severe crisis and continues to be characterized by significant lapses from good practice. Organized according to our analytic framework, these lapses include:

a) **Legitimacy and Voice**

- Uneven alignment with the public interest mandate;

- Uneven recognition of ministerial accountability for the college;

- Inadequate practice of collective governance by the Board, due to a toxic Board culture and sometimes exclusionary decision making, particularly by the Executive Committee.

b) **Strategic Direction and Capacity**

- Inadequate strategic focus by the board and tendency to engage operationally;

- Lack of clarity around roles and responsibilities, including blurred lines of responsibility between the Board and management/staff (contributing to inadequate strategic focus) and uncertainty regarding the role of public members;

- Shortcomings in managing Board meetings;

- Inadequate succession planning for the Board.

c) Effective Performance

- Inappropriate management of the relationship with the Registrar/CEO, including non-inclusive and non-transparent performance management that lacks sufficient structure;

- Inadequate self-evaluation by the Board.

d) Transparency and Accountability

- Lack of clarity around managing conflicts of interest;

- Lack of transparency regarding Registrar/CEO evaluation (noted above).

e) Fairness and Equity

- A disrespectful and psychologically unsafe board culture.

Again, there appear to have been recent improvements in several of these areas, but the level of ongoing concern among directors is significant.

Context: The Recent Crisis

IOG has not been asked to make determinations or assign responsibility regarding exactly what transpired during the crisis that disrupted OCP through much of 2024. However, it is not disputed that the Board was in turmoil during this time due to deep divisions among its members that multiple directors eventually resigned and the Registrar/CEO departed amid significant acrimony.

During this disruption, significant questions were raised regarding whether and how the Board discharged its public interest mandate. The nature and gravity of these issues and the predominance with which they were expressed suggest that they reflect systemic challenges that cannot be attributed exclusively to the behaviour of a small number of individuals, and it was clear from the interview process that ongoing concerns are widespread.

Applying the Analytic Framework

a) Legitimacy and Voice

i. Aligning with Public Interest

The legitimacy of OCP as an arm's-length self-regulator of the pharmacy profession under provincial law and ministerial responsibility ultimately turns on its mandate to protect the public interest rather than advocate for the interests of the pharmacy profession. While these objectives need not always be in tension, the Ministry and public must have confidence that any tension is consistently resolved in favour of serving and protecting the public interest.

This principle, explicit in legislation, appears to be universally acknowledged. However, there were significant concerns about the extent to which this is operationalized in decision making. Some expressed the view that the relationship between OCP and the Ontario Pharmacists Association contributed to blurring the relationship, as well as potential pressure from employers, franchisors, and electors.

IOG is not in a position to assess the substantive accuracy of concerns about actual decisions. However, the relationships between directors and the pharmacy profession and industry give rise to ongoing risks of conflicts of interest, which need to be managed carefully.

OCP has made important efforts to address concerns of this nature, notably through the adoption in March 2024 of its zero-tolerance policy for business practices that interfere with a pharmacist's ability to provide safe and effective patient care, as well as its continued follow-up through ongoing progress updates. This approach has also been incorporated as a goal of OCP's 2024-2028 Strategic Plan. However, while closely related to the matter of public interest, it does not deal directly with potential undue influence on individual directors.

This is an area that requires intensified vigilance. It will be important for the Board to reinforce understanding and internalization of the public interest mandate among its members through its onboarding and orientation, ongoing professional development, and robust practice of its conflict-of-interest rules.

ii. Recognizing Accountability to the Minister

While a number of interviewees specifically noted that the Board is accountable to the Ontario Minister of Health, some questioned whether this is well understood. Several interviewees mentioned being accountable to the public, given the public interest mandate. However, this accountability is achieved indirectly, through accountability to the Minister. It is important that Board members appreciate that they exercise devolved ministerial authority, that the Minister is accountable to the Premier and legislative assembly for the exercise of that authority, and that the Board must support the Minister's accountability. This may appear to be a technical point, but belief in direct public responsibility can increase the risk of politicizing Board members and of possible misalignment with legitimate Ministry objectives.

iii. Respecting Collective Board Governance

A central principle of board governance, in law as well as good practice, is that boards govern collectively. Leadership is shared and individual directors do not have the authority to make decisions on behalf of the board except under explicit and limited devolutions. The roles of Chair and Vice-Chair accord certain responsibilities that may be broadly characterized as administrative, such as meeting management, but for broader decision-making purposes have the same authority as any director. Boards do not always reach a consensus, and recorded votes may be appropriate, but the orientation should be towards consensus and reasonable accommodation, and (conflict of interest situations aside) directors should not be excluded from important deliberations or decisions.

The Board's culture appears to have been a severe impediment to collective governance, and to continue to be a problem despite some indications of improvement. Deeply polarized on important issues, it provided a poor atmosphere for respectful deliberation and shared leadership. Even claims that the culture has improved were often framed in ways that reflect lingering polarization.

The way in which the Executive Committee has functioned also appears to have been an obstacle to shared governance. Board committees generally have advisory responsibilities. The wording of By-law 7 regarding the responsibilities of the Executive Committee may be perceived as running counter to this principle, as section 8.4.1 states that this committee shall "exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention", other than amendment or revocation of regulations or the By-law. However, consistent with good practice, we understand this provision to be intended as a procedural convenience to ensure that urgent business is not neglected between Board meetings. We note that s. 12(1) of the Health Professions Procedural Code states that between meetings the Executive committee may exercise Council's powers with respect to any matter that requires *"immediate"* attention. We believe the qualifier "immediate" ensures that the provision is more consistent with good practice. We have concerns that the current wording of the By-Law is vulnerable to abuse if not exercised within this spirit. Similarly, the Executive Committee has specific responsibilities such as annual review of compensation for the Registrar. But the Committee's responsibilities should not serve as a basis for lack of transparency with other members of the Board, or for an exclusionary approach that overrides the Board's general authority.

Given the level of ongoing discomfort with how power and influence are exercised on the Board, particularly through the Executive Committee, together with concerns about a respectful, psychologically safe Board culture, there is a risk to the collective functioning of the Board. Accordingly, the Board needs to rededicate itself to collective governance and the role of the Executive Committee should be clarified in line with good practice.

b) Strategic Direction and Capacity

i. Maintaining Strategic Focus

Formal strategic planning is in place. The OCP adopted its most recent Strategic Plan last year for the years 2024 to 2028 which includes the goal of having the resources and expertise needed to meet a changing regulatory and practice environment. The Annual Report also includes a goal-by-goal progress report on the achievement of its strategic goals.

At the same time, interviewees frequently indicated that the Board has struggled to maintain a consistent strategic focus, often becoming responsive to operational and even political pressures. This could be partly attributable to the recent crisis environment, including the departure of the Registrar/CEO and continuing reliance on interim appointees, as boards tend to become more operationally engaged in such circumstances. However, the challenge of operational engagement does not appear to be entirely transitional in nature.

ii. Ensuring Clarity around Roles and Responsibilities

Clarity regarding roles and responsibilities is critical to an organization's strategic capacity. An organization's structure may be carefully designed to ensure fitness for purpose, but if individuals are uncertain about the roles they play and the scope of their responsibilities, the structure will not work as intended. Many interviewees identified persistent role confusion as a problem – both between governance and management as well as between elected versus public members. This is in addition to the previously noted concern that the Executive Committee may be playing too dominant a role.

While there were concerns about excessive operational engagement, some interviewees also expressed concerns that the Board is sometimes too reliant on management direction. It was also

suggested by a few that the former Registrar may have overstepped her role at times – for example making what appears to have been unilateral decisions regarding staff compensation and performance management. As with Board engagement in operations, the Registrar's actions may have occurred in the context of crisis and interpersonal friction.

Regarding the role of public directors, the position of lay members on professional self-governance bodies is frequently a challenging one. Public members serve a critical purpose in ensuring that the public interest mandate is vigilantly respected, yet they may feel uncertain about their capacity to challenge the views of technically proficient professionals. Committee memberships are designed to align with technical capacity, but the interviews nonetheless disclosed some degree of uncertainty in this area.

The roles and responsibilities of directors are comprehensively laid out – along with other valuable information – in a Board of Directors Policy Booklet. Yet in many instances directors do not understand them or at least behave as if they do not. It may seem routine to call for better orientation, yet directors need to be acquainted with or reminded of what they need to know. And this must be reinforced by ongoing training and strong, attentive leadership.

Inconsistent governance literacy emerged as a critical vulnerability across both interviews and the survey, especially among elected directors. The challenge is not merely informational – it affects how members interpret their fiduciary duties, navigate conflicts of interest, and relate to the public interest mandate. Without clear and repeated guidance on governance fundamentals, directors are more prone to confusion, underperformance, and regulatory misalignment. OCP should treat governance education as a standing Board development priority, supported through structured onboarding, peer mentoring, and periodic facilitated sessions focused on practical case-based learning.

Again, this would also be an opportunity to clarify the role of the Executive Committee and the limits of its authority relative to the full Board. Several interviewees suggested that decisions of significant consequence had been made without full Board awareness or approval. These governance risks highlight the need for a formal Framework Policy that clearly defines the responsibilities and boundaries of the Board, the Executive Committee, the Chair, the Vice Chair, and the Registrar. Such a framework would help ensure that strategic, fiduciary, and operational authority is exercised within transparent, Board-approved parameters – reducing ambiguity, minimizing operational drift, and reinforcing public accountability.

iii.   Managing Board Meetings

Views on the effectiveness of Board meetings were mixed but appeared to suggest an overall trend towards improvement, including through increased structure and dialogue. Problems in the recent past appear to have included overly staff-driven and scripted meetings with information-focused agendas that did not support inclusive dialogue and strategic focus. This was undoubtedly aggravated by the negative culture that has been a dominant theme of this review. Again, interviewee comments indicate that improvement is a work-in-progress and lingering challenges of this nature remain.

While the By-law is clear on the formal expectations for preparation and engagement by individual directors, many find it difficult to meet these expectations. In particular, concerns about the volume and density of Board packages were common. While some interviewees maintained that this is inevitable given the complex nature of the Board's work, others called for more focused content,

prioritization of materials, effective use of executive summaries, and a shift toward more outcome-oriented and deliberative discussion.

OCP Board meetings are open to the public, although certain matters are necessarily dealt with in camera. Some interviewees were concerned that the in-camera process was misused during the period of crisis, while a few others felt that somewhat increased use of in-camera sessions has been helpful to open dialogue. While there is insufficient information for IOG to assess this, a clear policy on the use of in-camera sessions would be in order. This should include criteria for when such meetings are appropriate, the process for entering and exiting them, and expectations for post-meeting disclosures or summaries.

Beyond this, it is clear that some directors are hesitant about speaking and particularly having difficult conversations. In this respect there is a need for leadership in encouraging and supporting constructive dialogue. Improvements may have taken place in this regard in recent months, but given the history of a psychologically unsafe environment, it will take considerable ongoing dedication.

The Board Directors Policy Booklet includes a template for meeting evaluations but this was not mentioned by interviewees and we are unaware of it being put to recent use.

IOG also notes that Board meetings are an important forum for managing conflicts of interest through effective reminders and appropriate recusal practices.

iv.   Improving Succession Planning

While the College has taken steps to improve Board competency and size, succession planning remains underdeveloped. Interviewees highlighted a lack of transparent, forward-looking planning for both elected and appointed positions, with reappointments often driven more by availability than by strategic fit.

To address this, the Board should adopt and apply a formal Board Competency Profile to guide recruitment, selection, and renewal across all categories of directors – including elected members. The profile should identify the strategic, fiduciary, and regulatory competencies required to fulfill the College's public interest mandate.

In parallel, OCP should establish a comprehensive succession planning framework that supports leadership continuity. This should include early identification of emerging leaders, targeted recruitment to address competency gaps, and mechanisms to support regular and deliberate renewal.

v.   Improving Committee Appointments

Concerns were raised about the transparency and consistency of the committee appointment process. While most committees have terms of reference and are seen as functioning reasonably well, the current approach to appointments is often perceived as informal, opaque, and at times influenced by favouritism or internal politics. These perceptions undermine confidence in the process and risk misalignment with the College's strategic needs.

To strengthen effectiveness and legitimacy, OCP should adopt a more deliberate and transparent appointment process – grounded in merit, role clarity, and strategic fit. This includes publishing selection criteria and timelines, ensuring diverse participation in appointment decisions, and explicitly aligning committee roles with the College's evolving priorities.

In addition, each standing committee should be guided by an annual work plan.

c) Effective Performance

As a health regulatory college in Ontario, OCP is obliged to report annually on its performance using the Ministry's College Performance Measurement Framework (CPMF), which it has done since 2020. The CPMF is a systematic and robust tool. However, as is often the case with formal reporting requirements, it does not always tell the full story. Thus, for example, in 2024 the CPMF reported compliance with orientation requirements, yet interviewees report that orientation needs improvement.

i. *Maintaining a Sound Board-Registrar Relationship and Managing Registrar Performance*

Along with concerns about Board culture, management of the Board-Registrar relationship and performance emerged as the most troubled area in OCP governance. Both matters reflected severe fault lines within OCP and appear to have contributed significantly to the Board's problems and turnover. The Board-Registrar relationship appears to have been highly personality dependent, which helps to account for the marked polarization among directors regarding the former Registrar's performance.

As the Registrar is an employee of the Board and accountable to the Board for the day-to-day management of the College, a board's relationship with and oversight of the Registrar is one of its defining responsibilities. While personalities are invariably a factor, the relationship should be managed in as collegial, structured, and professional a manner as possible to ensure that both parties' conduct meets clear and objective standards. While it is common for the Chair to lead in managing this relationship, especially in view of the Chair's role in managing the agenda and information flow for Board meetings, other directors, particularly those who are not members of the Executive Committee, should not be excluded.

One striking observation about Registrar performance management was that a significant number of directors appear never to have played a meaningful role in the process or even to have a clear idea of what is done. This was out of proportion to the number of new directors resulting from recent turnover and, again, raises concerns about a lack of inclusive Board governance. IOG does not understand the Executive Committee to have exclusive responsibility for Registrar evaluation under the By-law.

Despite multiple directors indicating that they had limited knowledge of the Registrar evaluation process, overall, the interviews clearly disclosed broad support for more structured and inclusive evaluation that draws more directly from organizational strategic objectives and includes data driven indicators that can be reviewed periodically by the Board and provide a basis for constructive performance conversations. It will be important for the Board to be transparent about this history with the next permanent Registrar and to set the relationship on firm footing with a fair and robust performance management framework.

To that end, OCP should adopt a structured annual performance management cycle that reflects governance best practices and reinforces transparency and accountability. This should include: (1) the development of Board-approved annual performance goals aligned with the Strategic Plan; (2) mid-year and year-end review conversations to assess progress and make course corrections; (3) clear assignment of oversight responsibility – ideally to the full Board, or through the HR or Executive Committee with clear reporting obligations; and (4) incorporation of measurable data, drawn from strategic and operational outcomes, to support evidence-informed assessment and constructive

feedback. Formalizing this cycle will help depersonalize the process, promote clarity of expectations, and foster a more stable, principled relationship between the Board and Registrar. Responsibility for leading the process could rest with a reconstituted HR or Governance Committee, with input from the full Board at key milestones.

The absence of trust within the Board has also undermined its ability to maintain a healthy and productive relationship with the Registrar/CEO. Interviewees emphasized that personality-driven dynamics and poor communication were exacerbated by a culture in which challenge was discouraged and dissent penalized – further eroding psychological safety. Psychological safety is essential to fostering open dialogue and effective board decision-making. Many directors reported feeling ill-equipped or hesitant to raise concerns or provide feedback, especially when these involved sensitive matters of leadership conduct or performance. As the Board seeks to reset this relationship with a new permanent Registrar, it must commit to rebuilding a foundation of mutual trust, clarity of expectations, and transparent communication. This includes not only formalizing performance management processes, but also fostering a culture where difficult conversations can occur constructively and without fear of reprisal.

ii.   Improving Board Self-Evaluation

The Board Directors Booklet indicates that all directors are required to participate in a mandatory and confidential individual assessment process, as well as an anonymized overall assessment of the Board. However, interviewees did not mention this process and a number of them called for more regular and structured Board evaluations. There was strong support for adopting an approach that includes periodic formal assessments of both individual and collective Board performance. Importantly, external facilitation should be employed to increase the credibility of the process, foster candid participation, and help depoliticize potentially sensitive feedback. If such assessments have been conducted in recent years, it would be worthwhile to convene a session to review and discuss the results. If they have not, initiating them would represent an important and visible commitment to continuous improvement.

d) Transparency and Accountability

i.   Managing Conflicts of Interest

The Board has comprehensive conflict of interest (COI) rules for its directors as well as a useful COI guidance tool to help them navigate their individual situations. However, as with the public interest mandate, COIs, actual and perceived, were identified as matters where universal acknowledgement of a principle is not matched by adequate practice. Particular concern was expressed about directors' corporate or professional affiliations and there were calls for clearer protocols and better support for directors navigating these issues. There appears to be a need for both greater clarity on what constitutes a COI and more robust practices for managing them.

Embedding COI expectations into annual director declarations, onboarding, and meeting practices will normalize vigilance and support alignment with public accountability.

e) Fairness and Equity

i. Working Towards a Better Board Culture

A key element of fairness and equity is ensuring that the organization's dealings with all individuals – directors, employees, registrants, and other stakeholders and interlocutors – must be treated with dignity and respect. At OCP, this standard has not consistently been met.

A central and recurring theme from the interviews was a pervasive lack of psychological safety within the Board, stemming from unresolved interpersonal tensions, inconsistent expectations of conduct, and a history of exclusionary practices. In addition to interpersonal tensions, many interviewees pointed to persistent factional dynamics – where informal alliances and off-book conversations shaped decisions outside of proper processes. This undermined procedural fairness, eroded trust, and reinforced perceptions of exclusion.

Even among those who acknowledged recent improvements in tone and behaviour, many emphasized that these changes remain fragile and uneven. The legacy of a divided and, at times, combative Board environment continues to cast a shadow over trust and shared leadership.

As such, targeted interventions – such as facilitated sessions on respectful governance, strengthened codes of conduct, and explicit Board commitments to norms of engagement – will be essential to rebuild collective governance. Restoring legitimacy will also require a clear recommitment to shared governance norms and consistent adherence to established procedures.

Conclusion and Recommendations

While OCP's formal governance structures are generally sound, their application in practice remains inconsistent, undermining effectiveness and trust. The most significant disconnect lies between the College's "hard wiring" and the lived experience of its governance culture, particularly regarding Board relationships, clarity of roles, and performance oversight.

Renewal will depend not only on structural improvements but on a sustained effort to rebuild culture, clarify responsibilities, and improve governance literacy. The following recommendations are grouped by theme:

1. **Clarify Roles and Decision-Making Boundaries**

   - Develop a Framework Policy to clarify the roles and decision-making parameters of the Board, Executive Committee, Chair, Vice-Chair, and Registrar.

   - Recalibrate the Executive Committee's scope to ensure alignment with shared governance principles and reduce exclusionary practices. We recommend the addition of the word IMMEDIATE to By-Law 7*.

   - Clarify and reinforce collective governance norms and the limits of individual authority.

   - Ensure committee mandates and appointments are transparent, merit-based, and aligned with strategic needs.

   - Adopt a formal policy for in-camera sessions to define appropriate use, entry/exit protocols, and transparency expectations.

2. **Strengthen Oversight and Evaluation**

   - Introduce a structured, inclusive performance management cycle for the Registrar, tied to strategic outcomes and with mid-year/year-end reviews.

   - Ensure oversight responsibility is assigned clearly – ideally to the full Board or a reconstituted HR or Governance Committee – with transparent reporting.

   - Conduct regular, externally facilitated Board evaluations and peer assessments.

   - Develop and implement a formal Board succession planning framework using a Board Competency Profile to guide recruitment and renewal.

3. **Enhance Board Culture and Governance Capacity**

   - Invest in psychological safety and conflict resolution through facilitated sessions, updated codes of conduct, and strong leadership modeling.

   - Improve onboarding, especially for elected directors, by emphasizing the public interest mandate, conflict-of-interest management, and fiduciary roles.

   - Embed governance education as a standing priority with structured learning opportunities and peer mentoring.

   - Standardize Board meeting practices to promote strategic dialogue, outcome-focused agendas, and accessible materials.

- Encourage psychologically safe dialogue by equipping the Chair and Committee leads with facilitation tools and leadership coaching.

4. **Improve Transparency and Accountability**

- Embed conflict of interest (COI) protocols into onboarding, annual declarations, and regular reviews, with legal guidance to support compliance.

- Develop a clear policy governing in-camera sessions to prevent misuse and reinforce transparency.

- Require every standing committee to operate under an approved Terms of Reference and annual work plan aligned with College priorities.

* FYI - from Schedule 2 of the Health Protections Procedural Code:

Executive Committee's exercise of Council's powers

12 (1) *Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.*

Governance Reform Priorities at a Glance

Theme	Actions	Relevant Principles
Clarify Roles and Authority	- Adopt Delegation of Authority Policy - Recalibrate Executive Committee scope - Clarify Board–Registrar boundaries	Legitimacy and Strategic Direction
Strengthen Oversight and Evaluation	- Implement structured CEO evaluation - Conduct external Board assessments - Apply Board Competency Profile and succession planning	Effective Performance and Transparency
Rebuild Board Culture and Capacity	- Invest in onboarding and governance literacy - Provide facilitation/conflict training - Reinforce shared norms and conduct expectations	Fairness and Strategic Direction
Improve Transparency and Process	- Formalize in-camera session policy - Clarify COI protocols with legal support - Standardize committee TORs and appointment processes	Transparency and Fairness

Appendix – Survey

Governance Survey Summary

Survey Overview

- Participants Invited: 32 (21 Board members + 11 senior leaders/stakeholders)

- Respondents: 29 (91% response rate)

- Survey Period: April 22 – May 13, 2025

- Note: 2 board members did not complete the survey; in IOG's experience, it is highly unusual not to achieve full participation from all Board members in a governance survey—this partial response may signal disengagement or underlying concerns

Key Findings

1. Overall Governance Perception

Governance rated at 3.14 on a 1 – 5 scale, indicating moderate confidence and a neutral to very slightly positive perception of OCP's governance overall. Results point to a need for strengthening core governance practices.

2. Roles, Responsibilities, and Oversight

Lack of confidence in the Board's oversight of the CEO/Registrar, including their participation in the CEO/Registrar's annual performance review and objective setting. Neutral view on the level of clarity and respect of the roles between Board, CEO/Registrar, and staff. Committees viewed as functioning relatively well.

3. Strategic Engagement

Board's involvement in strategy appears underdeveloped. Respondents expressed modest confidence in the Board's ability to shape and monitor strategic direction.

4. Board Composition and Renewal

Structural concerns around the election model and succession planning. Onboarding and learning opportunities rated more positively.

5. Board Culture and Meetings

Tone and respect within the Board show signs of improvement, though not consistently. Board's ability to handle conflict is not seen as effective. Meetings and Committees viewed as functioning relatively well, except board materials seen as overly lengthy and complex, limiting effective decision-making.

General Sentiment

Survey comments suggest both strengths and challenges. The quality of individuals on the Board was frequently highlighted as a positive, while issues of trust, transparency, and leadership succession (particularly regarding the CEO) were recurring concerns. Suggestions focused on improving Board composition, rebuilding trust, and sharpening alignment with the public interest.

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Governance Review Survey

Invitees

The Board, Registrar, CEO, others as recommended

Introduction

The Institute on Governance (IOG) has been engaged by the Ontario College of Pharmacists (OCP) to (1) examine the relationship between the Board of Directors and the Registrar and CEO, (2) examine how effectively the College is meeting its public interest mandate, and (3) recommend how the Board can improve. This survey serves to gather input for this purpose.

The results of this survey will be analyzed by the IOG and presented in a summary report to the OCP. **This will be on a not-for-attribution basis. Answers will not be attributed to individuals.** Your name is requested only for completion tracking purposes by the IOG.

The survey should take approximately 30 minutes to complete.

The survey will be open from Tuesday, April 22 to Sunday, May 11, 2025.

All questions are mandatory, but you can enter "not applicable" or "do not know" if needed. Comment sections have 100-character limits.

About Yourself

Please provide your name*:

*Note: This is for completion tracking purposes only.

I am:

- A pharmacist director
- A pharmacy technician director
- A faculty of pharmacy director
- A public director
- Acting Registrar
- Acting CEO
- Other (please specify)

How long have you served on the Board?

- Less than 1 year
- 1 - 2 years
- 3 - 5 years
- More than 5 years

- Not applicable

Regarding Rated Questions (for internal reference only)

Respondents will be asked to rate their responses on the following scale:

- *Strongly disagree – 1*

- *Disagree – 2*

- *Neutral – 3*

- *Agree – 4*

- *Strongly agree – 5*

- *Do not know or not applicable*

OCP's Overall Governance

- OCP overall has good governance (governance = overall organizational structure and how those in power make decisions and carry out organizational functions).

Roles and Responsibilities

- The roles and responsibilities of the OCP Board are clear and understood by all board directors.

- The roles and responsibilities of the OCP Board are clear and understood by staff.

- The roles and responsibilities of OCP staff are clear and understood by all board directors.

- The Board has effective processes, policies, and monitoring tools to oversee the financial health of the organization.

- The Board has effective processes, policies, and monitoring tools to oversee organizational health (e.g., staff satisfaction rates, privacy compliance, etc.).

- The Board has effective policies, processes and monitoring tools to oversee OCP's regulatory functions.

- The Board has effective processes and policies for directing, overseeing, and assessing the performance of the CEO/Registrar.

- The Board has effective processes, policies, and monitoring tools for ensuring compliance with all legal obligations.

- The Board has an effective process for setting OCP's strategic plan, monitoring its implementation, and ensuring that OCP's work aligns with agreed priorities, as set out in the strategic plan.

- The Board is properly focused on its public mandate i.e., to ensure that the interests of the public are protected and maintained.

- The Board has a good understanding of OCP's legal framework and bylaws.

- The Board has a good understanding of its governance policies and practices.

- The Board follows its established rules, as defined by its legal obligations, bylaws, and policies.

- The Board and the CEO/Registrar and staff understand and respect their respective roles.

- The Board effectively oversees the CEO/Registrar, including participating in the CEO/Registrar's annual performance review and objective setting.

  Please provide any additional feedback regarding roles and responsibilities.

Strategy

- The Board has effective methods to respond to stakeholder needs.

- The Board has an effective approach to establishing organizational strategy.

- The Board has an effective way of monitoring organizational performance.

- The Board evaluates progress and adjusts as needed.

  Please provide any additional feedback regarding the Board's strategy role.

Composition, Recruitment, Orientation and Succession Planning

- The Board recruitment and election practices secure qualified individuals.

- The Board retains individuals with the needed qualifications.

- The Board receives proper onboarding.

- The Board has regular opportunities for learning.

- The Board plans well for anticipated and unanticipated departures from the Board.

- The Board has a succession plan for key Board officer roles.

  Please provide any additional feedback regarding Board composition, recruitment, orientation and succession planning.

Committees

- The Board has an appropriate number of committees.

- The Board committees increase Board effectiveness.

- The Board periodically reviews Committee mandates.

- Board committees complete their tasks effectively.

- Board members actively participate in committee activities.

- Board committees efficiently report to the Board.

  Please provide any additional feedback regarding Board committees.

The Board Culture

- Board members are respectful to each other and staff.

- Board handles conflict effectively.

- Board members effectively share their views and feedback.

- Board meetings are inclusive and equitable.

  Please provide any additional feedback regarding the Board's culture.

Meetings

- The number and length of Board meetings is appropriate.

- The Board package is appropriate (quality, quantity, content) for effective decision-making.

- Board meetings are well run and make good use of the Board's time.

- Board members come prepared to meetings.

- All Board members actively engage in deliberations.

- The Board's decision-making is effective.

  Please provide any additional feedback regarding Board meetings.

Other Comments Section

What do you believe is the top governance strength of the OCP Board?

What do you believe is the most significant governance challenge facing the OCP Board?

If you could offer one suggestion to improve the effectiveness of the OCP Board, what would it be?

Survey List (of those invited to participate)

Person	Role (at time of survey)
Aljawhiri, Chris	Co-Chair, Governance Review Committee and Chair of Discipline Committee
Antunes, Jennifer	Board Director (Professional)
Beck, Connie	Board Director (Professional), Vice-Chair of Board of Directors and Vice-Chair of Executive Committee
Boulis, Simon	Board Director (Professional)
Brown, Doug	Board Director (Professional), Chair of Board of Directors and Chair of Executive Committee
Cheung, Billy	Former Board Director (Professional) and Former Chair of Board of Directors
Custers, Thomas	Acting CEO and Director, Corporate Services
Dolovich, Lisa	Board Director (Faculty of Pharmacy)
Edginton, Andrea	Board Director (Faculty of Pharmacy)
Eskander, JP	Board Director (Public)
Fernandes, Andrea	Board Director (Professional)
Henderson, Christine	Co-Chair, Governance Review Committee
Henry, Allison	Ministry of Health
Ingram, Sara	Former Board Director (Professional) and Former Vice-Chair of Board of Directors
James, Susan	Acting Registrar and Director, Quality
Katz, Adrienne	Board Director (Public)
Killingsworth, Jamie	Board Director (Public)
Leach, Todd	Director, Communications, Policy and Knowledge Mobilization
Magboo, Elnora	Board Director (Public)
Molnar, Stephen	Board Director (Public)
Morrison, James	Former Board Director (Professional) and Former Chair of Board of Directors
Moustacalis, Sylvia	Governance Committee Member
Nazeer, Nadirah	Board Director (Public)
Paquette, Danny	Board Director (Public)
Peck, Megan	Board Director (Professional)
Sivapalan, Siva	Board Director (Professional) and Chair of Governance Committee
Steer, Wilfred	Board Director (Professional) and Chair of Finance & Audit Committee

Person	Role (at time of survey)
Stintzi, Alain	Board Director (Faculty of Pharmacy)
Tanchak, Shenda	Former Registrar and CEO
Wagg, Cindy	Board Director (Public)
Walia, Devinder	Board Director (Public)
Wong Victor	Board Director (Professional)

TOTAL = 32 survey participants invited

Survey Respondents

Respondents: 29 (91% response rate) (from April 22 – May 13, 2025).

3 of those invited chose not to respond.

