Board of Directors Meeting Agenda

Monday, December 8, 2025
9:30 AM – 5:00 PM
MEETING LINK

Time	Topic
9:30am	**1. Welcome and Land Acknowledgement** A Land Acknowledgement will be offered by Board Director, Victor Wong.
	2. Approval of Agenda The Board will be asked to approve the Board agenda.
	3. Declaration of Conflict of Interest Board members will be asked to identify any items on the agenda with which they have or may appear to have a conflict of interest.
	4. Minutes of Board Meeting – For Decision The Board will consider the minutes of the September 15-16, 2025, meeting for approval.
9:45am	**5. Chair's Report – For Information** The Chair, Doug Brown, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists.
9:55am	**6. Registrar's Report – For Information** The Registrar's Report provides information to assist the Board in exercising its oversight function of college operations and updates relevant to the regulatory environment. 6.1 Registrar's Update – September 2025 to December 2025 6.2 Goal 1, Business Pressures Survey Report
10:15am	**7. Performance, Risk and Financial Management** 7.1 Q3 2025 Board Dashboard Results – For Information 7.2 Financial Report - Q3 Results – For Information 7.3 Risk Management Report – For Information 7.4 Safe Disclosure Policy – For Decision 7.5 Investment Policy: Designation of Long-Term Investments and Segregation of Reserve Funds – For Decision
11:00am	**BREAK**
11:15am	**8. Strategic Plan (2024-2028) Check-In – For Decision** The Chair, Doug Brown, and Director, Corporate Services, Thomas Custers will provide an update on OCP activities around each Strategic Goal and discuss the need to adjust the Strategic Plan priorities.
11:30am	**9. College Performance Dashboard Measures for 2026 – For Decision** Director, Corporate Services, Thomas Custers will ask the Board to approve the 2026 Performance Dashboard Measures.

Time	Topic
12:00pm	**10. 2026 Operating and Capital Budget – For Decision** Finance and Audit Committee Chair, Adrienne Katz, along with Director, Corporate Services, Thomas Custers will ask the board to approve the proposed 2026 budget.
12:30pm	**LUNCH**
1:30pm	**11. AIMS Supplemental Standards – For Decision** AIMS Lead, Saira Lallani will present findings from the open consultation on amendments to the AIMS Supplemental Standards and seek the Board's approval for implementation.
1:45pm	**12. Expanded Scope Regulations – For Decision** The Board will be presented with the findings from the open consultation on expanded scope and will be asked to approve the final regulatory amendments for timely submission to the Minister of Health. The Board will also be presented with and asked to provide direction on recommendations related to safeguards that will support implementation.
2:55pm	**13. Board Composition and Term Limits – For Decision** Governance Committee Chair, Siva Sivapalan will ask the Board to consider proposed changes to College By-Law No. 7 related to board size and term limits and determine whether to circulate for open consultation.
3:25pm	**14. Governance Committee Progress Update on Implementation of Governance Review Recommendations – For Information** Governance Committee Chair, Siva Sivapalan, will provide an update to the Board regarding progress on implementation of the recommendations from the Institute on Governance's Governance Review Report.
3:35pm	**BREAK**
3:50pm	**15. In Camera** Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(d) *personnel matters* for the Board to meet with the Registrar and CEO.

ADJOURNMENT

Ontario College of Pharmacists
Putting patients first since 1871

DRAFT

MINUTES OF A
BOARD OF DIRECTORS MEETING
SEPTEMBER 16, 2025
9:30 A.M. TO 5:00 P.M.

OCP Board of Directors
Jennifer Antunes
Simon Boulis
Douglas Brown (Chair)
Akil Dhirani
Lisa Dolovich
Andrea Edginton
Scott Ford
Jae-Yon Jung
Adrienne Katz
James Killingsworth
Elnora Magboo
Francis Michaud
Stephen Molnar
Danny Paquette
Siva Sivapalan
Wilfred Steer
Alain Stintzi
Cindy Wagg
Devinder Walia (virtual)
Victor Wong

Regrets
Simran Bal

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

DRAFT

Day 1 – September 15, 2025

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.
- Devinder Walia provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.
- The Board Chair acknowledged the sudden passing of former Board member JP Eskander and provided condolences to the family on behalf of the OCP.
- The Board Chair provided several updates, including:
    - World Pharmacists Day – September 25, 2025
    - National Pharmacy Technician Day – October 21, 2025
    - The resignation of Connie Beck, Vice-Chair of the Board

2. Appointment of New Directors

- Board Chair, Doug Brown noted the appointment of new directors to the OCP Board of Directors.
- Francis Michaud and Jae Yon Jung were welcomed as new public directors, and provided the opportunity to introduce themselves.
- New elected directors Simran Bal (replacing Connie Beck, per bylaw 4.18.2 b), Akil Dhirani and Scott Ford were welcomed, and those in attendance were asked to introduce themselves.
- Academic directors Lisa Dolovich, Andrea Edginton and Alain Stinzi were welcomed back to the Board.

MOTION:
THAT the Board of Directors approves the appointment of Simran Bal, Akil Dhirani, Scott Ford, Lisa Dolovich, Andrea Edginton, and Alain Stintzi to the Board of Directors.
Moved by: Simon Boulis
Seconded by: Elnora Magboo
CARRIED

3. Approval of the Agenda

- Board Chair, Doug Brown provided an overview of the items listed on the agenda for approval.

MOTION:
THAT the Board of Directors approves the agenda for the September 15-16, 2025 Board meeting as presented.
Moved by: Jennifer Antunes
Seconded by: Victor Wong
CARRIED

4. Declaration of Conflicts of Interest

- Siva Sivapalan declared a conflict regarding Item 7 (Executive Committee Election)
- Doug Brown declared a conflict regarding Item 7 (Executive Committee Election)
- Andrea Edginton declared a conflict regarding Item 18 (Expanded Scope of Practice)

5. Minutes of Board Meetings

MOTION:
THAT the Board of Directors approves the draft minutes of the June 9, 2025 and August 22, 2025 meetings of the Board of Directors as presented.
Moved by: Cindy Wagg
Seconded by: Lisa Dolovich
CARRIED

6. Chair's Report

- Board Chair Doug Brown presented his report to the Board and provided highlights from the past quarter, noting the following:
    - Highlighted the response on the last Board survey – only 11-12 out of 22 Board members responded. This prevents our getting a clear picture of whether Board meetings are meeting expectations. Going forward, we will send reminders and make calls to follow up on Board members who have not responded.

7. 2025-2026 Executive Committee Election

- Jennifer Antunes introduced this item, referencing Bylaw 7 and the Board of Directors Policy Booklet.
- Each year elections for membership of the Executive Committee are held at the September Board meeting for the coming year, including the elections of the Chair and Vice-Chair.
- A test poll was conducted on the new voting platform before the election commenced.

7a. Election of the Board Chair

- Board Chair candidates Doug Brown and Siva Sivapalan provided their statements to the Board.
- Board members then cast their votes.
- Doug Brown received the majority of votes.

MOTION:
THAT the Board of Directors approves the appointment of Doug Brown as Chair of the Ontario College of Pharmacists Board of Directors for the 2025-2026 Board year.
Moved by: Siva Sivapalan
Seconded by: Jamie Killingsworth
CARRIED

7b. Election of the Board Vice-Chair

- Adrienne Katz withdrew her name from consideration.

MOTION:
THAT the Board of Directors approves the appointment of Siva Sivapalan as Vice-Chair of the Ontario College of Pharmacists Board of Directors for the 2025-2026 Board year.
Moved by: Cindy Wagg
Seconded by: Simon Boulis
CARRIED

Adrienne Katz was thanked for putting her name forward as a public director. It was noted that the public voice is very important at all levels, and should be considered as potential Chair and Vice-Chair roles.

7c. Election of the Executive Committee – Public Director, Elected Director and Director

- Siva Sivapalan, Chair, Governance Committee, introduced this item.
- Adrienne Katz and Cindy Wagg were the only public directors who expressed interest in participating on the Executive Committee, and therefore no election of public directors is required.
- Three elected directors have expressed interest in serving on the Executive Committee.
- Jennifer Antunes, Victor Wong and Simon Boulis each provided a statement to the Board.
- The Board members then cast their votes.
- The professional director elected was Victor Wong.

MOTION:
THAT the Board of Directors approves the appointment of Adrienne Katz, Cindy Wagg, and Victor Wong to the Ontario College of Pharmacists Executive Committee for the 2025-2026 Board year.
Moved by: Stephen Molnar
Seconded by: Jennifer Antunes
CARRIED

8. Search Committee Final Report

- Search Committee Co-Chairs, Adrienne Katz and Cindy Wagg, presented the Search Committee final report on the Registrar and CEO recruitment.
- A new Registrar and CEO has been appointed by the Board: Jay O'Neill, current CEO of the Retirement Homes Regulatory Authority, will join the OCP on November 17, 2025.
- Following the Board's approval of the Search Committee's terms of reference, the Committee began its work in April 2025. The Committee selected Mirams Becker as the executive recruitment firm.
- Consultation meetings were held, and applications invited.
- First and second round interviews were then conducted.
- The Board made its final selection on August 22, 2025.

- Senior staff are developing a robust onboarding plan for the new Registrar and CEO.

The Chair called for a break at 10:45 A.M. The meeting resumed at 11:00 A.M.

9. Final Report of the Governance Review

- Siva Sivapalan, Chair of the Governance Committee, introduced 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 was asked to determine next steps.
- Additionally, the Governance Review Committee was to present their annual committee report for information.
- A brief background of the governance review was outlined, including the Board's direction for a third-party expert governance review, given in September 2024; and the appointment of a special committee (the Governance Review Committee - GRC) to oversee the report of the governance review; and the approval of the Governance Review Committee's terms of reference in November 2025.
- The Governance Review Committee's process was reviewed.
- The members of the third-party expert consultant – the Institute on Governance (IOG) were introduced, including David Murchison, VP, Laura Edgar, Karl Salgo and Jessica White.
- David Murchison led the presentation, beginning with the review's objectives and the methods and analysis used by IOG in conducting the review.
- The Board's strengths and key governance challenges were outlined.
- A summary of governance reform priorities was provided.
- IOG described the concept of "hard wiring" (e.g., written policies) vs. "soft wiring" (e.g., culture, processes and practices), and noted soft writing is a moving target.
- The floor was opened to questions.
- A member of the GRC noted being impressed with was the way that IOG gathered information from Board members and others that protected the identities of participants. Maybe explain why this was important to IOG and how it was managed. Anonymity is very important so that participants feel they have trust and a safe environment.
- A Board member asked about the performance appraisal of Registrar & CEO, and asked how OCP's practice compared with other regulatory bodies. A member of IOG noted it is appropriate and common for a subgroup of the Board to take the lead in conducting these reviews; but still need to ensure that the voice of the full Board is considered re: setting objectives, executive compensation, etc. One of the reasons for maintaining engagement with the full Board is that the accountability belongs to the entire Board.
- Mr. Sivapalan inquired whether his candidacy for the Governance Committee raised a conflict with the current discussion, but it was agreed that it did not.

- Mr. Sivapalan, on behalf of the Governance Committee, asked the Board of Directors to discuss the final report of the governance review, and determine next steps, such as:
    - Appointing a new special committee to oversee implementation of recommendations of the IOG's final report
    - Extending the term of the existing Governance Review Committee, with new TORs, to oversee implementation of recommendations of the IOGs final report.
    - Directing the Governance Committee to oversee implementation of recommendations of the IOG's final report.
- The Board members noted some advantages and disadvantages of either extending the term of the existing GRC, or asking the Governance Committee to oversee the implementation of recommendations.
- It was ultimately agreed that asking the Governance Committee to oversee the implementation of recommendations was the best approach, particularly in avoiding the extra work required to devise new terms of reference, new timelines, etc.

MOTION:
THAT the Board of Directors directs the Governance Committee to oversee implementation of recommendations of the Institute on Governance's final report of the governance review
Moved by: Stephen Molnar
Seconded by: Jennifer Antunes
CARRIED

9.1 Governance Review Committee Report 2024-2025

- The Co-Chairs of the Governance Review Committee (GRC), Chris Aljawhiri and Christine Henderson, presented the Governance Review Committee Report for 2024-2025.
- GRC was created by the Board for a 12-month term, with the final report to be completed and presented to the Board at the September 2025 meeting.
- The Co-Chairs presented an overview of the process for the governance review and production of the final report by the Institute on Governance.
- The GRC members were satisfied with the IOG's final report, and that it met the requirements of the terms of reference.

The Chair called for a lunch break at 12:10 P.M. The meeting resumed at 1:10 P.M.

10. 2025-2026 Committee Slate

- Governance Committee Chair, Siva Sivapalan, asked the Board to consider the recommended Board and Committee slate for the coming year.
- The proposed slate is Inserted as Appendix A to these minutes.

MOTION:

THAT the Board of Directors approves the slate of candidates presented by the Governance Committee to serve on the OCP Committees for a term that expires at the first regular meeting of the Board following the next regular election.

