

OCP Strategic Plan 2024-2028

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



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

- Mandate/Public Protection:** All our work is to ensure safe, competent, and ethical professional practice.
- Right Touch:** Our regulatory actions are proportionate to the level of risk to the public.
- Culture:** We believe in justice, equity, diversity and inclusion. We aim to identify, remove, and prevent inequalities.
- Transparency:** We clearly communicate our expectations, requirements, activities and performance as transparently as possible.
- Risk:** We act to reduce or prevent harms. We use data to anticipate and measure risk. We measure the outcome of our actions and adapt our regulatory response to ensure the most beneficial impact.
- Partnerships:** We engage and collaborate with Ontario patients and other health system partners to protect the public.
- Person-focused:** We will act with fairness and compassion towards all participating in our processes.
- Leadership and Innovation:** We will innovate and endeavour to drive change to most effectively address identified risk.

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

- Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics.
- The College effectively provides members of the public, registrants and other partners with clear, relevant, up-to-date information.
- The College has the expertise and resources to address immediate demands caused by changes in the regulatory or practice environment.
- The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.





Ontario College of Pharmacists

Putting patients first since 1871

OUR PROMISE TO YOU

OCP SERVICE CHARTER

We're serious about our values and principles and we are committed to living by them as a regulator.

The service commitments naturally build off the Board-defined regulatory principles that guide what it is we do and how we work. They ultimately reflect operational practices and are an expression of what you can expect when you interact with the College.

Let us know how we're doing.

ocpinfo.com/servicecharter

PARTNERSHIPS

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

We work with partners, including patients, government, educators, other regulators, professional associations and others.

We consult with registrants and the Ontario public on proposed regulations, standards and policies.

Whenever we can, we share our documents and experiences with others in Canada and internationally to amplify benefit to patients.

We strive to be efficient by learning from other leading regulators nationally and internationally.

We provide input into relevant government and health system consultations.

We share data with external researchers in keeping with our research policy.

We respond to data requests within 10 business days and provide data within 30 business days.

CULTURE

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

We do not discriminate. We treat everyone fairly, regardless of who they are (e.g., race, age, sex, gender, disability, religion, sexual orientation).

We commit to promoting equity, diversity and inclusion (EDI) in all work with the profession, with pharmacy patients and internally.

We aim to enhance cultural safety, including Indigenous cultural humility, to minimize systemic inequities.

All staff, Board and Committee members complete EDI training.

We review our policy and program decisions using an EDI lens and explicitly consider identity data where available.

We avoid language in our work that condones or reinforces longstanding power imbalances.

LEADERSHIP & INNOVATION

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

We are committed to innovation and regulatory best practices.

We dare to depart from convention and seek new approaches to reduce risk whenever the evidence or opportunity presents options.

We actively participate in provincial and national initiatives focused on best practices and innovative ways of doing things.

We present our work at regulatory conferences to foster the active exchange of ideas and regulatory developments.

PUBLIC PROTECTION

All our work is to ensure safe, competent and ethical professional practice.

We explicitly link the decisions we make to why they will be good for Ontario patients.

RIGHT-TOUCH

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

We strive to eliminate requirements that do not clearly benefit patients or serve their needs.

Our Board specifically considers risk to patients in its decision making.

We define "risk of harm" broadly to encompass physical, mental/emotional or societal harm.

TRANSPARENCY

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

We are clear regarding regulatory requirements.

We help you navigate regulatory procedures, like registration or making a complaint, and let you know how you can get more information if you need it.

Through our annual report, we show how registrant dues are used.

Our annual report provides clear and easily understandable information about our regulatory programs.

Information on the College's performance as a regulator is posted publicly on our website in an easily identifiable location.

PERSON-FOCUSED

We act with fairness and compassion toward all participating in our processes.

We treat you fairly and with sensitivity. You are not a problem to be solved.

We communicate and interact with you with respect, taking the time to listen and providing you with the opportunity to voice your concerns.

Everyone we interact with will have the opportunity to provide feedback. We will learn from your feedback on how we can improve our processes.

RISK-BASED

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

We make decisions based on the available evidence.

We prioritize regulatory commitments in areas where data or other evidence indicates the greatest risk of harm to the public.

We collect the data needed to understand risk and we show the evidence we use in making decisions.

We evaluate the impact of our regulatory programs and initiatives, taking into consideration multiple dimensions and points of view.

We keep you informed about what is going on, what to expect and when.

- We respond to your inquiries by phone or email within 3 business days.
- We provide your PACE assessment results within 10 business days. We provide your Jurisprudence, Ethics and Professionalism exam results within 5 weeks.
- We complete new registrations in 30 calendar days from the time all required documents have been submitted.
- We communicate assessment results and accreditation outcomes as quickly as we can. You can expect results of practice assessments of individual pharmacists or pharmacy technicians within 3 business days and results of pharmacy operational assessments within 10 business days. If we can't meet these targets, we will let you know about our progress and next steps.
- We complete investigations into complaints within 150 calendar days or let you know why we cannot do so.
- We post all Board materials at least 7 calendar days before Board meetings. We post Board decisions within 5 business days after Board meetings.



Accountability



Fairness



Collaboration



Judiciousness



Integrity



Transparency

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

Board of Directors Meeting Agenda

August 9, 2024
9:30 AM – 3:00 PM

[MEETING LINK](#)

1. **Welcome and Land Acknowledgment**

2. **Declaration of Conflict of Interest**

The Board will be asked to identify any items on the agenda with which they believe they may have or appear to have a potential for a conflict of interest.

3. **Registrar's Update**

- Scope of Practice expansion
- Town Halls
- Employee Engagement results

4. **Human Rights Policy - For Decision**

Katya Masnyk, Director of Policy will ask the Board to approve a Human Rights Policy to clarify and consolidate the College's expectations of registrants when it comes to practising pharmacy in compliance with existing federal and provincial human rights legislation requiring non-discrimination in health service provision.

5. **Emergency Assignment Class of Registration Policy – For Decision**

Susan James will ask the Board to approve the attached Opening and Closing the Emergency Assignment Class(es) of Registration Policy, which sets out the criteria the Board must consider before declaring that there are emergency circumstances in place to warrant the issuance of certificates of registration as pharmacists (emergency assignment) and/or pharmacy technicians (emergency assignment).

The Board is also being asked to, if approved, apply this policy to consider initiating the closure of the currently open Emergency Assignment Classes of registration for pharmacists and pharmacy technicians.

6. **Governance Committee Report – For Information**

The Governance Committee will provide an update to the Board on the independent investigator's report.

7. **In Camera**

Motion to go *in camera* pursuant to *Health Professions Procedural Code s. 7 (d)*.



Ontario Exploring More Ways to Expand Role of Pharmacists

Pharmacies provided over 1 million assessments for common ailments since last year, providing even more convenient care closer to home

July 24, 2024

[Health](#)

TORONTO — The Ontario government is looking at additional innovative and creative ways to make pharmacies a one-stop-shop for people to conveniently connect to care, close to home by further expanding the ability of pharmacists to provide care. Starting today, the government is consulting with its partners on further expanding the ability of pharmacists to provide care by treating additional common ailments, administering more vaccines, and performing more point-of-care testing.

“Our government is continuing to expand our bold and innovative plan to make it easier for people to connect to the care they need, close to home,” said Sylvia Jones, Deputy Premier and Minister of Health. “Pharmacist prescribing has been a huge success in Ontario, and we are excited to work with our partners to help explore more opportunities to leverage pharmacies to connect people to care in Ontario, no matter where they live.”

Since January 2023, Ontario’s pharmacies have provided more than 1 million assessments to treat and prescribe for [19 common ailments](#) such as cold sores, pink eye, insect bites and urinary tract infections. Over 4,600 pharmacies, or 99 per cent of all Ontario pharmacies, are now participating in the program, connecting people to care in every corner of the province.