Appendix – Interviews

Cross-Cutting Summary of Key Themes from 21 Interviews

"What We Heard"

Introduction

This document synthesizes findings from 21 structured interviews conducted using a common interview guide. Participants included current and former board members, executives, and staff. A list of those interviewed is found in an Annex. There is no attribution provided. While views varied, several strong themes emerged regarding governance effectiveness, the Board–CEO relationship, and areas for improvement. This summary is organized according to the structure of the interview guide.

1. Roles and Perspectives of Interviewees

Interviewees brought a diverse mix of governance experience, including past roles on nonprofit and regulatory boards, with tenures at OCP ranging from under a year to over a decade. Most understood the Council's role as a public-interest governance body — not a representative one — but noted this distinction is often misunderstood by new members, particularly those elected from the profession. Beyond this, several interviewees suggested that while the principle of public protection is broadly accepted at a conceptual level, there remains a gap in how that obligation is understood and operationalized in practice — especially at the level of board and committee decision-making.

Core responsibilities of the Council were widely recognized as including strategic oversight, policy approval, CEO performance oversight, and maintaining public trust in the quality of pharmaceutical care. Some interviewees highlighted that the Council is ultimately accountable to the Minister, though this accountability was not always well understood internally. Others also flagged the importance of independence and transparency — particularly in relation to the profession it regulates. In that context, some expressed concern about the relationship between the Ontario College of Pharmacists and the Pharmacists Association, suggesting that the boundary between regulator and advocate can appear too close, whether in fact or perception. This was seen as a risk to public confidence and a challenge to maintaining a clear regulatory identity.

With respect to individual Council members, there was general agreement that they must come prepared, exercise independent judgment, and act in the public interest. However, several noted inconsistent performance and challenges in balancing professional identity with fiduciary obligations. Public members were often viewed as more governance-oriented, while elected members needed stronger orientation to shift away from an advocacy lens.

Concerns were also raised around conflicts of interest — especially those related to large corporate employers — and around variability in onboarding, committee selection, and performance management. A few stressed the value of regular reminders and legal support to manage conflicts effectively. Overall, while the Council's purpose is clear in statute, interviewees called for more consistent education and performance standards to ensure it is realized in practice.

2. Views on Board Effectiveness

Interviewees offered mixed views on the overall effectiveness of the OCP Council. A number of participants characterized the Council as 'well-intentioned but inconsistent,' citing variability in how meetings were managed, how decisions were made, and how effectively members were able to engage with complex issues. Several pointed out that improvements had been made in areas such as meeting structure, agenda planning, and orientation, particularly in the last year or two.

That said, a recurring theme was the inconsistent application of governance best practices. Some members were unsure about when to speak, how to challenge constructively, or how to work as a team. There was also a sense that the Council had struggled to maintain strategic focus, often becoming reactive to operational or political pressures. A few public members suggested that while regulatory mandates were clear on paper, the application of those mandates at the board level lacked discipline.

Interviewees also noted that member performance was not consistently monitored or addressed. While some individuals were diligent and engaged, others were perceived as ill-prepared or disengaged. The absence of formal performance reviews, peer feedback, or a mechanism for offboarding ineffective members contributed to this unevenness. This lack of accountability eroded trust and slowed decision-making in some instances.

Some participants emphasized that board effectiveness is closely tied to leadership — especially the Chair and CEO relationship — as well as to clarity of purpose. There was agreement that periodic Board performance evaluation, external facilitation, and governance development could significantly improve Council performance. Several interviewees also stressed the need for a clearly defined **competency profile** to support the selection and appointment of both pharmacy professionals and public members. Such a profile would help ensure the Council has the skills, diversity, and governance capability necessary to meet its public interest mandate.

3. Board Culture and Dynamics

A recurring and deeply felt theme across interviews was the need for a healthier, more inclusive Council culture. Many participants noted that trust, respect, and psychological safety within the boardroom were not always present, with some identifying dynamics that discourage challenge, limit participation, or reflect uneven engagement across members. While some observed that the culture has improved slightly in recent months, others described ongoing discomfort with how power and influence are exercised, particularly through the executive committee.

In several interviews, specific concerns were raised about factionalism within the Board, the use of private email communications during meetings, and the misuse of rules of order and procedural tools to control or suppress discussion. These behaviours were perceived as contributing to an atmosphere of mistrust and eroding the legitimacy of deliberative processes.

Conflict of interest was another cultural stress point. Interviewees shared concerns about both actual and perceived conflicts, especially involving board members with professional or corporate affiliations. There was a call for more consistent reminders, clear protocols, and stronger support for members navigating these issues. Overall, board culture was widely seen as an area still in transition, where progress remains uneven and further change is needed to enable respectful debate, shared leadership, and alignment with the public interest. Indeed, while some asserted that the culture has

improved, these claims were often framed in ways that reflected a lingering sense of polarization — attributing past problems to particular individuals rather than acknowledging deeper, systemic governance challenges.

4. Systemic Governance Challenges

Beyond cultural and interpersonal dynamics, interviewees identified several structural and procedural challenges that hindered the Council's effectiveness. Chief among these was persistent role confusion — both between governance and management and between categories of Council members (elected vs. public).

Onboarding processes were widely seen as insufficient, with some members not fully grasping their fiduciary responsibilities until well into their term, if at all.

Interviewees also pointed to the absence of a structured approach to governance renewal and succession planning. Reappointments and committee assignments were often viewed as opaque or driven by availability rather than strategic fit, impacting leadership continuity and institutional memory.

Finally, there was broad concern about a risk-averse culture and an over-reliance on management direction, which some described as disempowering. Many felt that stronger governance literacy, clearer expectations, and more confident leadership were essential to addressing these systemic issues.

5. Board–CEO Relationship

The relationship between the Board (Council) and the CEO (Registrar) was among the most frequently discussed topics in the interviews. While a few described it as collegial, most interviewees pointed to blurred boundaries and the absence of systematic, transparent, and inclusive oversight. Concerns were raised about the CEO performance management process, particularly its inconsistency, limited rigor, and weak alignment with strategic priorities. Many noted that whatever processes do exist are closely managed by the Executive Committee, limiting broader Board engagement. There was broad support for a more structured, data-informed evaluation framework with clear expectations and consistent follow-through on identified areas for improvement.

More broadly, interviewees described a relationship that is overly dependent on personalities, with unclear lines of accountability and few mechanisms for constructive performance conversations. When difficult issues arise—whether related to performance, strategy, or culture—Council members often feel unsure of how to intervene appropriately. Some defer entirely to management, while others risk encroaching on operational territory. These dynamics reinforce ambiguity rather than effective oversight. Several participants emphasized the value of clearer roles and expectations to enable a more balanced and principled relationship.

6. Effectiveness of Board Meetings

Interviewees expressed mixed views on the effectiveness of Board meetings. While some acknowledged improvements in meeting structure and agenda planning in recent months, most described the meetings as overly scripted and staff-driven, with limited opportunity for open dialogue or generative discussion. Agendas were often described as crowded and focused on information delivery rather than strategic deliberation.

A common concern raised was the length and volume of Board packages, which many found excessive and difficult to absorb in the time available. Some interviewees defended the level of detail as necessary to the complex nature of the Board's work, but most found it an obstacle to effective engagement. This contributed to uneven preparedness and limited the ability of some members to engage meaningfully during meetings. Several interviewees emphasized that the cognitive burden of reviewing such extensive materials—often lacking clear prioritization—reduced the overall quality of discussions. There was broad agreement that meetings would benefit from more focused content, clearer expectations of Board engagement, and a deliberate shift toward more outcome-oriented and reflective dialogue.

7. Opportunities for Improvement

Interviewees offered numerous suggestions to strengthen OCP's governance and enhance its public accountability. The most commonly proposed improvement was the introduction of a formal CEO performance review process — one that includes goal setting, feedback loops, and alignment with strategic priorities. This was seen as a key mechanism to clarify roles, reinforce accountability, and reduce personality-driven dynamics.

Several participants also recommended enhancing the orientation program, especially for elected members, to emphasize public interest obligations and governance responsibilities in practice. Ongoing development sessions, peer mentoring, and clear documentation of governance processes were also proposed.

A number of interviewees advocated for more regular and structured board evaluations, ideally led by external facilitators. These could assess individual and collective performance, identify training needs, and support continuous improvement.

Board renewal practices were another area of focus. Participants proposed greater transparency in appointments, term limits, and succession planning to ensure a balance of continuity and fresh perspectives. Finally, some suggested adopting a governance scorecard to help track progress against goals, foster accountability, and communicate governance health to stakeholders.

8. Final Reflections and Aspirations

When asked to reflect on their experience or offer a single change they would make, most interviewees returned to a few central themes: the need to rebuild trust, to clarify roles and responsibilities, and to strengthen strategic oversight. These aspirations often reflected a desire to move from a reactive, compliance-driven board to one that is proactive, principled, and future-facing.

Several interviewees noted that good governance is not only about rules and structure, but also about culture. They emphasized the importance of building a Council culture that encourages respectful debate, evidence-informed decision-making, and shared responsibility. There was also a consistent call for more transparency, both within the Council and in its dealings with the public and profession.

Many participants highlighted the need for greater attention to conflict of interest, not just as a procedural matter but as a core element of ethical leadership and public accountability. The public protection mandate — while widely acknowledged — was seen by some as insufficiently operationalized at the level of Board and committee practice. Strengthening both the understanding

and application of this mandate was viewed as critical to restoring confidence in the Council's governance.

Some participants suggested that change would require ongoing leadership development and a commitment to continuous improvement — not just one-time reforms. Many expressed hope that recent challenges could serve as a catalyst for long-term transformation.

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Interview Guide

Introduction:

The Institute on Governance (IOG) has been engaged by the Ontario College of Pharmacists (OCP) to assist in a review of its governance, with a focus on the Board-CEO relationship. As part of the governance review, the IOG will interview Board Members and the Registrar to gain a better understanding of the strengths, weaknesses, opportunities and risks associated with OCP Board's current governance approach. This interview guide is complementary to a survey which is also taking place.

Interviews will be scheduled individually with David Murchison, Laura Edgar, Karl Salgo, or Jessica White of the IOG and will last approximately 45 minutes. **Interviews will be conducted on a not-for-attribution basis, so that specific statements or perspectives will not be attributed to individuals**.

Below are the suggested questions IOG would like to cover. Respondents should feel free to raise other issues during interviews.

Thank you in advance for your participation.

For accuracy and effective note-taking, our standard practice is to record interviews. IOG interviewers will always request permission prior to starting any recording, and interviews will only be recorded with the individual's explicit consent. All transcripts are encrypted and securely stored, then permanently deleted at the conclusion of the engagement.

Name:

Role/Position:

Date:

1. Please tell us a little bit about yourself and why you chose to serve on the OCP Board. How long have you served on the OCP Board? Have you served on other Boards?

2. What is your understanding of:

    a. The mandate of the OCP?

    b. The roles and responsibilities of OCP's Board?

    c. Your roles and responsibilities as an OCP Board member?

3. In your view, what is the greatest strength to the OCP Board's approach to governance? What is the greatest challenge or risk with the OCP Board's approach to governance?

4. How would you describe the current culture of Board?

5. How would you describe the roles of the Board and CEO/Registrar?

    a. What authorities are delegated to CEO/Registrar, and how are they held accountable?

    b. Can you comment on CEO evaluation process?

6. How would you describe the relationship between the Board and the CEO/Registrar? (in terms of oversight, communication, trust, conflict resolution)

    a. What is working well? What is not working well?

    b. *To the Board:* Do you feel supported by the CEO/Registrar? Are you confident in the CEO/Registrar's ability to fulfill their responsibilities?

    c. *To the CEO/Registrar*: Do you feel supported by the Board? Are you confident in the Board's ability to fulfill their responsibilities?

    d. Do you have any suggestions for improving the relationship?

7. How effective are your Board meetings? Why?

    a. How effective are the Board's agendas, packages, processes, engagement and decision making?

    b. How effectively does the Board fulfill its responsibilities to identify, consider and oversee risk for the OCP?

    c. Does the board get the information that it needs to support effective decision-making on a timely basis?

    d. In your view, is the Board properly focused on its public mandate i.e., to ensure that the interests of the public are protected and maintained?

8. If there was only one thing you would change (that is within the control of Board) about OCP governance, what would it be?

9. Are there any good governance practices that this or another organization has implemented, which have not been covered that you wish to discuss, or any best practices you are aware of that you recommend the OCP Board consider? Are there any areas of concern that you'd like to raise?

Interview List (of those invited to participate)

Person	Role (at time of interviews)
Aljawhiri, Chris	Co-Chair, Governance Review Committee and Chair of Discipline Committee
Antunes, Jennifer	Board Director (Professional)
Beck, Connie	Board Director (Professional), Vice-Chair of Board of Directors and Vice-Chair of Executive Committee
Brown, Doug	Board Director (Professional), Chair of Board of Directors and Chair of Executive Committee
Cheung, Billy	Former Board Director (Professional) and Former Chair of Board of Directors
Custers, Thomas	Acting CEO and Director, Corporate Services
Dolovich, Lisa	Board Director (Faculty of Pharmacy)
Eskander, JP	Board Director (Public)
Henderson, Christine	Co-Chair, Governance Review Committee
Henry, Allison	Ministry of Health
Ingram, Sara	Former Board Director (Professional) and Former Vice-Chair of Board of Directors
James, Susan	Acting Registrar and Director, Quality
Katz, Adrienne	Board Director (Public)
Leach, Todd	Director, Communications, Policy and Knowledge Mobilization
Molnar, Stephen	Board Director (Public)
Morrison, James	Former Board Director (Professional) and Former Chair of Board of Directors
Moustacalis, Sylvia	Governance Committee Member
Sivapalan, Siva	Board Director (Professional) and Chair of Governance Committee
Steer, Wilfred	Board Director (Professional) and Chair of Finance & Audit Committee
Tanchak, Shenda	Former Registrar and CEO
Wagg, Cindy	Board Director (Public)
Walia, Devinder	Board Director (Public)

Governance Review Committee
September 2024 – September 2025

Committee Overview:

- The Governance Review Committee (GRC) was specially appointed by the Board of Directors for a 12-month period to oversee the governance review report directed by the Board in September 2024.

- The terms of reference for the GRC included the following statement of purpose:

  o 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.

  o 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.

  o 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 the College's duty to regulate the profession of pharmacy and carry out its statutory objects in the public interest.

- The Board's timeline included a requirement for the Governance Review to be completed and presented to the Board at its September 2025 meeting.

- The final constitution of the GRC included the following members:

  o Chris Aljawhiri (Co-Chair) (Professional Committee Appointment)
  o Christine Henderson (Co-Chair) (Lay Committee Appointment)
  o Megan Peck (Professional Director)
  o Adrienne Katz (Public Director)
  o Jamie Killingsworth (replacing Shari Wilson on her departure from the Board in December) (Public Director)
  o Stephen Molnar (Public Director)

- Staff support was provided primarily by Angela Bates and Leslie Fitzsimons.

Committee Performance and Outcomes:

- The public interest rationale for conducting this governance review is that 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.

- In order to accomplish its task, the GRC began the process by issuing a request for proposals (RFP) for an expert consultant to conduct the governance review on January 6, 2025 with a submission deadline of January 31, 2025. The GRC received detailed submissions from eight proponents in response to the RFP. The GRC selected four proponents for interviews, which ran from February 10 – 13, 2025. On February 14, 2025, the GRC recommended the Institute

on Governance (IOG) to the Governance Committee. The recommendation was approved by the Governance Committee, and the Executive Committee on behalf of the Board.

- The GRC held a number of meetings over the past year to carry out their work, including the following:

DATE	PURPOSE
2024-11-29	Initial meeting to discuss scope of RFP and direct RFP to be drafted
2024-12-04	Meeting to review draft RFP and Timeline and suggest revisions
2025-02-07	Review RFP submissions
2025-02-10	Interview with RFP proponent + debrief
2025-02-11	Interview with RFP proponent + debrief
2025-02-12	Interview with RFP proponent + debrief
2025-02-13	Interview with RFP proponent + debrief
2025-02-14	Discussion of proponent interviews + selection
2025-03-18	Project kick-off with consultant - 1
2025-03-26	Project kick-off with consultant - 2
2025-04-14	Monthly meeting with consultant
2025-05-15	Monthly meeting with consultant
2025-06-16	Monthly meeting with consultant
2025-07-17	Discussion of consultant's draft report – GRC members only
2025-07-18	Discussion of consultant's draft report with consultant
2025-08-14	Discussion of consultant's revised report with consultant
2025-08-25	Final meeting

- In order to conduct the Governance Review, the IOG undertook a number of activities, including:
  - Review of background information, including:
    - Enabling legislation, by-laws, and governance model
    - Board policy manual and financial framework
    - Election and appointment policies
    - Decision-making procedures
    - The Professional Standards Authority's *Standards of Good Regulation*.
    - The BC Office of the Superintendent of Professional Governance's *Standards of Good Governance*.

    - The IOG's own *Principles for Good Governance* and *Characteristics of High-Performing Boards*.
  - A survey of selected participants, including all current Board members and selected past Board members; and current and past senior staff (April – May 2025)

  - Interviews with a selected list of participants (May – June 2025)

- The IOG submitted a summary document entitled "What We Heard" on July 2, 2025, which outlined key cross-cutting themes that emerged from the interviews.

- The IOG's draft report was received by the GRC on July 7, 2025, and based on GRC feedback, the final report was received on August 17, 2025.

- The Governance Committee considered the IOG's final report at its meeting of August 21, 2025.

- In submitting the final report to the Governance Committee, the GRC Co-Chairs indicated that the GRC members were satisfied that IOG's final report addresses the requirements of the terms of reference, including the statement of purpose for the governance review, the process followed, the project timelines, and the quality of project deliverables.

- The final report will be presented to the Board for their consideration of next steps, at the September 15, 2025 Board meeting.

Agenda Item 10

2025-2026 Committee Slate

Verbal Update/Presentation Only

No pre-read materials.

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Registration Committee
September 2024 – September 2025

Registration Committee Role:
As set out in the Objects of the College, which are defined in the *Health Professions Procedural Code,* being Schedule 2 of the *Regulated Health Professions Act, 1991*, the College is responsible for developing, establishing, and maintaining standards of qualification for persons to be issued certificates of registration. This is accomplished through the work of the Registration Committee.

The role and duties of the Registration Committee are further defined throughout the *Health Professions Procedural Code, Ontario Regulation 256/24* under the *Pharmacy Act, 1991*, and the College's By-Law No. 7. The legislation also sets out the requirement that the College provide registration practices that are transparent, objective, impartial and fair. These practices are overseen by the Fairness Commissioner.

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

Requirements for All Classes	Additional Requirements for Pharmacists and Pharmacy Technicians (Non-exemptible)
Language Proficiency (in English or French)	Education
Suitability to Register declaration (including a clear Police Background Check)	Pharmacy Examining Board of Canada (PEBC) Qualifying Examination
Canadian Citizenship or appropriate legal status in Canada	OCP Jurisprudence, Ethics, and Professionalism Examination
Personal Professional Liability Insurance	OCP Practice Based Assessment/training - Practice Assessment of Competence at Entry (PACE) for pharmacists - PACE for pharmacy technicians (as of October 1, 2024) - Structured Practical Training (SPT) for pharmacy technicians (ended December 31, 2024)
Required Fees Paid	

Note: There are currently four permanent classes of registration and two temporary classes (emergency assignment) of registration. The temporary classes of registration are not currently open. The requirements for each are posted on the College website.

Registration Committee Panels Role:
The role and duties of Panels of the Registration Committee are also defined in the *Health Professions Procedural Code*. In particular, in situations where an applicant does not squarely meet all of the specific requirements for the Registrar to issue a certificate of registration, the applicant has the right to request a review of their application by a Panel of the Registration Committee.

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

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

Registration Committee Members:

Professional Committee Appointees (PCAs):	Kenny Chong
	Danielle Garceau (Chair of the Committee)
	Cindy Giby
	Beverly Miller
	Craig Whistance-Smith
Lay Committee Appointees (LCAs):	Megan Sloan (appointed Feb. 10, 2025)
	Michael Scarpitti (resigned June 2, 2025);
	Sajeed Walji (resigned January 15, 2025);
Public Directors:	Devinder Walia
	Danny Paquette (appointed October 2024)
Deans of Faculties of Pharmacy:	Lisa Dolovich
	Andrea Edginton
	Alain Stintzi
Ontario Pharmacy Tech. Program Representative:	Angela Roach
Staff Support:	Greg Purchase (Manager, Registration)
	Deborah Byer (Registration Administrator)

Committee Statistics:
Registration Panel Requests and Outcomes (September 2024 to July 2025*)

Number of panel meetings	13
Requests considered	116
Outcome – fully granted	84
Outcome – partially granted	16
Outcome – deferred	8
Outcome – withdrawn/met	3
Outcome - denied	5

Additional statistics regarding the number of new registrations, registrant renewals, Jurisprudence, Ethics and Professionalism assessments, PACE assessments and SPT training are provided in the College's 2024 Annual Report: https://www.ocpinfo.com/wp-content/uploads/2025/04/ocp-2024-

annual-report.pdf. Note that the Annual Report includes statistics based on the calendar year (January to December) not the Board Year (September to August).

Types of Request/Referrals Considered by Panels of the Registration Committee

Category	Value
Requirement Met/Withdrawn	3
PACE Exemption Request	1
PACE 3rd Attempt	2
Language Proficiency	17
DGC Capacity	3
Currency of PACE	11
Currency of JEP	12
Former Member	6
Currency of Education	42
Expired Certificates	5
Conduct	14
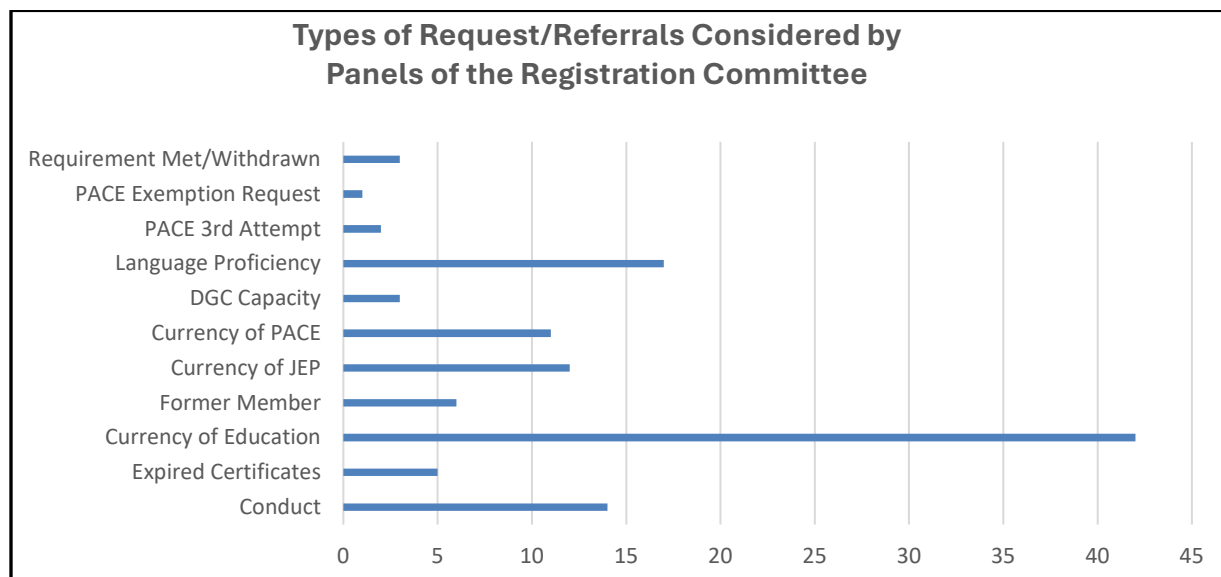
*An additional Panel meeting is scheduled for August 29, 2025. Statistics for this Panel meeting are not reflected in these charts due to timing of report generation.

Key Highlights:

Did the Committee successfully fulfill its' responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

Based on historical performance and forward-looking risk factors, the College remains in the low-risk category according to the Fairness Commissioner's Risk-Informed Compliance Framework assessment.

As evidenced by the committee role and the statistics above, the Registration Committee successfully fulfilled its regulatory responsibilities this year. The Registration Committee's work directly contributes to the College's mandate of public protection by ensuring that only qualified persons are issued certificates of registration.

Significant changes to registration practices over the past year led to changes in the number and type of Registration Panel referrals during this year. Namely, a significant regulatory change in October 2024 removed the student class of registration and introduced the intern technician class of registration. In addition, the closure of the emergency classes of registration for both pharmacists and pharmacy technicians occurred during this Board year.

In addition to the Registration Panel meetings over the last year, the full Registration Committee met twice – once in Fall 2024 for a Committee orientation and training, and again in the summer 2025. During this meeting in the summer of 2025, a number of Registration Committee Policies were reviewed and updated. This includes a significant update to the Language Proficiency Requirement at Registration for All Applicants policy, which incorporated the work done by the National Association of Pharmacy Regulatory Authorities (NAPRA) in the updated NAPRA Language Proficiency Requirements policy that was released in early 2024 and additional components to reflect additional regulatory requirements in Ontario related to language proficiency testing. The updated policy broadens the types of tests that are

accepted and also raises the cut scores to reflect the shift in pharmacy practice over the last few decades.

In addition, a new Language Proficiency Trigger policy was approved, which sets out the triggers that may warrant further language proficiency assessment for registrants in Ontario.

Further, a new Transferring from Part B to Part A of the Register policy was also approved to encompass the addition of pharmacy technicians into the two-part register and the transition of this process from the Quality Assurance portion of the regulation to the Registration portion of the regulation.

Was any training provided to the Committee this year (if so, please summarize)?

During the Registration Committee orientation held in the Fall of 2024, the entire committee received an orientation to the College's registration program, including training on reviewing and making decisions on registration matters using mock cases. The Registration Committee also received information on significant registration regulation changes and information on the Pharmacy Examining Board of Canada and changes to their processes.

Challenges:
As previously reported, recent legislative changes to the *Regulated Health Professions Act, 1991* prohibits Canadian experience, including the College's Structured Practical Training program, as a registration requirement. Accordingly, the College has transitioned to the PACE program for pharmacy technician applicants effective October 1, 2024. College staff are continuing to engage with community and hospital partners to build an assessor pool across the province to ensure that pharmacy technician applicants are able to access PACE in a timely manner.

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Quality Assurance Committee
September 2024 – September 2025

Committee Overview:
QAC Role and Responsibilities

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

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

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

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

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

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

QAC Members: 3 Public Members, 6 Professional Members
- Professional Members: Karen Riley (Chair), Annie Brooks, Mishka Danchuk-Lauzon, Amber Farhat, Eric Kam, Pritesh Mistry
  Public Members: Cindy Wagg, Nadirah Nazeer (Until June 2025), Stephen Molnar (As of July 2025)

QAC Support Staff: Kristin Reid, Sachi Sharma, Deena Hamzawi, Christine Kuhn, Angela Tse

Committee Performance and Outcomes:

Please address the following in this section:
- *Did the Committee successfully fulfill its responsibilities this year?*
- *How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?*

As evidenced by the committee role and statistics above, the QAC successfully fulfilled its regulatory responsibilities this year. The QAC's work directly contributes to the College's mandate of public protection by ensuring all Part A registrants are engaged in ongoing quality assurance activities, ensuring the highest quality of safe care if provided to patients by pharmacy professionals.

- ***Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?***

   There were no challenges impacting the QAC's mandated work this year.

- **Committee Statistics**
   - Statistics relating to QAC considerations in the 2024 calendar year are provided in the College's 2024 annual report (page 13).
   - 11 QAC Panels (October 2024-September 2025), 1 Orientation, 1 Full QAC Meeting
   - 71 Cases brought to panels as of July 2025 (**note that some of these cases were the same registrant coming back with further submissions to the panel multiple times)
   - Key Highlights from the QA Program Area in 2025:
      - The Knowledge Assessment based on a random selection of Part A pharmacists was administered in May 2025.
      - The number of part A Pharmacists that completed the Unproctored Knowledge Assessment in May 2025 is **3362**.
      - The **statistics for completed Practice assessments** for the period of **January 1, 2025, to July 31, 2025** are as follows:
         - Routine: Pharmacists 929, Pharmacy Technicians 303
         - Reassessments: Pharmacists 67, Pharmacy Technicians 6
         - QA Assessments:
            - As a reassessment outcome: Pharmacists 11, Pharmacy Technicians 1
            - QA Assessments Completed: Pharmacists 9, Pharmacy Technicians 0
         - Post-Remediation Assessments: Pharmacists 2, Technicians 0

   - # Matters considered/dealt with

Types of Files considered	Count
Registrants referred due to Self-Assessment Tool not completed	15
Registrants referred due to the Knowledge Assessment (unproctored) for 2024/2025 not completed	1
Registrants referred due to assessment deferrals beyond 1 year	7
Registrants who did not pass a practice reassessment and underwent a QA assessment	11
Registrants referred due to unsuccessful in Knowledge Assessment (proctored)	20
Outcomes	
Note placed on registrants file as incomplete Self-Assessment Tool	23
Knowledge Assessment (proctored) required for registrants that have not completed Knowledge Assessment (unproctored) for 2024/2025	0
Deferrals for assessments granted	12
QA Committee directed registrants to be moved to Part B of the registry	1

QA Committee directed assessments	18
Self-directed remediation	0
QA Committee directed required remediation	33
QAC Directed TCL's/Undertaking	3

Noteworthy Insights and Considerations:

Please address the following in this section:
- ***What ideas, trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?***

On October 1, 2024, the Ministry of Health approved changes to the General regulation under the *Pharmacy Act* that impact the College's quality assurance processes.
- Changes related to **quality assurance** include:
  - Requirement for Part A pharmacy technicians to participate in the College's Quality Assurance Program. 2025 is the first year that participation in QA activities is mandatory for Part A Pharmacy Technicians.
  - Elimination of the requirement for Part A registrants to practice 600 hours within three years. Instead, Part A registrants will need to self-declare annually that they have maintained competence to practice and undergo an assessment of competence when selected.
  - Introduction of risk-based selection criteria for practice assessments (Part A registrants only).

These regulatory changes have provided an opportunity for the QAC and College staff to continue to evolve in step with the pharmacy practice environment. The QAC has continued its heightened focus on considering risk to the public when making decisions and directing remediation. Specifically, when the College is aware of registrants who may be a risk to patient safety then the QAC must ensure that remediation is completed in a timely manner and that long delays in imposing restrictions on the registrant be minimized or eliminated.