Moved by: Jennifer Antunes
Seconded by: Wilf Steer
CARRIED

11. Committee Reports - For Information (PART 1)

- **Report of the Registration Committee**
  - Danielle Garceau, Chair and Greg Purchase, Manager, Registration
  - Outline of the Registration Committee's roles and responsibilities provided
  - 14 Registration Committee panel meetings were held this year, considering 126 requests
  - Successfully managed transitions including removal of the student class of registration, introduction of intern technician class, and closure of emergency registration classes
  - Updating of key policies
  - Considered low risk by the Fairness Commissioner
  - Challenges included building province-wide assessor pool for pharmacy technicians for PACE program and implementation of changes in registration regulations

- **Report of the Quality Assurance Committee**
  - Karen Riley, Chair and Kristin Reid, Manager, QA
  - Overview of the roles and responsibilities of QAC provided
  - 11 QAC panel meetings were held during the year
  - 929 Pharmacy routine assessments conducted plus 67 reassessments; 303 Pharmacy Technician routine assessments plus 1 reassessment
  - Changes to General Regulation under *Pharmacy Act* has impacted the QA process, including requirement for Part A Pharmacy Technicians to participate in the program; elimination of 600-hour practice requirements for registrants; introduction of risk-based criteria for assessments (work currently being conducted by staff on risk factors)
- **Report of the Patient Relations Committee**
  - Ravil Veli, Chair and Todd Leach, Director, Policy, Comms and Knowledge Mobilization
  - Overview of the Committee provided
  - 1 Committee meeting held; 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: e.g., EDI? Communications? Minor ailments education for public? Can express informally through update on OCP website, or more formally, through updated terms of reference

- **Report of the Discipline Committee**
  - Chris Aljawhiri, Chair and Genevieve Plummer, Manager, Hearings Office
  - Role of the Committee in conducting hearings into professional misconduct and incompetence reviewed
  - Statistics reviewed:
    - 2 Committee meetings were held, along with:
      - 60 pre-hearing conferences and case management conferences
      - 18 uncontested/partially contested hearings
    - 33 contested hearing days (relating to 6 different matters)
    - 2 oral motions heard, independent of hearings
    - 28 written hearing and motion decisions released
  - Trend of increasing numbers of referrals of allegations relating to sexual abuse, sexual harassment and boundary violations over recent years.

- **Report of the Fitness to Practise Committee**
  - Jeannette Schindler, Chair and Genevieve Plummer, Manager, Hearings Office
  - Role of Committee in considering information about registrants' incapacity reviewed
  - 1 Committee meeting held during the year
  - No hearings held
  - Challenges included keeping Committee members engaged when there are so few hearings.
  - Prevalence of mental health disorders in general population acknowledged by the Committee; OCP is encouraged to continue advising registrants about the services offered by OPHP.

- **Reports of the Inquiries, Complaints and Reports Committee (ICRC)**
  - Chintan Patel, Chair and Katryna Spadafore, Manager, Conduct Operations
  - A Committee overview was provided, including the powers of the ICRC
  - 2 business meetings were held, along with:
    - 57 virtual panel meetings
    - 15 teleconferences
    - 564 files reviewed
    - 10 oral caution panels
  - Challenges included higher case volumes over past year; turnover in public directors; and issues with Boardvantage software
  - Case trends include non-compliance with time-delayed safe policies; and matters relating to business pressures.

The Chair called for a break at 3:04 P.M. The meeting resumed at 3:22 P.M.

12. Committee Reports - For Information (PART 2) (originally Item 13)

- **Report of the Accreditation Committee**
  - Frank Hack, Chair and Katryna Spadafore, Manager, Conduct Operations
  - Overview of role of Committee provided in relation to pharmacies, including operational assessments
  - 1 business meeting was held during the year, along with
    - 9 virtual meetings
    - 1 teleconference
  - 24 pharmacy case files reviewed
  - Challenges with Boardvantage platform
  - Themes included deficiencies in sterile compounding, a high-risk activity; and problems with central fill pharmacies

- **Report of the Drug Preparation Premises (DPP) Committee**
  - Frank Hack, Chair and Katryna Spadafore, Manager, Conduct Operations
  - Overview of DPPs provided; not pharmacies and not manufacturers under Health Canada
  - 5 virtual meetings were held, with 6 case files reviewed
  - Theme: DPPs' activities can border on manufacturing
  - Challenges with Boardvantage platform

- **Report of the Screening Committee**
  - Megan Sloan, Chair and Sharlene Rankin, Executive Assistant/Committee Resource
  - Role of Committee in upholding the integrity and effectiveness of the competency-based selection process for applicants for Board professional director roles was outlined
  - 31 Board director applications considered this year
  - Challenges included unreliability of self-assessments of competency; those with prior governance experience score higher than new applicants – but this is not a requirement for Board members.

- **Report of the Executive Committee**
  - Doug Brown, Chair and Susan James, Director, Quality and Acting Registrar
  - Provided oversight on a high volume of confidential personnel issues: 28 meetings in total, 20 in camera
  - Approved funding in new RRS

- Transition of Registrar and CEO roles to acting leaders, with KPIs focused on financial stability and public communication about PPNs
- Revised Board Member Skills Matrix and oversight of Screening Committee slate for balanced representation
- Collaborated with Ministry of Finance and Ministry of Health on PPN consultations
- Committee identified the need for a review of Board policies and practices, to ensure clear policy direction and reinforce effective governance; essential to maintaining the organization's integrity and responsiveness to serve the public interest

- **Report of the Finance and Audit Committee**
  - Wilf Steer, Chair and Thomas Custers, Director, Corporate Services and Acting CEO
  - Overview of the Committee's responsibilities was provided
  - The Committee fulfilled all of its duties under the Bylaw
  - 7 meetings were held
  - The Committee worked with staff to implement a cost savings plan, recommended change in funding the AiMS reporting platform, updated multiple polices and agreed to take a more active role in risk management strategies
  - The Committee identified a concern with the growing gap between public directors and elected directors, lay and professional committee members

- **Report of the Governance Committee**
  - Siva Sivapalan, Chair and Susan James, Director, Quality and Acting Registrar and Sharlene Rankin, Executive Assistant/Committee Resource
  - 17 meetings were held during the year
  - The Committee oversaw the work of the Governance Review Committee, and successfully met the purposes outlined by the Board; and now look forward to implementing the report recommendations
  - Managed high volume of complex and confidential issues
  - Training and development activities were outlined
  - Multiple Code of Conduct complaints managed
  - Board competencies reviewed
  - Strong governance framework relied upon
  - A proposal was made to amend the Bylaw respecting terms and Board composition
  - Establishment of the Search Committee for the Registrar & CEO recruitment

13. Registrar's Report (originally Item 12)

13.1 Registrar's Update – June 2025 to September 2025 (originally Item 12.1)

- Susan James, Acting Registrar, noted some highlights from the Q2 Registrar's Report.
  - Update on OCP Board elections provided; Scrutineers' Report included. They noted concerns with advocacy; very low historical registrant engagement and recommended a motion.

MOTION:

THAT the Board of Directors approves the addition of election engagement to the OCP Risk Register to support the identification of mitigation strategies.

Moved by: Jennifer Antunes
Seconded by: Cindy Wagg

DEBATE:

- Need environmental scan of other colleges' practices
- Note distinction between OCP's role and registrants' role re: elections.

The motion was then voted on and CARRIED.

  - "As of Right" rule expansion to include pharmacy professionals (nothing specific yet proposed, however)
  - System partner engagement, including HPRO, NAPRA and Ministry of Finance and Ministry of Health re: PPN consultation; and others. Policy, Communications and Knowledge Mobilization team will be developing a system partner engagement strategy.
  - PPN not on today's agenda for discussion; however, consultation with the Ministry of Finance and Ministry of Health took place.
  - Update on expanded scope; background work underway as OCP awaits Ministry direction.
  - Staff engagement survey:
    - Conducted in June 2025
    - 94% staff participation
    - Survey considers organizational drivers, job drivers, and individual drivers
    - Overall engagement roughly equal to last year
    - Employee Experience Score: reduction from 39.6 last year to 19.3, which is above benchmark
  - Public website refresh:
    - Aligned with Strategic Goal 2 – to allow people to find what they are looking for quicker and more easily
    - Started last year – very close to launching site

13.2 Appointment of Investigators (originally Item 12.2)

- List of appointed investigators available in materials.

The meeting was adjourned for the day at 5:10 pm.

Day 2: September 16, 2025

13.3 2025 Q2 College Performance Dashboard (originally Item 12.3)

- Thomas Custers, Acting CEO and Director, Corporate Services, provided an update on the College Performance Dashboard – Key Performance Results – Q2 2025.
- Mr. Custers reviewed the 2025 Dashboard Domains (Regulatory Competence, Strategic Priorities, Organizational Capacity and Risk Management) and the Q2 2025 Performance Indicators.
- Performance measures, milestones, and monitoring measures were discussed.
- 9 measures are on track; 4 are expected to meet target at year-end; none require immediate attention, and 3 have no results (measured annually).
- 150 days' timeline for disposal of complaints improved from below target in Q1 to meeting and exceeding the target.
- Regulatory competence: 3 measures are on track and 2 approaching target.
- Strategic priorities: 4 are on track.
- Organizational capacity: 2 measures are on track, 2 approaching target and 3 no results.
- Critical performance area: out-of-date practice policies review progress depends on Board availability: currently a potential risk of not meeting the 26% target by year-end (16 policies reviewed); 10 policies prepared for June Board meeting but deferred. Target will not be met in 2025 but plan in place for 2026.
- Critical performance area: RRS Implementation: critical implementation timeline with budget and resource challenges. Current timeline is for January 19, 2026 – postponed from original timeline. Current RSS support ends November 30, 2025.
- Risk Profile and Early Warning: low-risk environment for focused attention needed on 3 measures. Performance Target Risk Index: 1.4 (well below threshold of 1.8); and critical performance risk: 19% (only 3 of 16 measures flagged: 150 days for moderate- and high-risk complaints; out-of-date practice policies review; and RRS)
- Monitoring Measures: Regulatory Competence: 9 measures saw no change in trend; 2 insufficient data; and Organizational Competence: insufficient data on 7 measures.
- The College maintains a strong performance across most areas with a stable risk environment. RSS implementation presents significant risks with budget overruns and tight timelines.
- A lunch and learn was offered to Board members prior to the December Board.

13.4 Financial Report Q2 2025 Results (originally Item 12.4)

- Thomas Custers provided the Q2 2025 results from the Financial Report. No immediate concerns were noted; and the financial targets for 2025 are on-track.

- Savings this year are due in part to salary savings: delayed hiring and attrition of some positions.
- In Q3, OCP anticipates the impact on revenue of changed registration classes to start materializing.

14. 2026 Operational Plan (originally Item 15)

- Acting CEO, Thomas Custers, asked the Board to consider the proposed Operational Plan and priorities for 2026.
- 2026 context: strategic plan, regulatory priorities, IT system modernization, scope expansion, financial health and growth trajectory
- Projected financial turnaround: $1.3M improvement in 2025: $2.1M budgeted vs $775K forecasted deficit. AIMS program changes are expected to reduce costs by $1.8M in 2026.
- Pillar 1 = modernizing core systems (e.g., new RRS); Pillar 2: supporting professional practice (e.g., AIMs, expanded scope, sterile compounding training, pharmacy operations assessments; policy refresh initiative; Pillar 3 = enhancing regulatory excellence (PPN, workforce pressure study, complaint resolution improvements, risk-based QA assessments; governance improvements; PACE evaluation)
- Human Resources: Proposal for 2 new permanent positions: governance administration, and internal legal; temporary positions (x4) include communications support, RRS implementation and co-op students. Reintroduction of merit-based pay increases; 9.2% cost increase in health benefits; and external investigations expertise.

MOTION:
THAT the Board of Directors approves the priorities and direction for the 2026 operational plan.

Moved by: Jennifer Antunes
Seconded by: Cindy Wagg
CARRIED

15. Appointment of Auditor for 2025 (originally Item 16)

- Finance and Audit Committee Chair, Wilf Steer, will ask the Board to consider appointing the recommended auditor for 2025.

MOTION:
That the Board of Directors appoint Tinkham LLP Chartered Professional Accountants as Auditor for 2025.

Moved by: Danny Paquette
Seconded by: Victor Wong
CARRIED

16. Reducing the Costs of Processing Credit Card Fees (originally Item 17)

- Finance and Audit Committee Chair, Wilf Chair, asked the Board for direction on a proposed cost-saving initiative to reduce expenses associated with credit card payment processing.
- 95% registrant fees are paid by credit cards; OCP pays $669K in annual processing fees, which is 2% of operating expenses.
- In coming to this recommendation, the Committee considered the savings potential, operational efficiency, risk management and registrant impact.
- Options included status quo; convenience fee only; convenience fee plus online payment; or a fee increase.

MOTION:
That the Board of Directors introduces a convenience fee for credit card payments, alongside a free online bill payment alternative, for implementation in the 2027 renewal period.