Building on this success, Ontario is consulting on more ways to leverage the skills and expertise of pharmacists to continue making pharmacies a one-stop-shop for more convenient care closer to home, including:

- treating and prescribing for 14 additional common ailments, such as sore throat, calluses and corns, mild headaches, shingles, and minor sleep disorders including insomnia

- ordering specific laboratory tests and performing additional point-of-care tests such as strep throat testing, to make it faster and easier to assess and treat common ailments
- administering additional publicly funded vaccines at pharmacies, including Tetanus, Diphtheria, Pneumococcal, and Shingles to increase access to care and save people a visit to the doctor's office
- allowing pharmacy technicians to administer additional vaccines, such as Hepatitis A and B, Rabies, Meningococcal, and Human Papillomavirus
- identifying barriers in hospital settings that limit pharmacists from ordering certain laboratory and point-of-care tests, to make it easier for people to connect to care and reduce burden on nurses and doctors
- improving the [MedsCheck](#) program to support health outcomes and reduce unnecessary service duplication and administrative red tape, while continuing to protect patient choice.

In addition to providing more convenience, allowing pharmacists to connect people with more care options at their local pharmacy will also give family doctors more time to help people with more complex needs. As with visiting a family physician or walk-in clinic, Ontarians can receive a prescription from a pharmacist for common ailments with just their Ontario health card. The cost of the medication being prescribed will continue to be paid for by people directly or through their drug benefits plan.

As part of [Your Health: A Plan for Connected and Convenient Care](#), the government is strengthening all aspects of the health care system, including making it easier for highly skilled, regulated health care professionals, like pharmacists to work to the full extent of their training and expertise to provide people more connected and convenient care.

Quick Facts

- Pharmacy assessment of common ailments began in January 2023, with an initial 13 ailments, and was expanded in October 2023 to include 6 additional ailments.
- More than 1 million assessments have been completed since allowing pharmacists to treat and prescribe for 19 common ailments, including pink eye, UTIs, and acne. More than 4,600 pharmacies (99 per cent) have participated in the program.
- Recent changes by the province also allow pharmacists to administer certain injection and inhalation treatments so that they can better care for people who

need help taking certain medications, such as insulin, vitamin B12, or osteoporosis treatment.

- Anyone with symptoms should contact their local pharmacist to confirm whether they provide prescribing services for certain common ailments before visiting the pharmacy.
- On July 1, 2022, regulatory amendments came into force under the Laboratory and Specimen Collection Centre Licensing Act, allowing pharmacy professionals to collect specimens and perform the following point-of-care tests for the purpose of medication management to treat chronic disease: Glucose, HbA1c, Lipids, and PT/INR.
- Vaccines that are part of [Ontario's publicly funded immunization program](#) are free if administered by a primary care provider or local public health unit. At this time, pending the consultation and implementation timing, patients who choose to receive vaccines in a pharmacy will need to pay for the vaccine and the administration, other than COVID-19 and influenza vaccines.

Quotes

"The ongoing and expanded role of pharmacists is fundamental to delivering accessible, high-quality care for Ontarians. Pharmacists have consistently shown we can assess and treat common ailments, deliver vaccinations to help close vaccination gaps and improve health across our communities. Through innovative and future-oriented health education, pharmacy learners are trained and prepared to practice to our full scope alongside and in collaboration with other healthcare professionals. We support the Government of Ontario for their commitment to expanding the scope of pharmacy professionals and strengthening Ontario's health care system."

- Lisa Dolovich

Dean, Leslie Dan Faculty of Pharmacy, University of Toronto

"We are pleased to support ongoing opportunities for pharmacy professionals to utilize their skills to deliver safe, quality and timely care that Ontarians want and deserve. Last year, OCP made recommendations to the Minister of Health to further expand the scope of practice of pharmacists and pharmacy technicians along with additional changes that would further strengthen the ability of pharmacy professionals to meet the needs of patients within an integrated healthcare system. Today's announcement, including the focus on improving the valuable MedsCheck program, is great news and an important step towards more effective delivery of safe, quality care for all Ontarians."

- James Morrison
Board Chair, Ontario College of Pharmacists

"Thanks to the Government of Ontario's investment in the pharmacy sector through programs like the assessment and treatment of minor ailments, communities have trusted their local pharmacy teams to deliver the high-quality care they need and deserve. As Ontarians seek accessible and convenient ways to access care, Ontario's pharmacy professionals are ready with the knowledge and expertise to safely and effectively do more to meet their healthcare needs in a setting of their choice. The Ontario Pharmacists Association thanks the Government of Ontario for their continued investment in pharmacy delivered care and looks forward to continuing our strong collaboration to ensure that care is always available when and where Ontarians need it most."

- Justin Bates
CEO, Ontario Pharmacists Association

"We are delighted to see the Ontario government recognize the immense value of pharmacy-led primary care by expanding the minor ailments program, as well as, authorizing lab test orders and point-of-care test administration at local pharmacies. With over 1 million minor assessments conducted since 2023, it is evident that accessing healthcare close to home via local pharmacies is improving the health of Ontarians. We are also thrilled to see the expansion of publicly funded vaccines offered in pharmacies, which we have long advocated for and will significantly enhance public health outcomes in the province. We look forward to continued collaboration to further develop pharmacies as community health hubs, ensuring timely and equitable care for everyone in the province."

- Sandra Hanna

CEO, Neighbourhood Pharmacy Association of Canada

Additional Resources

- [Your Health: A Plan for Connected and Convenient Care](#)
- More information about the types of health care services you can get through your local pharmacy can be found [here](#)

Related Topics

Government

Learn about the government services available to you and how government works.

[Learn more](#)

Health and Wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. [Learn more](#)

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FOR DECISION

From: Delia Sinclair Frigault, Equity, Diversity, & Inclusion Manager;
Katya Masnyk, Director of Policy, Engagement and Strategy Implementation

Topic: New Practice Policy - Human Rights

Issue: The results of internal assessments, environmental scans, and literature reviews indicate that more needs to be done to clarify and consolidate the College's expectations of registrants when it comes to practising pharmacy in compliance with existing federal and provincial human rights legislation requiring non-discrimination in health service provision. The Board is asked to approve a new Human Rights policy to close this gap.

Public interest rationale:

Health professionals have a fiduciary responsibility to their patients, and the public expects that health professionals will practice their profession in a manner that respects their human rights.

Strategic alignment, regulatory processes, and actions:

Ensuring that patients can access pharmacy services and receive the care they need in a manner that is free from discrimination is central to the College's mandate of regulating the practice of pharmacy in the public interest. The current strategic plan makes this clear by stating that the College will "use its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice."

What is the problem?

- The College is aware that a patient's experience of pharmacy care is influenced by many factors, and that the existence of bias and the human tendency to stereotype results in some patients experiencing inequitable access and/or negative experiences when accessing pharmacy care.
- The literature shows that some patients are more likely to experience inequitable access to pharmacy care. These patients include those who live with stigmatized medical conditions (e.g. HIV/AIDS, Hep C, Opioid dependency), those who are Indigenous, those who are racialized, those who are 2SLGBTQ+, those whose first language is not English, those who live with a disability, those living in rural and remote areas of the province, and those who are unhoused or are of limited financial means.^{1, 2, 3, 4, 5, 6, 7}
- Practice insights gathered from the Registrant Reference Group align with these findings. These registrants have indicated that although there is provincial legislation, because the College has not clearly outlined its expectations of registrants in meeting the legislative requirements within the practice of pharmacy, there may be confusion amongst pharmacy professionals on what is expected and how to comply when balancing

¹ Cénat, J. M. (2024). Racial discrimination in healthcare services among Black individuals in Canada as a major threat for public health: its association with COVID-19 vaccine mistrust and uptake, conspiracy beliefs, depression, anxiety, stress, and community resilience. *Public Health*, 230, 207–215. <https://doi.org/10.1016/j.puhe.2024.02.030>

² In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>. accessed May 26, 2024.