QA Program staff are currently completing an evidence-based, data-informed review of risk factors that may impact patient care and could be used to select part A registrants to participate in QA Activities. Risk factors may include the registrant's workplace environment, the type of services provided, past conduct, previous Quality Assurance Program outcomes, and the time elapsed since their last Quality Assurance Program activity. Once this work is finalized and selection criteria are approved, this information will be posted publicly and will allow the QA program to enhance its ability to focus on risk-based, right-touch regulation.

Patient Relations Committee
September 2024 – September 2025

Committee Overview:

The Patient Relations Committee advises the Board with respect to the Patient Relations Program defined under the *Health Professions Procedural Code* as *"a program to enhance relations between members (registrants) and patients."* This includes implementing measures for preventing and dealing with sexual abuse of patients as well as the provision of funding for therapy and counselling for patients who have alleged to have been sexually abused by a registrant. As part of its role and as defined under By-Law #7, the Committee may be required at the Board's discretion to recommend changes to applicable statutes, regulations, by-laws, College policies and standards of practice as well as provide guidance to the Board on matters concerning patient relations.

Members:

- Lay Committee Appointees:
    - Ravil Veli (Chair)
    - Kathy Al-Zand
    - Melissa Sheldrick
    - Jennifer Shin
    - Saeed Walji

- Professional Committee Appointees:
    - Saliman Joyian
    - Kshitij Mistry
    - Adam Silvertown
    - Max Yaghchi

Committee Performance and Outcomes:

Committee Statistics:
- 1 three-hour meeting hosted virtually, with regrets from one member
- 5 matters considered including:
    - Funding program report
    - Data insights from relevant investigations
    - Input on Communications and Knowledge Mobilization divisional priorities (which now includes the Policy department as of May 1)
    - Input on the draft Human Rights Policy
    - Discussion of Committee scope and definition of its mandate

The Committee continues to fulfill its responsibilities. The following Patient Relations Funding Program statistics are from 2017 year-to-date (August 2025):
- A total of 38 patients have been notified of their eligibility to receive funding through the Patient Relations Funding Program. The year-over-year trend remains consistent. These represent patients who have made an allegation of sexual abuse by a College registrant; all patients who make an allegation of sexual abuse are notified of their eligibility as well as program details. Participation is entirely voluntary.
- A total of 10 patients have chosen to participate in the program. The participation rate is similar to the experiences of other health regulators.

- Over $98,500 in funding has been provided over this time period (currently, a maximum of approximately $17,900 is available per patient for up to five years, as established in regulation).

Human Rights Policy
Members of the Policy team discussed plans to implement the Human Rights Policy recently approved by the Board. The implementation discussion focused on ways to help meet the current objectives of this work which is to educate/inform both registrants and the public/patients about the policy and the expectations that are expressed in it.

Conduct Data Insights
Investigator Ruth Schunk discussed sexual abuse statistics and definitions of sexual abuse, harassment and boundary violations. Following conversation with the Committee, there remains an ongoing opportunity to focus more on boundary violation education and reinforce mandatory reporting requirements.

Communications
Members of the Communications and Knowledge Mobilization team provided an update on the website refresh work that is underway. Committee members had previously provided input in a focus group with the website vendor. Communications staff also updated the Committee on the outcome of the College's communications audit conducted earlier in 2024 and plans moving forward.

Noteworthy Insights and Considerations:

Committee scope and mandate
At the September 2024 Board meeting, the annual report presentation acknowledged the untapped potential of the Committee. Some Board Directors expressed an interest in understanding how the role of the Patient Relations Committee might be better leveraged given the membership generally includes an even representation from both registrants and patients.

Following a discussion and survey circulated to the Committee seeking input on the Patient Relations Committee mandate and how it may be more involved in enhancing relations between patients and registrants under the *Code*, the discussion and subsequent survey yielded four core themes for consideration:
1. *Continue a focus on equity, diversity and inclusion (EDI) matters, building off of the Committee's previous input and guidance on this topic with the introduction of Indigenous cultural competency commitments which the Board adopted in 2019*
2. *Expand involvement in providing input and advice on relevant communication and engagement strategies*
3. *Increase opportunity to contribute to relevant and timely issues/topics by providing input on Policy matters that impact the patient-registrant relationship including prevention of sexual abuse*
4. *Expand use of information that demonstrates examples of positive care experiences, where appropriate within College's mandate and legislated objects*

Recommendation to the Board:

- Further clarify the Board's support to better define the Patient Relations Program for OCP beyond the definition currently found in the *Code* by considering the themes noted above.
- Determine the mechanism required to articulate or establish the definition as it applies to OCP, whether through an update to the wording of the Committee role on the website or more formally via amendments to the Terms of Reference in College by-laws.

Recommendation on Committee processes:

- More frequent and shorter meetings rather than 1 or 2 half day meetings.

Starting in the 2025/26 Committee year, the staff resource assigned to the Committee will transition to the Manager, Equity and Strategic Policy.

Discipline Committee
September 2024 – September 2025

Committee Overview:

Role of the Committee

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

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

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

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

Committee Members

Chair: Chris Aljawhiri, Professional Committee Appointee

Elected Directors: Jennifer Antunes, Connie Beck, Simon Boulis, Douglas Brown, Andrea Fernandes, Sara Ingram (Until December 9, 2024), Megan Peck, Siva Sivapalan, Wilf Steer, and Victor Wong (Commencing December 4, 2024)

Public Directors: Mark Feldstein (Commencing July 24, 2025), Adrienne Katz, James Killingsworth (Commencing November 13, 2024), Stephen Molnar (Until July 9, 2025), Nadirah Nazeer (Until June 10, 2025), Danny Paquette (Commencing October 17, 2024), Cindy Wagg, Devinder Walia, and Shari Wilson (Until December 7, 2024)

Professional Committee Appointees: Ramy Banoub, Dina Dichek, Negeen Foroughian, Jillian Grocholsky, Chris Leung, Beth Li, Cory McGill, Karen Riley, Zahra Sadikali, Jeannette Schindler, Connie Sellors, Laura Weyland, and David Windross

Lay Committee Appointees: Aditi Agnihotri, Kathy Al-Zand, Christine Henderson, Kim Lee, Sylvia Moustacalis, and Ravil Veli

Staff Resource: Genevieve Plummer

Committee Performance and Outcomes:

The Committee has successfully fulfilled its responsibilities this year as can be seen in the number of matters that have been heard and decisions released, as well as the Committee's commitment to public protection.

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

Challenges

The Committee commenced holding hearings by videoconference in May 2020 in response to the pandemic. Videoconference hearings generally proceed smoothly, however, from time-to-time technical issues arise that require a break in the hearing while they are addressed. Despite these challenges, the use of videoconference technology for hearings has many benefits including allowing registrants, counsel, witnesses and members of the public to attend the hearing from remote locations without the cost and inconvenience of travelling to the College's office.

Committee Statistics

Activity	Count
Committee Meetings The Committee convened twice for a full day of training and discussion of relevant topics.	2
Pre-Hearing Conferences (PHCs) and Case Management Conferences (CMCs) PHCs and CMCs are an important first step in the discipline process as they are an opportunity for the College and the registrant to discuss the case with a member of the Discipline Committee, who will provide their candid opinion regarding the matter. The registrant's hearing is also scheduled and planned during PHCs and CMCs.	60
Uncontested or Partially Contested Hearings Held An uncontested hearing is held when the registrant admits the allegations and agrees on the supporting facts, and the registrant and College make joint submissions as to the appropriate sanction. In partially contested hearings, the majority of the matter is agreed upon, however, one or more elements are contested.	18
Contested Hearing Days Held Relating to 6 different hearings A contested hearing is held when the registrant denies the allegations and the College and the registrant do not agree on the facts. The panel receives evidence and will reach a decision regarding the allegations, and if findings are made, the sanction. Most contested hearings take place over the course of multiple hearing days.	33

Oral Motions Heard Independent of the Hearing The College or the Registrant may bring a motion to request certain relief from the panel.	2
Written Hearing and Motion Decisions Released (As of August 22, 2025) Following a motion or a hearing, the panel will provide their decision and the reasons for their decision in writing. Discipline Committee decisions are posted online on the legal database CanLII.	28

Noteworthy Insights and Considerations:

Over the past number of years, the Committee has seen an increase in the number of referrals relating to boundary violations, sexual harassment, and abuse of patients and employees of the pharmacy, which is of concern to the Committee given the seriousness of these allegations.

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Fitness to Practise Committee
September 2024 – September 2025

Committee Overview:

Role of the Committee

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

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

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

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

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

Committee Members

Chair: Jeannette Schindler, Professional Committee Appointee

Public Directors: Adrienne Katz (commencing July 17, 2025), Jamie Killingsworth (commencing December 8, 2024), Nadirah Nazeer (from October 15, 2024 to June 10, 2025), Shari Wilson (until December 7, 2025)

Professional Committee Appointees: Lynn Covert, Dina Dichek, Colette Raphael, Karen Riley, and Zahra Sadikali

Lay Committee Appointees: Kathy Al-Zand

Staff Resource: Genevieve Plummer

Committee Performance and Outcomes:

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

The Committee fulfilled its responsibilities this year as it continued to receive training and was prepared to address any matters that came before it.

Challenges

Over the course of the 2024 - 2025 the Committee received one new referral, which has not come before the Committee for consideration yet. The Committee did not receive a request to review any of the matters that were previously referred to it. As a result, no panels were convened to consider matters this year. A challenge the Committee faces is ensuring that Committee members remain motivated to continue on the Committee given the limited number of panels that are convened.

Committee Statistics

Activity	Count
Committee Meeting The entire Committee convened for a full day of training and discussion of relevant topics.	1
Pre-Hearing Conferences Held PHCs are an opportunity for the College and the registrant to discuss the case with a member of the FTP Committee, who will provide their candid opinion regarding the matter. The possibility of reaching a resolution is explored, and if resolution is not possible, the registrant's hearing is scheduled and planned.	0
Consent Order Reviews Completed When the registrant and College enter into a Memorandum of Agreement (MOA), a panel will convene to review the MOA and proposed Consent Order. Through the MOA, both parties authorize the panel to issue a Consent Order finding the registrant to be incapacitated without a formal hearing.	0
Contested Hearings Held In instances where the College and the registrant do not reach an agreement regarding the issue of incapacity and/or the appropriate order to be made, the Fitness to Practise Committee may hold a hearing to determine whether a registrant is incapacitated, and if so, what order should be made.	0

Noteworthy Insights and Considerations:
The Committee has noted the prevalence of mental health and substance use issues within the general population of Ontario, as well as the unique challenges faced by pharmacists and pharmacy technicians. The Committee encourages the College to continue its efforts to communicate to registrants regarding the services offered by the OPHP so that registrants are aware that they can access these services should they need to.

Inquiries, Complaints and Reports Committee
September 2024 – September 2025

Committee Overview:

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

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

- **Take No Action:** The ICRC will take no action when they are of the opinion that registrant's conduct or actions were appropriate under the circumstances or where there is insufficient information to support taking action.

- **Advice/Recommendations:** The ICRC issues written advice and/or recommendations to the registrant if they are of the view that the registrant would benefit from having a particular policy or standard of practice highlighted.

- **Specified Continuing Education or Remediation Program (SCERP):** The ICRC may require a registrant to complete a remediation program to address practice or conduct concerns and/or to upgrade skills and knowledge. A SCERP is a remedial measure intended to improve the registrant's practice within the areas of concern and prevent the registrant from having a similar experience in the future.

- **Oral Caution:** The ICRC will require a registrant to receive a caution in cases when the committee has significant concerns about a registrant's conduct or practice. Cautions are an opportunity for the ICRC to have a "face to face" discussion with the registrant about their concerns and to hear from them about practice changes they have made. Cautions are remedial in nature and are meant to improve the registrant's practice.

- **Undertaking:** The ICRC may request that a registrant enter into an undertaking with the College, which is a promise by a registrant to do certain things (e.g. permanently resign) or refrain from doing certain things (e.g. cease providing injections). If the undertaking is executed by the registrant, the ICRC may take no action in light of the protection of the public offered by the undertaking or choose another outcome depending on the nature of the file.

- **Refer to Discipline:** In a small fraction of investigations, the ICRC will refer specified allegations of professional misconduct and/or incompetence to the Discipline Committee. These investigations usually involve serious matters where the panel is of the view that the registrant may have been dishonest, in breach of trust, appears to show a willful disregard of professional values, and/or appears to be unable to practise professionally or competently.

- **Refer for Health Inquiries:** Where the investigation reveals that the registrant's conduct may be caused by an illness (e.g. substance use disorder), the panel may refer the matter to another panel of the ICRC to conduct health inquiries.

- **Take other action consistent with the *Regulated Health Professions Act (RHPA),* 1991:** The ICRC can take other action it considers appropriate as long as it is consistent with the RHPA.

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

The ICRC is composed of all of the College Board's Public Directors and ten or more Professional Committee Appointees. In 2024-2025, the ICRC's members were as follows:

Public Members: JP Eskander, Adrienne Katz, Jamie Killingsworth, Elnora Magboo, Stephen Molnar, Nadirah Nazeer, Danny Paquette, Cindy Wagg, and Devinder Walia

Professional Members: Chintan Patel (Chair), Elaine Akers, Derek Antwi, Jaltarang Bhimani, Tanisha Campbell, Vickie Chang, Ashley Cunningham, Nneka Ezurike, Sajjad Giby, Michael Heffer, Wassim Houneini, Aline Huynh, Khaleda Kabir, Ankit Kansara, Tom Kontio, Elizabeth Kozyra, Kim Lamont, Chris Leung, Janet Leung, Dean Miller, James Morrison, Nikki Patel, Ranvir Rai, Stephanie Rankin, Saheed Rashid, Fatema Salem, Veronica Sales, Kaivan Shah, Ian Stewart, Frank Tee, Tirath Thakkar, Tracy Wiersema, Lisa-Kaye Williams, and Ali Zohouri

ICRC Staff Resource: Katryna Spadafore

Committee Performance and Outcomes:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

One of the key ways the College fulfills its mandate to protect the public is by managing the complaints resolution process and conducting investigations into registrants' conduct. As the screening committee responsible for reviewing all investigations, the ICRC makes decisions using a thorough, risk-based process. Where gaps in practice are identified, the ICRC makes decisions geared toward improving registrants' conduct, thus enhancing public safety.

If a registrant is required to complete a SCERP or appear before a panel of the ICRC to be cautioned; or if specified allegations of professional misconduct or incompetence are referred to the Discipline Committee, information regarding these outcomes is posted on the College's public register. The public register also contains a notation if the ICRC accepts a registrant's Undertaking or directs the Registrar to impose an interim order.

A key performance indicator monitored by the College's Board includes complaint decisions confirmed by the Health Professions Appeal and Review Board (HPARB). When reviewing a complaint decision, HPARB considers whether the investigation was adequate and whether the ICRC's decision was reasonable. During the 2024-2025 Board year, 95% of HPARB decisions received confirmed the ICRC's decision[i].

Committee Statistics:

Meetings[ii]	Count
Virtual Meetings Panels of the ICRC meet via videoconference for half-day sessions to dispose of completed investigation files.	57
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings.	15
Oral Caution Meetings Separate half-day sessions are scheduled for panels to deliver oral cautions to registrants where a panel of the ICRC has issued a caution.	10
Business Meetings A business meeting is held at the beginning of the Board year and halfway for all members of the ICRC for orientation and discussion topics relevant to the full committee.	2

Activity[iii]	
Files Reviewed Complaints, Registrar's investigations, and health inquiries where the ICRC has reviewed and rendered an outcome.	**564**
Take No Action	214
Advice/Recommendation	172
Advice/Recommendation + SCERP	71
Oral Caution	17
Oral Caution + SCERP	76
Undertaking to Resign	2
Refer to Discipline	11
Refer to Fitness to Practise	1
Investigator Appointments Complaints or Registrar's investigations where the ICRC requests, approves, or receives notification of an appointment of investigators.	177
Oral Cautions Delivered	44
Interim Orders Imposed	7

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

- In response to an increase in investigation files being opened, the ICRC increased its volume of meetings held and disposed of almost 25% more files than the previous year. To address the volume of meetings required and provide chairing experience to more committee members, the role of alternate panel chair was introduced.

- In 2024-2025, the ICRC experienced a public director resigning, a public director's term expiring, and a delay in a public director's re-appointment. These events all caused scheduling issues and loss of quorum on some files and meetings.

- Committee members continued to experience issues with Nasdaq Boardvantage's discussion feature, which impacted panel members' ability to pre-deliberate before panel meetings, resulting in re-work and inefficiencies. The College is exploring alternative options for file sharing and reviewing for the upcoming year.

Noteworthy Insights and Considerations:

What ideas, trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

- Several ICRC panel meetings were dedicated to reviewing intakes and investigations relating to registrant compliance with the use of time-delayed safes. The Board may wish to consider messaging to the profession related to these investigations to aid in overall compliance with safe usage.

- In alignment with the Board's zero-tolerance approach for business practices that impede the ability of pharmacists and pharmacy technicians to deliver safe, quality care, 79 investigation files related to business pressures have been opened. The ICRC anticipates reviewing these investigations next year.

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[i] As of August 25, 2025
[ii] Includes meetings that have occurred as of August 25, 2025 and scheduled up to the end of the Board year
[iii] As of August 25, 2025

BOARD BRIEFING NOTE
MEETING DATE: September 15-16, 2025

FOR INFORMATION

From: Susan James, Acting Registrar

Topic: Registrar's Update, June 10 to September 14, 2025

OCP Board Elections
The election opened on July 17, 2025 and closed on August 6, 2025. The scrutineers, Zubin Austin and Wayne Hindmarsh met August 7, 2025 to verify the results. There were 12 pharmacist candidates running for two seats, and 4 pharmacy technician candidates running for one seat. Scott Ford and Akil Dhirani were elected to the Board as pharmacist directors, each for a three-year term. Connie Beck was re-elected into her pharmacy technician seat for a three-year term. Following verification of the results, the scrutineers discussed the election's low participation rates and made a recommendation to the Board to add election engagement to the College's risk register due to identified vulnerabilities. Please refer to attachment 12.1a for full briefing note.

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 12.1b).

As previously reported, the Ministry of Health has signaled to the College that they are planning to expand the "As of Right" rules to additional regulated health professionals over and above the four health professions that have had such rules in place since 2023. Pharmacists and pharmacy technicians are included in this expansion. College staff have been engaged with the Ministry of Health regarding this initiative since April 2025 and have recently submitted a survey to the Ministry of Health providing feedback, including the College's readiness to implement this exemption. The Ministry of Health has indicated that they may be ready to move this initiative forward as early as Fall 2025.

SYSTEM PARTNER ENGAGEMENT: JUNE 10, 2025 TO DATE

Registrar's Activity

Health Profession 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:
- Annual Board Meeting – June 23
- Board Bi-Weekly meetings – July 8, July 22, Aug 5, Aug 19
- HPRO Meeting re As of Right Attestations – Aug 11

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 – July 29, Aug 26
- Board Meeting – July 22

Other meetings involving the Registrar
- Ministry of Finance/Ministry of Health: Input re - PPN Consultation - July 7
- Ontario Pharmacists Association Quarterly Meeting – July 14
- Ministry of Health: As of Right regulation – July 29
- Ontario Laboratory Medicine Program: Consultation on Proposed Point-Of-Care Testing Framework – Aug 7
- Ministry of Finance: Timelines & Next Steps re: Submission to Recent Consultation on PPN's – Aug 25
- Ministry of Health: Update with Board Chair and Registrar – Aug 27

Other Staff / System Partner Activity
- Ontario Hospital Pharmacy Directors Forum Meeting, July 17, 2025 – Discussion of OCP policy development processes and update on PACE for Pharmacy technicians (Delia Sinclair Frigault, Jane McKaig, Greg Purchase, Judy Chong, Melanie Sebastianelli, Rose Hrvatin).
- HPRO Citizen's Advisory Group Engagement – Patient perspectives on Preferred Provider Networks, 28 August, 2025 (Delia Sinclair Frigault, Johanna Geraci)
- Registrant Reference Group Q3 meeting: expanded scope risk assessment tool & annual report outline, August 12, 2025 (Delia Sinclair Frigault, Jacq Hixson-Vulpe, Jennifer Leung)

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
July 17, 2025	Developing Policies and Setting Standards within Ontario's Regulatory Framework & PACE for pharmacy technician applicants	Hospital	Ontario Hospital Pharmacy Directors Forum
August 20, 2025	Role of OCP, responsibilities of professionals, Code of Ethics	U of T Faculty of Pharmacy	University of Toronto; Jamie Kellar
August 21, 2025	Registering as a pharmacist in Ontario - requirements and process	Internationally trained pharmacy professionals	Achev

HORIZON SCAN

Preferred Provider Network – post consultation engagement
The Ministry of Finance has shared with us that a comprehensive analysis of the extensive feedback it received through its second consultation on PPNs, which closed on July 28, is currently underway. At this time, Ministry staff are not able to provide a timeline for the completion of their analysis or confirmation of next steps and, consequently, no new information or insights are available to adequately support College policy discussions. However, the Ministry continues to assure the College that we remain a vital partner in resolving the well-established public interest concerns associated with PPNs. Additional engagement with the College, along with the Ministry of Health, is expected over the coming weeks and months which will provide further opportunities to influence the government's final decisions and determine with greater confidence the relevant regulatory measures needed, based on the government's approach. Further updates will be provided once available. The College's response to the consultation can be found [here].

Expanded Scope Update
The College continues to prepare for an expansion of scope for pharmacists and pharmacy technicians in response to the government's 2024 consultation regarding additional minor ailments and lab tests to support these, expansion of pharmacy within the public vaccination program and inclusion of pharmacy technicians authority to administer Schedule 3 vaccines, and will be ready to respond should direction be provided from the Minister of Health to develop regulations to enable these scope changes.

OPERATIONS

Staff Engagement Survey
The College completed its annual Staff Engagement Survey, hosted by McLean and Company during June 2025 with 94% of staff participating. We invite employees to share their insights and feedback to help shape our programs and initiatives that contribute to our culture and create a great place to work. Our engagement score remained relatively the same as previous year at 74.5%, however with some shifts in specific drivers of engagement.

Strategic Goal 1 Summary
As outlined in the dashboard, there are three key deliverables for Goal 1 in 2025: operational assessment changes; pharmacy professionals' survey and policy changes.

Deliverable 1: Operational Assessment Changes
The pilot project to test how the College can expand its focus during community pharmacy operational assessments to include outcomes started earlier this year.

The intent of this project is to better identify if any aspect of pharmacy operations is creating or leading to challenges that get in the way of the delivery of quality, ethical and safe patient care. Currently, the College's operations advisors look for evidence to confirm that the pharmacy has appropriate staffing and workflow to enable pharmacy professionals to fulfill standards of practice and to optimize patient care. Under the pilot project, operations advisors look for whether the identified processes are being used consistently, by conducting a random audit of patient profiles, looking for documentation of allergies, medical conditions, indication for prescriptions, and communication with the patient.

Deliverable 2: Pharmacy Professionals' Survey
The Business Pressures and Pharmacy Professionals' Well-Being Survey was launched on June 5th, 2025 and closed June 30th, 2025. Over 1300 pharmacy professionals completed the survey. The College is working with pharmacy researchers and statisticians to analyze the results and expects to release a public report by October 2025.

Deliverable 3: Policy Changes
A policy research paper describing the results from current environmental scans in several policy areas, including ownership models, staffing ratios, clinic requirements and conflict of interest was completed in 2024. During the first half of 2025, a decision framework was used to analyze the identified policy options to consider evidence-based recommendations for the Board, that may advance the Goal 1 objectives.

A key issue identified through this policy analysis is understaffing of pharmacists and pharmacy technicians, which poses significant risks to patient safety, increases professional burnout, reduces access to care, and compromises the ability of pharmacy professionals to uphold regulatory standards and ethical obligations. To address staffing levels and workforce pressures, the Nova Scotia College of Pharmacists (NSCP), in partnership with a consulting company, introduced an initiative (StaffWISE™) in 2024 that uses data-driven tools and a proposed staffing score policy to ensure safe, sustainable pharmacy staffing across the province. A feasibility study has been recommended as one of the 2026 operating priorities to help the College determine if this model could be replicated in Ontario.

Public website refresh launching soon

Following many months of user input, analysis, planning and implementation, the refresh of the College's website is set to launch later in September. Final testing is now underway. The go-live date is tentatively set for September 23, though this date might shift by a few days depending on the timing of other communication activities that may be prioritized over the coming weeks. The focus of the refresh is aimed at timelier and easier access to information through enhanced navigation and site search, a reorganization of and update to key content relevant to users as well as faster load times, more intuitive functionality and ongoing adherence to website accessibility standards. The refresh considers primary users, which are mainly pharmacy professionals and system partners, and secondary users which include the public. The refresh initiative is one of the major deliverables associated with Strategic Goal #2 of the College's 2024-28 Strategic Plan.

PACE for Pharmacy Technicians

College staff continue to regularly engage with system partners, including hospital pharmacy directors and their staff, in an effort to ensure that PACE for Pharmacy Technicians, which was introduced in late 2024 as a registration requirement for pharmacy technician applicants, is successful and is not a barrier to registration for individuals seeking registration.

The College has successfully trained 148 assessors across 62 different communities throughout Ontario, including 31 assessors in hospital settings. While data is limited due to the fact that the program has only been implemented since late 2024, initial survey results from pharmacy technician applicants who have completed PACE indicate that two thirds of applicants found a PACE site in less than 3 weeks, 83% were able to select their first choice, and 75% had a commute of less than 60 minutes to their PACE site. Comments from candidates have also been positive, with some indicating that they have "found the process fast when compared to my experience with the SPT program" and "a more straightforward way of demonstrating my competence". The College is continuing to collect data and engage with partners across the system to improve accessibility to the PACE program and to ensure that accessibility to registration in a timely manner is maintained.

Registrant Records System (RRS)

Despite significant efforts by both the project team and business areas, the RRS initiative experienced delays, with several key workstreams yet to fully begin. To ensure readiness and support a successful transition, the Executive Team approved a revised go-live date of **January 19, 2026**, and has established more frequent regular progress check-ins to assess status and determine if further adjustments are required.

Following the successful completion of User Acceptance Testing (UAT) on July 31, 2025, the project team has shifted its focus to internal workstreams. The project remains on track for the revised go-live date, with key risks actively managed and additional resources allocated to strengthen change management and user adoption efforts.

Due to slower-than-expected progress in data migration – attributed to competing priorities, limited staffing, and a steep learning curve – the decision was made to engage an external vendor. The contract fee was fully offset by savings in other expenses. The vendor was onboarded on July 28, 2025, and migration work is now progressing well.

Key Areas of Focus

There are specific areas where there are some concerns that may impact the successful implementation of the new system:

- **Change Management**: UAT feedback highlighted concerns around user adoption, particularly users' comfort with the new system. In response, the team is defining clear criteria for both system readiness (ensuring all issues are resolved) and business readiness (ensuring users have the knowledge and are capable). Additional communication and training efforts are being planned to support adoption.
- **System Readiness**: PRIME stability at go-live is critical, as the support of the current RRS ends November 30th.
  The project team is currently monitoring several key risks, including:

Risks	Health Check	Comments
Budget	R	• The RRS project is currently projected to exceed its 2025 budget by $231,000 (26%), even after applying its 10% contingency allocation. This overage will be offset through the deferral of non-critical investments and identified savings, particularly in staffing costs.
Schedule	Y	• The project is currently on track. However, as detailed planning progresses and more information becomes available, there is a potential risk of schedule delays.
Resources	Y	• **Staff availability:** With UAT now complete, the project has transitioned to internal activities in preparation for the January 2026 go-live. Multiple critical and interdependent workstreams are progressing in parallel. Given the tight timelines—and the fact that the same project team and business staff are engaged across all workstreams—there are potential vulnerabilities that could impact overall readiness. The team is actively monitoring capacity and prioritizing tasks to mitigate these risks.

BOARD BRIEFING NOTE
MEETING DATE: **September 15-16, 2025**

FOR DECISION

From: Zubin Austin and Wayne Hindmarsh, appointed scrutineers for 2025 election
Susan James, Acting Registrar and Sharlene Rankin, Executive Assistant

Topic: Election Engagement

Issue/Description: Recommendation to the Board to add **election engagement** to the College's Risk Register due to identified vulnerabilities.

Public interest rationale: Self-regulation in Ontario is a delegated authority and privilege granted by the government to healthcare professions that demonstrate that they can prioritize the public interest and maintain high standards of practice. This privilege is conditional and there is a risk that the trust of the government and the public can become eroded should the focus of the College shift from one of maintaining professional standards and patient protection, to advocacy for the profession or other interests.

Strategic alignment, regulatory processes, and actions: Having a strong electoral process and engaged registrants supports achieving a competency-based and diverse Board of Directors that have the skills to make policy decisions in the public interest and develop strategic objectives and goals that further the College's public protection mandate.

Background:
- Zubin Austin and Wayne Hindmarsh have been appointed and served as the College's scrutineers for many years.
- With this duty comes a unique lens into the process, results and engagement scores for the election, and the opportunity for analysis and reflection.
- The engagement scores for the last five years are outlined below:
  - 2025 – 14.2%
  - 2024 – 14.86%
  - 2023 – 11.90%
  - 2022 – 13.14%
  - 2021 – 15.38%
- An ongoing discussion each year, both scrutineers have continued to identify the issue of low voter turnout as a risk to the College.
- They have observed that excellent candidates have lost the opportunity to serve, or continue to serve, due to very small margins – less than 45 votes in some cases.
- Additionally, they identified that election candidate statements should have additional scrutiny and review criteria to ensure removal of references to professional advocacy or self/business promotion.
- With the College having recently undergone an external governance review, this seemed the ideal time for the scrutineers to raise this concern to the Board and add examination of the election process to the list of foundational governance work to come.

Analysis:

- With low registrant engagement and voter turnout, there is a theoretical risk that a small number of individuals could co-opt the election, skewing the results toward outcomes that serve their own interests – whether related to professional advocacy, specific policy issues, business agendas, or personal grievances stemming from conduct matters.
- Strategic, coordinated voting to elect specific candidates to the Board could significantly influence decision-making; through lobbying, voting for or against key motions, or introducing issues that distract from strategic priorities or do not align with the mandate of public protection.
- During the election, registrants should carefully consider who they want at the decision-making table, as it directly impacts patients and their professional practice, scope of practice, medication safety, standards and registration.
- Additionally, limited voter turnout can also challenge diversity, representation and achieving a balance of competencies, experience and voices on the Board.
- Finally, recent media coverage of board breakdowns serves as a cautionary tale, highlighting risks that could lead to significant reputational and financial consequences for the College.