Moved by: Simon Boulis
Seconded by: Jennifer Antunes

DEBATE:

- Visa has a new debit card with lower fees – did FAC look at that? Yes – Accounting notes that we already accept payments using these cards.
- Can we try to just introduce online payments first? We want to provide a disincentive to paying by credit card.
- If the goal is to change behaviour by 2027 – there may still be an opportunity to introduce online payment in 2026. The issue is capacity. This option would require extra work from the vendor
- Maybe build a contingency into the motion, i.e., stabilization of RRS? Likely not necessary.
- Maybe consider for accreditation renewal time, which is a couple of months past registrant renewal.
- Would also apply to accreditation renewal payments.

The motion was then voted upon and CARRIED

The Chair called for a break at 11:18 A.M. The meeting resumed at 11:38 A.M.

17. As of Right Regulation

- Not discussed.

18. Expanded Scope of Practice - For Information

- Not discussed.

It was proposed that the agenda topics or information on As of Right and Expanded Scope (originally Items 14 and 18) be removed from the agenda

MOTION:
The Board of Directors approves removal of items 14 and 18 from the agenda.
Moved by: Elnora Magboo
Seconded by: Cindy Wagg
CARRIED

19. AIMS (Assurance and Improvement in Medication Safety) Program – Proposed Changes

- Medication Safety Lead, Saira Lallani, presented proposed changes to the Supplemental Standards of Practice in relation to the program requirements for AIMS (Assurance and Improvement in Medication Safety).
- Four Pillars: Report, Document, Analyze, Share Learnings.
- These changes are already approved in principle; now, considering changes to the supplemental Standards of Practice in relation to the program.
- First proposed step: Mandatory accounts for registered pharmacy staff at their primary place of practice.
- Second proposed step: Biennial pharmacy safety self-assessment.
- Third proposed step: Quarterly continuous quality improvement meetings.
- Fourth proposed step: Adapting NAPRA Model Standards of Practice for continuous quality improvement and medication incident reporting.

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 meeting.
Moved by: Simon Boulis
Seconded by: Siva Sivapalan
CARRIED

20. Policy Refresh and Projected Practice Policy Reviews

- Delia Sinclair Frigault, Equity and Strategic Policy, attended to present the proposed Policy Refresh and Proje3cted Practice Policy Reviews.
- Context includes the history of various policy instruments at the College: Policies, Guidelines, Guidance, Frameworks, Position Statements, Fact Sheets.
- 61 individual documents, in addition to Standards.
- Too many documents; format; style and language inconsistencies; overdue policy reviews; inconsistent with Strategic Goal 2 re: clear communications.
- Proposal: Reduce categories from 6 to 2: Policies (& Supplemental Guidance); and Practice Resources.
- Proposal: Immediate Updates to 16 documents; recommend rescinding 5 (March 2025); plus 11 identified for refresh: 4 policies to new template plus 7 guidelines to policy.

- Virtual Care Policy – proposal is to convert the approved policy to the new format. Policy originally developed approximately 5 years ago. Proposed changes include less narrative; single sentence expectations; shorter sections and headings; removal of advisory language, which is better suited to Supplemental Guidance. However – expectations are unchanged. As proposed changes are limited to editorial and format revisions for clarity, the updated policy is presented for Board approval.
- There was some discussion about the Virtual Care Policy itself, including some concerns about in-person care (especially MedsChecks) vs. virtual care; the advantages of virtual care; some comments around privacy expectations; and expectations about when consultation is triggered. There are legislative requirements for regulations and norms around consultations – 60-day consultation for net new policies and significantly refreshed policies.
- Policy Refresh goal is to make it clearer and easier for registrants, and the public, to understand expectations and the application of regulation and standards to the delivery of safe, ethical and quality pharmacy services.
- Options are to proceed with approval of the draft Virtual Care Policy, undertake consultation, or propose a minor change, as read out, re: privacy.

MOTION:
That the Board of Directors approves the draft Virtual Care Policy, to be effective September 30, 2025.

Moved by: Danny Paquette
Seconded by: Stephen Molnar
CARRIED

21. Update to Registration-Related Resolutions

- Greg Purchase, Manager, Registration, attended for this topic.
- The Board was asked to approve the resolutions related to registration requirements listed in O. Reg. 256/24 under the Pharmacy Act, 1991, due to changes in the Pharmacy Examining Board of Canada's (PEBC) certification pathway for international pharmacy graduates. 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.

MOTION:
That the Board of Directors changes 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 Evaluation Exam as an evaluation that the applicant meets the education requirement for registration."

Moved by: Lisa Dolovich
Seconded by: Siva Sivapalan

DEBATE:

- A Board member noted that Nova Scotia candidates do not do PEBCs, and questioned if they would therefore not be eligible for registration with OCP. If someone is already registered in Nova Scotia, it would be noted, but they would be able to register under the labour mobility provisions.

The Board then voted on the motion, which was CARRIED.

22. 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: Wilf Steer
CARRIED

The Chair called for a lunch break at 12:43 P.M. The *in camera* portion of the meeting resumed at 1:15 P.M.

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

COMMITTEE APPOINTMENTS FOR 2025-2026

Accreditation and Drug Preparation Premises

Public Directors (2) (not on DC):
Elnora Magboo
Stephen Molnar

PCA: (3 or +) (not on DC)
Adnan Bodalbhai
H - Lori Chen
Agatha Dwilewicz
Nadia Filippetto
Frank Hack (Chair)
Wassim Houneini
Chintan Patel
Tracy Wiersema
HT - Veronica Sales
Staff Resource: *Katryna Spadafore*
Staff Admin: *Liisa Nasu*

Discipline

Elected Directors (all):
HT - Jennifer Antunes
T - Simran Bal
Simon Boulis
Doug Brown
Akil Dhirani
Scott Ford
Siva Sivapalan
Wilf Steer
Victor Wong

Public Directors (all):
Jae-Yon Jung
Adrienne Katz
James Killingsworth
Francis Michaud
Danny Paquette
Cindy Wagg
Devinder Walia

PCA (10 or +):
Chris Aljawhiri (Chair)
Ramy Banoub
Dina Dichek
Andrea Fernandes
Negeen Foroughian
Jillian Grocholsky
Chris Leung
Beth Li
T - Cory McGill
Megan Peck
Karen Riley
Zahra Sadikali
Jeannette Schindler
Connie Sellors
Laura Weyland
David Windross

LCA (1 or +) *at discretion*:
Kathy Al-Zand
Jennifer Da Ponte
Rebecca Forte
Christine Henderson
Kim Lee
Sylvia Moustacalis
Ravil Veli
Staff Resource: *Genevieve Plummer*
Staff Admin: *Javeria Anjum*

Fitness to Practise

Public Directors (2):
Jae-Yon Jung
Danny Paquette

PCA (2 or +):
Adrian Bumstead
T - Lynn Covert
Dina Dichek
Andrea Fernandes
Colette Raphael
Karen Riley
Zahra Sadikali
Jeannette Schindler (Chair)

LCA (1 or +) *at discretion*:
Kathy Al-Zand
Staff Resource: *Genevieve Plummer*
Staff Admin*: Javeria Anjum*

Inquiries, Complaints and Reports

Public Directors (all):
Jae-Yon Jung
Adrienne Katz
James Killingsworth
Elnora Magboo
Francis Michaud
Stephen Molnar
Danny Paquette
Cindy Wagg
Devinder Walia

PCA (10 or +):
Ghazal Adnan
Elaine Akers
Derek Antwi
Jaltarang Bhimani
HT - Tanisha Campbell
Vickie Chang
Ashley Cunningham
Nneka Ezurike
Sajjad Giby
Heba BaniHani
H -Michael Heffer
H- Wassim Houneini
H - Aline Huynh
Khaleda Noor Kabir
Ankit Kansara
Tom Kontio
Elizabeth Kozyra
HT - Kim Lamont
Chris Leung
Janet Leung
Lenda Mettry
Dean Miller
Alei Eldeen Mohamed
James Morrison
Chintan Patel (Chair)
Saheed Rashid
Fatema Salem
HT - Veronica Sales
Kaivan Shah
Ian Stewart
Frank Tee
Tirath Thakkar
Tracy Wiersema
Lisa-Kaye Williams
Ali Zohouri
Staff Resource*: Katryna Spadafore*
Staff Admin: *Liisa Nasu*

Quality Assurance

Public Directors (2):
Stephen Molnar
Cindy Wagg

PCA (5 or +):
H - Annie Brooks
T - Anna Cardozo
H - Mishka Danchuk-Lauzon
Andrea Fernandes
T- Amber Farhat
Eric Kam
Pritesh Mistry
Karen Riley (Chair)
Staff Resource: *Kristin Reid*
Staff Admin: *Christine Khun*

Patient Relations

PCA (1 or +):
Ghazal Adnan
Adrian Bumstead
Nikki Patel
Saliman Joyian

LCA (2 or +):
Kathy Al-Zand
Shelby Parente
Ravil Veli (Chair)
Saeed Walji
Audrey Wubbenhorst
Staff Resource: *Delia Sinclair Frigault*
Staff Admin: *Sharlene Rankin*

Registration

Public Directors (2):
Danny Paquette
Devinder Walia

PCA (5 or +):
Kenny Chong
Andrea Fernandes
HT - Danielle Garceau (Chair)
Cindy Giby
Nikki Patel
T - Beverly Miller
Craig Whistance-Smith

Dean:
Lisa Dolovich
Andrea Edginton
Alain Stintzi

ON Pharmacy Technician Program Rep:
Angela Roach

LCA (1 or +) *at discretion*:
Megan Sloan
Bernadette Santiago
Staff Resource: *Greg Purchase*
Staff Admin: *Deborah Byer*

Executive*

Elected Directors:
Doug Brown (Chair)
Siva Sivapalan (Vice-Chair)
Victor Wong

Public Directors:
Adrienne Katz
Cindy Wagg
Staff Resource*: Susan James*
Staff Admin: *Stephenie Summerhill*

Finance and Audit*

Elected Directors (2 or +):
Jennifer Antunes
Simon Boulis
Wilf Steer
Victor Wong

Public Director (1 or +) *at discretion*:
Adrienne Katz (Chair)
Francis Michaud
Cindy Wagg
Staff Resource: *Thomas Custers, Svetlana Sorokina*
Staff Admin: *Sharlene Rankin*

Governance Committee*

Elected Directors:
PT – Jennifer Antunes
Siva Sivapalan (Chair)

Public Director:
Jamie Killingsworth
Stephen Molnar

LCA (1 or +):
John Halligan
Christine Henderson
Sylvia Moustacalis
Staff Resource*: Susan James*
Staff Admin: *Sharlene Rankin*

Screening Committee

(Appointed in March 2026)

Governance Committee Chair:
TBD

Elected Director:
TBD

Public Director:
TBD

LCA (1 or +) *at discretion*
TBD
Staff Resource*: Susan James*
Staff Admin: *Sharlene Rankin*

Legend:
T = Technician, H = Hospital
HT = Hospital Technician
Chair = Chair of Committee
Purple = New to Committee
LCA = Lay Committee Appointee
PCA = Professional Committee Appointee

DRAFT

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BOARD BRIEFING NOTE
MEETING DATE: **December 8, 2025**

FOR INFORMATION

From: Douglas Brown, OCP Board Chair

Topic: Chair's Report

Background: In addition to regular bi-weekly meetings and phone calls with the Acting Registrar and Registrar, listed below are the meetings I attended on behalf of the College during the reporting period.

College and Other External Partner Meetings:

- Search Committee Meeting – October 1
- Board and Committee Orientation – October 27
- Discipline Contested Motions – November 4
- Induction to the Profession of Pharmacy of Pharmacy Ceremony at the Leslie Dan Faculty of Pharmacy (University of Toronto) – November 4
- Board Learning Session on Dashboard Performance Metrics – November 6
- New Board Director Orientation for Simran Bal and Leyland Brown – November 12
- Executive Committee Meeting – November 17
- Governance Committee Meeting – November 19
- Special Board Meeting – November 20
- Finance and Audit Committee Meeting – November 24
- Discipline Committee Meeting – November 26
- Special Board Meeting – December 3

September Board Meeting Evaluation

Attached is the September 2025 Board Meeting Evaluation report (Attachment 5.1).

Board members are reminded that every attending individual is expected to complete the evaluation following the meeting. Providing your feedback is a vital practice for maintaining good governance and driving continuous improvement. We are pleased to confirm we achieved a 100% response rate with the last evaluation. This level of participation confirms the Board's commitment to self-assessment. Thank you all for your collective effort. We hope to keep this strong momentum going forward with your timely input on the evaluation for all future meetings.

Updates

I would like to extend a warm welcome to Leyland Brown, our new publicly appointed director. Leyland is a highly accomplished sales leader who brings over 25 years of experience to the Board. Her expertise spans several areas including sales management, marketing, strategic planning, and customer experience. We look forward to the valuable insights and perspective she will contribute. As well, I welcome back both Megan Peck and Max Yaghchi, who were appointed to the Fitness to Practise Committee and Quality Assurance Committee, respectively.