³ Rainbow Health Ontario - [Racialized 2SLGBTQ Health: An evidence review and practical guide designed for healthcare providers and researchers](#)

⁴ Ontario HIV Treatment Network - [Barriers to accessing health care among transgender individuals](#)

⁵ Cénat, J. M., Dromer, É., Darius, W. P., Dalexis, R. D., Furyk, S. E., Poisson, H., Bekarkhanechi, F. M., Shah, M., Diao, D. G., Gedeon, A. P., Lebel, S., & Labelle, P. R. (2022). Incidence, factors, and disparities related to cancer among Black individuals in Canada: A scoping review. *Cancer*, 129(3), 335–355. <https://doi.org/10.1002/cncr.34551>

⁶ Gunn, B. (n.d.). Ignored to Death: Systemic Racism in the Canadian Healthcare System. Retrieved May 30, 2024, from

<https://www.ohchr.org/sites/default/files/Documents/Issues/IPeoples/EMRIP/Health/UniversityManitoba.pdf>

⁷ National Collaborating Centre for Indigenous Health. (n.d.). Understanding Indigenous Health Inequalities Through a Social Determinations Model. Retrieved May 30, 2024, from https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf

competing human rights.

- Additionally, the College's current [Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline](#) was last updated in 2016. Since then, the Ontario Court of Appeal has further clarified that due to the fiduciary responsibility that health professionals have for their patients, the requirement for an effective referral is a reasonable balance between a health professional's freedom of conscience and religion (protected under the *Canadian Charter of Rights and Freedoms*) and a patient's right to access timely health care. The Ontario Court of Appeal ruling upholds that in these instances, the interest of the patient prevails over the interest of the provider.⁸

Problem statement: Inequities exist in how patients experience pharmacy care, and the College has not clearly set expectations for registrants to practice in a manner that upholds patient human rights. Additionally, the College's current guideline should be improved to capture the existing case law regarding how to balance human rights when there is an irreconcilable conflict between a patient's and provider's rights.

Does this issue warrant a regulatory response?

- Using the principles of right-touch regulation, a regulatory response is warranted if the risk of harm to patients is high.
- The College's Practice-based Risk Framework (draft) (Appendix C) has identified personal characteristics of patients as one domain that must be examined when establishing risk of harm. Significant literature supports a conclusion that human rights violations based on protected grounds (e.g., sex, race, ability, gender diversity) have a high risk of harm to the patient⁹ – both during immediate encounters and related to ongoing mistrust of the health system. This supports a strong regulatory response.

Evidence Regarding Risk of Harm

- Harm is experienced along a continuum. At the most severe end of the risk continuum related to the violation of a patient's human rights is the potential for medical harm if a patient cannot access their medication or other pharmacy product or service in a timely manner due to discrimination. In extreme cases, this could result in death or severe harm (e.g. if a medical complication arises from lack of access or if the experience results in patient self-harm).
- Additional harm that patients experience when confronted with discrimination include:
 - Delays in accessing treatment because the patient must find another provider.
 - Distrust of the profession (which can also expand to distrust of health care providers generally) leading to patients not seeking care when needed or attempting to self-medicate/self-treat.
 - Mental anguish from feeling judged, uncared for, devalued or dehumanized.
 - Continued interaction with a disrespectful provider if there are no other providers available, resulting in long-term negative effects on that patient's mental health and non-compliance with treatment regimens.

What options exist to address this problem?

1. Status Quo – the College relies on federal and provincial human rights legislation only and continues to refer complainants to the Ontario Human Rights Commission to adjudicate human rights complaints.

Pros

- No operational changes needed. Continue business as usual.

Cons

- Relies on patients navigating two separate and distinct complaints processes, which is burdensome and may result in patients opting not to file a complaint. Without complaints filed, the regulatory process cannot move forward, and unethical/discriminatory practice is likely to continue.

⁸ See para. 187 [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 393.

⁹ See footnotes 1-7

2. Policy response – the College develops a policy that clearly articulates the College’s expectations of registrants to practice in compliance with existing Human Rights legislation and clarifies the process for managing objections related to conscience or religion.

Pros

- Within our mandate as the policy will clearly outline the application of human rights and accessibility legislation to the practice of pharmacy. The expectations in the policy synthesize the existing legislation and ethical requirements, while applying recent case law to assist registrants in meeting their existing obligations.
- Provides the College with a clear mechanism to hold registrants accountable if they practice in discriminatory ways that results in a complaint.
- Is the fastest option to clarify existing responsibilities and may be a good step while considering additional changes to misconduct regulations.
- Aligned with the policy responses enacted by other Ontario health regulatory authorities.
- Clarity for the public on what they can expect from pharmacy professionals.
- Serves as the cornerstone of additional EDI initiatives that depend on a strong EDI policy foundation. This is in keeping with the College’s values and strategic goals.

Cons

- Minor operational implications as part of implementation (e.g. minor changes to operational assessments to assess existence of procedure for managing conscientious objections, developing communications materials and practice support tools).

3. Legislative response – the College seeks to clarify that discriminatory actions when providing pharmacy care is professional misconduct and seeks a Misconduct Regulation change.

Pros

- Provides clear direction to those adjudicating matters what is and is not professional misconduct.

Cons

- Dependent on government action;
- Not directly within our control and will take time to pass and implement, resulting in delays.

Is the creation of a new policy an appropriate regulatory response?

- Health profession regulators that are leading in the EDI space use regulatory tools, such as the development of practice policies, to specifically address the importance of non-discrimination, upholding human rights, and reducing systemic barriers to move towards an inclusive and equitable environment for all (Appendix B).
- The College currently manages this issue through a general requirement within the Standards of Practice for registrants to practice within the province’s legislative framework. The application of human rights legislation is often complex, and understanding how to apply these legislative requirements to the practice of pharmacy has not been previously outlined. The current approach favours ambiguity over clarity.
- By developing this policy, the College provides clear direction to registrants on their existing legal and ethical obligations while also creating a clearer understanding to the public as to the standards of care they should expect to receive from pharmacy professionals in Ontario.
- By providing clarity and direction through this policy, the College is “using its regulatory authority and influence to drive positive change in pharmacy practice towards ensuring patients are treated with respect and without discrimination” (Strategic Goal 4).

Implementation Considerations

- The proposed new Human Rights policy would replace all previous guidance, guidelines, fact sheets and any other references and resources that the College has previously provided on the matter of human rights and pharmacy practice. The College's website will need some updating.
- The Human Rights policy may require additional changes to operational assessment standards.
- Staff will implement a change management plan to ensure registrants, the public, staff and committees are aware of the policy and its implications.
- Data will need to be collected and monitored to assist with understanding the effect of the policy, the scope of inquiries and complaints received related to the issue and for Board reporting purposes.

Summary:

What is the problem? There are patients that experience disrespectful and discriminatory pharmacy care, and the College has not clearly articulated its expectations of registrants in providing care that upholds patients' human rights.

Does this issue warrant a regulatory response? Yes, using the principles of right-touch regulation, a regulatory response is warranted if the risk of harm to patients is high. Discriminating against a patient based on the legislated protected grounds is illegal, unethical, and a risk to patient safety and quality care.

What options exist to address this problem?

- Status Quo – continue to rely on the Code of Ethics, the Human Rights Code and Accessibility for Ontarians with Disabilities Act (AODA)
- Policy Response – Approval of the draft Human Rights policy
- Legislative Response – Seek amendments to the Misconduct Regulations under the *Pharmacy Act* to add discrimination against patients as professional misconduct

Is the creation of a new policy an appropriate regulatory response? Yes, the expectations for registrants set out in this policy rest on the existing legal and ethical duties to provide pharmacy services to patients in a manner that upholds their human rights and does not limit access to care or result in discrimination.

What is the best option to address this problem? Option 2 (synthesizing the existing obligations into one practice policy) best responds to the issue in a timely manner, is within our mandate, and provides both the public and registrants with clarity on the application of existing legislation and the relevant ethical obligations to the practice of pharmacy.

Recommendation:

It is recommended that the Board:

- a) approve the draft Human Rights policy;
- b) retire the current Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline, as the content of the guideline is reflected in the new Human Rights policy; and,
- c) update any existing references to the Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline and replace with a reference to the Human Rights policy.