Recommendations:

Below are several recommendations for Board consideration:

- Addition of "election engagement" to the risk register and identification of mitigation strategies.
- Develop a collective approach to building a culture of registrant engagement.
- Undertake an environmental scan to examine approaches by other regulators.
- Examine the benefits of election alternatives such as appointments, or other strategies to boost engagement. For example, in Australia's federal elections, eligible voters are legally obligated to vote. This measure is generally viewed as uncontroversial and has dramatically increased voting rates.
- As part of the governance review, examine the election process to determine if the structure is functioning effectively and achieving the desired outcome.

Motion: THAT the Board approve the addition of election engagement to the risk register to support the identification of mitigation strategies.

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 August 29, 2025)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Pharmacy Act, General Regulation (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.	TBD	TBD	TBD
Recently Approved					
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	**Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach. **Quality Assurance** – to include pharmacy technicians and align QA program with new Mode, including shift from declaration of practice hours to maintenance of competency to	February 2018	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.

	practice to standards.				
Pharmacy Act, General regulation (202)94 – Controlled Acts	Expand scope to support the 2023-24 respiratory illness session by allowing: - administration of respiratory syncytial virus (RSV)vaccine, - pharmacy technicians to administer Schedule 3 vaccines, - pharmacists to prescribe Tamiflu, - removal of specific age restrictions for administration of vaccines, -Transition of authority for COVID-19 vaccine Paxlovid prescribing from the *Regulated Health Professions Act* (*RHPA), Controlled Acts Regulation* (107/96) to the *Pharmacy Act, General Regulation (202/94).*	August 31, 2023	Approved December 12, 2023	Effective as of 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 (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 pharmacists and pharmacy technicians to administer the COVID-19 vaccine will transition on April 1, 2024.*	The Ministry did not include the proposed changes to remove age restrictions for vaccine administration or to allow pharmacy technicians to administer Schedule 3 drugs in the final version of the regulation. No rationale for removal was provided.

Pharmacy Act, General regulation (202/94) Registration-Emergency Assignment Certificates	To achieve alignment of the emergency assignment certificate criteria with regulation 508/22 under the RHPA	June 15, 2023	Amending regulation (295/23) approved by government and filed on Aug 21, 2023	Implementation August 31, 2023	
Pharmacy Act, General regulation 202/94 – Controlled Acts (additional minor ailment prescribing)	To add six additional minor ailments to the pharmacy scope of practice.	April 14, 2023	Approved August 21st	Implementation October 1st, 2023	The OCP submission used lists of drugs for identification of prescribing authority parameters. This was a change from the previous approach which referred to categories of drugs identified by an American entity (the AHFS clinical drug information). The change was a result of intellectual property -based impediments to access to the AHFS information.
Pharmacy Act, General regulation 202/94 – Controlled Acts (Administration by injection and inhalation)	Enable administration of drugs for purposes beyond education and demonstration	November 2019	Approved May 15, 2023	Implementation July 1, 2023	College guidelines updated

Other

Pharmacy Act (and all other Acts referencing the College)	Request to change the College name to "College of Pharmacy"	February 2019, Letter to the Minister of Health and June 2021 as part of response to governance consultation.	Minister responded that evidence and support that patients would benefit is required		
Regulated Health Professions Act and Pharmacy Act – government consultation on governance reform	Board supported: Reduction in Board size, separate Board and Statutory Committees, Competency Based elections, flexibility to investigate, continue 50/50 balance of professional and public directors, and eliminating academic directors	June 30, 2021 Response to government consultation through letter to Ministry	No further action from government to date	Dependent on government direction	
N/A - Advice to Government re - closed Preferred Provider networks	Board recommendation to government to consider negative impact of closed preferred provider networks: impact on patient choice and continuity of care.	January 2019 Letter to Minister of Health	N/A – no response expected, letter provided advice only	Closed Provider Networks continue to be in existence	

Memo

Date: September 15, 2025

To: Board of Directors

From: Susan James, Acting Registrar

RE: Appointment of Inspectors

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

Angela Bates
Nicole Bruder
Charles Chan
Lap Kei Chan
Roshni Chaudhari
Kelly Crotty
Peter Gdyczynski
Tania Guiboche
Andrew Hui
Gurjit Husson
Robert Ip
Susan James
Sushil Khan
Andreea Laschuk

Jimmy Le
Shelina Manji
Joshua Martell
Karen Matthew Tong
Michelle Nagy
Braden Nguyen
Ijeoma Onyegbula
Ruth Schunk
Brittney Shaw
Lisa Simpson
Sanjeet (Sonia) Sohal
Geoffrey Sokolowski
Jovana Tomic
Rosamaria Torchia

* "Inspectors" as referenced under the DPRA, are also referred to as Operations Advisors in the field and by the College. Investigators who conduct investigations under s. 75 of the RHPA are also included in this list.

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

Ontario College of Pharmacists
Putting patients first since 1871

FOR INFORMATION

From: Thomas Custer, Acting CEO

Topic: College Performance Dashboard – Key performance results for Q2 2025

Issue: To provide the Board with a quarterly update on how well the College is tracking towards its 2025 targets and trends on key monitoring measures.

Public interest rationale: This update supports the Board's oversight responsibilities and reinforces accountability to the public regarding the College's performance on its 2025 goals.

Strategic alignment, regulatory processes, and actions: Regular performance reporting enhances the Board's oversight role, building public trust, and demonstrates the College's commitment to addressing emerging issues and achieving regulatory excellence.

Background:

- Each year, the Board approves a performance dashboard (scorecard) to enable the Board and the public to evaluate:
  - Progress toward annual targets.
  - Key risks that may impact achievement of targets.
  - Execution of critical regulatory activities to provide context and inform strategic discussions.
- The 2025 Dashboard was approved the December 9, 2024, Board meeting, with performance targets finalized at the March 24, 2025, meeting.
- The 2025 Dashboard includes four domains:
  - **Regulatory Competence:** Execution of statutory functions to protect the public interest.
  - **Strategic Priorities:** Progress on strategic goals, Ministry direction and system collaboration.
  - **Organizational Capacity:** Resources, capabilities, and infrastructure to fulfill the mandate and ensure compliance.
  - **Risk Management:** Identification and mitigation of risks affecting performance.
- Measures are categorized as:
  - **Performance Measures:** With specific targets aligned to strategic and operational goals.
  - **Milestones**: One-time deliverables or initiatives with defined completion criteria.
  - **Monitoring Measures:** Without targets, providing contextual insights to inform future operational and strategic planning
- College staff provide quarterly updates to the Board.

Analysis:

1. Performance Overview[1]

- For detailed 2025 Q2 College Dashboard performance results, please see to the full report (Attachment 12.3a). Below is a summary of the results.

- In Q2:

  - 8 of the 16 performance measures and milestones are on track or have been achieved (compared to 9 in Q1).

  - 4 are approaching target or at potential risk.

  - 3 are annual and not yet reported.

Domain	Performance Measures or Milestones	Meets or Exceeds Target (Or Completed)	Approaching Target < 25% or at Risk	Beyond Target > 25% or off track	Measured at Year End / Once A Year
Regulatory Competence	5	3	2	-	-
Strategic Priorities	4	4	-	-	-
Organizational Capacity	7	3	1	-	3

1.1 Measures and Milestones Improved

- **High/Moderate Risk Complaints Disposed Within 150 Days** *(Performance Measure – Regulatory Competence)*

  - Status: Improved from *beyond target* to *meeting target*.

- **Microsoft Security Score** *(Performance Measure – Organizational Capacity)*

  - Status: Improved from *approaching target* to *meeting target*.

- **Trained Staff Confident in Applying EDI Principles** *(Performance Measure – Regulatory Competence – Strategic Goal #4)*

  - Status: First reported in Q2; on track and *meeting target*.

1.2 Measures and Milestones On Track or Completed

- **High and moderate risk Registrar's Inquiries are disposed of within 365 days** *(Performance Measure – Regulatory Competence)*

- **Completion of three 2025 deliverables to reduce corporate pressures** *(Milestone – Strategic Priorities – Goal #1)*

- **Completion of two virtual townhall sessions with registrants and system partners** *(Milestone – Strategic*

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[1] **Note**: Performance status (e.g., *meeting target, approaching target*) is assessed based on **year-to-date (YTD) performance**, not solely on Q2 results. This approach provides a more accurate reflection of progress toward annual targets.

Priorities – Goals #1 & #2)

- **Website renewal launched to strengthen communications** *(Milestone – Strategic Priorities – Goal #2)*

- **Mandatory training program for non-sterile compounding supervisors launched** *(Milestone – Regulatory Competence)*

1. 3 Measures and Milestones Approaching Target / At Potential Risk

- **Voluntary Turnover Rate** *(Performance Measure – Organizational Capacity)*

  o Status: Changed from *meeting target* to *approaching target*.

  o Target: 3.8% (vs. public sector benchmark of 6.6%, per 2024 Korn Ferry Compensation & Benefits Report)

  o Outlook: Expected to not meet target for the remainder of 2025 as target is aggressive and was based on past performance. We will reset target to a public sector benchmark in 2026.

- **Percentage of Out-of-Date Practice Policies Reviewed** *(Performance Measure – Regulatory Competence – Strategic Goal #2)*

  o Status: Potential Risk of not *meeting target* at end of year

  o Progress: 3 of 16 completed; one scheduled for September. (currently

  o Outlook: Dependent on the Board completing review at the September and December meetings.

- **Registrant Records System (RRS) Implementation** *(Milestone – Organizational Capacity)*

  o Status: Remained *at potential risk*.

  o Target: Postponed go-live date to January 2026

  o Outlook: Go-live data is still at potential risk due to resource constraints.

- **Health Professions Appeal and Review Board (HPARB) complaint decisions confirmed** *(Performance Measure – Regulatory Competence)*

  o Status: Remained at *approaching target*.

  o Progress: HPARB improved from Q1 (80%) to Q2 (100%)

  o Outlook: College is expected to meet the 2025 target of 90%

2. Risk Profile

- Risk management and performance measurement are two sides of the same coin. While performance measurement evaluates progress against annual targets, risk management proactively identifies and addresses that may hinder success – ensuring timely mitigation or escalation to the Board when necessary.

- The **Performance Target Risk Index (PTRI)** provides a consolidated view of the College's risk exposure in achieving its 2025 targets. It helps the Board assess whether performance goals remain attainable.[2]

- As of Q2, the **PTRI** is at 1.44, well below the quarterly monitoring threshold of 1.8. This indicates that most 2025

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[2] The PTRI is calculated by multiplying the number of high-risk metrics by 3, medium-risk metrics by 2, and low-risk metrics by 1, summing those values, and then dividing by the total number of metrics.

performance targets are currently considered low risk for non-achievement.

- The **Critical Performance Risk** is at 19%, reflecting three measures currently at risk of not being met:

  o Percentage of high and moderate risk complaints disposed of within 150 days

  o Percentage of out-of-date practice policies that have been reviewed

  o Implementation of the RRS system

- Overall, the level of critical performance risk remains within an acceptable range, suggesting that the College continues to operate within a generally stable and well-managed performance environment for its 2025 priorities.[3]

3. Monitoring

- Regarding the 18 **monitoring measures**, nine measures show no change in trend, and there are nine measures for which the College has not enough data for trend analysis.

Domain	Monitoring Measures	Trending Positive	No Change in Trend	Trending Negative	Not Enough Data
Regulatory Competence	11	-	9	-	2
Organizational Capacity	7	-	-	-	7

- All monitoring measures show no significant change from the previous quarter. The attachment 12.3a College Dashboard report provides a detailed analysis of these measures.

Attachments:

- 12.3a – 2025 College Dashboard Report – Q2 Results
- 12.3b – 2025 College Dashboard Measures Definitions

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[3] The Critical Performance Risk is calculated by dividing the number of high-risk metrics by the total number of metrics and multiplying the result by 100 to express it as a percentage.

Attachment 12.3a

2025 Board Dashboard – Q2 Results

Content

Item	Slide #
Section 1 – Background	4
Section 2 – Dashboard Summary	6
Section 3 – Results Q1 Performance Measures	8
Section 4 – Results Q1 Monitoring Measures	18
Appendix 1 – How to Read the Graphs	29

Section 1 – Background
2025 Board Dashboard Domains

Regulatory Competence

How effectively and efficiently does the College execute its core statutory functions and regulatory mandate to protect the public interest?

Strategic Priorities

How well is the College progressing towards its strategic goals, implementation of Ministry direction and collaborating with system partners?

Organizational Capacity

Does the College have 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?

Risk Management

How effectively does the College identify, assess, and manage risks that could impact the achievement of its performance targets?

Section 1 – Background
2025 Board Dashboard Sub-Domains

Domain	Sub-Domains	
Regulatory Competence	• Registration • Quality • Conduct	• Regulatory Policies • Public Trust
Strategic Priorities	• Strategic Plan Execution • Government-Directed Change	• System Partnerships
Organizational Capacity	• Human Resources • Financial Health • Efficiency	• Information Technology • Compliance
Risk Management	N/A	

Section 1 – Background
Type of Dashboard Measures

Performance Measure: Have specific targets aligned with the College's strategic and operational goals for 2025.

Monitoring Measure: Have no targets and are intended to provide context and information about the College's performance in areas not covered by the annual operational plan, to support future strategic and operational planning.

Section 2 – Dashboard Summary (Performance Measures)

Regulatory Competence

Quality			Q1	YTD	target	status
1	Mandatory training program for non-sterile compounding supervisors established and launched		25%	60%	Dec-2025	🟢

Conduct		YTD 2024	Q1	Q2	YTD	target	status
2	% High and moderate risk complaints disposed of within 150 days	31%	13%	67%	45%	30%	🟢
3	% High and moderate risk Registrar's Inquiries are disposed of within 365 days	32%	67%	57%	64%	50%	🟢
4	% HPARB complaint decisions confirmed	100%	80%	100%	88%	90%	🟡

Regulatory Policies			Q2	YTD	target	status
5	% of out-of-date practice policies that have been reviewed		2%	7%	26%	🟡

Strategic Priorities

2024-2028 Strategic Plan Execution			Q1	YTD	target	status
6	Completion of 3 2025 deliverables to reduce corporate pressures (Strategic Goal #1)		30%	75%	Dec-2025	🟢
7	Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)		25%	75%	Dec-2025	🟢
8	Launched website renewal to strengthen effective communications (Strategic Goal #2)		70%	80%	Sep-2025	🟢
9	% of trained staff reporting confidence in applying EDI principles (Strategic Goal #4)		-	90%	80%	🟢

Organizational Capacity

Human Resources		YTD 2024	Q1	Q2	YTD	target	status
10	% of staff engagement (overall)	75%	-	-	-	63%	-
11	% of staff engagement (inclusion)	90%	-	-	-	80%	-
12	% Voluntary staff turnover rate	4.0%	3.5%	1.2%	4.7%	3.8%	🟡

Technology		YTD 2024	Q1	Q2	YTD	target	status
13	% of up-time of business-critical information systems	100%	100%	100%	100%	99.9%	🟢
14	Microsoft Secure Score	75%	78%	81%	80%	80%	🟢

Information Infrastructure			Q1	YTD	target	status
15	Implement Registrant Records System (RSS)		75%	75%	Jan-2026	🟡

Compliance		YTD 2024	YTD	target	status
16	% of CPMF standards fully met	138/244 67%	-	80%	**

LEGEND

🟢 Meet or Exceeds Target / On Track

🟡 Approaching Target / Potential Risk

🔴 Beyond Target / Risk or Roadblock

** Status determined at year end.

Note: YTD results combine first & second quarters. Q2 results only apply to the period Apr to Jun.

Section 2 – Dashboard Summary (Monitoring Measures)

Regulatory Competence

Registration

		YTD 2024	Q1	Q2	YTD	trend analysis
17	% of Registrar decisions made within 30 days after receiving the complete application	100%	100%	100%	100%	🔵

Quality - Registrants

		YTD 2024	Q1	Q2	YTD	trend analysis
18	% of community pharmacists who successfully passed their practice reassessments following coaching	89%	71%	89%	83%	🔵
19	% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation	20%	-	-	-	-
20	% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation	100%	-	-	-	-

Quality - Pharmacies

		YTD 2024	Q1	Q2	YTD	trend analysis
21	Average days cycle time for high risk assessments	388	441	458	450	🔵

Conduct

		YTD 2024	Q1	Q2	YTD	trend analysis
22	Open investigation cases at month end (YTD)	412	615	n/a	648	🔵
23	Average processing times for high and moderate risk Complaints (days)	228	236	203	216	🔵
24	% of Complaints resolved through informal processing	22%	37%	25%	32%	🔵
25	% of Registrar's Reports resolved through informal processing	21%	28%	11%	24%	🔵
26	% of registrants who successfully passed the post-ICRC remediation assessment	90%	100%	94%	97%	🔵

Public Trust

		YTD 2024	Q1	Q2	YTD	trend analysis
27	% Positive Media Sentiment	41%	100%	45%	50%	🔵

Organizational Capacity

Human Resources

		Q1	Q2	YTD	trend analysis
28	% of staff completing professional development activities	16%	8%	24%	-

Financial Health

		Q1	YTD	trend analysis
29	Working capital ratio (YTD)	4.9	4.0	-
30	Months of spending ratio (YTD)	10	10	-
31	% Budget-to-actual variance (YTD)	-6%	-8%	-
32	% above/below required reserve balance (YTD)	131%	31%	-

Efficiency

		Q1	YTD	trend analysis
33	Staff cost ratio (YTD)	74%	75%	-
34	External-to-total cost ratio (YTD)	4%	4%	-

139/244

LEGEND

🟢 Trending Positive

🔵 No change in trend

🔴 Trending negative

- Trend can not be determined (not enough data)

Note: YTD results combine first & second quarters. Q2 results only apply to the period Apr to Jun.
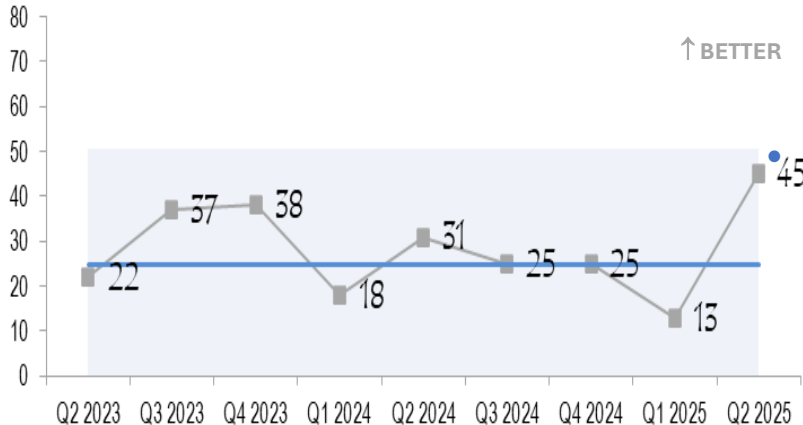
Section 3: Q2 Performance Results
Regulatory Competence

Milestone		Cause / Key Points	Comments or Next Steps
Quality			
🟢	Mandatory training program for non-sterile compounding supervisors established and launched (*2025 Operational Plan Priority*)	**Key Points:** • This is a 2025 Operational Plan priority • Development of compounding training sub-modules is on track.	**Next Steps:** • Risk assessment tool and user guides scheduled for completion in Q3. **Comments:** • Overall completion estimate is 60%. Completion by year end is likely.

Regulatory Competence

Performance Measures			Q2	YTD	Target	Cause	Response
Conduct							
●	% High and moderate risk complaints disposed of within 150 days		67%	45%	30%	• Currently meeting target	• The College is processing a high volume of files in 2025; a number are older than 150 days and should be disposed of in the next 2 quarters. • From 2024 to 2025, due to the change in metrics, the team is sharpening its focus on expediting moderate- and high-risk complaints • We continue to focus on resolving low risk complaints through informal processing, therefore freeing up panel and college staff to focus on higher risk matters.

Section 3: Q2 Performance Results
Regulatory Competence

Performance Measures			Q2	YTD	Target	Cause	Response
Conduct							
●	% High and moderate risk Registrar's Inquiries are disposed of within 365 days		57%	64%	54%	• Currently meeting target	• From 2024 to 2025, due to the change in metrics, the team is sharpening its focus on expediting moderate- and high-risk reports. • The College continues to focus on resolving low risk matters through informal processing, therefore freeing up panel and college staff to work on higher risk matters.

Section 3: Q2 Performance Results
Conduct & Regulatory Competence

Performance Measures			Q2	YTD	Target	Cause	Response
Conduct							
●	% HPARB complaint decisions confirmed		100%	88%	90%	• 3 out of 3 decisions received in Q2 were confirmed by the Health Professional Appeal and Review Board (HPARB).	• For every matter that is returned by HPARB, the College carefully analyzes the reason for its return to prevent a similar return in the future. The ICRC receives training on HPARB processes. • No further activities have been undertaken beyond what the college is already doing.
Regulatory Policies							
●	% of out-of-date practice policies that have been reviewed (*2025 Operational Plan Priority*)	*Total # of outdated policies: 61* 	Results are YTD	**Q1**	**Q2**	**Q3**	**Q4**
---	---	---	---	---
# Completed	3	4		
Results	5%	7%				2%	7%	26%	• 10 policies were ready but deferred from reviewing at the June board meeting. • To meet target, 12 more policies will need to be reviewed.	• Review of remaining policies is dependent on the board completing review at the September and December meetings.

Section 3 – Q2 Performance Results
Strategic Priorities

Milestone	Cause / Key Points	Comments or Next Steps
2024 – 2028 Strategic Plan Execution		

● Completion of 2025 deliverables* to reduce corporate pressures completed (*Strategic Goal #1 – 2025 Operational Plan Priority*)	**Key Points (See Registrar's Report for more detail)**
	
	• **Deliverable 1:** Operational Assessment Changes
	   ○ Pilot launched March 2025.
	• **Deliverable 2**: Pharmacy Professionals' Survey.
	   ○ Launched in June 2025
	• **Deliverable 3:** Policy changes
	   ○ Staff requested and received a proposal for a feasibility study to introduce the Staff WISE platform for managing staffing levels within community pharmacies. Conducting the feasibility will be brought forward to the Board for consideration as part of the 2026 Operational Plan.
		Next Steps:
		
		• **Deliverable 1**: Pilot progressing as planned.
		• **Deliverable 2:** Results will be published in September.
		• **Deliverable 3**: Pending decision of Board, conduct feasibility study in 2026

*Deliverables: 1) 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; 2) Pharmacy professional experience survey on workplace practices and public reporting; 3) Policy changes to reduce corporate pressures.

Section 3 – Q2 Performance Results
Strategic Priorities

Milestone	Cause / Key Points	Comments or Next Steps
2024 – 2028 Strategic Plan Execution		
● Completion of 2 virtual townhall sessions with registrants & system partners (Strategic Goals #1 & #2)*	**Key points:** • Townhall #1: PACE for Pharmacy Technicians completed July 17th at the Ontario Hospital Pharmacy Directors Forum (OHPDF) meeting.	**Next Steps:** • Townhall #2: AIMS Program Changes with tentative completion date in late September/early October (dates to be confirmed). The audience for this townhall is community-based registrants.
● Launched website renewal to strengthen effective communications (Strategic Goal #1)*	**Key Points:** • Functional requirements are being refined, particularly search capabilities • Content is being reviewed and migrated to the new site • Communication and change management plans are being developed to support launch in September 2025.	**Next Steps:** • Testing with users and staff being planned for late summer.

*2025 Operational Plan Priority

Section 3 – Q2 Performance Results
Strategic Priorities

Performance Measures			Q2	YTD	Target	Status	Comment
2024 – 2028 Strategic Plan Execution							
●	50% of trained staff reporting confidence in applying EDI principles*	<table><tr><td></td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td># Confident</td><td>0</td><td>9</td><td></td><td></td></tr><tr><td>Results</td><td>0</td><td>90%</td><td></td><td></td></tr></table>	90%	90%	80%	• Currently meeting target.	• There were 9 out of 10 trained staff reporting "confidence". • Next quarter the EDI trained Stewards will provide training to trial the curriculum with a subset of staff.

*2025 Operational Plan Priority

Section 3: Q2 Performance Results
Organizational Capacity

Performance Measures			Q2	YTD	Target	Cause	Response
Human Resources							
●	Voluntary turnover rate		1.2%	4.7%	3.8%	• Q1 had 6 departures across several departments. • Q2 had 2 departures. • Target is somewhat aggressive.	• YTD turnover will likely stay above target for the remainder of the year due to the elevated result in Q1. • There were no red flags from the Q1 turnover results. • Our sector 2024 Korn Ferry Compensation & Benefits Report for Canada benchmarks turnover @ 6.6%

Section 3: Q2 Performance Results
Organizational Capacity

Performance Measures		Q2	YTD	Target	Status	Comments
Information Infrastructure						
● % of up-time of business-critical information systems		100%	100%	99.9%	• Currently meeting target.	• Server room re-design and regular maintenance has contributed to keeping information systems at 100% readiness.
● Microsoft Secure Score		81%	80%	80%	• Currently meeting target.	• In May the College implemented a Microsoft security recommendation to all staff devices

Chart (% of up-time): values 100 across Q2 2023, Q3 2023, Q4 2023, Q1 2024, Q2 2024, Q3 2024, Q4 2024, Q1 2025, Q2 2025. ↑BETTER

Microsoft Secure Score table:

	2024 Q4	2025 Q1	2025 Q2
Result	75.4%	78.5%	80%

Section 3: Q2 Performance Results
Organizational Capacity

2025 Operational Goals	Cause/Key Points	Comments or Next Steps
Information Infrastructure		
● Implement Registrant Records System (RRS) (2025 Operational Plan Priority)	**Key Points:** • The October target date for "go-live" is no longer realistic. Due to delays across 2 major workstreams, configuration and training. A new target date of Jan 19, 2026, has been established. • Work is underway on internal streams including data migration, report building, change management, and end-user training planning, as OCP prepares for the revised go-live date. • The vendor is in the Build phase for the newly approved change request requirements, and progress is going well.	**Next Steps:** • User Acceptance Training (UAT) for the new change request requirements planned for Sept. • Continue progressing internal project streams to ensure readiness for the January 2026 Go-Live. • Further details available from the Registrar's Report.

Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures			Q2	YTD	Comments
Registration					
●	% of Registrar decisions made within 30 days after receiving the completed application.		100%	100%	• Decisions are consistently completed in 30 days or less. • On average we took 2 days in Q2 to complete 442 applications
●	% of community pharmacists who successfully passed their practice reassessments following coaching		89%	83%	• Out of the 37 pharmacists assessed in Q2, 33 passed their reassessment. • There were not any common reasons among the 4 that failed. • Registrants that fail practice re-assessments are required to complete and pass a Quality Assurance Assessment AND a Knowledge Assessment to determine if Quality Assurance Committee ordered remediation is needed.

Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures		Q2	YTD	Comments
Quality				
-	% of community pharmacists who successfully passed their practice assessment following QAC-directed remediation <table><tr><td></td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr><tr><td># of Pharmacists</td><td>6</td><td>6</td><td>10</td><td>5</td></tr><tr><td># Passed Assessment</td><td>3</td><td>6</td><td>6</td><td>1</td></tr><tr><td>Result</td><td>50%</td><td>100%</td><td>60%</td><td>20%</td></tr></table>	-	-	• **No data available for Q1 and Q2 because there were no assessments completed.** • There are 2 in progress for reporting in Q3. • These assessments are ordered by the QAC (Quality Assurance Committee) and only occur based on demand.
-	% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation <table><tr><td></td><td>2021</td><td>2022</td><td>2023</td><td>2024</td></tr><tr><td># of Pharmacists</td><td>2</td><td>1</td><td>7</td><td>6</td></tr><tr><td># Completed</td><td>2</td><td>1</td><td>7</td><td>6</td></tr><tr><td>Result</td><td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr></table>	-	-	• **No data available for Q1 and Q2 because there were no assessments completed.** • These assessments are ordered by the QAC (Quality Assurance Committee) and only occur based on demand.

Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures			Q2	YTD	Comments
Quality					
•	Average cycle time between assessments for community pharmacies in highest risk category, measured in average days		458	450	• Intent remains to assess at ~12-month intervals; exact timing may vary due to logistical considerations, including regional travel and resource optimization. • In some cases, timing was influenced by changes in compounding status at the pharmacy, facility construction, or the need to await committee decisions. • Several pharmacies were assessed as lower risk, permitting slightly extended intervals.
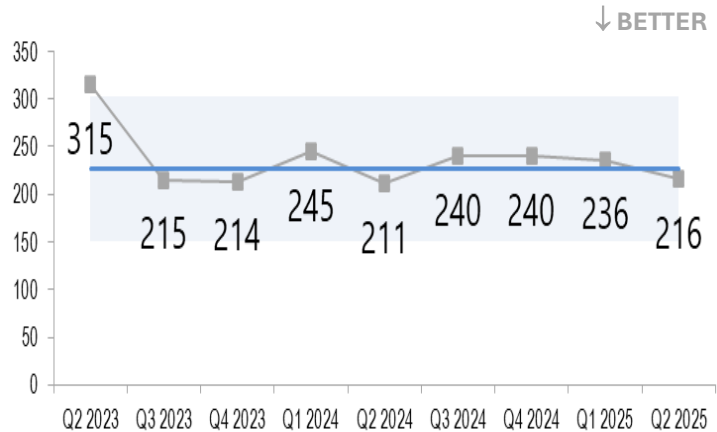
Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures			Q2	YTD	Comments
Conduct					
•	Open investigation cases at month end		n/a	648	• The last 3 months show a levelling off, (641-648) indicating the number of cases closed to the number of cases open may be equalizing. • The College continues to monitor closely inventory levels monthly.

Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures		Q2	YTD	Comments
Conduct				
●	Average processing times for high and moderate risk Complaints	203	216	• No significant change from the previous quarter YTD • There were 60 cases disposed in this quarter, the longest was 448 days, the shortest was 92.
●	% of Complaints resolved through informal processing	25% 154/244	32%	• No significant change from the previous quarter YTD

Chart 1 (Average processing times): ↓ BETTER. Values by quarter — Q2 2023: 315, Q3 2023: 215, Q4 2023: 214, Q1 2024: 245, Q2 2024: 211, Q3 2024: 240, Q4 2024: 240, Q1 2025: 236, Q2 2025: 216.
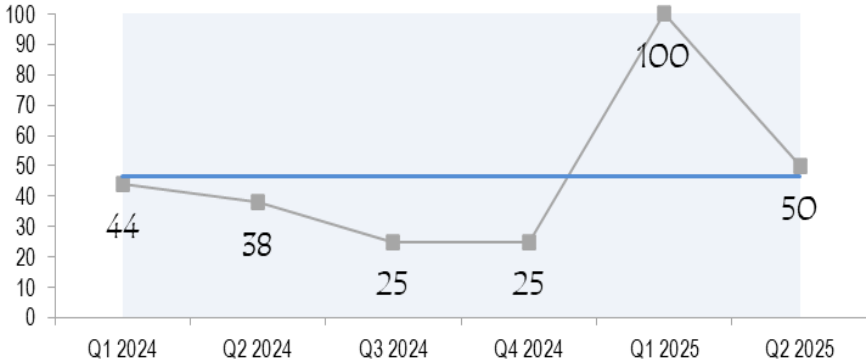
Chart 2 (% of Complaints resolved through informal processing): ↑ BETTER. Values by quarter — Q1 2024: 19, Q2 2024: 26, Q3 2024: 24, Q4 2024: 17, Q1 2025: 37, Q2 2025: 32.

Section 4 – Q2 Monitoring Results
Regulatory Competence

Monitoring Measures			Q2	YTD	Comments
Conduct					
●	% of Registrar's Reports resolved through informal processing		11%	24%	• No significant change from the previous quarter YTD.
●	% of registrants who successfully passed the post-ICRC remediation assessment		94%	97%	• No significant change from previous quarter YTD. • One out of 17 registrants did not pass their post remediation assessment in Q2.

Section 3: Q2 Monitoring Results
Regulatory Competence

Performance Measures			Q2	YTD	Comments
Public Trust					
•	% Positive Media Sentiment		45%	50%	• Q2 saw an increase in media activity, resulting in a larger sample size. While the percentage of Positive stories is lower than Q1, only 3 stories were rated as Negative in Q2.

Section 3 – Q2 Monitoring Results
Organizational Capacity

Monitoring Measures		Q2	YTD	Comments
Human Resources				
-	% of staff completing professional development activities	8%	24%	• 13 staff completed one or more professional development activities in Q2. There were a total of 38 staff YTD.
Financial Health				
-	Working Capital Ratio	n/a	4.0	• A ratio of 4.0 reflects very strong liquidity, demonstrating the College's ability to comfortably meet its short-term obligations using its short-term assets. However, a ratio this high may also indicate inefficient use of assets or excess cash reserves, suggesting that some short-term investments could potentially be converted into longer-term investments to optimize returns.

Human Resources – % of staff completing professional development activities:

	Q1	Q2	Q3	Q4
# Completed	25	13		
Result	16%	8%		

Financial Health – Working Capital Ratio:

	Q1	Q2	Q3	Q4
Current Liabilities	$6,739,401	$8,062,391		
Result	4.9	4.0		

Section 3 – Q2 Monitoring Results
Organizational Capacity

Monitoring Measures			Q2	YTD	Comments
Financial Health					
-	Months of Spending Ratio	<table><tr><td></td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>Results</td><td>10</td><td>10</td><td></td><td></td></tr></table>	n/a	10	• Months of Spending Ratio of 10 reflects very strong liquidity, demonstrating that the College could continue to operate for 10 months without any new revenue, relying solely on its available unrestricted reserves.
-	Budget-to-actual variance	<table><tr><td></td><td>2023</td><td>2024</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>Results</td><td>-2%</td><td>-6%</td><td>-6%</td><td>-8%</td><td></td><td></td></tr></table>	n/a	(8%)	• Budget-to-actual variance ratio demonstrates that actual YTD spending was 8% below budget. Much of the variance is related to YTD savings and timing of planned expenditures.

Section 3 – Q2 Monitoring Results
Organizational Capacity

Monitoring Measures			Q2	YTD	Comments
Financial Health					
-	% above/ below required reserve balance	(table below)	n/a	31%	• The College's reserve balances consist of an unrestricted reserve and two restricted (required) reserves: (1) Investigations & Hearings Reserve Fund, designated to support external legal expenses that exceed approved budget allocations. (2) Contingency Reserve Fund, established to provide for extraordinary, unbudgeted expenditures, with a target balance equivalent to four months of annual operating costs. • The required reserve balance totaled $11 million at the end of 2024 and is projected to increase to $11.5 million by the end of 2025. remains unchanged from the previous projection made for Q1. • The College's reserve balance is 31% above the required minimum, reflecting strong financial resilience and providing a significant cushion against unforeseen risks.

	2023	2024	Q1	Q2	Q3	Q4
Result	52%	48%	31%	31%		

Section 3 – Q2 Monitoring Results
Organizational Capacity

Monitoring Measures			Q2	YTD	Comments
Efficiency					
-	Staff Cost Ratio	<table><tr><td></td><td>**Q1**</td><td>**Q2**</td><td>**Q3**</td><td>**Q4**</td></tr><tr><td>Staff Cost</td><td>$5,542,962</td><td>$11,490,488</td><td></td><td></td></tr><tr><td>Results</td><td>74%</td><td>75%</td><td></td><td></td></tr></table>	n/a	75%	• A Staff-to-Cost Ratio of 75% indicates that three-quarters of the College's total expenditures YTD are devoted to personnel-related costs (salaries, benefits, and related expenses). It is consistent with a people-driven organization but highlights the need for careful workforce planning and cost control.
-	External-to-total cost Ratio	<table><tr><td></td><td>**Q1**</td><td>**Q2**</td><td>**Q3**</td><td>**Q4**</td></tr><tr><td>External Costs</td><td>$302,165</td><td>$658,319</td><td></td><td></td></tr><tr><td>Results</td><td>4%</td><td>4%</td><td></td><td></td></tr></table>	n/a	4%	• An External-to-Total Cost Ratio of 4% indicates that only a small portion of the College's expenditures are directed to external support. These costs are primarily associated with external legal costs and consulting. The low ratio reflects that most College operations are managed in-house, with external expertise engaged selectively—typically to address complex matters or when internal subject-matter expertise is lacking.

Appendix

- How to Read the XmR Graphs

How to Read the XmR Graphs* (for illustration purpose alone)
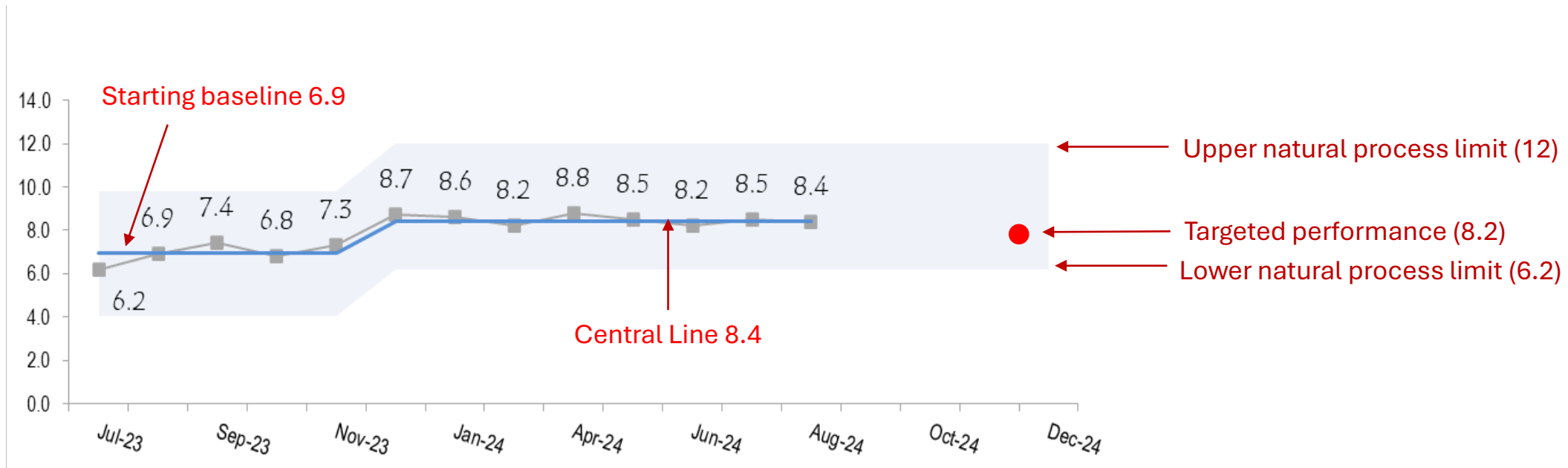
- Performance or values will always differ from one month or quarter to another, and the only way to see which ones are worthy of a response (or explanation) is to show them in what is called an XmR Chart. Showing the results in this format prevents us from:
  - Over-reacting to differences in our measure 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".

*XmR = (X) Average or Individual & (mR) moving Range

162/244

Attachment 12.3b

2025 Board Dashboard Measures
Definitions

2025 Dashboard Measures: Performance

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY EXCELLENCE		
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 *Regulated Health Professions Act*, 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 investigation 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 365 calendar days within the above timeline.	• This metric is an OCP internal metric. It shows the wait time of the registrant 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).

2025 Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
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 ICRC complaint decisions. HPARB reviews 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 investigation and decision processes.
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.

2025 Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PRIORITIES		
2024-2028 STRATEGIC PLAN EXECUTION		
Completion of 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: 1. 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 2. Pharmacy professional experience survey on workplace practices and public reporting 3. 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).

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PRIORITIES		
2024-2028 STRATEGIC PLAN EXECUTION		
% 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.

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL 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.

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
HUMAN RESOURCES		
% voluntary staff turnover	• 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. • 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.

Dashboard Measures: Performance *(cont'd)*

Performance Measure	Formula	Rationale and Understanding this Measure
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 COMPETENCE		
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.

Dashboard Measures: Monitoring *(Cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
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.

Dashboard Measures: Monitoring *(Cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
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.	• For every file where the ICRC requires that the registrant undergo remediation, they also include a post remediation assessment. A successful assessment is an indicator that the registrant has addressed gaps and improved their practice.

Dashboard Measures: Monitoring *(Cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
DOMAIN: REGULATORY COMPETENCE		
PUBLIC TRUST		
% Positive Media Sentiment	• The % positive media sentiment is calculated by dividing the total number of positive media stories published by the number of relevant media stories published.	• 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 positive media sentiment regarding the College.

Dashboard Measures: Monitoring *(cont'd)*

Monitoring Measure	Formula	Rationale and Understanding this Measure
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 (favorable variance) or negative (unfavorable variance).	• Informs the Board about the cumulative differences between the College's budgeted amounts and the actual financial outcomes on a quarterly basis.

Dashboard Measures: Monitoring *(cont'd)*

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.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending June 30, 2025

	Jan to Jun Budget	Jan to Jun Actual	Over/(Under) Actual to Budget	Note	Over/(Under) Actual to Budget	Jan to Jun Prior Year	Actual to Actual Current to Prior Year	2025 Full Year Budget	2025 Full Year Projection	Over/(Under) Projection to Budget	YE Projection to Budget
	$	$	$		%	$	%	$	$	$	%
REVENUE											
Registrant fees											
Pharmacists	16,338,174	15,958,517	(379,657)		(2)	15,200,170	105	16,559,695	16,559,695	-	100
Pharmacy Technician	3,682,724	3,723,615	40,891		1	3,378,193	110	3,781,245	3,781,245	-	100
Community Pharmacy fees	7,200,194	7,326,885	126,691		2	2,541,418	288	7,408,302	7,408,302	-	100
Health Profession Corporation	216,009	223,100	7,091		3	176,375	126	241,863	241,863	-	100
DPP Inspection Fees	13,000	22,160	9,160		70	7,271	305	22,160	22,160	-	100
Hospital Pharmacy Fees	1,236,000	1,245,242	9,242		1	624,277	199	1,239,266	1,239,266	-	100
Registration Fees											
Pharmacists:											
Pre-registration Fees	31,628	33,576	1,949		6	27,063	124	63,255	62,055	(1,200)	98
Pharmacists Application Fees	30,000	21,666	(8,334)		(28)	22,635	96	88,325	88,325	-	100
Studentship & Internship Application Fees	40,829	33,422	(7,407)		(18)	32,606	103	81,659	81,659	-	100
Examination Fees	91,000	99,602	8,602		9	20,875	477	161,191	161,191	-	100
	193,457	188,267	(5,189)		(3)	103,179	182	394,429	393,229	(1,200)	100
Pharmacy Technicians:											
Pre-registration Fees	126,326	128,550	2,223		2	41,008	313	252,653	252,653	-	100
PT Application Fees	59,994	57,331	(2,663)		(4)	12,466	460	119,988	119,988	-	100
Examination Fees	73,033	70,017	(3,015)		(4)	23,085	303	120,000	120,000	-	100
	259,353	255,898	(3,455)		(1)	76,559	334	492,641	492,641	-	100
Registration Fee to Lift Suspension	3,333	5,333	2,000		60	-	-	6,666	6,666	-	100
PACE Reassessment Fee - Pharmacists	1,782	3,085	1,303		73	1,163	265	3,564	3,564	-	100
Total Registration Fees and Income	457,924	452,583	(5,341)		(1)	180,900	250	897,299	896,099	(1,200)	100
Investment and Other Revenue											
Discipline Costs Recoveries	175,000	214,000	39,000	(1)	22	302,836	71	350,000	350,000	-	100
Investment Income	284,415	487,879	203,463	(2)	72	362,243	135	568,831	568,831	-	100
	459,415	701,879	242,463		53	665,079	106	918,831	918,831	-	100
TOTAL REVENUE	29,603,441	29,653,981	50,540		-	22,773,683	130	31,068,661	31,067,461	(1,200)	100

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations (continued)
For The Period Ending June 30, 2025

	Jan to Jun Budget	Jan to Jun Actual	Over/(Under) Actual to Budget	Note	Over/(Under) Actual to Budget	Jan to Jun Prior Year	Actual to Actual Current to Prior Year	2025 Full Year Budget	2025 Full Year Projection	Over/(Under) Projection to Budget	YE Projection to Budget
	$	$	$		%	$	%	$	$	$	%
Board & Committee Expenses											
Board	211,793	79,796	(131,996)	(3)	(62)	20,648	386	423,585	423,585	-	100
Committees:											
Accreditation	3,552	4,785	1,233		35	628	762	7,105	7,105	-	100
Discipline	230,000	212,799	(17,201)		(7)	93,430	228	473,026	473,026	-	100
Drug Preparation Premises	1,523	725	(798)		(52)	48	1,499	3,045	3,045	-	100
Executive	42,180	55,385	13,205	(4)	31	447	12,397	84,360	114,360	30,000	136
Finance & Audit	6,162	2,175	(3,987)		(65)	1,178	185	12,325	12,325	-	100
Fitness to Practise	8,141	0	(8,141)		(100)	16	0	16,283	16,283	-	100
Governance and Screening Committees	15,225	21,460	6,235		41	1,944	1,104	30,450	30,450	-	100
Inquiries, Complaints & Reports	52,779	49,760	(3,019)		(6)	21,137	235	105,558	105,558	-	100
Patient Relations	13,783	8,425	(5,358)		(39)	3,794	222	27,565	27,565	-	100
Quality Assurance	9,400	2,465	(6,935)		(74)	858	287	18,800	18,800	-	100
Registration	12,543	6,453	(6,089)		(49)	3,544	182	25,085	25,085	-	100
Total Committee	395,288	364,432	(30,855)		(8)	127,024	287	803,601	833,601	30,000	104
Total Board and Committee	607,080	444,229	(162,852)		(27)	147,673	301	1,227,186	1,257,186	30,000	102
Personnel					0						
Salaries	9,930,716	9,270,797	(659,919)		(7)	4,250,016	218	20,232,094	18,862,094	(1,370,000)	93
Benefits	2,035,624	2,051,621	15,997		1	950,411	216	4,120,288	3,772,419	(347,869)	92
Personnel - Other	319,150	183,840	(135,310)	(5)	(42)	159,470	115	638,299	638,299	-	100
					0						
Total Personnel	12,285,490	11,506,258	(779,232)		(6)	5,359,897	215	24,990,681	23,272,812	(1,717,869)	93

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations (continued)
For The Period Ending June 30, 2025

	Jan to Jun Budget	Jan to Jun Actual	Over/(Under) Actual to Budget	Note	Over/(Under) Actual to Budget	Jan to Jun Prior Year	Actual to Actual Current to Prior Year	2025 Full Year Budget	2025 Full Year Projection	Over/(Under) Projection to Budget	YE Projection to Budget
	$	$	$		%	$	%	$	$	$	%
Regulatory Programs					-						
Association Fees - NAPRA	76,848	76,848	-		-	36,595	210	153,696	153,696	-	100
Communication Initiatives	35,000	14,061	(20,939)	(6)	(60)	40,792	34	70,000	70,000	-	100
Consulting - Regulatory	-	-	-		-	-	-	-	-	-	-
Donations, Contributions and Grants	-	-	-		-	-	-	-	-	-	-
DPP Inspection	-	-	-		-	-	-	-	-	-	-
Election	3,250	-	(3,250)		(100)	-	-	6,500	6,500	-	100
Examinations, Certificates and Registrations	158,433	97,494	(60,939)	(7)	(38)	64,052	152	316,866	316,866	-	100
Government Relations	-	-	-		-	-	-	-	-	-	-
HIP / Investigation / Intake	41,000	7,845	(33,155)	(8)	(81)	2,504	313	82,000	82,000	-	100
Legal Conduct - External	650,000	595,220	(54,780)		(8)	320,216	186	1,335,000	1,335,000	-	100
Legal - Regulatory	-	415	415		-	134	311	-	-	-	-
Practice Assessment of Competence at Entry	55,000	67,897	12,897		23	21,530	315	101,120	101,120	-	100
Practice Initiatives	64,905	9,077	(55,828)	(9)	(86)	955	950	129,810	129,810	-	100
Medication Safety Programs	723,333	738,498	15,166		2	334,906	221	1,446,665	1,446,665	-	100
Professional Development / Remediation	1,700	-	(1,700)		(100)	-	-	3,400	3,400	-	100
Professional Health Program	53,784	41,313	(12,471)		(23)	25,638	161	107,568	107,568	-	100
Quality Assurance	91,047	95,198	4,151		5	38,311	248	182,094	180,894	(1,200)	99
Total Regulatory Programs	1,954,300	1,743,867	(210,433)		(11)	885,632	197	3,934,719	3,933,519	(1,200)	100

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations (continued)
For The Period Ending June 30, 2025

	Jan to Jun Budget	Jan to Jun Actual	Over/(Under) Actual to Budget	Not e	Over/(Under) Actual to Budget	Jan to Jun Prior Year	Actual to Actual Current to Prior Year	2025 Full Year Budget	2025 Full Year Projection	Over/(Under) Projection to Budget	YE Projection to Budget
	$	$	$		%	$	%	$	$	$	%
Operations											
Association Fees - General	10,000	3,777	(6,223)		(62)	12,590	30	20,000	20,000	-	100
Audit	-	-	-		-	-	-	30,135	30,135	-	100
Bank / Credit Card Charges	631,650	601,781	(29,869)		(5)	442,062	136	669,300	669,300	-	100
Consulting - Operations	84,000	26,072	(57,928)	(10)	(69)	281,691	9	168,000	168,000	-	100
Courier / Delivery	3,813	1,572	(2,241)		(59)	608	259	7,625	7,625	-	100
Donations & Contributions - Other	-	-	-		-	-	-	-	-	-	-
Information Systems Leasing and Maintenance	468,203	426,936	(41,267)		(9)	169,633	252	968,406	968,406	-	100
Insurance - E & O	29,500	20,272	(9,228)		(31)	1,962	1,033	59,000	59,000	-	100
Legal - Operations	5,000	9,445	4,445		89	-	-	10,000	10,000	-	100
Niagara Apothecary											
Expenses	28,095	29,009	914		3	5,520	526	56,190	56,190	-	100
Sales, Grants and Donations	(13,500)	(7,932)	5,568		(41)	-	-	(27,000)	(27,000)	-	100
Office Services - Equipment Leasing & Maintenance	7,500	6,895	(605)		(8)	3,307	208	15,000	15,000	-	100
Postage	2,050	979	(1,071)		(52)	976	100	4,100	4,100	-	100
Property											
Expenses	128,000	116,463	(11,537)		(9)	61,382	190	272,063	272,063	-	100
Rental Income	-	(680)	(680)		-	-	-	-	-	-	-
Publications (Annual Report & Pharmacy Connection)	5,500	4,543	(957)		(17)	1,539	295	11,000	11,000	-	100
Subscriptions	34,477	39,420	4,944		14	16,129	244	68,953	68,953	-	100
Supplies and stationery	11,043	12,195	1,152		10	1,803	676	22,086	22,086	-	100
Telecommunications	136,351	102,981	(33,370)	(11)	(24)	54,381	189	272,701	272,701	-	100
Travel	182,106	157,597	(24,509)	(12)	(13)	57,645	273	364,212	364,212	-	100
Total Operations	1,753,787	1,551,324	(202,463)		(12)	1,111,228	140	2,991,771	2,991,771	-	100
TOTAL CASH EXPENDITURES	16,600,656	15,245,677	(1,354,979)		(8)	7,504,430	203	33,144,358	31,455,289	(1,689,069)	95
EXCESS/ (DEFICIT) OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	13,002,785	14,408,304	1,405,520		11	15,269,253	94	(2,075,697)	(387,827)	1,687,869	19
Deduct: Capital Expenditures	(550,950)	(253,160)	297,790	(13)	(54)	(1,000)	25,316	(1,101,900)	(1,101,900)	-	100
EXCESS / (DEFICIT) AFTER CAPITAL EXPENDITURES	12,451,835	14,155,144	1,703,309		14	15,268,253	93	(3,177,597)	(1,489,727)	1,687,869	47
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION		14,408,304				15,269,253	94		(387,827)		
Deduct: Amortization		-				-					
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*		14,408,304				15,269,253	94		(387,827)		

*Includes gain/(loss) on disposal of fixed assets

Notes on Statement :

- Comments on variances provided if variance is 15% of budget and the amount is greater than $10,000

- Except for renewals, credit card charges, salaries and benefits, budget is based on one quarter of the annual budget

- Salaries and benefits are based on actual pay periods (12 pay periods YTD)

	Jan to Jun Budget	Jan to Jun Actual	Over/(Under) Actual to Budget	Note	Comments
	$	$	$		
REVENUE					
Investment and Other Revenue					
Discipline Costs Recoveries	175,000	214,000	39,000	(1)	Higher costs are primarily attributed to a larger order from a contested hearing. Collection of these costs remain pending the outcome of an appeal.
Investment Income	284,415	487,879	203,463	(2)	More investment income earned on higher cash balances as a result of renewals and savings in and timing of operating expenditures.
EXPENDITURES:					
Board & Committee Expenses					
Board	211,793	79,796	(131,996)	(3)	Favourable variance is mainly due to timing as more in-person Board training and meetings planned for later in the year.
Committees:					
Executive	42,180	55,385	13,205	(4)	Unfavourable variance is due to unanticipated legal costs with a projected $30K increase in legal spending by year end.
Personnel					
Personnel - Other	319,150	183,840	(135,310)	(5)	Fewer employees attended professional development conferences. Most employee relations events are scheduled for the end of the year.
Regulatory Programs					
Communication Initiatives	35,000	14,061	(20,939)	(6)	Initiatives will be carried out in the second half of 2025.
Examinations, Certificates and Registrations	158,433	97,494	(60,939)	(7)	Favourable variance is mainly due to timing of registrations.
HIP / Investigation / Intake	41,000	7,845	(33,155)	(8)	Favourable variance is mainly due to less resources required YTD.
Practice Initiatives	64,905	9,077	(55,828)	(9)	Favourable variance is mainly due to Policy Initiatives planned for later in the year.
Operations					
Consulting - Operations	84,000	26,072	(57,928)	(10)	Favourable variance is mainly due to a delay in execution of projects and support RRS following implementation, which is planned in Q4.
Telecommunications	136,351	102,981	(33,370)	(11)	Favourable variance is mainly due to fewer internet expense submissions for reimbursement YTD.
Travel	182,106	157,597	(24,509)	(12)	Favourable variance is mainly due to timing of travel for operational assessments.
Capital Expenditures	550,950	253,160	(297,790)	(13)	Favourable variance is mainly due to a delay of the boardroom improvements.

Investments as of June 30, 2025

	Date Invested	Original Investment	Maturity Date	Balance as of 12/31/2024	Q1 New Investment	Q1 Matured GIC to Cash	Q1 Gain / (Loss) in Market value	Q2 Gain / (Loss) in Market value	Balance as of 6/30/2025	Purpose
Business Premium Savings Account (BPSA)				1,591,613					448,798	Fund to cover operating expenses in the current fiscal year
Short term investment 365 days @5.12%, redeemable before maturity	2/13/2024	4,000,000	2/11/2025	4,000,000		(4,000,000)			0	
Short term investment 365 days @4.96%, redeemable before maturity	3/14/2024	9,900,000	3/13/2025	4,400,000		(4,400,000)			0	
Short term investment 12 months @3.55%, not redeemable before maturity	12/17/2024	5,000,000	12/17/2025	5,000,000					5,000,000	Short-term investments for Reserve Funds
Short term investment 365 days @2.90%, redeemable before maturity	12/17/2024	2,000,000	12/16/2025	2,000,000					2,000,000	
Short term investment 365 days @2.60%, redeemable before maturity	2/13/2025	7,000,000	2/12/2026	0	7,000,000				7,000,000	
Short term investment 365 days @2.60%, redeemable before maturity	3/13/2025	16,000,000	3/12/2026	0	16,000,000				16,000,000	
Managed investments (Cash, short-term, fixed income, and equities)	1/6/2024	3,000,000	N/A	3,207,627			19,491	41,228	3,268,346	Short and long-term investments for Reserve Funds
Total				**20,199,240**	**23,000,000**	**(8,400,000)**	**19,491**	**41,228**	**33,717,144**	

Reserve Funds as of June 30, 2025

	Description	Balance as of 12/31/2024		Balance as of 6/30/2025	Policy Expectation
Investigations and Hearings Reserve Fund	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.	1,100,000		1,100,000	Calculated annually based on caseload assignment at year end
Contingency Reserve Fund	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.	9,900,000		9,900,000	Not less than 4 months of operating expenses
Total		**11,000,000**		**11,000,000**	

**Accreditation Committee
September 2024 – September 2025**

Committee Overview:

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

Issuances and Renewals of Certificates of Accreditation

The Accreditation Committee reviews all issuance and renewal applications for pharmacy certificates of accreditation referred by the Registrar and determines the eligibility of the pharmacy. The committee may direct the Registrar to either issue/renew, refuse, or impose terms, conditions or limitations on the certificate of accreditation.

Operational Assessments

The Accreditation Committee considers operational assessment results of pharmacies referred by the operations advisor due to potential public safety concerns. The committee may choose one or more of the following outcomes for each pharmacy it reviews:

- **Conclude:** This occurs when the committee is of the view that the pharmacy has appropriately addressed the operational issues identified. Sometimes the committee will request that staff "short cycle" the next routine assessment to ensure that the pharmacy continues to maintain compliance with operational standards.

- **Reassessment:** The committee will direct staff to conduct a reassessment when they are not assured that the operational issues identified have been addressed. College by-laws require that pharmacies pay a fee for most reassessments required by the Accreditation Committee. Results of the reassessment are returned to the committee for further review.

- **Undertaking:** In certain circumstances, the committee may request that a Designated Manager and/or Director Liaison enter into an undertaking with the College on behalf of the pharmacy and the corporation that owns the pharmacy. An undertaking is a promise by a registrant to the College to do certain things (e.g. complete a mentorship) or refrain from doing certain things (e.g. cease sterile compounding).

- **Refer to Discipline:** Where the committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the *Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4* and its regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the committee may refer the person who has been issued a certificate of accreditation, the Designated Manager of the pharmacy, or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee.

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

The Accreditation Committee is composed of two of the College Board's Public Directors and three or more Professional Committee Appointees. In 2024-2025, the Accreditation Committee's members were as follows:

Public Members: JP Eskander, Elnora Magboo

Professional Members: Frank Hack (Chair), Adnan Bodalbhai, Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Chintan Patel, Tracy Wiersema

Accreditation Committee Staff Resource: Katryna Spadafore

Committee Performance and Outcomes:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

One of the key ways the College fulfills its mandate to protect the public is by conducting routine assessments of pharmacies to ensure compliance with established standards and support continuous quality improvement. The process for escalation of pharmacies with operational deficiencies results in pharmacies with significant issues being referred to the Accreditation Committee. The committee makes its decisions geared toward public safety, with a goal of ensuring pharmacy standards are met.

All operational assessment outcomes are posted on the College's public register. The public register will also contain a notation if the pharmacy enters into an undertaking with the College, if the Accreditation Committee refers specified allegations of proprietary misconduct to the Discipline Committee, and/or directs the Registrar to suspend or impose terms, conditions or limitations on a certificate of accreditation on an interim basis.

Committee Statistics:

Meetings[i]	Count
Virtual Meetings Panels of the Accreditation Committee meet via videoconference for 1-3 hour meetings to review pharmacy case files.	9
Teleconferences Short teleconferences are scheduled on an ad-hoc basis for matters that require discussion in between regularly scheduled panel meetings.	1
Business Meetings A business meeting is typically held at the beginning of the Board year and halfway for all members of the committee for orientation and discussion topics relevant to the full committee.	1[ii]
Activity[iii]	
Pharmacy Case Files Reviewed Pharmacy assessment results where the Accreditation Committee has reviewed the matter and rendered an outcome. Pharmacies may be reviewed multiple times within the same Board year depending on timelines for any reassessments required.	**24**
Conclude	1
Conclude + Short Cycle	5
Reassessment	16
Reassessment + Undertaking	2
Refer to Discipline	0
Issuances and Renewals	1
Interim Orders Imposed	1

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

Committee members continued to experience issues with Nasdaq Boardvantage's discussion feature, which impacted panel members' ability to pre-deliberate before panel meetings, resulting in re-work and inefficiencies. The College is exploring alternative options for file sharing and reviewing for the upcoming year.

Noteworthy Insights and Considerations:

What ideas, trends or themes emerged from the Committee's work this year that the Board may may wish to consider for policy or standard setting?

- The Accreditation Committee continued to see many pharmacies referred for deficiencies in sterile compounding, which is a high-risk activity.