On October 27, the College held its second Board and Committee Orientation Day, utilizing a hybrid format to accommodate as many people as possible. Approximately 19 directors, 10 lay committee appointees, and 60 professional committee appointees came together to spend the day learning about key topics. These included the OCP's mandate, the collaborative relationship between health regulators and the Ministry of

Health, and good governance in action. For many, this event provided a unique and valuable opportunity to interact face-to-face and connect with colleagues. Feedback on the interactive day was extremely positive, with attendees noting the diverse and highly relevant topics.

On November 4, I had the honour of attending the University of Toronto Induction to the Profession of Pharmacy Ceremony, where I offered encouraging words to the students as they marked the beginning of their journey into the pharmacy profession. This was a momentous occasion for the students, celebrating the start of their professional path and their commitment to uphold the Code of Ethics throughout their careers. It was inspiring to witness this pivotal step and celebrate their dedication.

After the August 27 Executive Committee meeting, the Committee directed staff to document Board-directed actions. I am pleased to report that staff have developed a draft action tracker, which was presented to the Executive Committee on November 17. This tool will capture all Board actions, track progress, and provide regular updates, promoting greater efficiency and accountability.

Finally, I extend my deepest gratitude to Elnora Magboo, a valued public director, for her dedication. This December Board Meeting will be her final board meeting. Elnora has provided exceptional service and commitment since joining the Board in January 2017. We sincerely appreciate her steadfast efforts and impact she made throughout her tenure. We wish you the very best in your future endeavours, Elnora.

Board Director Committee Activities (September 17–December 7)

The following chart provides an overview of the committee activities the Board Directors have participated in since the September 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 Finance and Audit Governance Search	Oct 17 Nov 4, 24 Nov 19 Oct 1
Simran Bal	Discipline	
Simon Boulis	Discipline Finance and Audit Special	Dec 1 Nov 24
Doug Brown *ex-officio	Discipline Executive Search Governance* Finance and Audit*	Nov 4, 26 Nov 17 Oct 1 Nov 19 Nov 24
Akil Dhirani	Discipline	Nov 26; Dec 1, 3
Scott Ford	Discipline	Nov 26; Dec 1, 3
Siva Sivapalan	Discipline Executive Governance Search	Nov 26, 28; Dec 4 Nov 17 Nov 7, 19 Oct 1

Director	Committee(s)	Meetings/Hearings
Wilf Steer	Discipline Finance and Audit	Oct 30; Nov 12, 21 Nov 24
Victor Wong	Discipline Executive Finance and Audit Special	Oct 24; Nov 26 Nov 17 Nov 4, 24
Leyland Brown	ICRC	Nov 7, 19
Jae-Yon Jung	Discipline Fitness to Practise ICRC	Nov 21, 26; Dec 1, 3 Nov 21 Nov 7, 19
Adrienne Katz	Discipline Executive Finance and Audit ICRC Search	Nov 26 Nov 17 Nov 4, 24 Nov 5, 19 Oct 1
James Killingsworth	Discipline ICRC Governance	Nov 26, 28; Dec 1, 4 Oct 16; Nov 19; Dec 9 Nov 7, 19
Elnora Magboo	Accred/DPP ICRC	Oct 28; Nov 27 Nov 26; Dec 4
Francis Michaud	Discipline Finance and Audit ICRC	Nov 26; Dec 1, 3 Nov 4, 24 Nov 7, 18, 19
Stephen Molnar	Accred/DPP Governance ICRC Quality Assurance	 Nov 19 Oct 23; Nov 18 Sep 25; Nov 6, 20
Danny Paquette	Discipline Fitness to Practise ICRC Registration Special	Oct 17; Nov 12, 21, 26, 28; Dec 4 Nov 21 Nov 11, 19 Nov 13, 28
Cindy Wagg	Discipline Executive Finance and Audit ICRC Quality Assurance Search	Oct 24; Nov 26 Nov 17 Nov 4, 24 Oct 30, Nov 19, 25; Dec 16 Oct 16; Nov 6 Oct 1
Devinder Walia	Discipline ICRC Registration	Oct 17, 24, 30; Nov 4, 10, 12, 21, 26 Nov 6, 19; Dec 2, 18 Sep 26; Oct 9, 31; Nov 12, 13
Andrea Edginton	Registration	Nov 13
Lisa Dolovich	Registration	
Alain Stintzi	Registration	

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BOARD BRIEFING NOTE
MEETING DATE: **December 8, 2025**

FOR INFORMATION

From: Douglas Brown, OCP Board Chair

Topic: September 2025 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Directors submit an evaluation. Following the September 2025 Board meeting, all 21 attending members completed the evaluation survey, achieving a 100% response rate.

Results:
Overall, the meeting was highly effective. The meeting successfully fulfilled its fiduciary duties in the public interest. Directors noted strong engagement and respectful dialogue, with effective leadership from the Chair. The summary below highlights current practices and identifies opportunities for improvement.

Board Meeting

Adequacy of Background Information
95% of Directors felt that adequate background information was provided, indicating that meeting preparation is generally effective. However, some Directors noted that discussions occasionally revisited topics already previously covered, creating confusion about relevance. Time management was a recurring concern, particularly during committee presentations and extended discussions.

Proposed action: *Add context summaries for all agenda items to support clarity for all members.*

Board Conduct
All Directors felt Board members were respectful and considerate of each other and staff, which led to an engaging meeting that fostered open dialogue.

Proposed action: *Encourage concise, content-focused contributions.*

Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?
All Directors reported that the Chair was effective in managing the meeting, ensuring all viewpoints were heard while guiding the group toward clear decisions. The Chair balanced time constraints with inclusivity, encouraging participation from all members, including new Directors. While a few Directors noted that limited time restricted deeper discussion on some matters, the overall meeting was considered well-run and respectful.

Proposed action: *None*

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

Proposed action: *None*

My peer participants actively participated in the discussion
95% of Directors expressed that all members actively participated in the meeting, reflecting strong engagement and inclusivity. Feedback suggests that while participation was robust, effectiveness could be improved by avoiding repeated discussion of items already covered in the Board package. A few Directors stressed the importance of preparation to avoid redundant questions and ensure efficient progress.

Proposed action: *Reinforce expectations for reviewing materials in advance of the meeting.*

The time spent on each agenda item was appropriate
85.7% of Directors agreed that the time spent on each agenda item was appropriate, indicating general satisfaction but leaving room for improvement. Several comments noted that discussions occasionally extended beyond the allotted time, particularly when revisiting previously discussed topics. This resulted in delays for later agenda items and compressed time for critical matters.

Proposed action: *Review agenda planning to allocate sufficient time for high-priority items.*

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BOARD BRIEFING NOTE
MEETING DATE: **December 8, 2025**

FOR INFORMATION

From: Susan James, Acting Registrar (through November 14, 2025)

Topic: Registrar's Update, September 17 through December 7, 2025

In consideration of the need to ensure an effective transition as the new Registrar and CEO onboards to the organization, the information and updates contained in this report reflect activities from the last Board meeting to the December 2025 Board meeting, inclusive, and are presented by Susan James (Director, Quality and Registration) who served as Acting Registrar prior to the appointment of Jay O'Neill. Subsequent Registrar Reports will be prepared and submitted by Mr. O'Neill.

REGULATORY ACTIVITY

Regulations Update

The College is finalizing two regulatory amendments that have been requested by the Ministry of Health. One (O.Reg 256/24 under the *Pharmacy Act, 1991*) is related to the expansion of scope for pharmacists and pharmacy technicians and the other aligns the regulation (O.Reg 264/16) under the *Drug and Pharmacies Regulation Act, 1990* DPRA with recent legislative changes made to that Act. Details of the status of these regulations can be found in the attached table, which summarizes the status of OCP's outstanding and recently approved regulation amendments (Attachment 6.1).

Expansion of As of Right Rules

As noted above, the Ministry of Health requested the College make a regulation, under the DPRA to support the government's effort to expand the existing As of Right rules to 16 additional regulated health professions, including pharmacists and pharmacy technicians. Legislative changes were established by Bill 56, *Building a More Competitive Economy Act, 2025,* which having received Royal Assent on November 3, 2025 allows for the enactment of the expanded "As of Right" rules. In response to the Ministry's request to make a regulation to support these legislative changes, the Board held a special meeting on November 20th, 2025 and approved the proposed regulation and a motion to seek approval from the Minister of Health to waive the associated 60-day consultation requirement. Details and background material for this meeting are available on the College website. A second Board meeting, for the purpose of considering final approval of the regulation, is set for December 3, 2025.

In anticipation of the expanded As of Right rules coming into effect on January 1, 2026, the College has already published information on its public website and will continue to publish additional information in the coming weeks.

Expansion of Scope – regulations for approval

Per the item noted above under Regulation Update, in accordance with the request by the Minister of Health to submit regulations authorizing the expanded scope of practice of pharmacists and pharmacy technicians, College staff will present to the Board the regulations for final approval for the purposes of submission to the Minister by December 10, 2025 and review the feedback received through the 60-day open consultation which ended November 24, 2025. Staff will also provide an update and present proposals related to safeguards to support the effective implementation of expanded scope and promote the ongoing safety, quality and ethical delivery of pharmacy services to Ontarians.

Government to move forward with Any Willing Provider legislation
Based on what it heard through two rounds of consultations, including input provided by the College, the government is moving forward with new legislation that would create an "Any Willing Provider" framework in response to the concerns raised about Preferred Provider Networks (PPNs), particularly closed PPNs. The legislation was announced in the government's recent Fall economic statement and, subsequently, Bill 68, Plan to Protect Ontario Act (Budget Measures) **has now received Royal Assent**. According to the government, the legislative approach will give people more choice in where they fill their prescriptions and encourage healthy competition among pharmacies, while still protecting affordable access to medications.

At this time, we do not have any further details on when or how this will be implemented as the Ministry of Finance will now begin work on the associated regulation amendments. As our mandate is to regulate the profession of pharmacy in the public interest, we have been an active participant in the government's consultations to date and are pleased that the government has signaled its commitment to address the concerns associated with PPNs. The Ministry of Finance will continue to consult and seek input from OCP, among other stakeholders, as this work moves forward. Further updates will be provided to the Board as they become available.

SYSTEM PARTNER ENGAGEMENT: SEPTEMBER 17 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 continued to maintain involvement with HPRO and engage on multiple levels including attendance at the meetings for HPRO Board members and topic specific committee meetings. The following Board-related meetings have been attended by the Acting Registrar or delegate where necessary:

- Annual Board Meeting – September 22
- Board Bi-Weekly meetings – October 14, November 11, November 25
- HPRO Meeting with Ministry of Health re - As of Right – November 17

Participation by other College staff in HPRO committee meetings is reported below in the System Partner Activity update.

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. In addition to Board meetings, NAPRA hosts monthly roundtables, attended by the Registrars and/or delegates of each pharmacy regulatory authority and several national working and information sharing groups. The combination of meetings keeps us aware of events, trends, and changes in regulation, policy, research and innovation that affects the practice and regulation of pharmacy across Canada.

College staff participate routinely in NAPRA meetings, including these below, which the acting Registrar attended since the last report:

- PRA Roundtable & Emerging Issues – September 23, October 14, November 6, November 18
- Role Definition Working Group – October 7
- Board Meeting – November 5

The NAPRA Board meeting resulted in several key decisions, including the approval of the 2026 operating budget, the review and confirmation of the Risk Management Plan and the 2026 Annual Plan, and discussed progress on the 2024–2028 Strategic Plan.