Motion: THAT the Board approve the Human Rights policy, as presented.

Next steps:

By approving the Human Rights policy, the Board directs staff to retire the Professional Obligations when Declining to Provide a Pharmacy Product or Service for Reasons of Conscience or Religion guideline and post the final Human Rights policy to the College's website. The Board also directs staff to consider possible changes to operational standards that clearly reflect the policy's requirement for the creation of a procedure to manage conscientious objections.

Attachments:

- 4.1 - Appendix A - Human Rights Policy
- 4.2 – Appendix B - Jurisdictional Scan
- 4.3 – Appendix C - Risk Framework

APPENDIX A

Human Rights Policy

Approved: TBD

Effective Date: Immediately

Version #: 1.00

PURPOSE:

The purpose of this policy is two-fold:

- 1) To articulate the College's expectations of pharmacy professionals to meet the legal and ethical requirements to provide pharmacy products and services in a respectful, inclusive, and non-discriminatory manner in accordance with accessibility and human rights legislation.
- 2) To articulate the College's expectations regarding effective referral that balances the pharmacy professional's rights to conscientious objection, while confirming patients' rights to access pharmacy products and services in a respectful and timely manner.

SCOPE:

This policy applies to all pharmacy professionals, regardless of practice setting or registration classification, and upholds existing legislation, and the College's Standards of Practice and practice policies.

DEFINITIONS:

Designated Manager (DM): The Part A pharmacist designated by the owner(s) and reported to the College as responsible for managing the pharmacy. The DM carries the same liability for the operation of the pharmacy as the owner(s). (DPRA, [Standards of Operation](#))

Discrimination: An act, communication, or decision that results in the unfair treatment of an individual or group, for example, by excluding them, imposing a burden on them, or denying them a right, privilege, benefit, or opportunity enjoyed by others. Discrimination may be direct and intentional; it may also be indirect and unintentional, where rules, practices, or procedures appear neutral but have the impact of disadvantaging certain groups of people. (Ontario Human Rights Commission's [glossary of terms](#), CPSO [Human Rights in the Provision of Health Services](#) policy)

Effective Referral: Taking action to ensure a patient is connected with another registrant, other health-care professional, or agency that is available and accessible to the patient, in a timely manner so that the patient does not experience an adverse clinical outcome. (CPSO [Human Rights in the Provision of Health Services](#) policy, [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 39)

APPENDIX A

Hospital Pharmacy Administrator (HPA): The person with oversight of the hospital pharmacy operation who is accountable for ensuring that all systems required to provide safe and effective pharmacy services are in place. The Administrator is not required to be a registrant of the College. ([Standards of Operation](#))

Pharmacy Professional: Pharmacy professional refers to a pharmacist and/or a pharmacy technician. For the purposes of this policy, where the term ‘pharmacist’ is used, it is inclusive of pharmacy interns and students, and subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.

Protected grounds under the *Human Rights Code*: The *Ontario Human Rights Code* prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). The protected grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status; gender identity, gender expression; receipt of public assistance; record of offences; sex (incl. pregnancy); and sexual orientation.¹

POLICY:

Pharmacy professionals are required to act in their patients’ best interests and provide an environment where the rights, autonomy, dignity, and diversity of all people are respected.

All expectations articulated within this policy flow from the fundamental freedoms protected within the *Canadian Charter of Rights and Freedoms (the Charter)*, the human rights that are protected within the *Ontario Human Rights Code* and the duties outlined in the *Accessibility for Ontarians with Disabilities Act, 2005*.

The [Standards of Practice](#) for Pharmacists and Pharmacy Technicians require pharmacy professionals to treat others with sensitivity, respect, and empathy and to demonstrate a caring, empathetic, and professional attitude when practicing their profession.

Providing Pharmacy Services

Patients can expect that their human rights will be upheld when accessing pharmacy services. This includes feeling safe and respected within the registrant-patient relationship to optimize the trust necessary to effectively provide care to patients.

To facilitate building and maintaining trust, registrants must not:

- a) express personal moral judgments in a manner that is demeaning towards patients’ identity, beliefs, expression, or characteristics, the patient’s condition, or the pharmacy services that patients are considering;

¹ For more information on the protected grounds and protected social areas under the *Human Rights Code*, see the [Ontario Human Rights Commission’s website](#).

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- b) rely on or promulgate stereotypes² associated with one or more aspects of the patient's identity or condition to determine their needs or make treatment/service decisions;
- c) refuse or delay the provision of health services because the registrant believes the patient's own actions or inactions have contributed to their condition;
- d) promote or impose their own spiritual, secular, or religious beliefs when interacting with patients.

The Duty to Provide Services Free from Discrimination

Discrimination in pharmacy care violates human rights and accessibility legislation, the principles of beneficence, respect, non-maleficence as outlined in the [Code of Ethics](#), and presents a risk of harm to patients. The College recognizes that discriminatory behaviour can encompass a broad continuum, ranging from unintentional behaviour that negatively affects a patient, to conduct taken without regard for the dignity of the patient, to deliberate discriminatory behaviour.

Registrants have a duty to provide pharmacy services to patients that is free from discrimination by complying with the relevant legal requirements stipulated in the [Ontario Human Rights Code](#) and the [Accessibility for Ontarians with Disabilities Act, 2005](#).

- The Human Rights Code has primacy over all other provincial legislation, including the [Substitute Decisions Act, 1992](#); [Health Care Consent Act, 1996](#); [Mental Health Act](#); and the [Accessibility for Ontarians with Disabilities Act, 2005](#). This means that if there is a conflict between the Human Rights Code and another provincial law, the Human Rights Code prevails unless the other law includes a specific exception.
- Section 1 of the *Ontario Human Rights Code* reads: Every person has a right to equal treatment with respect to services³, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex (incl. pregnancy), sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Registrants must not discriminate, either directly or indirectly, based on a patient's condition or a protected ground under the *Human Rights Code* when making decisions relating to the provision of pharmacy services, including when:

- a) deciding to accept or refuse a patient;
- b) deciding to provide information to a patient;
- c) deciding to provide or limit a pharmacy service⁴, including dispensing a drug or product according to a valid prescription;
- d) deciding to provide a clinical or effective referral;

² See Ontario Human Rights Commission's [glossary of terms](#)

³ The Ontario Human Rights Commission has clarified that services include health services - https://www.ohrc.on.ca/en/social_areas/goods_services_facilities

⁴ *Pharmacy Act* s. 3, 4.

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- e) deciding to end the registrant-patient relationship⁵.

Should a registrant be advised that through their words or actions they are unintentionally perpetuating bias or discrimination, it is the College's expectation that the registrant will cease the behaviour immediately upon being informed of it.

The Duty to Accommodate

Registrants must comply with their legal duty to accommodate⁶ the needs of patients arising from protected grounds under the *Human Rights Code* in a manner that respects the patient's dignity, autonomy, privacy, and confidentiality.

In so doing, registrants must explore and implement accommodation measures up to the point where these measures would:

- a) subject the registrant to undue hardship (e.g., excessive cost, health or safety concerns); or
- b) significantly interfere with the legal rights of others.

Managing Conscientious Objections

The College acknowledges that registrants have the right to limit the products and services they provide in their practice for reasons of conscience or religion. The Court of Appeal for Ontario has confirmed that where an irreconcilable conflict arises between a physician's interest and a patient's interest, the interest of the patient prevails as a result of the professional obligations and fiduciary duty physicians owe to their patients.⁷ The basis of this decision rests on health professionals having a fiduciary responsibility to their patients, which thereby extends the application of this ruling to the pharmacy profession.

- While the *Charter* entitles a health care professional to limit the health products and services they provide for reasons of conscience or religion, this choice cannot directly or indirectly impede access to these products or services for existing patients, nor those seeking to become patients.⁸
- Limiting access to pharmacy products and services on the basis of conscience or religion does not permit registrants to discriminate on the basis of a patient's condition or a protected ground under the *Human Rights Code* when deciding whether to provide a product or service to a patient that they would normally provide to other patients.