- It was reported to the Accreditation Committee at their business meeting that operations advisors are seeing more pharmacies that either provide or utilize central fill. A central fill pharmacy prepares a drug order for another pharmacy, including compounds and compliance packaging. A central fill pharmacy could pose a large risk to public safety if there are operational deficiencies as they could be providing prescriptions to many other pharmacies, magnifying any potential issues. Community Operations Advisors will continue to carefully evaluate these pharmacies and monitor issues.

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[i] Includes meetings that have occurred as of August 25, 2025 and scheduled up to the end of the Board year
[ii] Only 1 new member joined the Accreditation Committee in 2024-2025 and a one-on-one orientation was conducted
[iii] As of August 25, 2025

Drug Preparation Premises Committee
September 2024 – September 2025

Committee Overview:

The Drug Preparation Premises ("DPP") Committee, typically working in panels, considers matters relating to the operation of drug preparation premises. DPPs engage in drug preparation activities which means reconstituting, diluting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription. DPPs provide preparations to a variety of facilities such as: hospitals, prescriber offices, ambulatory care clinics, veterinarians, and community pharmacies.

The DPP Committee is responsible for the oversight of registrants engaging in or supervising drug preparation activities, ensuring requirements defined in legislation and policy and assessment criteria are adhered to. The committee reviews the results of DPP assessments and issues one of the following outcomes: pass, pass with conditions, or fail.

The DPP Committee is composed of the same members as the College's Accreditation Committee, which includes two of the College Board's Public Directors and three or more Professional Committee Appointees. In 2024-2025, the DPP Committee's members were as follows:

> **Public Members:** JP Eskander, Elnora Magboo
>
> **Professional Members:** Frank Hack (Chair), Adnan Bodalbhai, Lori Chen, Agatha Dwilewicz, Nadia Filippetto, Chintan Patel, Tracy Wiersema

DPP Committee Staff Resource: Katryna Spadafore

Committee Performance and Outcomes:

Did the Committee successfully fulfill its responsibilities this year? How did the Committee's work contribute to the mandate of public protection and/or regulatory or strategic objectives?

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

All DPP assessment outcomes are posted on the College's public register. The committee continues to work with Health Canada when information outside their jurisdiction is observed.

Committee Statistics:

Meetings[i]	Count
Virtual Meetings Panels of the DPP Committee meet via videoconference for 1-3 hour meetings to review DPP case files.	5
Business Meetings A business meeting is typically held at the beginning of the Board year and halfway for all members of the committee for orientation and discussion topics relevant to the full committee.	0[ii]

Activity[iii]	
DPP Case Files Reviewed DPP assessment results where the DPP Committee has reviewed the matter and rendered an outcome. All DPPs are typically assessed once per year and the DPP committee reviews all assessment results. DPPs may be reviewed multiple times within the same Board year depending on the result of the previous assessment.	6
Pass	2
Pass with Conditions	0
Fail	0
Defer	4

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

Committee members continued to experience issues with Nasdaq Boardvantage's discussion feature, which impacted panel members' ability to pre-deliberate before panel meetings, resulting in re-work and inefficiencies. The College is exploring alternative options for file sharing and reviewing for the upcoming year.

Noteworthy Insights and Considerations:

What ideas, trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

A common theme that continues to emerge from the committee's work is DPPs that may be engaging in activities that appear to be manufacturing. The committee has directed that Health Canada be notified of their concerns.

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[i] Includes meetings that have occurred as of August 25, 2025 and scheduled up to the end of the Board year
[ii] Only 1 new member joined the DPP Committee in 2024-2025 and a one-on-one orientation was conducted; the committee's mid-year meeting focussed on topics related to the Accreditation Committee
[iii] As of August 25, 2025

Screening Committee
March 2025 – August 2025

Committee Overview:

In accordance with OCP By-Law article 8.22, the Screening Committee supports the College's elections by administering the process for screening applicants to be qualified as candidates for the Board of Directors election and recommending applicants to be appointed as Professional Committee Appointees and Lay Committee Appointees.

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

Members: Megan Sloan (Chair), Siva Sivapalan, Jennifer Shin, Victor Wong, Danny Paquette
Staff: Sharlene Rankin, Executive Assistant and Susan James, Acting Registrar

Committee Performance and Outcomes:

The Screening Committee plays a vital role in upholding the integrity and effectiveness of the competency-based selection process for individuals seeking positions on the Ontario College of Pharmacists (OCP) Board or Committees. Competency-based recruitment ensures that individuals on the Board have the collective skills, experience and competencies needed to be able to provide oversight and to consider and make strategic and policy decisions in the public interest.

Registrants who express interest in serving undergo a screening process led by the Committee, which begins once candidates submit their application and confirm eligibility. The Committee evaluates candidates using the Director's Profile, approved by the Governance Committee and aligned with the College's By-Law, as a key reference point.

In addition to this profile, the Committee considers input from external Screening Consultants and the College's Human Resources (HR) team to inform its decisions. This comprehensive evaluation process supports strong governance and sound decision-making, helping to advance the College's mission.

In June, the Committee met to consider 31 Board of Director election applicants.

The Committee received the report of the external screening consultant which reviewed the qualification of the candidates against the competencies contained in the 2025 Director Profile. Interviews were conducted to provide the Committee with additional information for three of the applicants. Following deliberation, the Committee identified twelve (12) pharmacists and four (4) pharmacy technicians to stand for election.

Applicants who were not chosen for the ballot were invited to express interest in serving on committees, encouraged to monitor e-Connect for future opportunities, and/or consider pursuing governance roles with other organizations. The additional interest from registrants who were already screened within the election process made it unnecessary for a subsequent call for interest for Professional Committee Appointees (PCAs) this year.

In August, following a call for interest for Lay Committee Appointee applicants (June 26-July 16), the Committee met to consider 13 applicants.

The Committee received a report from the HR team which reviewed the qualification of the candidates against the identified 2025 competencies. Once again, three interviews were conducted to provide the Committee with additional information to support a determination. Of the candidates presented, seven (7) were identified for consideration for appointment by the Governance Committee during committee slate development.

Noteworthy Insights and Considerations:

The Committee identified the following themes and items for consideration by the Governance Committee within the 2025-2026 election cycle:

- Consider weighting patient experience higher within the evaluation process as it figures prominently within the Director Profile.
- Identifying artificial intelligence (AI) use or not within applications may play a role in selecting candidates. This issue should be considered next year, and guidelines provided to applicants and recommendations regarding consideration of AI use, to eliminate any potential bias within determinations.
- Few openings on OCP committees present year-to-year to afford additional governance/committee experience for unsuccessful election candidates. Consideration should be given to additional options to support growth and development.
- Calls for Lay Committee Appointees should clearly articulate that the College is seeking candidates that bring perspectives *outside* of the pharmacy field (public voice).
- Recommendation to re-examine the application process for efficiencies and desired outcomes.
- Consider role and value of interviews in relation to time required for multiple candidates.
- Several challenges were raised during deliberations, including that:
  - Self assessment of competence is unreliable
    - some candidates are hard on themselves and score themselves low
    - some candidates score themselves high
  - Those with governance experience naturally score higher than those that are newer to board/committee work; however, there isn't a prerequisite to having served on a committee to qualify as an election candidate
- Decision-making needs to be clear, transparent and defensible regarding qualification or disqualification; additional information could be provided to candidates regarding election process:
  - All attributes must be considered, not focused on high/low ratings
  - Not all competencies are required within each person to qualify to sit on the Board
  - Less experienced pharmacists should not be discouraged from applying as elected board members are provided with orientation and a mentor
  - Busy professionals should not be discouraged from applying due to lengthy process.

Executive Committee
September 2024 – September 2025

Committee Overview:

As set out in section 12(1) of the Health Professions Procedural Code, the Executive Committee exercises all the powers and duties of the Board between Board meetings for issues the Committee determines requires urgent attention, except for making, amending or revoking a regulation or by-laws. The Committee reports its activities, decisions, and recommendations through the Chair at each meeting of the Board.

The committee also reviews and recommends to the Board changes to applicable statutes, regulations, by-laws, College policies, and standards of practice as necessary and ensures the policies of the Board are carried out.

Another aspect of the committee's work is to manage specific financial duties, related to staff compensation, as set out in the By-Laws.

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

Elected Directors: Doug Brown (Chair), Connie Beck (Vice-Chair) (through August 25, 2025), and Siva Sivapalan

Public Directors: Adrienne Katz, JP Eskander (through May 29, 2025) and Cindy Wagg (as of June 9, 2025)

Staff Supports: Susan James, Acting Registrar, and Stephenie Summerhill, Executive Assistant

Committee Performance and Outcomes:

Did the Committee successfully fulfill its responsibilities this year?

During the reporting period, the Committee diligently fulfilled its mandate, providing oversight and guidance on matters within its scope. A substantial portion of its work involved confidential personnel and human resources issues, as well as management of code of conduct matters referred by the Governance Committee. While specific details cannot be disclosed due to the sensitive nature of these issues, the Committee approached each matter with integrity, fairness, and commitment to organizational standards.

Due to the nature of the additional and unprecedented matters requiring attention, the Executive Committee held many more meetings than the usual four – 28 in total, 20 in-camera. Despite this

challenging schedule, the Committee managed its duties as set out in the By-Law and Board policies and identified several areas where the existing policies and procedures could be strengthened, including the refinement of internal policies, enhancements to procedural frameworks, and strengthened alignment with the organization's regulatory principles.

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

The Committee's work supported several key regulatory and strategic objectives. Notably, the timely approval of additional funding for the Registrant Records System (RRS) enabled advancement in developing a critical College operating system.

To better serve the public and align with the Board's current priorities, the Committee reviewed the 2025 Board Member Skills Matrix and directed the Governance Committee to make appropriate amendments. Discussions on expanding the scope of practice underscored the importance of the Board considering the necessary requirements for safe and effective implementation.

The Committee successfully oversaw the transition of the College's Registrar and CEO roles, ensuring the Acting Registrar and Acting CEO were well-supported and able to maintain operations while advancing the College's strategic goals and regulatory priorities. To guide this transition, the Committee established three key performance indicators focused on:
1. Achieving financial stability,
2. Clarifying policy on Preferred Provider Networks (PPNs), and
3. Strengthening Board-staff relationships.

Each area has shown positive progress, with financial stability expected to be restored by the end of 2026. Additionally, the Committee collaborated closely with senior staff to ensure the College communicated public interest concerns about PPNs transparently and effectively during government consultations.

Finally, the Committee carefully considered and revised the composition of the 2025 Screening Committee slate, demonstrating a commitment to appropriate and balanced representation of public and professional members.

Were there any challenges or impediments to the Committee's work this year? If so, what were they and have those challenges been addressed?

One of the Committee's key challenges throughout the year was managing a high volume of complex and confidential matters. The sensitive nature of these issues limited the Committee's ability to report openly in the public domain, creating an ongoing tension between the values of transparency and judiciousness. The Committee remained acutely aware of this balance and work to uphold both principles responsibly. As the year draws to a close, most of these matters have been resolved or are expected to be addressed in the near term, allowing the Committee to shift focus toward broader strategic priorities.

Collaboration with the Ministry of Health and the Ministry of Finance during the Preferred Provider Network (PPN) consultations enabled the College to gain greater clarity on the government's process and fostered opportunities for continued engagement on potential regulatory models. This dialogue helped address concerns related to uncertainty and delays, which had previously limited the College's ability to respond promptly to patient care issues associated with PPNs. The strengthened relationship

with government partners positions the College to contribute more effectively to future policy development in this area.

Meetings Held:
- September 19, 2024
- September 24, 2024
- October 2, 2024
- October 15, 2024
- October 30, 2024
- November 4, 2024
- November 25, 2024
- January 13, 2025
- February 10, 2025
- February 24, 2025
- February 26, 2025
- February 28, 2025
- March 3, 2025
- March 12, 2025
- March 13, 2025
- March 14, 2025
- March 17, 2025
- April 1, 2025
- April 16, 2025
- April 25, 2025
- May 5, 2025
- May 6, 2025
- May 14, 2025
- May 26, 2025
- July 11, 2025
- August 11, 2025
- August 22, 2025
- August 27, 2025

Noteworthy Insights and Considerations:

What ideas, trends or themes emerged from the Committee's work this year that the Board may wish to consider for policy or standard setting?

Based on the Committee's work over the past year, it is recommended that the Board support continued efforts to review and revise existing Board policies and practices. Strengthening these frameworks will help ensure clear policy direction, reinforce effective governance, and enable robust succession planning. This ongoing work is essential to maintaining the integrity and responsiveness of the organization.

Committee Annual Report

Finance and Audit Committee
September 2024 – September 2025

Committee Overview:

- The Finance and Audit Committee (FAC) is responsible for overseeing and making recommendations to the Board regarding the College's assets and liabilities, including any additions or improvements to property owned or operated by the College. The Committee reviews the annual operating budget prepared by staff, monitors the College's financial status and investments, and oversees the audit process. It also recommends changes to relevant by-laws and policies (e.g., reserve funds, contract execution), as well as applicable standards.
- The Committee engages external auditors to evaluate the College's internally prepared financial statements, including significant accounting policies, management judgments and estimates, and the internal control environment. This process provides reasonable assurance that the financial statements are free from material misstatement. The Committee recommends the appointment of the auditor annually and meets with the auditor both before and after the audit.
- All members of the Finance and Audit Committee also serve on the Board.
- The Committee supports the Board's financial oversight and risk management responsibilities, as outlined in Board Policies 4.4, 4.5, 4.6, 4.7, 4.10, and 4.12.

Members:
Wilfred Steer (Chair), Simon Boulis, Andrea Fernandes, Megan Peck, Douglas Brown (ex-officio), Cindy Wagg, JP Eskander (to May 2025), Mark Feldstein (joined August 2025)

Staff: Thomas Custers, Acting CEO, and Jaime Dawkins/Svetlana Sorokina, Manager, Accounting, Sharlene Rankin, Executive Assistant

Committee Performance and Outcomes:

- The Committee successfully fulfilled all of its duties as outlined in the By-Law (8.2) and described above.
- The Committee's work contributes to the College's regulatory and strategic objectives by ensuring that resources are available to achieve these goals. Annually, the Committee recommends the operating budget which in turn supports the operating plan, and performance targets and sets out the staffing complement needed to be successful and sustainable.
- The Committee worked closely with staff in 2024-2025 to implement a cost-savings plan with continuous improvement measures, including detailed budget and process reviews with an aim to enhance efficiency and cost-savings in regulatory programs and operations.
- Following review and analysis of the AIMS program, it was determined that providing pharmacies the autonomy to select their own medication safety reporting systems may improve engagement, reduce duplication and may lead to better benchmarking data through national reporting. After careful consideration, the Committee made a recommendation to the Board to discontinue funding for the AIMS Program platform and instead allocate resources to support the submission of medication safety data to the National Incident Data Repository (NIDR).

- The Committee agreed in May 2025 to take a more active role in the review and oversight of the College's Risk Management strategy.
- The Committee completed several policy updates and continues to address policy recommendations made by the auditor.
- Internal Financial Statements were reviewed quarterly.
- The Committee identified a concern regarding the increasing gap in the remuneration rates for public directors and elected directors, professional and lay committee appointees. The Registrar continues to work with other HPRO colleges to flag this as a serious concern to the Ministry.

7 Meetings	Matters Considered and Recommendations
1. Special Meeting Sept 30, 2024	**Recommendations to the Board** • **Recommendation** that the Board approve additional funding to support the development and implementation of the Registrant Records System (RRS).
2. Oct 28, 2024	**Key Matters Discussed** • Met with external vendor to discuss next steps in developing the Registrant Records System (RRS) and to obtain assurance that any future cost increases will only result from change requests made by the College. • Detailed 2023-2024 expenditure review and approach for deficit reduction to inform 2025 budget planning. • Review of updated 2025 Operational Priorities.
3. Nov 25, 2024	**Recommendations to the Board** • **Recommendation** that the Board approve the 2025 Operating and Capital Budget with proposed cost savings adjustments to be presented to FAC in spring to address the projected deficit. • **Recommendation** that the Board approve the housekeeping amendments to *Board and Committee Remuneration Policy and Summary of Allowable Expenses.* Amendments align with new processes; further edits to be completed in 2025. **Other Key Matters Discussed** • Audit Planning and Objectives • In-camera session with Auditor

7 Meetings		Matters Considered and Recommendations
4.	Mar 14, 2025	**Recommendations to the Board** • **Recommendation** that the College continues to identify and implement further cost-saving measures. • **Recommendation** that the funding for the AIMS platform be discontinued effective 2026, with the exception of the financing for the submission of medication safety data to the National Incident Data Repository (NIDR). **Other Key Matters Discussed** • Plan to return to financial stability • 2024 Audit • In-camera session with Auditor
5.	Mar 24, 2025	**Recommendations to the Board** • **Recommendation** that the Board approve the 2024 Audited Financial Statements prepared by management and audited by Tinkham LLP Chartered Professional Accountants.
6.	May 8, 2025	**Recommendations to the Board** • **Recommendation** that the Board approve the proposed amendments to the *Board and Committee Remuneration Policy and Summary of Allowable Expenses.* **Other Key Matters Discussed** • Revised draft *FAC Execution of Contracts* policy • Credit Card Processing Fees
7.	Aug 12, 2025	**Recommendations to the Board** • **Recommendation** that the Board approve the introduction of a convenience fee for credit card payments, alongside a free online bill payment alternative, for implementation in the 2027 renewal period. • **Recommendation** that the Board appoint Tinkham LLP as the auditor for 2025. **Key Matters Discussed** • Conducting a study to assess feasibility of adopting Nova Scotia's workload data model in 2025 versus including in 2026 Operational Plan and budget for Board consideration. • Pre-budget discussion • Committee approved revisions to the Execution of Contracts Policy, including supporting two supporting documents: Procurement and Contract Execution Policy and Contract Review Framework. This work supports effective contract management, reduces risk and addresses recommendations from the auditor.

Governance Committee
September 2024 – September 2025

Committee Overview:

The Governance Committee plays an important role in ensuring effective Board leadership and oversight. It is responsible for:
- Defining the competencies required for Board elections and implementing the succession strategy for the Chair, Vice Chair, and Executive Committee positions.
- Recommending candidates for Board committees and overseeing the orientation and ongoing training of Directors.
- Managing the evaluation process for individual Directors and the Board as a whole.
- Proposing amendments to By-Laws and recommending changes to Board policies to ensure alignment with legislative requirements and governance best practices.

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

Members
Siva Sivapalan (Chair), Jennifer Antunes, Andrea Fernandes, Stephen Molnar, Christine Henderson, Sylvia Moustacalis.

17 Meetings held:
2024: Oct 9, 16, 23, Nov 13, Dec 5, 11, 18
2025: Jan 15, Feb 19, Mar 5, Mar 13, Mar 20, Apr 23, May 21, July 16, Aug 21, Sept 15

Committee Performance and Outcomes:

The Committee successfully fulfilled its duties as outlined in the By-Law during a very challenging and busy year.

Governance Review
- In fall 2024, the Governance Committee supported the establishment of a special Board committee, the **Governance Review Committee**.
- The Governance Review Committee issued a Request for Proposal (RFP) to engage an external consultant to conduct a comprehensive governance review and prepare a report on behalf of the Board.
- The Governance Committee approved the Governance Review Committee's recommendation to select the Institute on Governance to lead the review, and the Governance Committee confirmed its commitment to collaborate in developing the final report.
- The report's recommendations aim to align the College more closely with governance best practices and legislative requirements, enabling the Board to effectively fulfill its regulatory responsibilities in the public interest.

- Throughout the review process, the Governance Committee received monthly updates from the Governance Review Committee.
- The Governance Review Committee Co-Chairs presented the final report to the Governance Committee in August, for discussion and affirmation of the proposed next steps.
- The Governance Committee along with the Governance Review Committee Co-Chairs and the Institute on Governance, will present the report to the Board in September and request the Board's direction on the proposed next steps.

Training and Development
- A successful hybrid full day Board and Committee orientation was held in October which included chair training, privacy and confidentiality training, governance and equity training.
- The Governance Committee identified additional training and development for the Board including a governance workshop, emotional intelligence training and facilitative chair training for Executive Committee members, all of which was carried out.
- The Governance Committee has noted that orientation and training will be incredibly important in 2025-2026, with an increased focus on strategic priorities, role clarity and alignment with serving the public interest mandate.

Code of Conduct
- In accordance with *Board Policy 3.7: Conduct of Directors and Committee Appointees and Sanction Process*, the Committee reviewed multiple code of conduct complaints.
- The Committee acknowledges the important support and guidance of Independent Legal Counsel, Anna Matas, from St. Lawrence Barristers, and the College's General Legal Counsel, Christian Guerrette, in navigating these matters.
- Following a challenging and lengthy deliberation process, the Committee conducted a post-action review and developed several recommendations to amend processes within Policy 3.7.
- The Committee also initiated a targeted review of policies within *Section 3: Policies and Processes Supporting Good Governance.*
- This work will be a key focus of the Committee's 2025–2026 workplan.

Board of Director Elections
- The Committee supported the annual election process by reviewing the Board competencies survey (skills matrix) and affirming the election competencies and focus areas outlined in the 2025 Director Profile.
- The Committee also carefully reviewed the application process and recommended amendments to improve clarity and effectiveness.
- The Director Profile was shared with the Public Appointments Unit to communicate desired competencies for public director appointees—such as financial and legal expertise.
- The Governance Committee directed that an additional example be added within the guidance tool of *Policy 3.9: Conflict of Interest* as follows: no endorsement by a sitting Board member of any Electoral candidate to the Board of Directors, including verbal endorsements or on social media.
- The Committee will revisit the elections process in 2025-2026 with additional recommendations to streamline and support competency-based recruitment.

By-Law, Board Composition and Terms
- The Committee Chair proposed a series of by-law amendments regarding terms and board composition for consideration to the Executive Committee to bring forward for consideration to the Board. In June, the Board directed College staff to develop and execute a workplan for the

2026 operating plan to examine and report on the implications of current Board composition and term limits.

Registrar and CEO Search
- The Committee supported the establishment of another special committee, the **Search Committee**, by proposing a slate of members and reviewing the terms of reference for the committee, which was formed to lead the recruitment process for a new Registrar and CEO.

Committee Slate
- Following the Board of Director election and a call for Lay Committee Appointees (LCA), the Committee supported the development of the proposed Committee slate for 2025-2026 for Board approval. The slate will be finalized following the Board Chair, Vice Chair and Executive Committee election at the September Board meeting.
- The Committee recommended improvements to the committee appointments process, supporting expressions of interest, and committee chair succession planning and mentoring moving into 2025-2026.

2025-2026
- Looking ahead to the new Board year, the Governance Committee reaffirms its commitment to strengthening the College's governance foundation.
- A strong governance framework ensures clear structures, roles, and processes that enable informed decision-making aligned with evidence, policy, and strategic priorities, and grounded in the broader public interest.
- The Governance Committee greatly values the work of the Governance Review Committee and looks forward to 2025-2026 Governance Committee working closely with staff to advance the recommendations outlined in their report.

Agenda Item 14

As of Right Regulation

Verbal Update/Presentation Only

No pre-read materials.

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

FOR DECISION

From: Thomas Custers, Acting CEO

Topic: 2026 Operational Plan

Issue/Description: Priorities and Direction for 2026

Public interest rationale: To fulfill its public protection mandate, the College must maintain sound operations. The Board plays a critical role in guiding these operations by setting strategic direction and ensuring that necessary resources are in place to deliver on the College's goals.

Strategic alignment, regulatory processes, and actions: The proposed 2026 priorities align with the College's 2024-2028 Strategic Plan and support the effective delivery of regulatory functions. They reflect a commitment to operational excellence, financial sustainability, and responsiveness to the evolving needs of Ontario's health system.

Background:

Financial Position Update

The College continues to strengthen its financial health through disciplined cost management and continuous improvement. Q2 Key highlights include:

- **2025 Year-End Projection**: $775K projected deficit vs. $2.1M budgeted deficit – a $1.3M improvement

- **Primary Drivers:** $1.72M YTD in personnel savings from eliminated positions and other savings

- **Outlook:** On track to achieve balanced budget in 2026, with projected revenue of $31.9M and total expenditures of $31.1M.

Strategic Context for 2026

In 2026, the College will continue advancing its Strategic Plan while strengthening operational foundations. A key constraint will be the continued Registrant Records System (RRS) adoption, which will require significant staff time and limit capacity for new initiatives.

2026 Operational Framework

Twelve proposed priorities to advance both the Strategic Plan and operational priorities are organized under three strategic pillars:

Pillar 1: Modernizing Core Systems & Processes

Investing in robust infrastructure that will serve OCP for years to come

1. **Registrant Records System (RRS)** – Complete the transition from legacy system including enhancing usability, improving data quality, and aligning processes with the new system.

Pillar 2: Supporting Professional Practice

Supporting the profession in meeting evolving health care needs and expectations

2. **Assurance and Improvement in Medication Safety (AIMS)** Program: Implement Board-approved changes, including updating standards, developing registrant support tools and providing change management support.

3. **Expanded Scope Implementation** (Government-mandated): Advance regulation development and profession readiness.

4. **Compounding Training (Sterile):** Continue rollout of mandatory training to ensure patient safety.

5. **Pharmacy Operations Assessment** (Strategic Goal 1)**:** Complete pilot of operational assessment changes and validate assessment criteria to better identify pharmacies where standards of practice are not being met for patients.

6. **Policy Refresh Initiative** (Strategic Goal 2): Continue updating outdated or unclear policies to provide clear, relevant and up-to-date communication of expectations for registrants and the public.

Pillar 3: Enhancing Regulatory Excellence

Optimizing regulatory processes to be more effective, fair, and timely

7. **Preferred Provider Network (PPN)** (Strategic Goal 1): Address concerns about PPNs, pending government and Board direction

8. **Workforce Pressure Study** (Strategic Goal 1): Assess feasibility of adapting Nova Scotia's data-driven approach to monitoring and addressing pharmacy workforce pressures in Ontario

9. **Complaint Resolution**: Meet the College's targets for disposing complaints; explore the use of AI to achieve improvements

10. **Risk-based QA assessment:** Implement evidence-based selection methodology for the Quality Assurance (QA) assessments, focusing resources on higher-risk practices.

11. **Governance Improvements**: Implement recommendations from the Governance Review as directed by the Board and update Board policies

12. **PACE Evaluation**: Complete evaluation of the Practice Assessment of Competence at Entry (PACE) model to confirm its validity and reliability for pharmacists and pharmacy technicians.

The total estimated new investment required to achieve the 2026 priorities is projected to range between approximately $1 million to $1.1 million:

Priority	Support needed	Pillar	Low Estimate ($000s)	High Estimate ($000s)
RRS	1 FTE, licenses, RRS completion, post-go live support, additional Change Requests	1	772	772
Expanded Scope	Legal Support	2	10	20
Pharmacy Operations Assessment	Psychometric + Focus Groups	2	50	50
PPN	Legal Support	3	15	30
Workforce Pressure Study	Consultancy	3	50	50
Complaint Resolution	Consultancy – AI Support	3		25
Governance Improvement	Consultancy	3	100	100
PACE Evaluation	Psychometric + Focus Groups	3	70	70
			1,092	**1,117**

Human Resources

Staffing

Headcount has been reduced from 179 in 2024 to 172 in 2025 (see Appendix 1), reflecting the College's commitment to continuously assess and align staffing levels with strategic and operational needs.

2026 Proposed targeted increases to support core operations and strategic priorities include:

- **2 Permanent positions:** Increase in governance and internal legal counsel support.

- **2 Temporary positions:** Strengthen the College's capacity to deliver priority registrant-facing communication and maintain capacity and knowledge to continue supporting the adoption of the new RRS.

- **2 Co-op student positions**: Increase the College's contribution to the education of future pharmacists; would support the QA and Practice Engagement & Knowledge Mobilization teams.

These proposals will be further evaluated during the 2026 budget planning process.

Compensation and Benefits

The Executive Team proposes reintroducing a Merit-Based Pay framework to support retention, recognition, and competitiveness beyond CPI-based increases. Health benefit costs have increased by 9.2% (Sept 2025 – Sept 2026).

Other Considerations

- Continued use of external investigators to support corporate pressure investigations as College investigators lack specialized expertise in data forensics (Estimated cost: $80k).

- As per planned refresh schedule, replace an estimated 50 laptops in 2026 (Estimated cost: $80k)

- Building improvements: carpet replacement on the main floor, completion of Council Chambers (upgrade AV system and furnishing), and minor renovations to the third-floor washroom (Estimated cost: $120k)

- External support to review the College's Risk Appetite statements (Estimated cost: $10K)

- Projected 2% growth in pharmacists/pharmacy technician renewals and community pharmacy accreditations.

- No fee increases beyond CPI adjustment.

- Budgeting for a regulator requires tolerance for factors beyond the control of the organization. These might include especially high costs associated with conduct matters (a sudden surge in discipline hearings, or other legal costs) or significant directions from government requiring policy and regulation development.

Next Steps

Pending approval of the motion, the College will:

- Finalize the 2026 Capital and Operational Budget for review and approval by the Finance and Audit Committee and the Board later this fall.

- Identify key risks that may impact the successful delivery of the 2026 priorities and develop mitigation strategies.

- Propose key performance metrics and targets aligned with the approved priorities to enable effective tracking and reporting of progress. These will be brought forward for Board review and approval.

Motion:

THAT the Board approves the priorities and direction for the 2026 Operational Plan.