Other meetings involving the Registrar

- Pharmacy Examining Board of Canada, Leadership and Strategic Direction Consultation – October 1
- Ontario Pharmacists Association Quarterly Meeting – October 6
- Future Skills Centre – Health Human Resources Study – October 6
- Ontario Hospital Pharmacy Directors Forum – Engagement Opportunities – October 30
- Ministry of Health, re - As of Right legislative amendments – October 31
- Office of the Fairness Commissioner/OCP Annual Meeting – November 12
- Ministry of Health, re- As of Right regulation amendments – November 20

Other Staff / System Partner Activity

- NAPRA Quality Assurance Information Sharing Group – September 9 (attended by Kristin Reid, Lap Chan and Saira Lallani)
- NAPRA Emerging Technologies Information Sharing Group - September 25 (attended by Angela Bates and Todd Leach)
- NAPRA Compounding Standards Working Group – October 16 (attended by Sandra Winkelbauer)
- College of Veterinarians and Ontario Veterinary Medicine Association – November 6 – (attended by Delia Sinclair Frigault, Melanie Zabawa, and Johanna Geraci)
- HPRO QA Network Biannual Meeting – October 28 (attended by Kristin Reid)
- NAPRA Compounding Standards Working Group – October 30 (attended by Sandra Winkelbauer)
- Ontario Pharmacists Association Policy and Practice meeting – November 6 (attended by Delia Sinclair Frigault and Jane McKaig)
- HPRO Citizen's Advisory Group Committee Policy Day – November 14 (attended by Delia Sinclair Frigault)
- Ontario Health Digital Services: Clinical Viewers – November 18 (attended by Delia Sinclair Frigault and Jennifer Leung)
- NAPRA vaccine scheduling discussion – November 18 (attended by Delia Sinclair Frigault, Jennifer Leung and Melanie Zabawa)
- NAPRA Registration and Licensure Information Sharing Group Meeting – November 25 (attended by Greg Purchase, Logan Grant, and Jillian Polson)
- Registrant Reference Group Q4 meeting - December 3 (attended by Delia Sinclair Frigault, Jacq Hixson-Vulpe)

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
September 29, 2025	CCAPP Q&A	Centennial students	Centennial College
October 15, 2025	Understanding your professional responsibility	UofT IPG students; CPS 1 class	University of Toronto
November 6, 2025	Labour Mobility and Trade Agreements for Pharmacy in Canada	Educators, Practicing Pharmacists, Regulators	Centre for Practice Excellence – University of Toronto

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
November 12, 2025	CCAPP Q&A	Flemming students	Flemming College
November 12, 2025	Registration	U of T IPG-CPS 1 class	University of Toronto
November 22, 2025	PACE for pharmacy technician applicants & becoming a PACE assessor	Pharmacy technicians	Trillium Health Partners - Pharmacy Technician Conference

HORIZON SCAN

A notable trend emerging from recent meetings involving the College is the heightened focus on labour mobility, health human resource planning, and registration processes. Multiple organizations—including federal and provincial governments, NAPRA, and the Pharmacy Examining Board of Canada—are examining ways to remove unnecessary registration barriers to support labour mobility, while maintaining rigorous entry to practice requirements for demonstrating competence and readiness for practice. Much of this work is still in the early stages of discussion and exploration. The College will continue to monitor developments and engage in discussions or initiatives that align with, or have an impact on, our mandate.

OPERATIONS

Strategic Goal 1 Summary

Work is progressing on four key deliverables under Strategic Goal #1 to help reduce corporate pressures. **The operational assessment pilot** is underway, with preliminary data being collected and iterative revisions to outcome-focused criteria in progress; validation of these changes is planned for 2026. This work is intended to strengthen standards compliance by assessing outcomes and explore potential links between business pressures and challenges in meeting standards, with further strategies (e.g., enhanced guidance, engagement, policy adjustments) to be considered as insights emerge. Work is also ongoing to identify and present risk-based selection factors for **practice assessments**; however, this work is not specific to workplace pressures. Practice assessment changes have begun, with criteria identified and internal data analysis underway, though completion will extend into next year.

Investigations relating to business pressures, primarily involving concerns such as MedsCheck medication reviews, minor ailments, naloxone kits and dispensing errors, are ongoing. Information continues to be received via regular intake channels and through the online business pressures reporting tool.

The **pharmacy professional experience survey** has been completed, and results are being presented to the Board before posting publicly. Preliminary findings from the survey show that respondents are reporting that:

- sustained business pressures, experienced mostly in corporate pharmacy settings, are interfering with the delivery of care according to the Standards of Practice;
- the majority of the pressure is related to performing MedsCheck medication reviews, though other pressures remain prevalent; and
- business pressures continue to have an impact on their wellbeing as healthcare professionals and feelings of burnout.

Additional details will be shared at the Board meeting and then subsequently posted on the College's website later in December.

Finally, while a 2024 policy review recommended exploring the **StaffWISE staffing tool**, the proposed feasibility

study has been deferred to 2026 due to competing priorities. See for more details on the status of these initiatives the Q3 2025 Board Dashboard results (Agenda item 7.1)

PACE for Pharmacy Technicians

As previously reported, College staff continue to engage with system partners related to the implementation of PACE for pharmacy technicians, particularly in hospital settings. Staff continue to work with individual hospital directors and their staff members to resolve potential barriers to implementation of the PACE program on an individual level and are working with directors through the Ontario Hospital Pharmacy Directors Forum to address system-wide implementation issues.

Since the introduction of the PACE for pharmacy technicians registration requirement in October 2024, 230 assessments have been conducted on pharmacy technician candidates. College staff have also trained a total of 191 assessors, with 47 of those in a hospital setting and staff continue to train assessors across as many communities as possible throughout Ontario.

Registrant Records System (RRS)

As noted at the September Board meeting, the Executive Team has been closely monitoring all work streams to assess the feasibility of the January go-live. Following another critical assessment, the Executive Team decided extending the go-live date to June 1, 2026, to ensure a safe and effective implementation. Key factors included:

- **Data Migration:** Additional time required to complete migration accurately and securely.
- **Staff Readiness:** Feedback indicated more time is needed for training and operational preparedness.
- **Business Continuity Risk:** Confidence has not yet reached expected levels; risk remains that issues during the renewal period could significantly impact registration renewals.

Current Priorities

System build was completed at the end of October. The project team continues to focus on:

- **System Readiness -** Incorporating UAT feedback and ensuring alignment with business processes.
- **Data Migration –** Continuing data migration activities with the support of a vendor.
- **Portal Readiness –** Preparing the public-facing portal for stability and functionality.
- **Report Development –** Continue building email notifications and reports.
- **Change Management and Communications:**
    - **Internal Updates:** Biweekly all-staff bulletins launched.
    - **Training:** Comprehensive plan approved by Leadership and Management Team; rollout to staff in coming weeks.

The project team is currently monitoring several key risks, including:

Risks	Health Check	Comments
Budget	R	• The remaining costs for go-live are associated with finalizing data migration and the final payment upon system launch. We do not anticipate any further vendor support requirements beyond this for launching the system. As such, the project is projected to conclude with a cost overrun of approximately $710K (47.3%), increasing the total from the original $1.5M estimate to about $2.2M.

Risks	Health Check	Comments
Schedule	Y	• On track overall for the revised timeline; data migration timelines under close review to maintain progress.
Resources	Y	• Limited internal expertise with Power Platform means some changes will be deferred post-launch; critical fixes are prioritized and skills assessment underway to guide future resourcing.

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 November 21, 2025)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Drugs and Pharmacies Regulation Act, General Regulation (264/16) As of Right	Ministry of Health sent letter (November 2025) requesting the College propose a regulation to amend O. Reg 264/16 to define a "person prescribed by the regulations" within the DPRA.	The College is to submit the proposed regulation to amend O. Reg 264/16 to the Minister of Health by December 5, 2025	The Board approved the proposed regulation at a special meeting on November 20, 2025.	The College is awaiting direction on whether the Minister of Health will grant an exemption to the 60-day requirement to circulate the proposed regulation, in order to meet the requested December 5, 2025 submission date.	The Board will review the proposed regulation and provide their final decision at a special meeting schedule for December 4, 2025.
Pharmacy Act, General Regulation (256/24) Expanded Scope	Minister of Health sent a letter (September 2025) requesting the College submit regulation amendments to enable 14 additional minor ailments, administering additional vaccines, and administering partial opioid agonists/antagonists.	The College is to submit the proposed regulation amendments to the Minister of Health by December 10, 2025.	The College completed a 60-day consultation between September 26 and November 24, 2025.	The Board will consider the consultation results and decide on the approval of the draft regulation for submission to the Minster of Health.	The Board will also be asked to provide direction on a number of actions that the College could implement to manage the risk associated with some of the expanded scope activities.
Recently Approved					
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance	**Registration** – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions 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

sections	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 practice to standards				has been in effect since Oct 1, 2024.
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 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.

				-The authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine will transition on April 1, 2024.	
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	N/A – no response expected, letter provided advice only Closed Provider Networks continue to be in existence	

Agenda Item 6.2

Goal 1

Business Pressures Survey Report

Verbal Update/Presentation Only

No Pre-Read Materials

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: College Performance Dashboard – Key performance results for Q3 2025

Issue: To provide the Board with a quarterly update on the College's progress toward its 2025 targets and trends in 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 strengthens 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) that enables both the Board and the public to evaluate:
    - Progress toward annual targets
    - Key risks that may affect achievement of those targets
    - Execution of critical regulatory activities, providing context and informing strategic discussions.
- The 2025 Dashboard was approved at the December 9, 2024, Board meeting, with performance targets finalized on March 24, 2025.
- 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:** Measures that have specific targets aligned to strategic and operational goals
    - **Milestones**: Represent one-time deliverables or initiatives with defined completion criteria
    - **Monitoring Measures:** Measures that have no targets; provide contextual insights to inform future operational and strategic planning.
- College staff provide quarterly updates to the Board.

Analysis:

1. Performance Overview

- By the end of Q3, most measures remain on track (9 of 16), with 3 approaching targets, 3 off track, and 1 annual. Focused attention is needed on Regulatory Competence and Organizational Capacity.
- For detailed 2025 Q3 College Dashboard performance results, please see to the full report (Attachment 7.1a.). A summary of the results is provided below.

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	1	1	-
Strategic Priorities	4	2	1	1	-
Organizational Capacity	7	4	-	2	1

1.2 Performance Measures or Milestones Meeting Or Exceeding Target (Or Completed)

- **High and moderate risk Complaints disposed of within 150 days** *(Regulatory Competence)*
  - The target for this performance measure is 30%. Q3 results are 53% and year-to-date performance has improved from 45% in Q2 to 53% in Q3 (September).
- **High and moderate risk Registrar's Inquiries are disposed of within 365 days** *(Regulatory Competence)*
  - The target for this performance measure is 50%. Q3 results are 83% and year-to-date performance has improved from 64% in Q2 to 75% in Q3 (September).
- **% Health Professions Appeal & Review Board (HPARB) complaint decisions confirmed** *(Regulatory Competence)*
  - The target for this performance measure is 90%. Q3 results are 100% and year-to-date performance has improved from 88% in Q2 to 90% in Q3 (September).
- **Website renewal launched to strengthen communications** *(Strategic Priorities – Goal #2)*
  - The new website launched on September 30th.
- **% of trained staff reporting confidence in applying EDI principles** *(Strategic Priorities – Goal #4)*
  - The target for this performance measure is 80%. As of the end of Q3 (September), year-to-date results remain strong at 90%. To date, a total of 18 participants have completed the program (9 in Q2 and 9 in Q3).
- **% of staff engagement (overall)** *(Organizational Capacity)*
  - This measure is based on an independent survey conducted annually in June. The latest result is 75%, exceeding the target of 63%.
- **% of staff engagement (inclusion)** *(Organizational Capacity)*
  - This measure is based on an independent survey conducted annually in June. The latest result is 91%, exceeding the target of 78%.

- **% of up-time of business-critical information systems** *(Organizational Capacity)*
    - The target for this performance measure is 99.9%, and as of the end of Q3 (September), year-to-date results have consistently remained at 100%.
- **Microsoft Secure Score** *(Organizational Capacity)*
    - The target for this performance measure is 80%, and as of the end of Q3 (September), year-to-date results have slightly improved from 80% in Q2 to 81% in Q3.
    - The target for this performance measure is 80%. Q3 results are 82% and year-to-date performance has improved from 80% in Q2 to 81% in Q3 (September).

1.3 Measures and Milestones Approaching Target Or At Risk:

- **Mandatory training program for non-sterile compounding supervisors launched** *(Regulatory Competence)*
    - Status: 90% of the training program development is complete.
    - Progress: Remaining activities include the final review of all modules, incorporating final changes into the web-based e-learning tool (RISE), and preparing for posting on the College's website.
    - Outlook: The target will not be met this year. Remaining activities are scheduled to begin in December and continue into January, with a planned launch at the end of January 2026.
- **Completion of three 2025 deliverables to help reduce corporate pressures** *(Strategic Priorities – Goal #1)*
    - **Operational Assessment Changes:**
        - Status: Continue with the pilot to collect preliminary data and make iterative revisions to the new outcome-focused assessment criteria. Initial communications to registrants have started.
        - Progress: Next step is to validate the revised assessment criteria to guide further changes.
        - Outlook: Although well underway, this work will not be completed in 2026. The validation will be done in 2026.
    - **Practice Assessment Changes:**
        - Status: Criteria identified; work has begun on analyzing internal College data.
        - Progress: Analyze data to finalize a list of risk-based selection criteria (broader than workplace pressures).
        - Outlook: This work has been delayed due to other priorities and will not be completed in 2025; it will continue into 2026.
    - **Pharmacy professional experience survey**
        - Completed – Survey results are being presented to the Board and will be posted afterwards.
    - **Policy changes:**
        - Status: A 2024 policy review recommended exploring StaffWISE, a data-driven staffing tool developed by the Nova Scotia Pharmacy Regulator and a consulting firm. The College received a proposal in June for an Ontario feasibility study; the study is deferred to 2026 due to other priorities (see Registrar's Report for details).
        - Progress: Feasibility study will be conducted in 2026.
        - Outlook: Will not be completed in 2025.