The [Code of Ethics](#) (the Code) outlines the ethical principles and standards that pharmacy professionals are accountable to in practice. In a circumstance where a registrant declines to

⁵ See the College's [Ending the Pharmacists-Patient Relationship](#) guideline

⁶ See, Ontario Human Rights Commission policies - https://www.ohrc.on.ca/en/our_work/policies_guidelines

⁷ See para. 187 [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 393.

⁸ See para. 187 [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 393.

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provide a product or service due to a conscientious objection, they are required to meet the expectations outlined in standard 2.13 of the Code.

2.13: Registrants must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:

- i. That the registrant does not convey (directly or indirectly) their conscientious objection to the patient;
- ii. That the registrant participates in a system designed to respect the patient's right to receive products and services requested;
- iii. That there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.

The Duty to Respect Health Care Access Rights

Designated Managers (DM) in community pharmacies and Hospital Pharmacy Administrators (HPA) must ensure that there is a procedure in place that enables patients to access products and services in a timely manner if a member of the pharmacy team has a conscientious objection to providing a product or service to a patient.

- Objecting pharmacy professionals have a responsibility to inform their Designated Manager/Hospital Pharmacy Administrator or other appropriate manager of their conscientious objection and follow the procedure that is in place to respect a patient's right to receive pharmacy products and services.

When objecting to provide a pharmacy product or service on the basis of conscience or religion, registrants must:

- a) inform their DM/HPA/Manager of their conscientious objection;
- b) participate in the procedure that the DM has put in place that provides a timely effective referral to a non-objecting, available and accessible provider;
- c) make reasonable efforts to ensure continuity of patient care when the registrant is unable or unwilling to provide the requested pharmacy products or services;
- d) ensure that a patient's right to receive pharmacy products and services is respected;
- e) provide respectful and effective care in an emergency, where it is necessary to prevent imminent harm, even where the care conflicts with their conscience or religious beliefs.

Objecting registrants must not:

- a) impede a patient's access to care;
- b) convey or impose any personal moral judgement about a patient's identity, beliefs, expression, or characteristics;
- c) withhold information about the existence of any treatment because it conflicts with their conscience or religious beliefs.

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LEGISLATIVE REFERENCES:

- The [Canadian Charter of Rights and Freedoms](#)
- The [Ontario Human Rights Code](#)
- The [Accessibility for Ontarians with Disabilities Act](#)
- The [Drug and Pharmacies Regulation Act](#), 1990 and [Regulations \(DPRA\)](#)

ADDITIONAL REFERENCES:

- Ending the pharmacist-patient relationship guideline
[Ending the Pharmacist Patient Relationship - OCPInfo.com](#)
- Ontario Human Rights Commission Glossary of Terms
<https://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms>

IMPLEMENTATION

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	TBD	New; Incorporates Professional Obligations when Declining to Provide a Pharmacy Product or Service due to Conscience or Religion Guideline

APPENDIX B – Jurisdictional Scan

A jurisdictional scan to understand the actions of pharmacy, and other select regulators, across Canada was conducted. The majority of pharmacy regulators rely on their Codes of Ethics as a key method of abiding by their provincial¹² human rights legislative requirements. The following table provides a high-level understanding of the different provincial pharmacy regulators and how they integrate human rights into their work.

Pharmacy Regulatory Authority	Guidance/Action(s)	Source
Prince Edward Island	Relies on Code of Ethics - Principle 1: Always Put the Patient First. It outlines how to care for patients with respect and dignity.	PEICP Code of Ethics (pg 6)
Nova Scotia	Relies on Code of Ethics - Value III: Respect for Autonomy Registrants honour the autonomy, values, and dignity of each patient.	NSCP Code of Ethics (pg 2)
New Brunswick	Mention of Human Rights in Care through education opportunities.	NBCP Equity, Diversity, and Inclusion
Manitoba	Supporting documentation for ethics in pharmacy practice. “Statement IX Pharmacists shall respect the rights of patients to receive healthcare. Obligations: Recognize personal limitations and refer patients to other health care professionals as needed. Ensure continuity of care by providing pharmacy care for a patient until it is no longer required or wanted or until another suitable health care professional has assumed responsibility for their care.* Arrange practice to ensure that patients are able to obtain services from another pharmacist or pharmacy in a reasonable time frame if unable to provide the pharmacy service or unwilling to provide the service due to conscientious objection.”	Explanatory Document: Applying the Code of Ethics in Pharmacy Practice (Pg 11)
Saskatchewan	Mention of Human Rights in Care through education opportunities.	Cultural Safety and Harm Reduction Training: Equity, Diversity, Inclusion, and Cultural Safety

¹ Due to the difference between how the provinces and territories regulate pharmacy care, this jurisdictional scan did not include any of the territories or Newfoundland and Labrador as they regulate through pharmacy boards.

² Due to language barriers, Quebec has not been included in this scan.

Pharmacy Regulatory Authority	Guidance/Action(s)	Source
Alberta	Draft Standards of Practice for Pharmacists and Pharmacy Technicians <ul style="list-style-type: none"> • Meaningfully involve patients in decision-making processes related to their care • Genuinely care for the well-being of each patient and act in the patient’s best interests • Develop positive and trusting relationships with every patient • Work with each patient to support their care and advocate on their behalf • Respect the privacy and autonomy of every patient • Respect the dignity and rights of every patient without prejudice, and have strong communication skills and are active listeners 	Person-centredness is at the heart of ACP’s draft Standards of Practice for Pharmacists and Pharmacy Technicians
British Columbia (2022)	Under Ministry direction, all health regulators in the province were required to revise their regulatory processes to include cultural humility and prioritize address anti-Indigenous specific racism within their professions. The BC College of Pharmacists amended their by-laws to include Schedule F Part 7, “Indigenous Cultural Safety, Humility, and Anti-Racism Practice Standard.” The development of a new practice standard was informed by the BC College of Physiotherapists and the College of Midwives and Nurses changes to their practice standards. These changes were precipitated by the In Plain Sight Report .	Health Professions Act - BYLAWS Schedule F Part 7 – Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard

To better understand those leading in this space, the following non-pharmacy examples are presented.

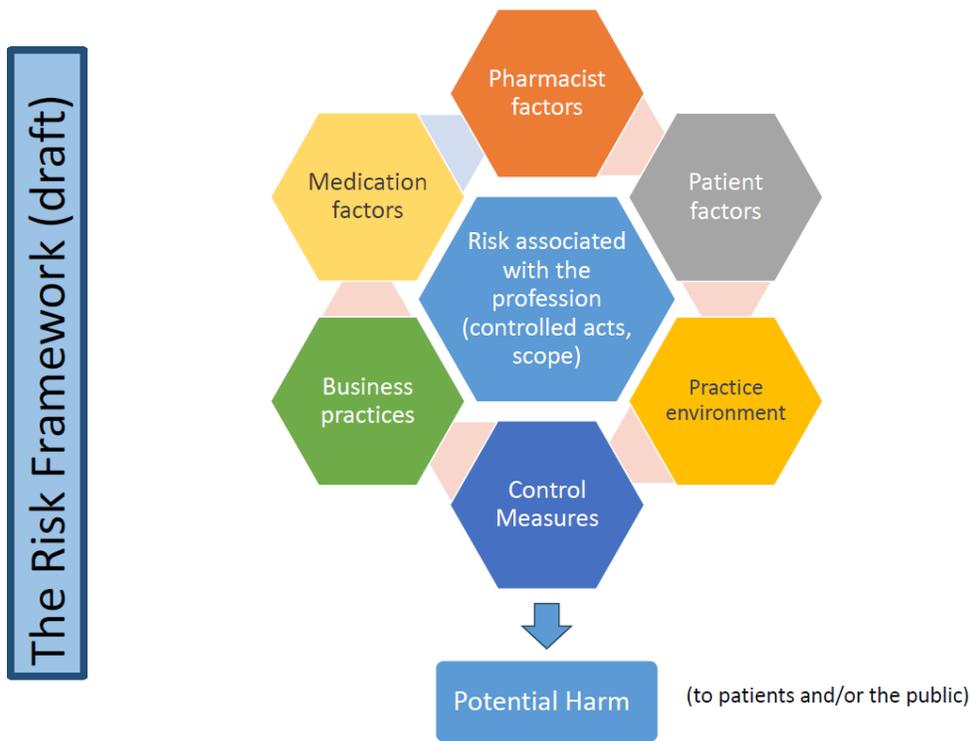
Regulators Demonstrating Systemic Change	Guidance/Action(s)	Source
Washington Medical Commission (2022)	Released a policy statement and framework which created a standard of care to provide healthcare free from discrimination, as well as demarking discrimination as “unprofessional conduct.”	Discrimination in Health Care