Appendix 1: Trend In Staffing - Headcount
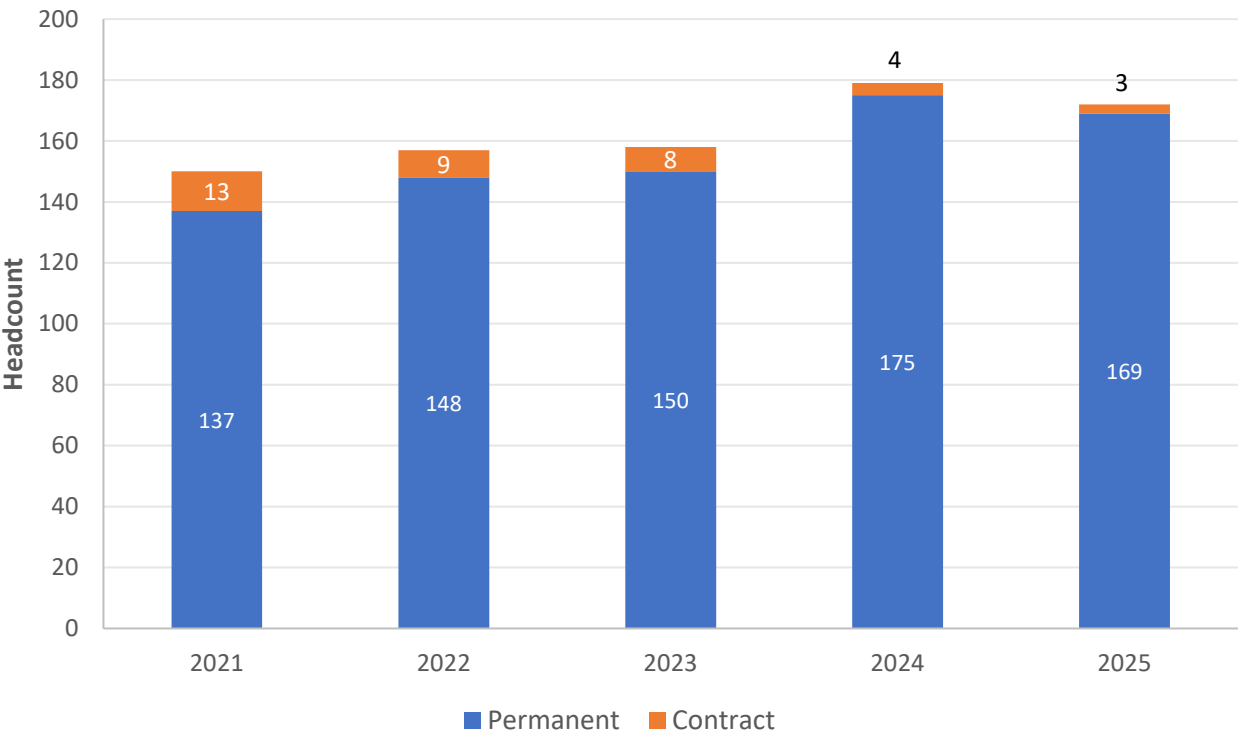
NOTE: The numbers within the table represent headcount and not FTE positions. These numbers include the following: a small number of staff of part time status counted at 100% are also included in these numbers along with the individuals that are backfilling their roles.

FOR DECISION

From: Wilfred Steer, Chair, Finance and Audit Committee

Topic: Appointment of Auditor

Issue/Description: As part of its duties, the Finance and Audit Committee (FAC) makes a recommendation to the Board of Directors on the appointment or reappointment of the auditor.

Public interest rationale: Each year, the College undergoes an external audit of its financial statements, conducted in accordance with Canadian accounting standards for not-for-profit organizations. The purpose of the audit is to provide reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error, and to issue an auditor's report. By completing and publishing the audit, the College helps maintain public confidence in its financial integrity.

Strategic alignment, regulatory processes, and actions: Demonstrating responsible financial stewardship enables the College to support its regulatory and strategic initiatives by ensuring the necessary resources are available. This commitment also reflects our core values of accountability, integrity, and transparency.

Background:

- Tinkham LLP, Chartered Professional Accountants, were first appointed as the College's auditors in December 2017 and have been reappointed annually since.
- In 2021, the Finance and Audit Committee (FAC) conducted a market review to ensure the audit services remained competitively priced and aligned with best practices.
- As part of this process, five accounting firms with regulatory sector experience were invited to submit proposals.
- Following a thorough evaluation, the FAC recommended Tinkham based on their cost-effectiveness, relevant experience, and the quality of service provided to date.
- The Board of Directors approves the appointment or reappointment of the auditor each year, based on the FAC's recommendation.

Analysis:

- In 2023, the College adopted CPA Canada's recommended practice of conducting a market review every five years, unless circumstances warrant an earlier review. The next review is scheduled for 2026.

- The Finance and Audit Committee remains satisfied with the services and advice provided by Tinkham and, as such, sees no current need to initiate a market review.

Motion:
THAT the Board appoint Tinkham LLP Chartered Professional Accountants as auditor for 2025.

BOARD BRIEFING NOTE
MEETING DATE: **September 15-16, 2025**

FOR DECISION

From: Wilfred Steer, Chair, Finance and Audit Committee

Topic: Reducing the Costs or Processing Credit Card Fees

Issue/Description: Seeking Board direction on a proposed cost-saving initiative to reduce expenses associated with credit card payment processing.

Public interest rationale: To ensure the College maintains its ability to regulate the profession and the place of practice in the public interest, it is crucial for the College to continuously find ways to reduce costs without negatively impacting its mandate and strategic objectives.

Strategic alignment, regulatory processes, and actions: Aligns with the College's objective to optimize operational efficiency and ensure sufficient resources are available to fulfill its regulatory mandate and strategic priorities.

Background:

- 95% of fee payments received by the College are made by credit card, generating $669,300 in processing fees (2% of the College's total projected operating expenses for 2025).

- Reducing these costs will strengthen the College's financial position and support long-term sustainability.

- The Finance and Audit Committee (FAC) reviewed multiple cost-reduction options at its March, May, and August meetings, informed by an environmental scan of payment practices across Ontario's health regulatory colleges.

- Evaluation criteria for assessing options included: savings potential, operational efficiency, risk management, and registrant impact.

Analysis:

Options considered by FAC

Option	Description	Pros	Cons
1. Status Quo	Continue current payment processing	No change required	No cost savings
2. Convenience Fee Only[1]	2.5% surcharge on credit card payments; no new alternative payment method	Reduce credit card processing costs	Risk of increased cheque payments and resulting manual processing
3. Convenience Fee + Online Bill Payment	2.5% surcharge on credit cards; free online banking option	Expect significant cost savings; mitigates risk in increase in cheque use; registrant choice	Requires system changes and staff support during peak renewal due to increased risk of need for reconciliation
4. Fee Increase	Raise registration to offset credit card processing costs	No incentive to switch to cheque payments	May be perceived as unfair

FAC Recommendation: Option 3 – Convenience Fee + Online Payment

Approach: Introduce a 2.5% convenience fee for credit card payments, while offering a no fee online bill payment option that transfers funds directly from registrant's bank accounts.

Key Benefits:

- Potential 50-80% reduction in credit card processing costs

- Provides a no fee alternative (other than cheques or in-person payment at the College), avoiding charges for all registrants

- Compatible with the new Registrant Records System (RRS) after the vendor implements a Change Request for the new system.

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[1] A convenience fee is a fixed charge added to a payment when a customer uses an alternative payment method (e.g., online credit card payment) that is not the organization's standard method. It is only available to certain sectors and OCP meets the eligibility criteria. It is commonly used by government agencies, regulatory colleges, educational institutions, and utility companies. The convenience fee will not appear on OCP's invoice. The 2.5% convenience fee is applied at the point of payment, once the registrant is redirected to the College's third-party payment processor. In effect, the registrant is paying the vendor directly.

Implementation Considerations:

- Require modifications to new RRS (cost estimate pending)

- Risk of registrant errors with online payments requiring manual reconciliation; temporary staffing may be needed during peak registration renewal period (January – March).

- The new RRS is planned to go live in January and represents a significant system transition for staff.

Recommended Implementation:

If the Board endorses FAC's recommendation to implement Option 3 (Convenience Fee + Online Bill Payment), FAC recommends delaying implementation until 2027 to:

- Ensure the new RRS is fully operational and stable

- Allow staff to become proficient with the new system before adding payment complexity

- Avoid potential registration delays during critical system transition period

- Maintain public trust and registration process integrity

Motion:

THAT the Board introduces a convenience fee for credit card payments, alongside a free online bill payment alternative, for implementation in the 2027 renewal period.

Agenda Item 18

Expanded Scope of Practice

Verbal Update/Presentation Only

No pre-read materials.

BOARD BRIEFING NOTE
MEETING DATE: **September 15-16, 2025**

FOR DECISION

From: Saira Lallani, Medication Safety Lead

Topic: AIMS (Assurance and Improvement in Medication Safety) Program Updates

Issue/Description: College staff seek confirmation of the proposed changes to the AIMS Program requirements outlined in the supplemental Standard of Practice in advance of public consultation.

Public interest rationale: Effective medication safety programs improve patient health outcomes by reducing the risk of harm from medication incidents and supporting continuous quality improvement. Mandatory reporting and follow-up help fulfill the College's public protection mandate by requiring pharmacy staff to acknowledge errors, analyze root causes, and implement prevention strategies.

Strategic alignment, regulatory processes, and actions: Updating the requirements of the AIMS Program aligns with the College's regulatory principle associated with risk – "to act to reduce or prevent harm, we use our data to anticipate or measure risk and measure the outcome of our actions to adapt our regulatory response to ensure the most beneficial impact."

A previous review of current AIMS Program requirements highlighted an opportunity to revise the program and align it more closely with regulatory approaches in other Canadian jurisdictions.

Executive Summary

At the June 9, 2025, Board meeting, College staff proposed significant updates to the AIMS Program based on a comprehensive 2024 evaluation. Low engagement with the program, partly due to outdated or unclear requirements, has limited its intended effect of fostering a strong safety culture in Ontario pharmacies. At the last meeting, the Board confirmed a change to the program model granting individual pharmacies autonomy and flexibility to select their own medication incident reporting platform, provided it meets the criteria outlined by the College and supports data contribution to the National Incident Data Repository (NIDR). The College recommended adapting the national medication incident reporting guidelines to Ontario's specific needs and updating the program requirements outlined in the supplemental Standard of Practice (sSOP). These proposed changes to the sSOP, aimed at improving engagement and strengthening the program's effectiveness, are being presented to the Board for review in preparation for public consultation.

Background:

- The AIMS Program was formally launched in 2019 to strengthen medication safety and quality improvement practices in Ontario's community pharmacies.
- A supplemental Standard of Practice outlined expectations for Ontario's pharmacy professionals to support safe medication practices and continuous quality improvement.
- Since its launch, feedback and evaluation have highlighted opportunities to evolve the program for greater impact.
- In 2021, NAPRA developed its Model Standards to provide a national framework for continuous quality improvement and medication incident reporting in pharmacy practice.
- In 2024, a comprehensive evaluation of the AIMS Program identified opportunities to enhance the program's overall effectiveness.
- In March 2025, the Board agreed in principle that Ontario should align with other provinces in the following areas:

- Community pharmacies would select their own medication incident reporting platform that complies with criteria determined by the College and contributes to the NIDR.
- Community pharmacies would be responsible for platform costs, while the College would cover costs for submitting data to the NIDR

- In June 2025, the Board confirmed the above changes to the program model and approved in principle the following changes to the program:
  - That the College update the requirements outlined in the supplemental Standard of Practice to mandate the following: a) In addition to the Designated Manager's account, all registered pharmacy staff have unique logins for the medication incident reporting platform at their primary place of practice; b) A safety self-assessment (SSA) be completed at least once every two years; c) continuous quality improvement (CQI) meetings be held at least once every quarter.
  - That the College adapt NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting by Pharmacy Professionals, based on the updated requirements.

Outstanding Issues to Address

Updates to the supplemental Standard of Practice

Revisions to the supplemental Standard of Practice have been drafted for the Board's review in advance of public consultation. These revisions include updates to the program requirements and alignment with the national standards. Following the consultation period, the feedback analysis and the final draft of the supplemental Standard of Practice will be presented to the Board for approval at the December 2025 meeting.

Review

The supplemental Standard of Practice has been updated to reflect the changes to the AIMS Program requirements. These changes are shown in red below.

[start excerpt]

Supplemental Standard of Practice (sSOP)

An effective, standardized AIMS Program for pharmacies must address both medication incidents that reach the patient as well as near misses that are intercepted before the medication is dispensed. In addition to ensuring their conduct and practice align with NAPRA Standards for Continuous Quality Improvement and Medication Incident Reporting, pharmacy teams must meet all of the following requirements of the mandatory AIMS Program:

Report	Anonymously record medication incidents and near misses soon after they occur into a medication incident reporting platform that: a) Complies with OCP's criteria for reporting platforms. b) Contributes data to ISMP's National Incident Data Repository to support shared learning and to help identify systemic issues.
Document	- Document required and relevant details of medication incidents and near misses in a timely manner. - Document CQI plans, outcomes of staff communications about medication events, and subsequent quality improvement initiatives or changes implemented.

Analyze	• Analyze incidents and near misses for causal factors soon after they occur and implement appropriate steps to minimize the likelihood of recurrence. • Analyze individual data (gathered at the pharmacy) and aggregate data (synthesized and shared by the NIDR) to inform the development of quality improvement initiatives. • Develop CQI plans and measure the outcomes of changes implemented. • Complete a safety self-assessment (SSA) every two years. The Designated Manager may determine an SSA is required more frequently if a significant change occurs in the pharmacy.
Share	• Communicate relevant details of a medication incident or near miss promptly to all pharmacy staff, including causal factors and actions taken to reduce the likelihood of recurrence. • Schedule CQI meetings with pharmacy staff at least once every quarter to educate pharmacy team members on medication safety, encourage open dialogue on medication incidents, and complete an SSA (when required). • Share successful interventions, changes, or best practices that have helped reduce risk.

Pharmacies must enable and support pharmacy professionals in meeting these requirements.

Responsibilities of Pharmacy Professionals in Meeting the sSOP

Pharmacy professionals must practice in accordance with all the requirements of the AIMS program, as outlined above.

According to the Standards of Practice, all pharmacists and pharmacy technicians have a responsibility and obligation to manage medication incidents and address unsafe practices. This includes documenting and communicating all medication incidents and near misses with the entire pharmacy staff and, as appropriate, to the patient and other healthcare providers (e.g. if the incident reaches the patient).

All registered members (pharmacists and pharmacy technicians) are required to have a unique login for the medication incident reporting platform at their primary place of practice to meet these reporting standards.

There is an expectation that pharmacy professionals will record medication incidents and near misses, engage in continuous quality improvement planning, and implement quality improvement initiatives to improve system vulnerabilities.

[end excerpt]

Other changes have been made to improve the clarity of the supplemental standard, in alignment with the College's second strategic goal on effective communication and the organization's commitment to transparency and clear, action-oriented language.

Recommendations:

That the College makes the following updates to supplemental Standard of Practice for the purpose of public consultation:

a) Community pharmacies are required to select a medication incident reporting platform that complies with criteria outlined by the College and supports data contribution to the NIDR (see AIMS Medication Incident Reporting Platform Criteria following this Briefing Note).

b) Unique logins are required for all registered full-time and part-time pharmacy staff (pharmacists and pharmacy technicians) at their primary place of practice.[1]

c) Pharmacies are required to complete a safety self-assessment at least once every two years.

d) Continuous quality improvement meetings are required for pharmacy staff at least once every quarter.

That the College adapts the NAPRA Model Standards of Practice for Continuous Quality Improvement (CQI) and Medication Incident Reporting (MIR) by Pharmacy Professionals based on the updated requirements noted above.

Motions:

The Board is asked to consider the following motion:

THAT the Board of Directors approves the proposed amendments to the supplemental Standard of Practice (sSOP) for the purpose of public consultation, with a final draft to be presented to the Board for approval at the December 2025 Board meeting.

Next Steps:

The next steps will be determined contingent on the Board's direction. There will be a 60-day public consultation period, followed by an implementation plan and transition period to ensure pharmacies have sufficient time to select and implement a medication incident reporting platform that best meets their needs. Additional details will be communicated over the coming months.

Attachments/Links:

- 19.1 - Updated Supplemental Standard of Practice (Draft)
- 19.2 - AIMS Medication Incident Reporting Platform Criteria for Pharmacies (Draft web page)
- 19.3 - Supplemental Standard of Practice
- 19.4 - Standards of Operation for Pharmacies
- 19.5 - NAPRA Model Standards of Practice for Continuous Quality Improvement (CQI) and Medication Incident Reporting (MIR) by Pharmacy Professionals

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[1] This is not an expectation of occasional or relief pharmacy staff. Additional guidance for these pharmacy professionals will be shared as it becomes available.

This document is a draft update to the [supplemental Standard of Practice](#). The proposed changes to the AIMS Program requirements are indicated in red text. Other changes have been made throughout the document to improve the clarity of the supplemental standard in alignment with the College's [second strategic goal](#) on effective communication and the organization's commitment to transparency and clear, action-oriented language.

Supplemental Standard of Practice: Mandatory Standardized AIMS Program in Ontario Pharmacies

Purpose

To provide clarity regarding practice expectations for pharmacy professionals in Ontario to meet the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting for Pharmacy Professionals.

Introduction

The purpose of the Ontario College of Pharmacists' AIMS Program is to enhance patient safety and support continuous quality improvement (CQI) in pharmacy practice through the identification of medication incident trends and workflow issues leading to medication incidents.

> **Continuous quality improvement:** Ongoing and systematic examination of an organization's work processes to identify and address the root causes of quality issues and implement corresponding changes.[1]

Effective CQI programs involve implementation of targeted changes to address identified areas of risk from both proactive review of work processes and retrospective review of specific medication incidents. The objective of CQI and medication incident reporting is to ensure that all pharmacy professionals learn from medication incidents and review and enhance their policies and procedures to reduce the chances of recurrence, thereby improving patient safety. To achieve safer care for patients, CQI must focus not only on system-wide change but also localized improvements – the tasks that individual practitioners perform.

The AIMS Program supports shared accountability: pharmacy owners and managers are held accountable for creating a work culture that supports staff in engaging in CQI and pharmacy professionals are held accountable for the quality of their choices. A critical element in safe medication practices is sharing lessons learned from medication incidents. To enable a culture that supports learning and accountability over blame and punishment, individuals must be comfortable to discuss medication incidents without fear of punitive outcomes.

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[1] Boyle TA, Bishop AC, Duggan K, Reid C, Mahaffey T, MacKinnon NJ, et al. Keeping the "continuous" in continuous quality improvement: Exploring perceived outcomes of CQI program use in community pharmacy. Res Social Adm Pharm 2014 Jan-Feb; 10(1): 45-57.

Supplemental Standard of Practice (sSOP)

An effective, standardized AIMS Program for pharmacies must address both medication incidents that reach the patient as well as near misses that are intercepted before the medication is dispensed. In addition to ensuring their conduct and practice align with NAPRA Standards for Continuous Quality Improvement and Medication Incident Reporting, pharmacy teams must meet all of the following requirements of the mandatory AIMS Program :

Report	• Anonymously record medication incidents and near misses soon after they occur into a medication incident reporting platform that: a) Complies with OCP's criteria for reporting platforms b) Contributes data to ISMP's National Incident Data Repository to support shared learning and to help identify systemic issues.
Document	• Document required and relevant details of medication incidents and near misses in a timely manner. • Document CQI plans, outcomes of staff communications about medication events, and subsequent quality improvement initiatives or changes implemented.
Analyze	• Analyze incidents and near misses for causal factors soon after they occur and implement appropriate steps to minimize the likelihood of recurrence. • Analyze individual data (gathered at the pharmacy) and aggregate data (synthesized and shared by the NIDR) to inform the development of quality improvement initiatives. • Develop CQI plans and measure the outcomes of changes implemented. • Complete a safety self-assessment (SSA) every two years. The Designated Manager may determine an SSA is required more frequently if a significant change occurs in the pharmacy.
Share	• Communicate relevant details of a medication incident or near miss promptly to all pharmacy staff, including causal factors and actions taken to reduce the likelihood of recurrence. • Schedule CQI meetings with pharmacy staff at least once every quarter to educate pharmacy team members on medication safety, encourage open dialogue on medication incidents, and complete an SSA (when required). • Share successful interventions, changes, or best practices that have helped reduce risk.

Pharmacies must enable and support pharmacy professionals in meeting these requirements.

AIMS
Assurance and
Improvement in
Medication Safety
A PATIENT SAFETY AND QUALITY IMPROVEMENT PROGRAM OF THE
ONTARIO COLLEGE OF PHARMACISTS

Responsibilities of Pharmacy Professionals in Meeting the sSOP

Pharmacy professionals must practice in accordance with all the requirements of the AIMS program, as outlined above.

According to the Standards of Practice, all pharmacists and pharmacy technicians have a responsibility and obligation to manage medication incidents and address unsafe practices. This includes documenting and communicating all medication incidents and near misses with the entire pharmacy staff and, as appropriate, to the patient and other healthcare providers (e.g., if the incident reaches the patient).

All registered members (pharmacists and pharmacy technicians) are required to have a unique login for the medication incident reporting platform at their primary place of practice to meet these reporting standards.

There is an expectation that pharmacy professionals will record medication incidents and near misses, engage in continuous quality improvement planning, and implement quality improvement initiatives to improve system vulnerabilities.

Responsibilities of Pharmacy Owners and Designated Managers (DMs) in Meeting the sSOP

Pharmacy owners and DMs must enable a safety culture.

Safety culture: An environment that supports learning and accountability over blame and punishment and that encourages individuals to discuss medication incidents without fear of punitive outcomes.

It is an expectation that all pharmacy operations are conducted in a manner that supports the purpose of the AIMS Program (as outlined in the introduction) and the requirements outlined in the sSOP, which were designed to enable pharmacy professionals to meet this goal.

It is the responsibility of pharmacy owners and DMs to ensure that the work environment is conducive to, and incorporates, the appropriate process and procedures to support pharmacy professionals in meeting the requirements of the AIMS program. This includes ensuring that pharmacy staff can anonymously record medication incidents and continually document, identify, and apply learnings from medication incidents to improve workflow within the pharmacy.

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AIMS Medication Incident Reporting Platform Criteria for Pharmacies

Last updated: August 20, 2025

To fulfill the requirements of the AIMS Program, pharmacies must have access to an incident management platform that supports continuous quality improvement (CQI). The platform must enable the following **core functionalities:**

- Documentation and analysis of all incidents and near misses

- Documentation of action plans developed in response to incidents

- Anonymous reporting of incidents and near misses to the National Incident Data Repository for Community Pharmacies (NIDR) uploaded daily

The Ontario College of Pharmacists (OCP) may receive aggregate data from the NIDR but will not have access to identifiable information or individual incident details.

Data Sharing and User Access Requirements

- Pharmacies must enter into a data-sharing agreement with ISMP Canada for NIDR submissions, regardless of which platform is selected.

- Each registered pharmacy staff member must have a unique login at their primary place of practice to ensure accountability and secure data access.

Safety Self-Assessment (SSA) Tool

- Pharmacies must have access to an appropriate safety self-assessment (SSA) tool. If the selected platform does not include an integrated SSA tool, the pharmacy is required to subscribe to a separate tool. Currently available SSA tools include those offered by ISMP Canada and Think Research.

Mandatory Data Fields

Each reported incident must include the following details:

1. Date incident occurred

2. Time incident occurred

3. Patient date of birth (month and year)

4. Patient gender

5. Type of incident (e.g., incorrect drug, incorrect patient)

6. Incident discovered by (e.g., pharmacist, patient)

7. Medication prescribed by (e.g., physician, pharmacist)

8. Medication system stages involved (e.g., prescribing, order entry)

9. Medication(s) involved

10. Degree of harm to the patient

11. Incident description (free text)

12. Contributing factors

13. Actions taken at the pharmacy level in response

Near misses have the same requirements, except for no. 10, "degree of harm," as the event is intercepted before it reaches the patient.

Recognized Incident Management Providers

The following providers currently meet the AIMS incident management platform criteria:

- CPhIR – ISMP Canada

- Pharmapod – Think Research

- TPSC Cloud – The Patient Safety Company

Pharmacies may select other providers but are responsible for ensuring the platform meets the program criteria as outlined above.

This list will be updated if additional providers meeting the criteria are identified.

Ontario College
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Putting patients first since 1871

FOR DECISION

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

Topic: Updated Virtual Care Policy

Issue:
The Board is presented with a draft updated Virtual Care Policy which has been revised in accordance with the College's established policy refresh initiative. As only formatting and minor editorial changes have been made to conform to the objectives of the policy refresh, no new or changed expectations are being introduced with this update.

Public Interest Rationale:
The College's policy and practice-related documents communicate expectations for the practice of pharmacy, the operation of pharmacies and the provision of safe and effective patient care. The policy refresh initiative, launched in 2024, demonstrates the College's commitment to the public interest by ensuring that regulatory instruments for registrants are clear and current. Editorial and format changes have been applied to other policies that the Board has approved since 2024, with the Virtual Care Policy being the latest to be brought before the Board for approval.

A more significant phase of the policy refresh initiative is planned for 2026 which will require further Board discussion and input at an upcoming meeting (please see the corresponding briefing note titled "Policy Refresh Initiative – Preparing for 2026" in the Board materials).

Strategic Alignment, Regulatory Processes, and Actions:
Ensuring clarity of College expectations aligns with Strategic Goal 2, *"The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information."* Domain 5 within the College Performance Measurement Framework (CPMF) contains a standard that Colleges develop and maintain practice expectations so that the public is aware of what behaviours they should expect when receiving high-quality care. Reviewing and revising policy and practice-related documents supports the College in achieving its mandate of regulating pharmacy practice in the public interest. The refresh initiative is a major activity designed to ensure the College consistently meets this expectation.

Background:
The College's existing Virtual Care Policy was originally developed four years ago in response to increasing registrant and public inquiries seeking clarity on the College's expectations as virtual care delivery mechanisms continue to expand and become firmly established within an integrated health system. The draft policy underwent public consultation and the Board approved the policy in June of 2021. The Board's approval of this policy affirmed that providing care to patients virtually requires pharmacy professionals to consider certain factors such as maintaining a patient's right to privacy, the appropriateness of using a virtual approach to care, and ensuring the same quality of care is delivered virtually or in-person. The policy outlines these expectations and rests on the principle that the benefit of providing care virtually must outweigh any risks to the patient. These expectations remain unchanged.

Analysis:
A comprehensive review of all policies and practice-related documents was conducted between May and October 2024, and several opportunities for improvements to clarity, consistency, format, and language use were identified. More details on the purpose, process and outcomes of this activity can be found in the March 2025 Briefing Note (p. 37). The Virtual Care Policy was identified as being an appropriate candidate to undergo an update as part of this refresh.

Generally, the College is observing a shift amongst several regulatory colleges in how their standards and regulatory instruments are being written and formatted, moving away from historically narrative formats and approaches to more consumable and clearer content and easier-to-use formats. A major part of the College's policy refresh initiative is to transition the important instruments we use to convey regulatory expectations into formats that help to ensure the College is providing clear, up to date and relevant information to registrants and the public.

Like other recently approved policies, the updated Virtual Care Policy moves away from a narrative approach using paragraphs with expectations often buried within descriptive text, and instead expectations within the current policy have been rearranged to enhance flow, readability, clarity and consistency in language. The proposed changes are largely editorial in nature, with particular attention taken to reduce the use of paragraphs and increase the use of bulleted lists, apply more concise language and word use, and reduce duplication across sections.

While structurally the policy appears different than the current version, **there are no new expectations, or changes to expectations, introduced with this policy refresh**: every expectation that is in the current version is articulated in the updated draft in a format that favours quicker reference and clearer language. A comparison of the language changes is presented in Attachment B.

Aligned with the overall policy template and College style guide, and with input from the College's roster of pharmacy professional staff who interact daily with hundreds of registrants in their capacity as practice consultants and advisors, the draft updated Virtual Care Policy incorporates the following changes:
- Minimized repetition and ambiguity of terms and requirements
- Strengthened the clarity of language intended to articulate existing expectations
- Removed introductory narrative, and incorporated any expectations into the policy content
- Standardized definitions
- Standardized language (e.g., registrant instead of pharmacy professional)
- Use of bullets, subheadings and short sections
- Modified and reformatted legislative and other references
- Standardized nomenclature for dates and versions

The changes to this policy as part of the refresh initiative are consistent with changes to recent policies approved by the Board. The nature of the format and editorial changes reflected in the updated Virtual Care Policy, if approved, will be applied to future policy updates as they are brought before the Board for consideration.

Recommendations:
As no new or updated expectations are being introduced as part of this refresh and given that changes are limited to editorial and format revisions for clarity, the updated Virtual Care Policy is presented for Board approval.

MOTION:
THAT the Board approve the draft Virtual Care Policy, to be effective September 30, 2025.

Next Steps:
A comprehensive communication plan will be implemented to support the roll out of this and other policies that undergo updates as part of our refresh program.

Attachments:
- 20.1a – Draft Virtual Care Policy
- 20.1b - Virtual Care Policy Changes

Virtual Care Policy

> Together with the relevant legislative requirements and standards, policies articulate the College's expectations for registrants for the practice of pharmacy, the provision of patient care, and the operation of pharmacies. Additional information to assist with policy implementation can be found in the accompanying Supplemental Guidance document.

Approved: TBD
Effective: TBD
Version #: 2.00

<u>Supplemental Guidance</u>

Purpose

To articulate the College's expectations of registrants when providing virtual care to patients to ensure that pharmacy services provided virtually meet the Standards of Practice.

Scope

This policy applies to all registrants in Part A of the register, in any practice setting.

Definitions

Personal health information (PHI): Any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers, as well as any identifying information about a patient's substitute decision maker.[i]

Professional Pharmacy Services: Patient care activities provided by a registrant within the scope of practice of pharmacy and the authorized acts of the profession[ii], but not dispensing, compounding or the sale of scheduled drugs[iii].

Virtual Care: A professional interaction between a registrant and a patient that occurs remotely using secure enabling technology that facilitates registrant-patient interaction (e.g., videoconferencing).

Policy

Registrants providing virtual care to patients must meet all applicable Standards of Practice and legislative requirements for in-person care. A patient must receive the same quality of care whether they are receiving that care in-person or virtually.

A registrant-patient relationship is established when pharmacy services are provided through virtual care, in the same way as it is established when providing pharmacy services in-person.

Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual interaction.

Providing Virtual Care

Registrants must practice within the limits of their knowledge, skills and judgement, and the decision to provide virtual care must be made in the best interest of the patient.

Before providing virtual care to a patient, registrants must determine if it is appropriate:

- The benefits to the patient must outweigh any risks

- Virtual care and the method through which it is delivered are suitable to meet the patient's needs and appropriate for the service(s) being provided.
   - Consider the patient's health status, specific healthcare needs and circumstances

- All legal and professional obligations are met

Registrants must ensure that the method used to provide virtual care is functioning properly to support the virtual interaction and have a contingency plan in place in the event of a technical failure.

Obtain Consent

A patient must be given a choice of whether to receive virtual care.

Before providing virtual care to a patient, registrants must obtain consent from the patient or their authorized agent to remotely use and collect their personal health information (PHI).

- When the registrant is initiating the interaction, express consent must be obtained, either verbally or in writing.