1.4 Measures and Milestones Beyond Target / Risk of Roadblock

- **% of out-of-date practice policies that have been reviewed** *(Regulatory Competence)*
  - Status: 7% of out-of-date practice policies have been reviewed (4 out of 61).
  - Target: 26% (16 out of 61).
  - Outlook: Target will not be met this year; policies have been reviewed but are awaiting legal review and Board approval.
- **Completion of two virtual townhall sessions with registrants and system partners** *(Strategic Priorities – Goals #1 & #2)*
  - Status: One session was completed, the second is delayed.
  - Progress: Next townhall session is related to AIMS Program changes.
  - Outlook: Target will not be met this year; Second townhall scheduled for January 2026.
- **Voluntary Turnover Rate** *(Organizational Capacity)*
  - Status: Year-to-date voluntary turnover rate is 5.9%.
  - Target: 3.8%.
  - Outlook: The target is not expected to be met for the remainder of 2025, as it was aggressive and based on past performance. The target will be reset to align with a public sector benchmark in 2026.
- **Registrant Records System (RRS) Implementation** *(Organizational Capacity)*
  - Status: The new system has been built by the vendor but other workstreams are still ongoing, including data migration and staff training.
  - Target: Go-live was set for June 2025.
  - Outlook: The go-live date has been revised to June 2026. Only limited work and training can be completed during the registration renewal period in early 2026.

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 risks that may hinder success – ensuring timely mitigation or escalation to the Board when necessary.
- The **Critical Performance Risk** increased to 25% from 19% in Q2, reflecting a rise in medium and high-risk measures (4 out of 16). This suggests that approximately one-quarter of performance measures require monitoring or mitigation to sustain progress toward 2025 targets.

3. Monitoring

- Of the 18 **monitoring measures**, eight show no change in trend, and nine lack sufficient data for trend analysis – either because there are not enough data points (at least eight data points are needed to establish a trend) or because the activity has not yet occurred.

Domain	Monitoring Measures	Trending Positive	No Change in Trend	Trending Negative	Not Enough Data
Regulatory Competence	11	-	8	1	2
Organizational Capacity	7	-	-	-	7

3.1 No Change in Trend

- **The eight Regulatory Competence measures that showed no significant change in Q3 (YTD trends remain stable):**
  - Registrar decisions within 30 days – 100% (YTD: 100%)
  - Community pharmacists passing reassessment after coaching – 71% (YTD: 78%)
  - Average cycle time for highest-risk pharmacy assessments – 404 days (YTD: 434 days)
  - Average processing time for high/moderate-risk complaints – 235 days (YTD: 224)
  - Complaints resolved through informal processing – 29% (YTD: 31%)
  - Registrar's Reports resolved through informal processing – 44% (YTD: 37%)
  - Registrants passing post-ICRC remediation assessment – 95% (YTD: 96%)
  - Positive media sentiment – 55% (YTD: 52%)

3.2 Trending Negative

- **One Regulatory Competence monitoring measure showed a negative trend:**
  - Open investigation cases at month end – 748 (YTD)

3.3 Not Enough Data

- **Two Regulatory Competence monitoring measures lack sufficient data:**
  - % of pharmacists (community) passing practice assessment after Quality Assurance Committee (QAC) directed remediation – 0% YTD (insufficient cases)
  - % of pharmacists (hospital & community) passing knowledge assessment after QAC-directed remediation – 0% (no assessments completed in 2025)
- **Seven Organizational Capacity monitoring measures lack sufficient data:**
  - Six indicators related to financial health and operational efficiency show that the College in Q3 continues to be in a good financial position, with stability, prudent spending, improved liquidity compared to Q2, and capacity to manage obligations and unexpected costs:
    - *Working Capital Ratio* of 4.0 (YTD) meaning the College has four dollars in short-term assets (e.g., cash, short term investments, prepaid expenses) for every dollar of short-term obligations, reflecting strong liquidity.

- *Reserves* are 31% (YTD) above the required minimum reserve balance, providing capacity to manage obligations and unexpected costs.
- *Months of Spending Ratio* of 11 (YTD) reflects strong liquidity. The College could operate for 11 months without new revenue.
- *Year-to-date spending* 10% below budget due to timing of planned expenditures.
- *Staff cost ratio* represents 77% of total expenses YTD are devoted to personnel-related costs (salaries, benefits, and related expenses).
- *External-to-total costs ratio* of 4% (YTD), meaning only a small portion of the College's expenses are directed to external services, reflecting that most operations are managed in-house.

  - One measure relates to the percentage of staff completing professional development activities: 5% in Q3 (24% YTD).

Attachments:

- 7.1a – 2025 College Dashboard Report – Q3 Results
- 7.1b – 2025 College Dashboard Measures Definitions

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Attachment 7.1a

2025 Board Dashboard – Q3 Results

Content

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 Measures: Specific targets aligned to strategic and operational goals

Milestones: One-time deliverables

Monitoring Measures: Contextual insights without targets

Section 2 – Dashboard Summary (Performance Measures)

Regulatory Competence

	Quality					**YTD**	target	status
1	Mandatory training program for non-sterile compounding supervisors established and launched					90%	Dec-2025	🟡
	Conduct	YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	target	status
2	% High and moderate risk complaints disposed of within 150 days	31%	13%	67%	53%	48%	30%	🟢
3	% High and moderate risk Registrar's Inquiries are disposed of within 365 days	32%	67%	57%	83%	75%	50%	🟢
4	% HPARB complaint decisions confirmed	100%	80%	100%	100%	90%	90%	🟢
	Regulatory Policies					**YTD**	target	status
5	% of out-of-date practice policies that have been reviewed					7%	26%	🔴

Strategic Priorities

	2024-2028 Strategic Plan Execution					**YTD**	target	status
6	Completion of 3 2025 deliverables to reduce corporate pressures (Strategic Goal #1)					45%	Dec-2025	🟡
7	Completion of 2 virtual townhall sessions with registrants & system partners (SG's #1 & #2)					50%	Dec-2025	🔴
8	Launched website renewal to strengthen effective communications (Strategic Goal #2)					100%	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**	**Q3**	**YTD**	target	status
10	% of staff engagement (overall)	75%	-	-	-	75%	63%	🟢
11	% of staff engagement (inclusion)	90%	-	-	-	91%	78%	🟢
12	% Voluntary staff turnover rate	4.0%	3.5%	1.2%	1.2%	5.9%	3.8%	🔴
	Technology	YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	target	status
13	% of up-time of business-critical information systems	100%	100%	100%	100%	100%	99.9%	🟢
14	Microsoft Secure Score	75%	78%	81%	82%	81%	80%	🟢
	Information Infrastructure					**YTD**	target	status
15	Implement Registrant Records System (RSS)					80%	Jun-2026	🔴
	Compliance				YTD 2024	**YTD**	target	status
16	% of CPMF standards fully met				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 (Year-To-Date) combine January to September results.

Section 2 – Dashboard Summary (Monitoring Measures)

Regulatory Competence							
Registration		YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
17	% of Registrar decisions made within 30 days after receiving the complete application	100%	100%	100%	100%	100%	●
Quality - Registrants		YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
18	% of community pharmacists who pass practice reassessments following coaching	89%	71%	89%	71%	78%	●
19	% of community pharmacists who pass practice assessment following QAC-directed remediation	20%	-	0%	-	0%	-
20	% of all pharmacists who pass knowledge assessment following QAC-directed remediation	100%	-	-	-	-	-
Quality - Pharmacies		YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
21	Average days cycle time for high risk assessments	388	441	458	404	434	●
Conduct		YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
22	Open investigation cases at month end (YTD)	412	-	-	-	748	●
23	Average processing time for high and moderate risk Complaints (days)	228	236	203	235	224	●
24	% of Complaints resolved through informal processing	22%	37%	25%	29%	31%	●
25	% of Registrar's Reports resolved through informal processing	21%	28%	11%	44%	37%	●
26	% of registrants who pass the post-ICRC remediation assessment	90%	100%	94%	95%	96%	●
Public Trust		YTD 2024	**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
27	% Positive Media Sentiment	41%	100%	45%	55%	52%	●
Organizational Capacity							
Human Resources			**Q1**	**Q2**	**Q3**	**YTD**	trend analysis
28	% of staff completing professional development activities		16%	8%	5%	24%	-
Financial Health						**YTD**	trend analysis
29	Working capital ratio (YTD)					4.0	-
30	Months of spending ratio (YTD)					11	-
31	% Budget-to-actual variance (YTD)					-10%	-
32	% above/below required reserve balance (YTD)					31%	-
Efficiency						**YTD**	trend analysis
33	Staff cost ratio (YTD)					77%	-
34	External-to-total cost ratio (YTD)					4%	-

LEGEND

- ● Trending Positive
- ● No change in trend
- ● Trending negative
- \- Trend can not be determined (not enough data)

Note: YTD (Year-To-Date) combine January to September results.

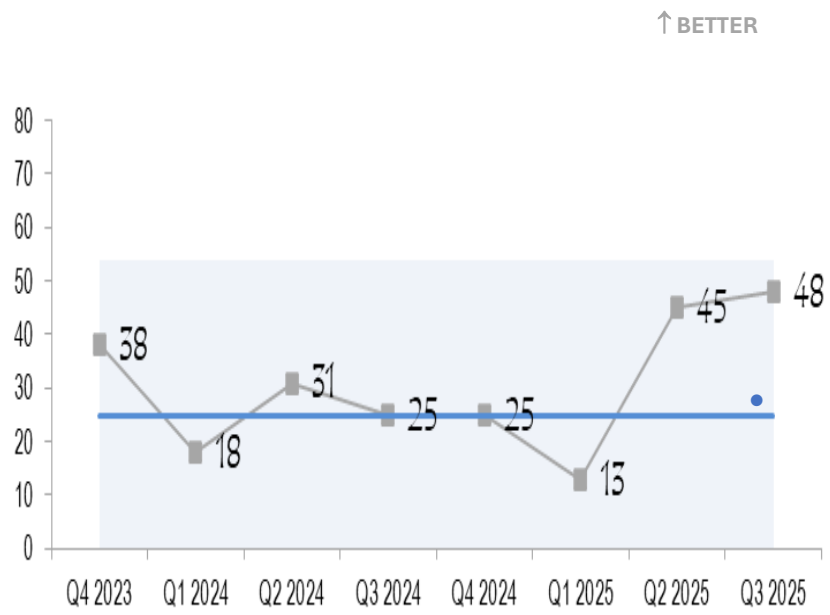
Section 3 – Q3 Performance Results

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:** • Risk Assessment Template Tool and user guide completed. • Training modules for non-sterile compounding supervisors is complete.	**Next Steps:** • Launch / implementation of training modules for non-sterile compounding supervisors planned for first quarter 2026.

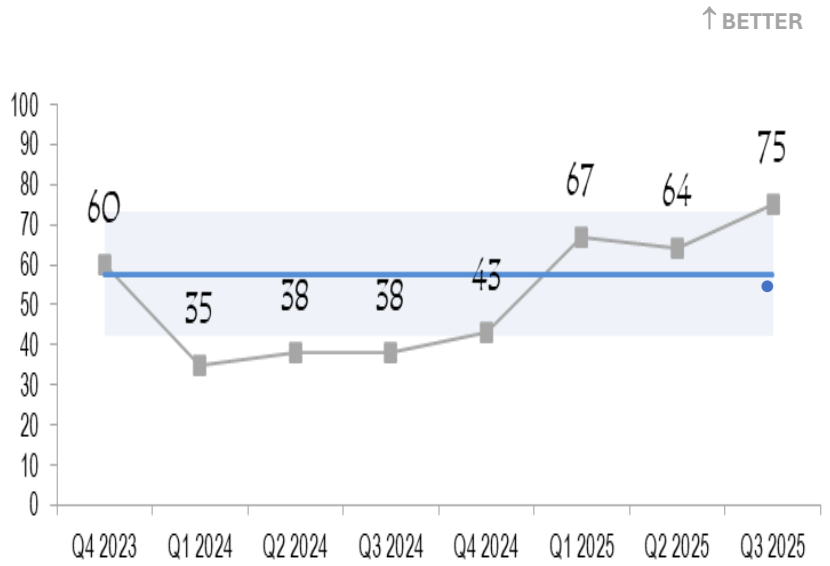
Section 3 – Q3 Performance Results

Regulatory Competence

Performance Measures			Q3	YTD	Target	Status	Comments
Conduct							
●	% High and moderate risk complaints disposed of within 150 days		53%	48%	30%	• Currently meeting target.	• Continue to prioritize medium and high-risk case files. • Various initiatives to process low-fisk case files. • Resolutions through Informal Processing continues to help to minimize large resource allocation to low risk files.