Regulators Demonstrating Systemic Change	Guidance/Action(s)	Source
	<p>Policy Statement: Discrimination in health care violates the standard of care and presents a risk of harm to patients and is unprofessional conduct under RCW 18.130.180(4). The Washington Medical Commission (WMC) recognizes that discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behavior. The Washington Medical Commission is committed to establish and maintain an environment for patients and practitioners free of discrimination. The WMC sets the expectation for all licensees that everyone shall be treated with dignity, respect and provided with equal opportunities in the healthcare delivery system. For further discussion, see the WMC Position Statement “Racism in all its forms is a public health issue.” To mitigate the impacts of discrimination and promote a culture of inclusion, the WMC adopts this policy to consistently apply the included framework to reports of discrimination.</p> <p>Framework: Discrimination violates the standard of care and is unprofessional conduct. If discriminatory behavior is identified in a report or investigation, the WMC will take appropriate action based on the severity of the conduct. Discrimination types include but are not limited to the following: (protected classes).</p>	
<p>College of Physiotherapists and College of Midwives and Nurses - British Columbia (2022)</p>	<p>In response to the In Plain Sight Report and direction provided by the BC Ministry of Health, both Colleges were leaders in developing the Indigenous Cultural safety, Humility, and Anti-Racism Practice.</p> <p>Core concepts of the Standard include - Core-concepts & principles</p> <ul style="list-style-type: none"> • Self-reflective practice (it starts with me) • Building knowledge through education 	<p>Launch of CPTBC’s Practice Standard: Indigenous Cultural Safety, Humility and Anti-Racism (2022)</p> <p>College of Nurses and Midwives Practice Standards - Indigenous Cultural Safety.</p>

Regulators Demonstrating Systemic Change	Guidance/Action(s)	Source
	<ul style="list-style-type: none"> • Anti-racist practice (taking action) • Creating safe health care experiences • Person-led care (relational care) • Strengths based and trauma-informed practice (looking below the surface) <p>Follow up guidelines, progress reports, and commitments to action have been released by the College of Nurses and Midwives.</p>	Cultural Humility, and Anti-Racism (2022)
<p>Ontario College of Social Workers and Social Services Workers (2023)</p>	<p>Revised the Code of Ethics and Practice Standards for both social workers and social service workers.</p> <p>Code of Ethics 10 - A College registrant takes an anti-racist and anti-oppressive stance in their work, and commits to fostering diversity, equity, inclusion and belonging in all aspects of their practice (pg 1)</p> <p>Scope of Practice for Social Work The scope of practice of the profession of social work means the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal problems using social work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to enhance psychosocial and social functioning and/or reduce systemic barriers and promote equity, inclusion and belonging. This includes... (pg 5)</p> <p>Scope of Practice for Social Service Workers The scope of practice of the profession of social service work means the assessment, treatment, and evaluation of individual, interpersonal and societal problems using social service work knowledge, skills, interventions and strategies, to assist individuals, couples, families, groups, organizations and communities to enhance social functioning and/or to reduce systemic barriers and promote equity, inclusion and belonging. This includes... (pg 7)</p>	Revised Standard of Practice 2023

Regulators Demonstrating Systemic Change	Guidance/Action(s)	Source
	<p>Principle 2: Competence and Integrity 2.2.14 - College registrants shall promote equity, inclusion and belonging in their work with clients and shall advocate for social change that challenges systemic oppression and seeks to eliminate implicit bias. College registrants shall approach all aspects of their work with humility (including cultural humility) and recognize how privilege and power imbalances affect policies and practice and impact clients. (pg 13)</p>	
<p>College of Physicians and Surgeons Ontario (2023)</p>	<p>Revised the “Professional Obligations and Human Rights Policy” to the “Human Rights in the Provision of Health Services Policy.” The revised policies outlines that the provision of health services must uphold human rights legislation in Ontario as a key tool in providing safe, inclusive, and accessible healthcare – specifically explores conflicts based on religious beliefs and states when care must be provided.</p> <p>Key sections include:</p> <ul style="list-style-type: none"> ● Providing Safe, Inclusive, and Accessible Health Services <ul style="list-style-type: none"> ○ The Duty to Provide Services Free from Discrimination ○ The Duty to Accommodate ● Health Services that Conflict with Physicians’ Conscience or Religious Beliefs 	<p>Human Rights in the Provision of Health Services Policy</p>

APPENDIX C - College's Practice-Based Risk Framework (Draft)



1

DIMENSION	ADD	SOURCE
Changes to pharmacy practice (macro level)	Changes in scope to other professions (midwives, NP), not properly equipped – no EMR, clinical viewers	
Factors related to pharmacy professional (training, KES, Comms, demographics, mental/physical challenges, previous complaint)	Lack of KES on EDI/Queer/trans/indigenous health	
Factors related to drug being dispensed (controlled substances, high risk drugs, cancer)		
Factors related to patient (frail, senior, pediatric, mental illness, addictions)	Lower SES (can't afford), language barrier	
Factors related to interaction w/patient (no proper assess, dispensing errors, adverse events, documentation, compounding)	Failed to ask about side effects	
Business practices (privacy breach, loss of \$ info, racism, lack of accommodation for disabilities, safety/robberies, approp equipment/staffing)	Lack of secure comms (texts), clinical viewers not being used	
System issues (transitions of care, access, systemic racism)	Hierarchy in healthcare, lack of trust by others	2

BOARD BRIEFING NOTE

MEETING DATE: August 9, 2024

FOR DECISION

From: Greg Purchase, Manager, Registration

Topic: Emergency Assignment Class of Registration Policy

Issue/Description: The Board is being asked to approve the attached Opening and Closing the Emergency Assignment Class(es) of Registration Policy, which sets out the criteria the Board must consider before declaring that there are emergency circumstances in place to warrant the issuance of certificates of registration as pharmacists (emergency assignment) and/or pharmacy technicians (emergency assignment). The Board is also being asked to, if approved, apply this policy to consider initiating the closure of the currently open Emergency Assignment Classes of registration for pharmacists and pharmacy technicians.

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 the people of Ontario have access to adequate numbers of qualified, skilled and competent pharmacy professionals, including during emergency circumstances. When fulfilling its legislated obligations, the College needs to balance workforce needs with appropriate registration requirements to ensure safe and competent practice.

Strategic alignment, regulatory processes, and actions: The information contained in this document supports activities to bring the College into compliance with regulations regarding certificates of registration in the emergency assignment classes. In addition, the information contained in this document will allow the Board to assess whether emergency circumstances are still in effect to permit the continued issuance of emergency assignment certificates of registration.