- When the patient is initiating the interaction, the registrant may rely on consent being implied by the patient.

- Registrants must document that they have received consent in the patient's record.

Maintain Privacy and Confidentiality

Maintaining privacy is a legal requirement and professional obligation.

Registrants providing virtual care must:
- Safeguard the patient's right to privacy by ensuring that any technology used has privacy and security protocols to comply with the *Personal Health Information Protection Act, 2004*.
   - Processes used to safeguard PHI must include a mechanism for notification of theft or loss as required by law.

   - At a minimum, the technology used must have controls to ensure only the intended patient has access to the virtual visit.

      o   Whenever PHI is transmitted and/or stored, secure encryption must be used.

- Confirm the patient's identity and location even if the pharmacy professional-patient relationship pre-exists.

- Ensure their location and the location chosen by the patient prevents personal information from being overheard or accessible to anyone outside of the patient's circle of care.

- Inform the patient how their privacy will be protected and how the confidentiality of their PHI will be maintained

- Document the method used to provide virtual care in the patient's record.

Ensure Safe and Appropriate Environment

Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies.

Legislative References

- *Personal Health Information Protection Act, 2004*

Additional References:

- Virtual Care Policy – Frequently Asked Questions
- Fact Sheet – Releasing Personal Health Information

External References

- Information and Privacy Commissioner of Ontario – Privacy and Security Considerations for Virtual Healthcare Visits Guideline (February 2021)

Revision History

Version #	Date	Action
1.00	June 2021	Virtual Care Policy approved

2.00	TBD	Reformatted; minor content revisions; moved non-policy content to Supplemental Guidance

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[i] *Personal Health Information Protection Act, s 4*

[ii] *Pharmacy Act*, s 3,4

[iii] Pharmacy services involving the controlled acts of dispensing, compounding, and selling scheduled drugs must take place in an accredited pharmacy, in accordance with the *Drug and Pharmacies Regulation Act* (DPRA)

Virtual Care Policy: Summary of Changes

The College's expectations within the current policy have been rearranged to enhance flow, readability, clarity and consistency in language. The proposed changes are largely editorial in nature, with particular attention taken to reduce the use of paragraphs and increase the use of white space with bulleted lists, shorten headers from wordy to concise, and reduce duplication of expectations across sections.

The significant editorial changes to the structure of how the existing policy expectations are expressed are captured in the side-by-side comparison below. Note that there are expectations that have been moved from one section to another.

Current Policy Language	Proposed Updated Language in Draft Policy
Definitions **Virtual Care:** a professional interaction between a registrant and a patient that occurs remotely using secure enabling technology that facilitates registrant-patient interaction for example, videoconferencing.	*Definitions* **Virtual Care:** A registrant-patient interaction that occurs remotely using secure, enabling technology to facilitate the provision of professional pharmacy services.
Includes definition of informed consent	*Remove definition as the applicable information is provided within the policy*
No definition of Professional Pharmacy Services	**Professional Pharmacy Services:** Patient care activities provided by a registrant within the scope of practice of pharmacy and the authorized acts of the profession, but not dispensing, compounding or the sale of scheduled drugs.
Policy Registrants providing virtual care to patients must meet or exceed all applicable standards, guidance, and legislative requirements for in-person care. Each patient must receive the same standard of care whether they are receiving that care in-person or through a virtual visit. Registrants must practice within the limits of their knowledge, and the decision to provide virtual care must be made in the best interest of their patient.	*Policy* Registrants providing virtual care to patients must meet all applicable Standards of Practice and legislative requirements for in-person care. A patient must receive the same quality of care whether they are receiving that care in-person or virtually. A registrant-patient relationship is established when pharmacy services are provided through virtual care, in the same way as it is established when providing pharmacy services in-person. Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual interaction.

Section Header: Providing Virtual Care Services Registrants must determine whether virtual care and the manner in which it is delivered is a suitable method of care delivery for the patient interaction and whether providing care virtually will enable them to meet all legal and professional obligations before deciding to provide virtual care to their patients. A registrant-patient relationship is established when virtual care services are provided, in the same way that a registrant-patient relationship is established when providing pharmacy services in-person. Documentation requirements remain the same regardless of whether pharmacy services are provided to a patient in-person or through a virtual visit.	*Section Header: Providing Virtual Care* Registrants must practice within the limits of their knowledge, skills and judgement, and the decision to provide virtual care must be made in the best interest of the patient. Before providing virtual care to a patient, registrants must determine if it is appropriate: • The benefits to the patient must outweigh any risks • Virtual care and the method through which it is delivered are suitable to meet the patient's needs and appropriate for the service(s) being provided. o Consider the patient's health status, specific healthcare needs and circumstances • All legal and professional obligations are met Registrants must ensure that the method used to provide virtual care is functioning properly to support the virtual interaction and have a contingency plan in place in the event of a technical failure.
Section Header: Assess Appropriateness of Virtual Care Delivery Registrants must assess whether virtual care is appropriate for the patient. When making this assessment, registrants are advised to consider the patient's existing health status, specific-healthcare needs and specific circumstances, and make the decision of providing care virtually in conjunction with the patient. The benefits to the patient must outweigh any risks to the patient when determining whether to provide virtual care, and consideration must be given to allow patient choice.	*Removed – content incorporated into the above and below sections*
Section Header: Obtain Informed Consent Before providing virtual care to a patient, a pharmacist must obtain informed consent from the patient or substitute decision-maker. • Patients or their substitute decision-maker must be informed of the ways in which their right to privacy will be protected and how the confidentiality	*Section Header: Obtain Consent* A patient must be given a choice of whether to receive virtual care. Before providing virtual care to a patient, registrants must obtain consent from the patient or their authorized agent to remotely use and collect their personal health information (PHI).

of their personal health information will be maintained. • Prior to engaging in virtual care registrants must ensure that this informed consent is received expressly from the patient or substitute decision-maker, either orally or in writing. • Registrants must document that they have received consent to deliver virtual care and the mechanism used to provide virtual care in the patient's record.	• When the registrant is initiating the interaction, express consent must be obtained, either verbally or in writing. • When the patient is initiating the interaction, the registrant may rely on consent being implied by the patient. • Registrants must document that they have received consent in the patient's record.

Section Header: Maintain Privacy and Confidentiality
Maintaining privacy is a legal and ethical expectation. Registrants providing virtual care must safeguard their patients' right to privacy by ensuring that any technology used has privacy and security settings in accordance with the *Personal Health Information Protection Act, 2004,* and that any processes used to safeguard personal health information (PHI) include a mechanism for notification of theft or loss as required by law. At a minimum, the technology used must have controls to ensure only the intended patient or substitute decision maker has access to the virtual visit. Whenever personal health information is transmitted and/or stored, secure encryption must be used.
 	
Registrants must confirm the patient's identity and location before providing virtual care, regardless of whether the patient is new to the pharmacy professional or if a preexisting registrant-patient relationship exists. Registrants must provide virtual care in a private environment that ensures patient information is not overheard or seen by others. Registrants must communicate this to patients, as well as advise that the patient is in a private environment.
	Section Header: Maintain Privacy and Confidentiality
	Maintaining privacy is a legal requirement and professional obligation.
	Registrants providing virtual care must:
	• Safeguard the patient's right to privacy by ensuring that any technology used has privacy and security protocols to comply with the *Personal Health Information Protection Act, 2004*.
	   o Processes used to safeguard PHI must include a mechanism for notification of theft or loss as required by law.
	   o At a minimum, the technology used must have controls to ensure only the intended patient has access to the virtual visit.
	   o Whenever PHI is transmitted and/or stored, secure encryption must be used.
	• Confirm the patient's identity and location even if the pharmacy professional-patient relationship pre-exists.
	• Ensure their location and the location chosen by the patient prevents personal information from being overheard or accessible to anyone outside of the patient's circle of care.
	• Inform the patient how their privacy will be protected and how the confidentiality of their PHI will be maintained
	• Document the method used to provide virtual care in the patient's record.

Section Header: Ensure Safe and Appropriate Environment Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies. Registrants providing virtual care must ensure that the method used is functioning properly and maintains adequate connectivity to support the virtual visit. Due to the instability of some network connections, registrants are advised to have a contingency plan in place to ensure that patients are able to access the pharmacy services they need if an internet connection cannot be maintained.	*Section Header: Ensure Safe and Appropriate Environment* Registrants must ensure that the physical setting in which care is being delivered is appropriate and safe. If observing the administration of a medication, registrants must have a plan in place to manage adverse events and/or emergencies.

FOR INFORMATION

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

Topic: Policy Refresh Initiative – Preparing for 2026

Issue: A comprehensive policy refresh initiative was launched in 2024 to improve the clarity and consistency of College expectations articulated in various policy instruments. While recent policy updates have largely been format and editorial in nature, the next phase of the policy refresh initiative is expected to result in more significant changes which will warrant further Board discussion. This briefing note provides an overview of what the Board can expect prior to engaging in future decision making on policies and other regulatory instruments updated as part of the next phase of this refresh initiative, which is reflected as an organizational priority in the 2026 operational plan.

Public Interest Rationale: The College's policy and practice-related documents communicate expectations for the practice of pharmacy, the operation of pharmacies and the provision of safe and effective patient care. The policy refresh initiative demonstrates the College's commitment to the public interest by ensuring that regulatory instruments for registrants are clear and current in order to promote compliance with College expectations consistently and transparently.

Strategic Alignment, Regulatory Processes, and Actions: Ensuring clarity of College expectations aligns with Strategic Goal 2, *"The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information."* Domain 5 within the College Performance Measurement Framework (CPMF) contains a standard that Colleges develop and maintain practice expectations so that the public is aware of what behaviours they should expect when receiving high-quality care. Reviewing and revising policy and practice-related documents supports the College in achieving its mandate of regulating pharmacy practice in the public interest. The refresh initiative is a major activity designed to ensure the College consistently meets this expectation.

Background:

The Board of Directors reviews and approves all policies that regulate the practice of pharmacy. To support a consistent and timely approach to the development of, or revisions to, policies and other regulatory instruments used to convey expectations of registrants, the Strategic Policy team monitors practice matters and through various internal and external inputs makes recommendations to the Board on which policies are needed or require updating. It generally follows an established Policy Review Process to ensure policies remain current and relevant, though this process has often been interrupted to respond to emerging priorities such as the COVID-19 pandemic and expanded scope of practice, among other matters.

A comprehensive review of all existing policies and practice-related documents was conducted between May and October 2024. This review confirmed three main challenges, supported by internal feedback (received through OCP practice advisors, operations advisors and registration advisors) as well as external feedback primarily from registrants (based on inquiries to practice consultants, the complaints Intakes team and Communications):

1. There are too many document categories that are difficult to navigate and a challenge to clearly understand College expectations consistently and effectively
2. There are significant format, style and language inconsistencies, and
3. There are several policies that are overdue for a review and, where appropriate, an update.

The College initiated the policy refresh initiative intended to resolve these challenges.

Scope of the policy refresh

Underpinned by relevant legislation, regulation, standards and the Code of Ethics, the Board of Directors has the authority to establish expectations through policy, but the current suite of documents used by the College to convey practice expectations presents challenges.

In several cases, regulatory expectations are articulated across too many different documents – from policies and guidelines to guidance, fact sheets and practice tools – which makes it confusing for registrants and the public to fully comprehend the College's requirements and expectations and to know with certainty which of these instruments articulates what is truly *expected* of the profession versus what is considered advice or suggested practice. There also exist instances of duplication across policies and practice-related documents that can exacerbate potential confusion and lead to inconsistencies in how policy instruments are interpreted and applied.

Thus, the College determined the following key areas of improvement to focus on in the policy refresh initiative (further details can be found in the March 2025 briefing note):
1. Reducing and streamlining the number of official document categories that articulate practice expectations
2. Improving the overall clarity of the content of our policy documents
3. Providing consistency in style, format and tone
4. Reducing duplication of information

Preliminary phase of the policy refresh

Since the refresh was launched late last year, a limited number of policies have been reviewed and updated. These updates have focused mainly on adjusting format and making minor editorial changes that help to provide greater clarity, ease of use and consistency, with no new or changed expectations being introduced. The review and drafting of the recently approved Supervision of Pharmacy Personnel Policy, that saw the content within the Designated Manager – Professional Supervision of Pharmacy Personnel policy incorporated, thereby allowing the Board to decide to rescind the redundant policy in March 2025, provides a foundation for changes to other policies as they are updated going forward (with the Virtual Care Policy being the latest to be presented to the Board for approval).

The next phase of the policy refresh will require more precise Board direction

Recognizing the need to streamline the number and type of regulatory instruments used to articulate College expectations and the need to better articulate those expectations clearly and effectively, there are fundamental decisions that the Board will need to provide input and direction on before College staff can move forward with the next phase of the policy refresh. For example, the Board will be asked to consider, among other things:
A. The relationship between policies, guidelines, standards, regulations, fact sheets and practice tools, and the related implications of changing certain guidelines to policies
B. The difference between the use of "should" and "must" in our regulatory instruments
C. The threshold for requiring updated policies and related instruments to be subject to open consultation

Next Steps:

College staff will arrange for a 90-minute virtual lunch-and-learn session with the Board prior to the December 2025 meeting. The session will provide an opportunity to delve into the topics noted above and will be used to assist staff in preparing future policy recommendations for the Board as part of the next phase of the refresh initiative and its ongoing policy work. Subsequent decisions and deliberation on matters involving approvals or direction to staff will be facilitated in Board meetings which are open to the public. Further details on the lunch-and-learn will be communicated to Board members in the coming weeks.

BOARD BRIEFING NOTE
MEETING DATE: September 15-16, 2025

FOR DECISION

From: Greg Purchase, Manager, Registration

Topic: Update to Registration-Related resolutions in *Ontario Regulation 256/24*

Issue/Description: The Board is being asked to approve an update to one of the resolutions related to registration requirements that are listed in *O.Reg. 256/24* under the *Pharmacy Act, 1991.* This update is required due to changes in the Pharmacy Examining Board of Canada's (PEBC) certification pathway for international pharmacy graduates.

Public interest rationale: The Ontario College of Pharmacists' primary duty is to regulate the pharmacy profession to serve and protect the public interest. This includes ensuring that only those applicants who have met the registration requirements are authorized to practice in Ontario. Provisions in *O. Reg. 256/24* provide flexibility to allow the Board to set and maintain certain registration requirements so that shifts in the profession as they relate to entry-to-practice requirements can be accommodated without requiring a regulation change.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to ensure that the College has registration requirements that are fair and transparent and that are necessary to ensure the balance between effective and efficient registration procedures and safe and competent practice.

Background:
- *O.Reg. 256/24* contains several references to registration requirements which must be approved by the Board.
- A suite of resolutions related to these requirements were approved by the Board at their September 2024 meeting, including the following resolution related to education requirements for pharmacist applicants:
  - *The Board approves the Pharmacy Examining Board of Canada's (PEBC) Document Evaluation and Pharmacist Evaluating Exam as an evaluation that the applicant meets the education requirements for registration.*
- At their Annual Board Meeting in March 2025, the PEBC Board approved a streamlined pathway for access to the Pharmacist Qualifying Examination (the entry-to-practice examination), which removed the necessity of the Pharmacist Evaluating Exam for certain candidates.
- Accordingly, the resolution above needs to be updated to ensure that candidates that access the PEBC's streamlined pathway are still eligible to pursue registration in Ontario.

Analysis:
- Subsection 10(1) of *O.Reg 256/24* specifies the requirements for the issuance of a certificate of registration as a pharmacist. Clause 10(1)1. ii indicates that the applicant must have obtained a minimum of a baccalaureate degree in pharmacy from specified programs pursuant to subparagraph i or "from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council…".
- In September 2024, pursuant to this section of the regulation above, the Board approved the PEBC Document Evaluation and Pharmacist Evaluating Exam as an evaluation that the applicant meets the education requirement for registration.
- In March 2025, the PEBC Board approved a policy to streamline the PEBC certification pathway for

international pharmacy graduates where PEBC is satisfied that the candidate's education would support admission into the Pharmacist Qualifying Examination *without* the necessity for the Pharmacist Evaluating Examination. This PEBC Policy applies to graduates from international pharmacy programs that held:

1. CCAPP/ACPE "International Accreditation" status, or:
2. Accreditation from a national, regional, or other international accreditation body and the country of education had a comparable:
   a. scope of practice to the minimum scope of practice in Canada that is common across Canadian provinces (with a focus on patient care in addition to dispensing and compounding), AND
   b. regulatory framework that requires a competency assessment for licensure as a pharmacist in that jurisdiction
      i. PEBC will also consider this pathway for candidates who were educated in a different country; however, they were licensed and practicing in an acceptable jurisdiction.

- PEBC has currently approved accredited programs in the following countries to be eligible for the second branch specified above:
  1. United Kingdom
  2. Republic of Ireland
  3. Australia
  4. New Zealand
  5. South Africa
  6. USA (for 2.b.i)
- Accordingly, gradates of programs in the countries listed above (and any additional countries added to the list pursuant to PEBC research in the future) may access the PBEC Qualifying Exam without the necessity for the Evaluating Exam. The Document Evaluation is still required for all applicants.
- Therefore, the resolution, as it is currently written, would not allow applicants who access the PEBC streamlined pathway to pursue registration in Ontario as they would not have completed the PEBC Evaluating Examination.
- The Board is being asked to approve an updated resolution.

Motion:

THAT the Board approves changing Registration Resolution #3, as attached, to read "The Board approves the Pharmacy Examining Board of Canada's (PEBC) Document Evaluation and either access to the PEBC Streamlined Pathway for certification OR Pharmacist Evaluating Exam as an evaluation that the applicant meets the education requirement for registration."

Next steps:

If approved, the updated resolution will be posted to the College's website. This updated resolution will be used by College staff in processing applications for certificates of registration.

Attachments:

- 21.1 - Current List of Registration Resolutions, last approved September 16, 2024 for implementation on October 1, 2024
- 21.2 - Board Briefing Note from September 2024 Board Meeting

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
1. Two Part Register - Declaration of Competence	Pharmacist and pharmacy technician	Two Part Register Subsection 5 (5) *A pharmacist or a pharmacy technician who asks to renew a listing in Part A must provide to the Registrar a declaration of competence to provide patient care **in the form approved by Council.***	The Board approves completion of the annual declaration of competence for each registrant who asks to renew a listing in Part A through the registration online portal at the same time that each registrant completes their annual renewal.	N/A – new resolution	The proposed Board resolution is necessary because the requirements to remain in Part A have shifted from the Quality Assurance section of the regulation to the Registration section. The requirement in regulation for a declaration of competence replaces the existing requirement that Part A registrants have provided patient care for at least 600 hours over the preceding three years to a declaration of competence.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
2.Education – Accreditation Bodies	Pharmacist	Clause 10 (1) 1. i. ...*minimum of a baccalaureate degree in pharmacy from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs,* or **from another program that is accredited by another accrediting body approved by the Council...**	The Board approves the Accreditation Council for Pharmacy Education (ACPE) as another accrediting body for entry-level pharmacy degree programs.	Council approves the Accreditation Council for Pharmacy Education (ACPE) as "another accrediting body" for the purpose of sub-subparagraph 1.i B of subsection 6 (1) .	Same as the existing Board resolution. ACPE has an equivalent mandate and accreditation standards as the Canadian Council for Accreditation of Pharmacy Programs.
	Pharmacy Technician	Clause 14 (1) 1. i. ...*pharmacy technician certificate or diploma, or a university degree in pharmacy from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs,* or **a program that is accredited by another accrediting**	The Board approves the Accreditation Council for Pharmacy Education (ACPE) as another accrediting body for entry-level pharmacy degree programs.	Council approves the Accreditation Council for Pharmacy Education (ACPE) as "another accrediting body" for the purpose of sub-sub paragraph 1.i B of subsection 13.(1)	Same as the existing Board resolution. ACPE has an equivalent mandate and accreditation standards for pharmacist education programs as the Canadian Council for Accreditation of Pharmacy Programs.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		body approved by Council…			ACPE accreditation standards for pharmacy technician programs have not been evaluated for equivalency with the Canadian Council Accreditation of Pharmacy Programs accreditation standards for pharmacy technician education.
3.Education – Evaluation of Education	Pharmacist	Clause 10 (1) 1. ii. *…from a program that does not meet the requirements of subparagraph i, if the applicant passes **an evaluation approved by the Council…***	The Board approves the Pharmacy Examining Board of Canada's (PEBC) Document Evaluation and Pharmacist Evaluating Exam as an evaluation that the applicant meets the education requirement for registration.	N/A – New	The PEBC Document Evaluation and Pharmacist Evaluating Exam are eligibility requirements for the PEBC Qualifying Exam for Pharmacists which is a registration requirement for pharmacist applicants.
	Pharmacy Technician Applicant	Clause 14 (1) 1. ii. *…from a program that does not meet the requirements of subparagraph i, if the applicant passes **an**	The Board approves the PEBC Pharmacy Technician International Evaluation as an evaluation that the applicant meets the	N/A - New	The PEBC Pharmacy Technician International Evaluation or the PEBC Document Evaluation and

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		evaluation approved by the Council...	education requirement for registration. The Board approves the PEBC Document Evaluation and the Pharmacist Evaluating Exam as an evaluation of the applicant's knowledge from their pharmacy diploma or degree program.		Pharmacist Evaluating Exam are eligibility requirements for the PEBC Qualifying Exam for Pharmacy Technicians which is a registration requirement for pharmacy technician applicants.
4.Education - Bridging Education Program	Pharmacist	Sub-Clause 10 (1) 1. ii. A. ...*successfully completes* ***a bridging program or another program approved by the Council,,,***	The Board approves the International Pharmacy Graduate (IPG) program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "a bridging program." The Board approves the PharmD for Pharmacists program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "another program".	Council approves the University of Toronto, International Pharmacy Graduate Program as "a program whose graduates should possess knowledge, skill, and judgment at least equal to those current graduates of a [CCAPP-accredited pharmacy degree] program..." Council approves the University of Toronto, PharmD for	Same as the existing Board resolution.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
				Pharmacists Program as "a program whose graduates should possess knowledge, skill, and judgment at least equal to those current graduates of a [CCAPP-accredited pharmacy degree] program ..."	
	Pharmacy Technician	Sub-Clause 14 (1) 1. ii. A. ...*successfully completes **a bridging program or another program approved by the Council...***	The Board approves the Canadian Health Care System, Culture and Context for IEHPs course offered by the Leslie Dan Faculty of Pharmacy Continuing Professional Development department plus the following courses offered by CTS Canadian Career College as "a bridging program.": - Pharmacy Laws, Regulation and Ethics - Communications with Patients and Health Professionals	Council approves the Canadian Health Care System, Culture and Context for Internationally Educated Healthcare Professionals course [offered by the University of Toronto, Leslie Dan Faculty of Pharmacy, Continuous Professional Development Program] in addition to any other course(s) or program as identified by the Registration Committee as a program whose graduates should possess knowledge,	Same as the existing Board resolution with the courses formerly approved by the Registration Committee now included for Board approval. The bridging program, in its entirety, has been evaluated for this purpose. The proposed Board resolution regarding the IPG Program more clearly defines the intention of the existing regulation and allows international

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
			- Pharmaceutical Calculations - Community Dispensing - Medication Packaging - Compounding (Non-Sterile) Skills - Sterile Product Skills - Hospital Dispensing Skills - Hospital Dispensing Theory - Practicing the Pharmacy Technician Scope of Practice The Board approves the International Pharmacy Graduate (IPG) program at the Leslie Dan Faculty of Pharmacy at the University of Toronto as "another program."	skill and judgement at least equivalent to a current graduate of a [CCAPP-accredited pharmacy technician education] program…" Clause 16. (1) 1. iv of O. Reg. 202/94: GENERAL (ontario.ca): *The applicant must have met the requirements of [education to be eligible to register as a pharmacist].*	pharmacy graduates who choose not to or are no longer eligible to pursue registration as a pharmacist to continue to be able to pursue registration as a pharmacy technician.
5.Jurisprudence, Ethics and	Pharmacist	Paragraph 10 (1) 3. *No more than two*	The Board approves the College's Jurisprudence,	Council approves the College's	Same as the existing Board resolution with

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
Professionalism Exam		*years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, the applicant must have successfully* **completed an assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.**	Ethics and Professionalism Exam according to the blueprint that was approved in June 2019 as an assessment in pharmaceutical jurisprudence, ethics and professionalism.	Jurisprudence Examination as developed in accordance to the Council approved blueprint (June 2012; June 2019), as "an examination in pharmaceutical jurisprudence"...	updated name of exam.
	Pharmacy Technician	Paragraph 14 (1) 3. *No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, the applicant must have successfully* **completed an**	The Board approves the College's Jurisprudence, Ethics and Professionalism Exam according to the blueprint that was approved in June 2019 as an assessment in pharmaceutical jurisprudence, ethics and professionalism.	Council approves the College's Jurisprudence Examination as developed in accordance to the Council approved blueprint (June 2012; June 2019), as "an examination in pharmaceutical jurisprudence"...	Same as the existing Board resolution with updated name of exam.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.			
6.Practice Assessment of Competence	Pharmacist	Paragraph 10 (1) 4. *No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, the applicant must have successfully completed **a practice assessment of competence approved by the Council.***	The Board approves the College's Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as an entry level practice assessment of competence. The Board approves the Canadian Society of Hospital Pharmacists' Hospital Pharmacy Residency Program in Ontario as an entry level practice assessment of competence. The Board approves graduation from the entry level PharmD program at the Leslie	Council approves the following as "a structured practical training [internship] program": • The Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as administered by the College while the applicant is registered as a student or intern; • The Canadian Society of Hospital Pharmacists' Hospital Pharmacy Residency Program in Ontario.	Same as the existing Board resolution. The entry level PharmD program at the University of Ottawa is a new program that commenced in Fall 2023. Like the University of Toronto and University of Waterloo programs, the University of Ottawa program has already begun integrating the use of the College's OPPCAT assessment tool in their evaluation of students, beginning with their first patient care experience.

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
			Dan Faculty of Pharmacy at the University of Toronto, the University of Waterloo School of Pharmacy, or the University of Ottawa School of Pharmaceutical Sciences as an entry level practice assessment of competence.	Council approves the following education programs as ones that meet all the requirements of the structured practical training [internship] program: • The entry level PharmD programs at the Leslie Dan Faculty of Pharmacy at the University of Toronto and the School of Pharmacy at the University of Waterloo.	
	Pharmacy Technician	Paragraph 10 (1) 4. *No more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, the*	The Board approves the College's Structured Practical Training (SPT) Program as an entry level practice assessment of competence for pharmacy technician applicants who have successfully completed	Council approves the following as "a structured practical training program": • The Structured Practical Training Program for Pharmacy Technicians as	The SPT will not be offered to new applicants as of September 3, 2024. The proposed Board resolution allows sufficient time for pharmacy technician applicants who are engaged in the

Registration Requirement	Class of Registration	Regulation Reference O. Reg. 256/24	Proposed Board Resolution	Existing Board Resolution	Notes
		*applicant must have successfully completed **a practice assessment of competence approved by the Council.***	SPT by the end of March 2025 The Board approves successful completion of the College's Practice Assessment of Competence at Entry (PACE) for pharmacy technician applicants as an entry level practice assessment of competence.	administered by the College...	program prior to its discontinuation to complete it and be eligible for registration without having to undergo PACE as a pharmacy technician while their training is current. PACE for pharmacy technician applicants will be launched after October 1, 2024.

BOARD BRIEFING NOTE

MEETING DATE: September 15-16, 2024

From: Greg Purchase, Manager, Registration

Topic: Registration-Related Resolutions in *Ontario Regulation 256/24*

Issue/Description: The Board is being asked to approve the resolutions related to registration requirements that are listed in *O. Reg. 256/24* under the *Pharmacy Act, 1991*, in anticipation of this regulation coming into force on October 1, 2024*. O. Reg. 256/24* will replace the current *O. Reg 202/94* under the *Pharmacy Act, 1991*, and accordingly, there are several references to registration requirements which must be approved by the Board.

Public interest rationale: The Ontario College of Pharmacists' primary duty is to regulate the pharmacy profession to serve and protect the public interest. This includes ensuring that only those applicants who have met the registration requirements are authorized to practice in Ontario. Like the current *O. Reg. 202/94*, the provisions in the new *O. Reg. 256/24* provide flexibility to allow the Board to set and maintain certain registration requirements so that shifts in the profession as they relate to entry-to-practice requirements can be accommodated without requiring a regulation change.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to ensure that the College has registration requirements that are fair and transparent and that are necessary to ensure the balance between effective and efficient registration procedures and safe and competent practice.

Background:
- On June 19, 2024, *O. Reg. 256/24* under the *Pharmacy Act, 1991* was filed to come into force on October 1, 2024.
- This regulation replaces *O. Reg 202/94* and is an updated regulation containing the provisions related to certificates of registration and registration requirements for the various classes of registration.
- Similar to *O. Reg. 202/94*, *O. Reg 256/24* contains several references to registration requirements which must be approved by the Board. While most of these references are unchanged, there are some additional references for approval by the Board, rather than the Registration Committee.
- For each reference to Board approval in the regulation, the proposed resolution and the current resolution (if applicable) is detailed in the attached Attachment 11.1.

Analysis:
- In recent years, there has been a shift in decision-making authority from College committees (including the Registration Committee) to the Board. This is aligned with the College's current governance structure, such that fewer Board members sit on College committees and the Board maintains responsibility for setting policy. Accordingly, the resolutions identified need Board approval in order to give effect to each provision. However, the Board may choose to request that the Registration Committee review specific resolutions and make recommendations.
- Attachment 11.1 provides a detailed summary of the resolutions that have been approved in the past with the new proposed resolutions also noted. It is important to note that the majority of the proposed resolutions are not new but are rather updated to align with the updated language in *O. Reg 256/24*. Where a resolution is new, such as the resolution related to PACE for pharmacy technician applicants, the resolution is consistent with the existing resolution related to pharmacist applicants.
- Throughout the year, registration practices are reviewed to reflect policy direction from the government and the Office of the Fairness Commissioner, as well as other regulatory changes that may be required.

Motion:

THAT the Board rescind all current registration-related resolutions effective October 1, 2024 and approve the new registration-related resolutions as listed in Attachment 11.1 to come into effect on October 1, 2024.

Next Steps:

If approved, the new registration-related resolutions will be posted to the College's website on or after October 1, 2024 and communicated publicly. These new resolutions will be used by College staff in processing applications for certificates of registration.

Attachments:

- 11.1 - Registration Resolutions