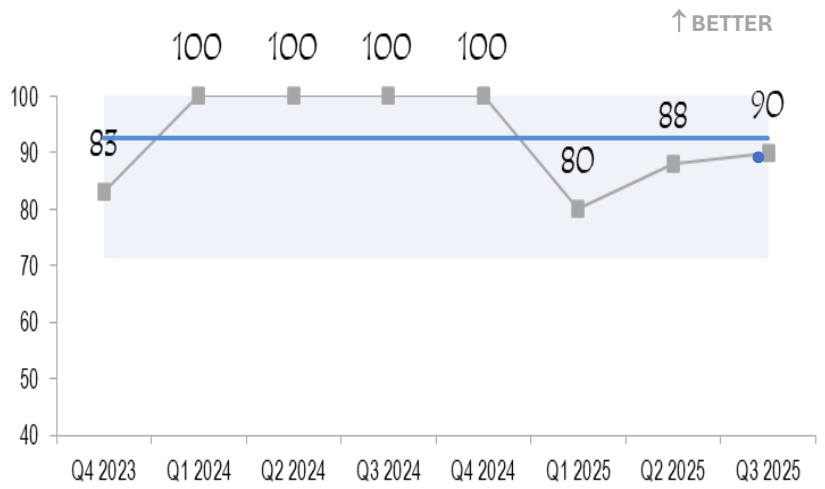
Section 3 – Q3 Performance Results

Regulatory Competence

Performance Measures			Q3	YTD	Target	Status	Comments
Conduct							
●	% High and moderate risk Registrar's Inquiries are disposed of within 365 days		83%	75%	54%	• Currently meeting target.	• Continue to prioritize medium and high-risk case files. • Resolutions through Informal Processing continues to help to minimize large resource allocation for all case files.

Section 3 – Q3 Performance Results

Conduct & Regulatory Competence

Performance Measures			Q3	YTD	Target	Status	Comments
Conduct							
●	% HPARB complaint decisions confirmed		100%	90%	90%	• Currently meeting target.	• There were 2 complaint decisions confirmed in Q3.
Regulatory Policies						**Cause**	**Comments**
●	% 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 / 3 / 4 / Results: 5% / 5% / 7% /	-	7%	26%	• Remaining policies are ready for Board review but awaiting legal opinion and Board education session before further action is taken.	• Virtual Care policy refresh completed with Board approval in September.

Section 3 – Q3 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 continues; preliminary data collection and iterative revisions underway.
		  ○ Initial communications to registrants started.
		• **Deliverable 2: Practice Assessment Changes**
		  ○ Criteria identified; internal data analysis started.
		• **Deliverable 3: Pharmacy Professional Experience Survey**
		  ○ Completed; results presented to Board and will be posted.
		• **Deliverable 4: Policy Changes**
		  ○ 2024 policy review recommended exploring StaffWISE tool.
		  ○ Proposal received June; feasibility study deferred to 2026.
			Next Steps:
			• **Deliverable 1:**
			  ○ Validate revised assessment criteria in 2026.
			• **Deliverable 2:**
			  ○ Continue data analysis; finalize risk-based selection criteria in 2026.
			• **Deliverable 3:**
			  ○ Completed; results shared at December Board meeting.
			• **Deliverable 4:**
			  ○ Feasibility study in 2026; policy changes anticipated in 2027.

*2025 Operational Plan Priority

Section 3 – Q3 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 • Townhall #2: AIMS Program Changes: Postponed to after the consultation period closes (November 23, 2025) to review registrants' feedback that will enable the design of a meaningful townhall focused on registrant readiness, barrier identification and change management.	**Next Steps:** • Review AIMS program consultation feedback, design an outcomes-focused engagement and determine a new feasible date in January for Townhall #2.
●	Launched website renewal to strengthen effective communications (Strategic Goal #1)*	**Key Points:** • Website launched on September 30th	**Next Steps:** • Minor updates continue (link redirects for example) • Google Analytics data is being used to inform ongoing improvements to website search and navigation functions.

*2025 Operational Plan Priority

Section 3 – Q3 Performance Results

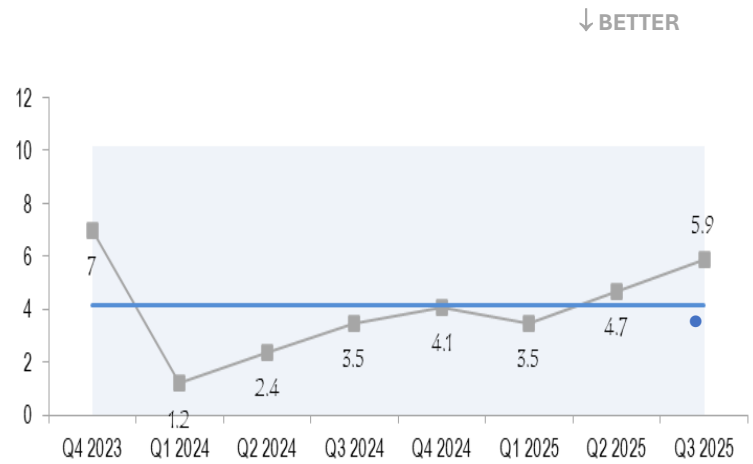
Strategic Priorities

<table>
<tr><th colspan="3">Performance Measures</th><th>Q3</th><th>YTD</th><th>Target</th><th>Status</th><th>Comment</th></tr>
<tr><td colspan="8">2024 – 2028 Strategic Plan Execution</td></tr>
<tr>
<td>●</td>
<td>% of trained staff reporting confidence in applying EDI principles*</td>
<td>
<table>
<tr><td>Results are YTD</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>9</td><td></td></tr>
<tr><td>Results</td><td>0</td><td>90%</td><td>90%</td><td></td></tr>
</table>
</td>
<td>-</td>
<td>90%</td>
<td>80%</td>
<td>• Currently meeting target.
• No training was completed with staff in Q3 as Stewards focused on practicing delivering the training amongst the Community of Practice group.</td>
<td>• Training will be completed in Q4 for the final report of numbers. Management team training is underway. 3 sessions are booked with staff for Q4.</td>
</tr>
</table>

*2025 Operational Plan Priority

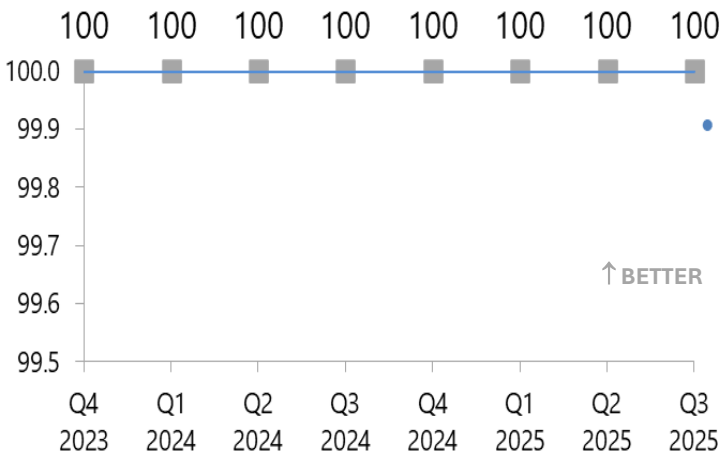
Section 3 – Q3 Performance Results

Organizational Capacity

Performance Measures			Q3	YTD	Target	Cause	Response
Human Resources							
●	Voluntary turnover rate		1.2%	5.9%	3.8%	• Target may have been set too low when benchmarking across our industry.	• YTD turnover will remain above target for the remainder of the year. • Our sector 2025 Korn Ferry Compensation & Benefits Report for Canada benchmarks turnover @ 8% • A new target will be set for 2026 aligned to our industry.

Section 3 – Q3 Performance Results

Organizational Capacity

Performance Measures			Q3	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	<table><tr><th></th><th>2024 Q4</th><th>Q1</th><th>Q2</th><th>Q3</th></tr><tr><td>Result</td><td>75.4%</td><td>78.5%</td><td>80%</td><td>82%</td></tr></table>	82%	81%	80%	• Currently meeting target.	• We anticipate performance to remain at this level.

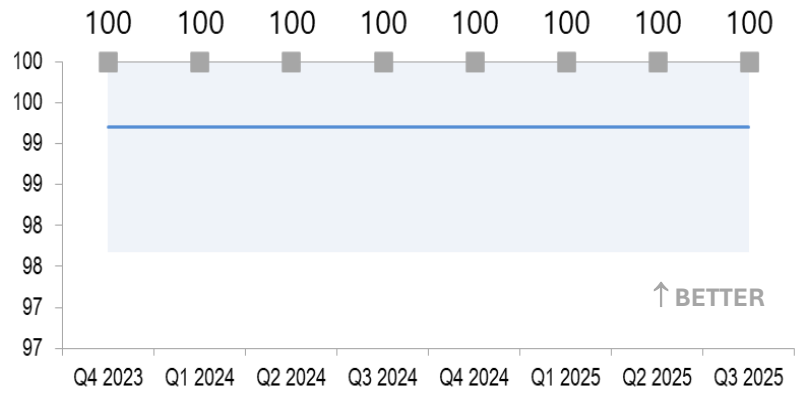
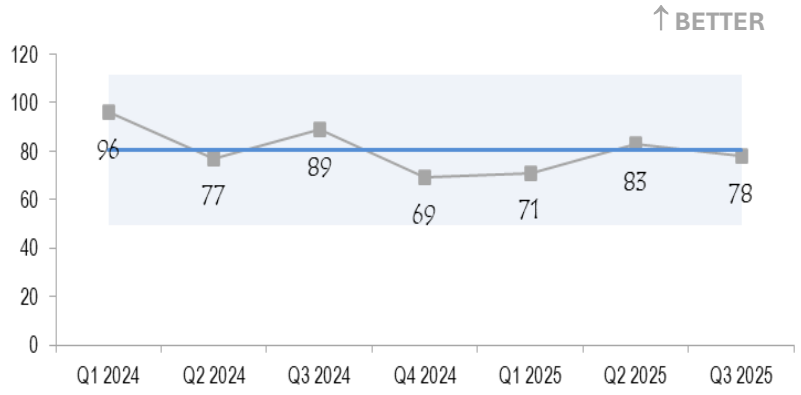
Section 3 – Q3 Performance Results

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 (see Registrar's Report for details)** • RRS will not go-live in 2025. The new go-live date is June 2026. • Targeting the new go-live date: ○ Work is progressing on key internal workstreams including data migration, which goes slower than planned, system readiness, report development, and end-user training planning in preparation for the revised go-live date of June 2026.	**Next Steps:** • Maintain progress on internal streams to meet the June 2026 Go-Live.

Section 4 – Q3 Monitoring Results

Regulatory Competence

Monitoring Measures			Q3	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. • The average duration to complete an application in Q3 was 2 days.
●	% of community pharmacists who successfully passed their practice reassessments following coaching		71%	78%	• Out of 35 pharmacists assessed in Q3, 25 passed. • Of the 10 that failed, the main issues involved documentation and communication. • Registrants that fail practice re-assessments are required to complete a Quality Assurance Assessment and a Knowledge Assessment (if needed) to determine if Quality Assurance Committee ordered remediation is required.

Section 4 – Q3 Monitoring Results

Regulatory Competence

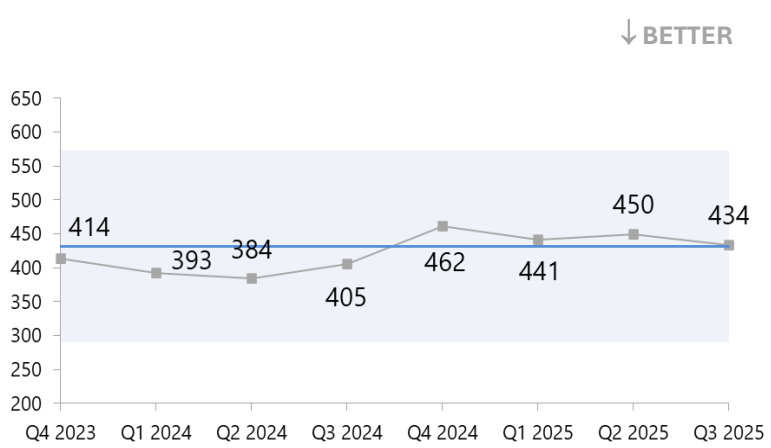
<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q3</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="5">Quality</td></tr>
<tr><td>-</td><td>% of community pharmacists who passing practice assessment following QAC-directed remediation</td><td>
<table>
<tr><th></th><th>2022</th><th>2023</th><th>2024</th><th>2025</th></tr>
<tr><td># of Pharmacists</td><td>6</td><td>10</td><td>5</td><td>2</td></tr>
<tr><td># Passed Assessment</td><td>6</td><td>6</td><td>1</td><td>0</td></tr>
<tr><td>Result</td><td>100%</td><td>60%</td><td>20%</td><td>0%</td></tr>
</table>
</td><td>-</td><td>0%</td><td>• There were 2 completed YTD. Both did not pass and will begin the QA assessment process again starting with coaching.
• These assessments are ordered by the QAC (Quality Assurance Committee) and only occur based on demand.</td></tr>
<tr><td>-</td><td>% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation</td><td>
<table>
<tr><th></th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></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>
</td><td>-</td><td>-</td><td>• No data available for to date because there were no assessments completed.
• These assessments are ordered by the QAC (Quality Assurance Committee) and only occur based on demand.</td></tr>
</table>

LEGEND

- Trend can not be determined (not enough data)