Background:

- On March 21, 2021, amendments to *Ontario Regulation 202/94* under the *Pharmacy Act, 1991*, were made to include two emergency classes of registration, namely pharmacist (emergency assignment) and pharmacy technician (emergency assignment). These two new classes of registration were included in direct response to the workforce challenges resulting from the impact of the COVID-19 pandemic, including increased pressures on pharmacy professionals and the pharmacy workforce, and interruptions in the regular registration processes as a result of public health restrictions.
- In 2022, under Bill 106, the *Pandemic and Emergency Preparedness Act*, all Ontario health regulatory Colleges were required to propose regulations to create an "emergency class" certificate of registration. As indicated above, the College already had emergency class certificates of registration in place since 2021. However, the Ministry of Health notified the College that revisions to *O.Reg. 202/94* were required to comply with the new requirements.
- Accordingly, on August 31, 2023, amendments were made to the regulation effectively changing the process to open or close the emergency assignment classes of registration, requiring that the Council (Board) "must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration".
- With this Briefing Note, the Board is being asked to make two decisions:
 1. Approve the attached *draft* Opening and Closing the Emergency Assignment Class(es) of Registration Policy; and
 2. If approved, apply the policy to decide whether to approve the recommendation to close the emergency assignment classes of registration.

Analysis:

1. Approval of the *draft* Opening and Closing the Emergency Assignment Class(es) of Registration Policy

- Under Bill 106, the *Pandemic and Emergency Preparedness Act*, all 26 health regulatory colleges in Ontario have made the required amendments to their registration regulations. Ten colleges have also approved an emergency class policy setting out the criteria to be considered to initiate emergency circumstances, and several other colleges are in the process of developing such a policy.
- The attached draft policy serves as a guide for the Board to determine when there are emergency circumstances to warrant the issuance of emergency assignment certificates, as well as setting out the requirements for continuous assessment of emergency circumstances and indicating when it is appropriate to cease the issuance of such certificates.
- Approved policies from other colleges were reviewed and considered in the development of the draft policy. The approach taken in each of those policies was to define criteria at a high level with non-specific requirements.
- In developing this College's draft policy, a similar approach was followed to afford the Board the ability to act in cases of unforeseen and unpredictable circumstances affecting the supply of pharmacy professionals, such as another global health pandemic, or in the event of more localized provincial, regional or municipal emergencies, such as natural disasters.
- The criteria also encompass interruptions to the usual registration pathways or delays in the College's ability to process applications and allows the Board to act to maintain the supply of pharmacy professionals in such situations.
- Over time, as the College gains more experience with the emergency assignment classes of registration, the criteria may evolve to be more specific and/or include additional considerations.

2. Application of the Opening and Closing the Emergency Assignment Class(es) of Registration Policy to close the Emergency Assignment Classes of Registration.

a) Considering the criteria in the Policy to close the Emergency Assignment Classes

- The College has been issuing both pharmacist and pharmacy technician emergency assignment certificates of registration since March 2021 and continues to do so to date. The College is currently the only health regulatory College in Ontario that has open emergency classes of registration.
- According to the Policy, there are 6 criteria for consideration by the Board to open the emergency assignment class(es). The Board is being asked to consider these criteria to determine that the emergency circumstances that gave rise to issuance of emergency assignment certificates have ended and to close the emergency assignment classes of registration. The 6 criteria are as follows:
 1. *There must be a current or imminent threat to the supply of pharmacists and/or pharmacy technicians to adequately service the needs of the public.*
 - While the College does not have a true mechanism to predict the supply of pharmacy professionals required in the future, the College is not aware of any current or imminent threats to the supply. In addition, the number of pharmacists and pharmacy technicians being added to the register has been increasing consistently over the recent years, as shown in *Figure 1*, indicating that supply of professionals does not seem to be a concern.
 2. *An emergency situation, which has negatively impacted the public or the healthcare system, is or will impact the supply or demand of pharmacists and/or pharmacy technicians.*
 - The College is not aware of any current emergency situations that are having an impact or are likely to have an impact on the supply of pharmacy professionals. The COVID-19 pandemic, which precipitated the introduction of the emergency assignment classes of registration, is no longer considered a provincial emergency.

3. *There is a significant interruption to a specific registration pathway or to the College's ability to process applications, which warrants immediate regulatory intervention.*
 - The College is not aware of any interruptions to any components of the registration pathways. The public health restrictions originally imposed due to the COVID-19 pandemic that created interruptions in the availability of the national qualifying exam have been resolved, as have any lingering backlogs of applicants awaiting access to this exam. In addition, the College's Service Charter requires staff to complete new registrations within 30 days and data gathered since January 1, 2024, indicates that this is occurring 100% of the time.
4. *Emergency circumstances, which could include localized municipal/regional emergencies or provincial emergencies such as human-caused hazards, natural hazards, etc., have occurred and require immediate action.*
 - The College is not aware of any current emergency circumstances, either municipal, regional, or provincial.
5. *Activating the Emergency Assignment Class(es) will fully or partially remedy the threat to the supply and/or demand of pharmacists and/or pharmacy technicians.*
 - The College is of the opinion that there is currently no threat to the supply and/or demand of pharmacy professionals.
6. *Considering all the circumstances, it is in the public interest for the College to activate the Emergency Assignment Class(es) of pharmacists and/or pharmacy technicians.*
 - The College believes, for the reasons specified above, that the public interest will not be impacted by the closure of registration for Emergency Assignment Classes of pharmacists and pharmacy technicians.

b) Transition of existing Emergency Assignment certificate holders to another class

- As per *O.Reg. 202/94*, should the Board decide to close the emergency assignment classes, pharmacist (emergency assignment) certificates of registration will automatically expire after three months. During this time, individuals holding an emergency assignment certificate of registration may apply for a certificate of registration in another class (including intern or full pharmacist certificate of registration) and are exempt from paying the application fee to do so.
- Pharmacy technician (emergency assignment) certificates of registration will automatically expire after 1 year should the Board decide to close this class. Individuals holding an emergency assignment certificate of registration may also apply for a certificate of registration in another class (currently only the full pharmacy technician certificate of registration is available) and are also exempt from paying the application fee to do so. Of note, the College submitted registration regulation amendments to the Government of Ontario in 2018 which includes the creation of a pharmacy technician intern class. This amendment, once approved, will provide pharmacy technicians (emergency assignment) with another class of registration for transition. It is expected that these proposed registration regulation amendments will be passed in 2024, still providing the emergency assignment certificate holders with enough time to transition to either an intern technician certificate or full pharmacy technician certificate before their emergency assignment certificate of registration expires.
- As of May 8, 2024, there are 269 pharmacist (emergency assignment) registrants. However, only 103 of these registrants have reported a place of practice (reporting is a requirement if practicing), indicating that almost 62% of these registrants are not practicing the profession using their emergency assignment certificate (see *Figure 2a*). Of those that have reported a place of practice, 64 (62%) of these registrants currently hold another certificate of registration (either student or intern) and another 15 (15%) registrants are immediately eligible for either a full certificate of registration as a pharmacist or an intern certificate. The remaining 24

(23%) registrants have outstanding registration requirements to meet to obtain their full certificate of registration (see *Figure 2b*). Thirteen of these 24 registrants would be eligible for an intern certificate once currency of education has been demonstrated. In summary, current data indicates that, of the 103 emergency assignment pharmacists that have reported a place of practice, 79 of these can either continue practicing immediately using an alternate certificate of registration or could do so as soon as an application is received and processed by College staff.

- As of May 8, 2024, there are 103 pharmacy technician (emergency assignment) registrants. However, only 35 of these registrants have reported a place of practice, indicating that 66% of these registrants are not practicing the profession (see *Figure 3a*). Of those that have reported a place of practice, 9 are immediately eligible for a full certificate of registration as a pharmacy technician. 21 registrants would be eligible for an intern technician certificate once this class is available later in 2024 (see *Figure 3b*).

Motion:

1. **THAT** the Board approve the attached DRAFT Opening and Closing the Emergency Assignment Class(es) of Registration Policy pursuant to paragraph 1 of subsection 15.1(1) and 18.1(1) of *O.Reg. 202/94* under the *Pharmacy Act, 1991*.

2. **THAT** the Board declare that the emergency circumstances that gave rise to the issuance of the emergency assignment certificates of registration for pharmacists (emergency assignment) and pharmacy technicians (emergency assignment) pursuant to subsections 15.1 and 18.1 of *O.Reg 202/94* under the *Pharmacy Act, 1991*, respectively, has ended and registration of emergency assignment certificates of registration will be closed immediately.

