Summary of Public Consultation Findings on Proposed Changes to the Assurance and Improvement in Medication Safety (AIMS) Program

Background

At the June 9, 2025, Board meeting, College staff proposed significant updates to the AIMS Program following 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 Low engagement with the program, partly due to outdated or unclear requirements, has limited its intended effect of fostering a strong safety culture in Ontario pharmacies.

The Board supported a change to the program model to grant individual pharmacies autonomy and flexibility to select their own medication incident reporting platform, provided it meets the criteria established by the College and supports data submission to the National Incident Data Repository (NIDR).

At the September 15–16, 2025, Board meeting, the College recommended adapting the NAPRA Model Standards of Practice for Continuous Quality Improvement and Medication Incident Reporting to Ontario's needs. The proposed updates to the supplemental Standard of Practice (sSOP) would require that:

> a) all registered pharmacy staff (pharmacists and pharmacy technicians) have unique logins for the incident reporting platform at their primary place of practice, except for occasional or relief staff;
>
> 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.

Public Consultation Process

A public consultation on the proposed changes to the sSOP, aimed at improving engagement and strengthening program effectiveness, ran from September 25 to November 23, 2025. There was a total of 45 responses: 35 were posted publicly and 10 were removed for not meeting the College's established consultation website posting guidelines; however, all were included in the analysis.

Respondent types:

- Pharmacists: 43
- Members of the public: 1
- Organizations or associations: 1

Analysis

The volume of responses was not sufficient for quantitative analysis, so comments were categorized qualitatively. Many responses touched on more than one theme. All responses, aside from those that were removed, remain publicly available on the consultation page. Staff used AI tools in a principled way to support editorial functions and organize consultation comments.

Findings

Theme: Value, effectiveness, and platform concerns (23 responses)

Respondents raised concerns that reporting is time-consuming, duplicative of existing processes, and that safety benefits have not been clearly demonstrated. Some comments related to challenges with the current reporting platform.

Theme: Administrative burden and feasibility (17 responses)

Respondents shared concerns about the burden of the requirements, driving time away from patient care, or perceived as a checkbox exercise.

Theme: Flexibility and professional autonomy (10 responses)

Respondents requested flexibility regarding CQI meeting frequency, use of existing systems, and choice of reporting tools, including paper-based options.

Theme: Support for the AIMS Program and proposed changes (10 responses)

Some respondents expressed support for all proposed changes, including standardized learning opportunities, unique logins for pharmacy professionals, and the frequency of SSAs and CQI meetings.

Theme: Regulatory approach and trust (9 responses)

Concerns were raised that the proposed updates may be overly bureaucratic, prescriptive, or unnecessary.

Theme: Implementation suggestions (9 responses)

Suggestions included pursuing central or ministry funding, managing costs with platform providers, capping fees, and integrating reporting platforms with pharmacy management systems.

Theme: Burnout and workforce capacity (6 responses)

Respondents cautioned that additional workload could contribute to burnout and potentially compromise patient safety.

Theme: Burden of costs to pharmacies (24 responses)

Although changes to the program model were not part of the consultation, the burden of cost and financial sustainability was the most frequently raised theme. Respondents expressed concern about the College shifting platform costs to pharmacies and noted ongoing financial pressures such as stagnant dispensing fees, rising operational costs, and increases in College fees.

College Response

The College acknowledges the need to reinforce the value of the medication safety program and provide stronger supports to ensure pharmacies can fully benefit from it as originally intended. Strengthening collaboration with system partners will help pharmacies access data-driven insights, implement meaningful improvements, and reduce the risk of medication-related events. The updates to the program model algin with that of other provincial regulatory bodies where pharmacies select and fund their reporting platforms; however, the Ontario College of Pharmacists will cover the cost of submitting data to the national database to support a strong culture of patient and medication safety. Providing pharmacies with autonomy to select their own reporting platform will allow them to choose a system that best fits their workflow and organizational needs.

Following the analysis of consultation feedback, no further changes were recommended to the updated supplemental Standard of Practice. The Board-approved updates take effect January 1, 2027, ensuring the medication safety program aligns with best practices and supports continuous quality improvement across the sector. The College is committed to providing ongoing guidance, practical tools, and change management supports to ensure a smooth transition and effective implementation of the new requirements. There will be ongoing monitoring of the program to identify opportunities to further enhance and strengthen it.