Next Steps:

If approved, the *Opening and Closing the Emergency Assignment Class(es) of Registration Policy* will be posted to the College's website and communicated publicly. In addition, if the Board declares that the emergency has ended and decides to close the currently open Emergency Assignment Classes of Registration, College staff will inform current emergency assignment applicants and registrants and manage the transition of those individuals affected to other classes, as applicable.

Attachments:

- 5.1 - DRAFT Opening and Closing the Emergency Assignment Class(es) of Registration Policy
- 5.2 - Appendix A - Registrant Data Charts (Figures 1, 2a, 2b, 3a, 3b)

Opening and Closing the Emergency Assignment Class(es) of Registration Policy

Purpose:

This policy sets out the expectations on how the Board will determine when to open and close the Emergency Assignment Class(es) of Registration.

Application:

This policy applies to:

- The **Board of Directors**, who will consider the following criteria before deciding to open or close the Emergency Assignment Class(es) of Registration.

Policy:

On August 31, 2023, *Ontario Regulation 202/94* under the *Pharmacy Act, 1991* was amended to enable the Minister of Health or Council (Board of Directors) to permit the opening (and closing) of Emergency Assignment Classes of registration for pharmacists and/or pharmacy technicians. When opening the Emergency Assignment Class(es), *O.Reg. 202/94* states the following requirements must be met to issue a certificate of registration to a pharmacy professional:

“...the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration.”

O.Reg. 202/94 also states the expectations associated with closing the Emergency Assignment Class(es) of registration and transitioning existing certificate holders to other classes when the Minister of Health or the Board have declared the emergency circumstances have ended.

This policy describes the criteria that must be considered for the Board of Directors to declare that there are emergency circumstances to warrant the issuance of certificates of registration as pharmacists (emergency assignment) and/or pharmacy technicians (emergency assignment) as well as the procedure for opening and closing the Emergency Assignment Class(es) of registration.

Procedure:

Opening the Emergency Assignment Class(es):

The Board of Directors must consider each of the following criteria when deciding whether an emergency circumstance exists to open the Emergency Assignment Class(es) to register pharmacists and/or pharmacy technicians in the respective Emergency Assignment Class:

1. There must be a current or imminent threat to the supply of pharmacists and/or pharmacy technicians to adequately service the needs of the public.
2. An emergency situation, which has negatively impacted the public or the healthcare system, is or will impact the supply and/or demand of pharmacists and/or pharmacy technicians.
3. There is a significant interruption to a specific registration pathway or to the College’s ability to process applications, which warrants immediate regulatory intervention.

4. Emergency circumstances, which could include localized municipal/regional emergencies or provincial emergencies such as human-caused hazards, natural hazards, etc., have occurred and require immediate action.
5. Activating the Emergency Assignment Class(es) will fully or partially remedy the threat to the supply and/or demand of pharmacists and/or pharmacy technicians.
6. Considering all the circumstances, it is in the public interest for the College to activate the Emergency Assignment Class(es) of pharmacists and/or pharmacy technicians.

College staff will prepare a Briefing Note for the Board of Directors to consider whether emergency circumstances exist, and if it is in the public interest that the College issue emergency certificates of registration. Once the Board of Directors have determined that an Emergency Assignment Class should be opened, they will consider a motion to do so, including the date it will take effect. If the motion passes, College staff will begin to accept applications as per *O.Reg. 202/94*.

Continuous Assessment:

Once an Emergency Assignment Class has been opened, the Registrar will monitor the situation and provide updates to the Board of Directors. The status of the emergency circumstances will be assessed at each regularly scheduled board meeting while the Emergency Assignment Class(es) is (are) active.

Closing the Emergency Assignment Class(es):

Once there is sufficient information to indicate that the emergency circumstances may have been rectified, College staff will prepare a Briefing Note for the Board of Directors to consider closing the Emergency Assignment Class(es). Where the Board of Directors determines that the criteria set out above are no longer in effect, or that it is otherwise no longer in the public interest for the College to issue and/or renew certificates of registration in the open Emergency Assignment Class(es), the Board will consider a motion to close the Emergency Assignment Class(es), including the effective date. If the motion passes, the emergency will be considered resolved and the Emergency Assignment Class(es) will be closed as of the effective date. Once closed, new applications for Emergency Assignment certificates of registration will not be processed and College staff will manage the transition for existing Emergency Assignment certificate holders according to the timelines set out in *O. Reg. 202/94*.

Appendix A: Registrant Data Charts

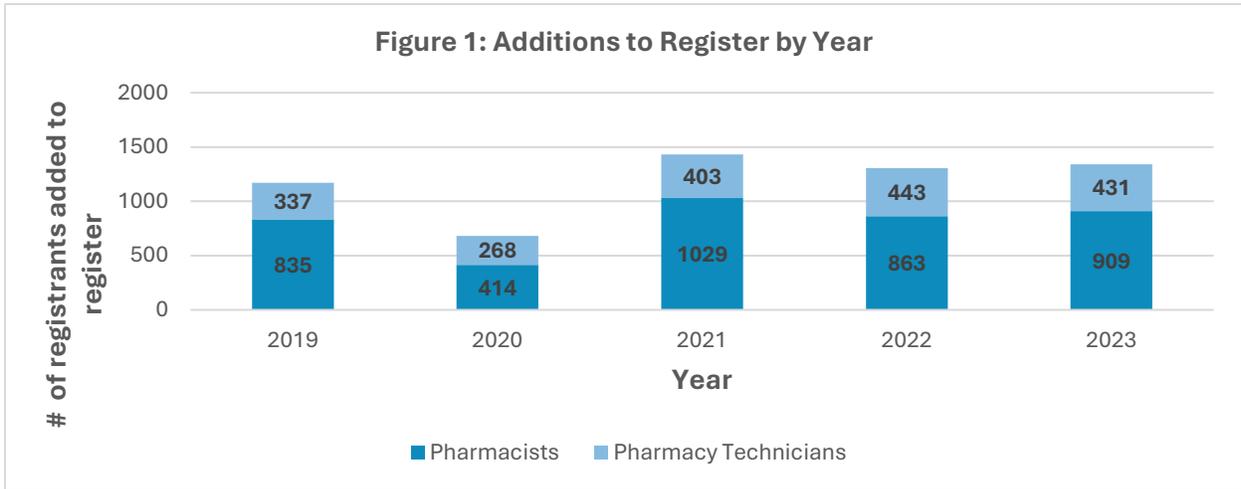
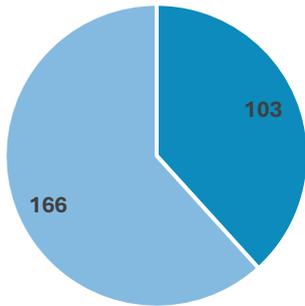
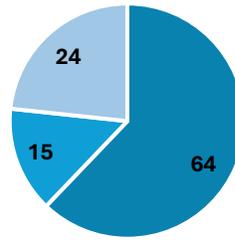


Figure 2a: EA Pharmacists (n=269)



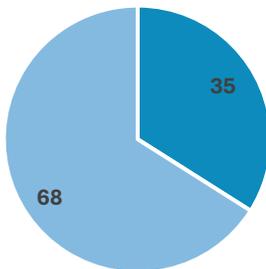
- At least 1 place of practice reported
- No place of practice reported

Figure 2b: EA Pharmacists that have reported a place of practice (n=103)



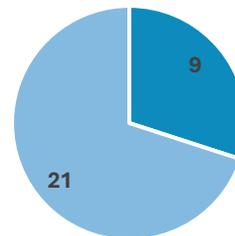
- Also hold student/intern certificate
- Immediately eligible for intern or full certificate
- Outstanding requirements remaining

Figure 3a: EA Pharmacy Technicians (n=103)



- At least 1 place of practice reported
- No place of practice reported

Figure 3b: EA Pharmacy Technicians that have reported a place of practice (n=35)



- Immediately eligible for full certificate
- Eligible for intern technician certificate (once available)