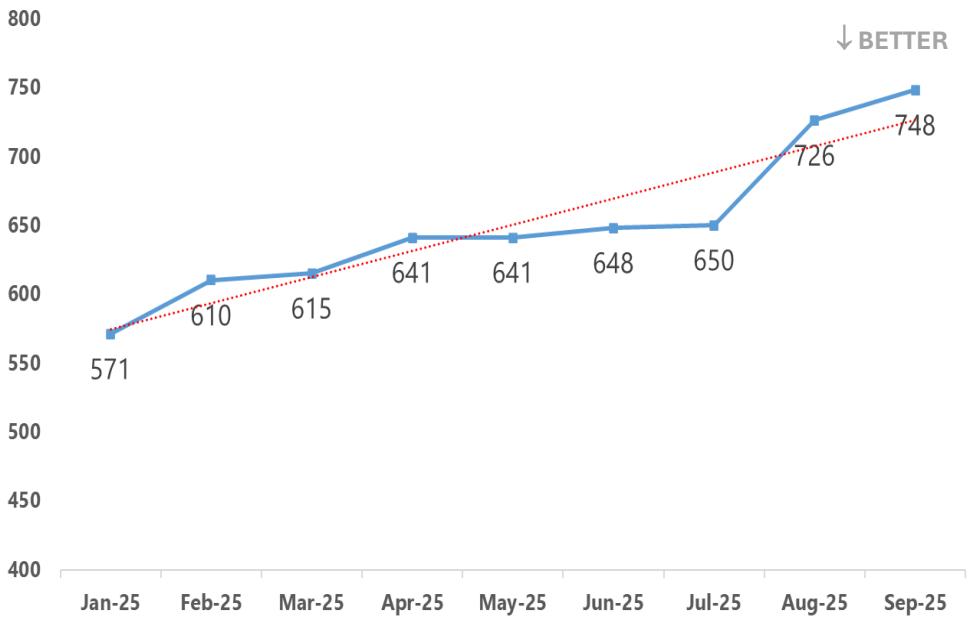
Section 4 – Q3 Monitoring Results

Regulatory Competence

Monitoring Measures			Q3	YTD	Comments
Quality					
●	Average cycle time between assessments for community pharmacies in highest risk category, measured in average days		404	434	• Intent remains to assess at ~12-month intervals; exact timing varies due to logistical considerations, including regional travel and resource optimization. • In some cases, timing was influenced by scheduling conflicts, including the need to align with availability of key pharmacy staff. • Several pharmacies were assessed as lower risk, permitting slightly extended intervals.

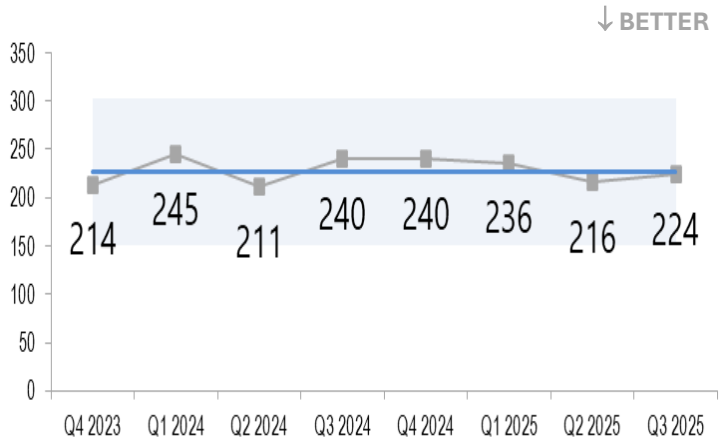
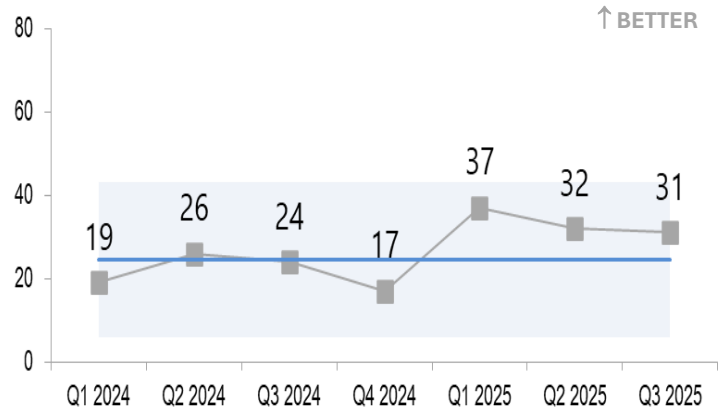
Section 4 – Q3 Monitoring Results

Regulatory Competence

Monitoring Measures			Q3	YTD	Comments
Conduct					
●	Open investigation cases at month end		-	748	• In Q3, we saw more than double the number of new complaints compared to the previous quarter. • There is a large volume of case files siting at the "disposition" stage and waiting for the panel's Decision to be written.

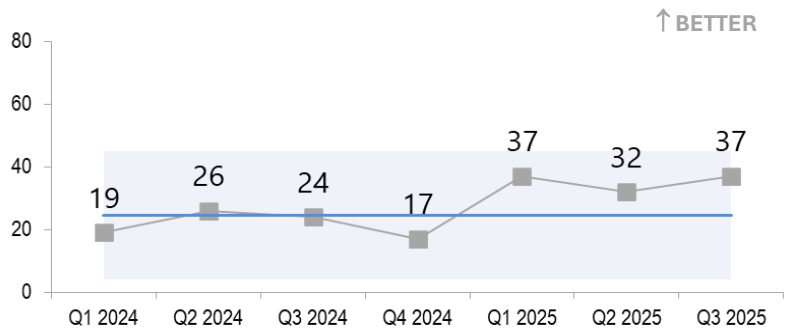
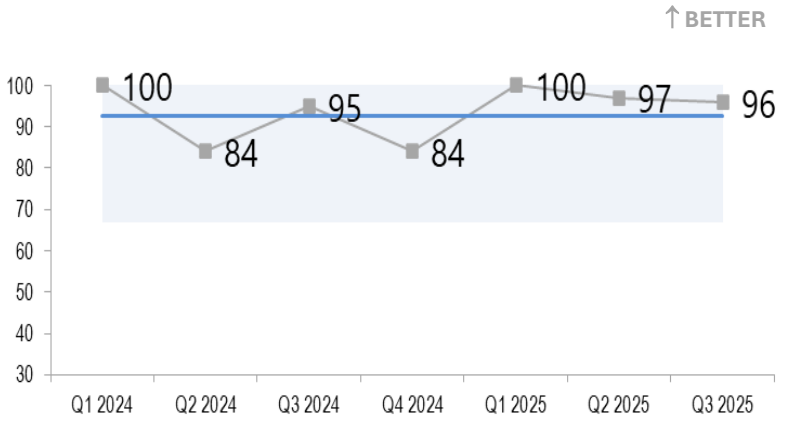
Section 4 – Q3 Monitoring Results

Regulatory Competence

Monitoring Measures			Q3	YTD	Comments
Conduct					
●	Average processing times for high and moderate risk Complaints		235	224	• No meaningful change from the previous quarter. • There were 165 cases disposed in this quarter, the longest was 952 days, the shortest was 92.
●	% of Complaints resolved through informal processing		29% 65/440	31%	• No meaningful change from the previous quarter • We processed 41 low-risk complaints. Low risk complaints account for 48% of the total of new complaints received in Q3.

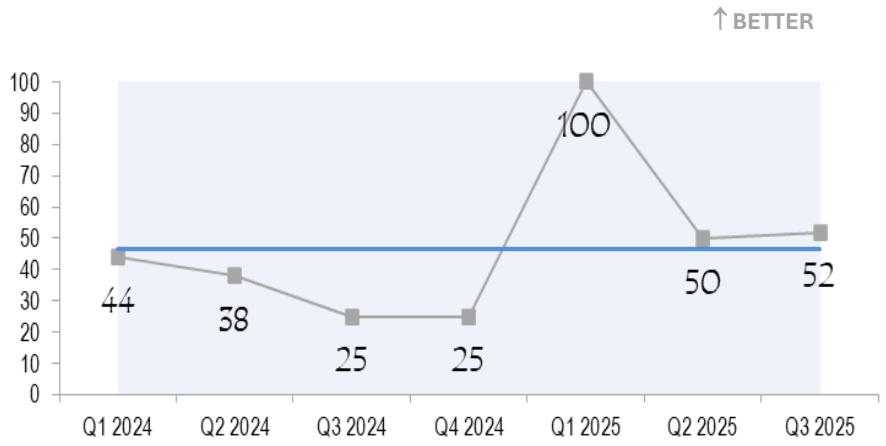
Section 4 – Q3 Monitoring Results

Regulatory Competence

Monitoring Measures			Q3	YTD	Comments
Conduct					
●	% of Registrar's Reports resolved through informal processing		44%	37%	• No meaningful change from the previous quarter. • We processed 30 case files related to time delayed safes. These cases were avoided from becoming a formal investigation.
●	% of registrants who successfully passed the post-ICRC remediation assessment		95%	96%	• No meaningful change from previous quarter. • One out of 21 registrants did not pass their post remediation assessment in Q3.

Section 4 – Q3 Monitoring Results

Regulatory Competence

Performance Measures			Q3	YTD	Comments
Public Trust					
●	% Positive Media Sentiment		55%	52%	• Positive Media Sentiment is calculated by dividing the number of stories with positive sentiment into the total number of relevant stories published. • Relevant stories are defined as articles or broadcast segments that are about, involve or reference OCP including the decisions or activities of the Board or committees. • While Q3 positive media sentiment is only 55%, there were no negative stories. The remainder of published were considered neutral.

Section 4 – Q3 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="2">Monitoring Measures</th><th>Q3</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="5">Human Resources</td></tr>
<tr><td>-</td><td>% of staff completing professional development activities</td><td><table><tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td># Completed</td><td>25</td><td>13</td><td>8</td><td></td></tr><tr><td>Result</td><td>16%</td><td>8%</td><td>5%</td><td></td></tr></table></td><td>5%</td><td>24%</td><td>• 8 staff completed one or more professional development activities in Q3. There were a total of 46 staff YTD.
• This includes LinkedIn Learning training of completed courses along with Professional Development requests</td></tr>
<tr><td colspan="5">Financial Health</td></tr>
<tr><td>-</td><td>Working Capital Ratio</td><td><table><tr><th>YTD</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Current Liabilities</td><td>$6.7M</td><td>$8.0M</td><td>$8.0M</td><td></td></tr><tr><td>Result</td><td>4.9</td><td>4.0</td><td>4.0</td><td></td></tr></table></td><td>-</td><td>4.0</td><td>• 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.</td></tr>
</table>

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Q3 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q3</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="6">Financial Health</td></tr>
<tr><td>-</td><td>Months of Spending Ratio</td><td><table><tr><th>YTD</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Results</td><td>10</td><td>10</td><td>11</td><td></td></tr></table></td><td>-</td><td>11</td><td>• Months of Spending Ratio of 11 reflects very strong liquidity, demonstrating that the College could continue to operate for 11 months without any new revenue, relying solely on its available unrestricted reserves.</td></tr>
<tr><td>-</td><td>Budget-to-actual variance</td><td><table><tr><th>YTD</th><th>2023</th><th>2024</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Results</td><td>-2%</td><td>-6%</td><td>-6%</td><td>-8%</td><td>-10%</td><td></td></tr></table></td><td>-</td><td>(10%)</td><td>• Budget-to-actual negative variance ratio demonstrates that actual YTD spending was 10% below budget. Much of the variance is related to YTD savings and timing of planned expenditures.</td></tr>
</table>

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Q3 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q3</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="6">Financial Health</td></tr>
<tr><td>-</td><td>% above/ below required reserve balance</td><td>
<table>
<tr><th rowspan="2">YTD</th><th rowspan="2">2023</th><th rowspan="2">2024</th><th colspan="4">2025</th></tr>
<tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Results</td><td>52%</td><td>48%</td><td>31%</td><td>31%</td><td>31%</td><td></td></tr>
</table>
</td><td>-</td><td>31%</td><td>

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, it remains unchanged from the previous projection made for Q2. It is projected to increase to $11.5 million and will be adjusted at the end of 2025.
The College’s reserve balance is 31% above the required minimum, reflecting strong financial resilience and providing a comfortable cushion against unforeseen risks.

</td></tr>
</table>

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Q3 Monitoring Results

Organizational Capacity

<table>
<tr><th colspan="3">Monitoring Measures</th><th>Q3</th><th>YTD</th><th>Comments</th></tr>
<tr><td colspan="6">Efficiency</td></tr>
<tr><td>-</td><td>Staff Cost Ratio</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Staff Cost</td><td>$5.5M</td><td>$11.5M</td><td>$16.9M</td><td></td></tr>
<tr><td>Results</td><td>74%</td><td>75%</td><td>77%</td><td></td></tr>
</table>
</td><td>-</td><td>%</td><td>• A Staff-to-Cost Ratio of 77% 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.</td></tr>
<tr><td>-</td><td>External-to-total cost Ratio</td><td>
<table>
<tr><th></th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>External Costs</td><td>$302,165</td><td>$658,319</td><td>$826,861</td><td></td></tr>
<tr><td>Results</td><td>4%</td><td>4%</td><td>4%</td><td></td></tr>
</table>
</td><td>-</td><td>4%</td><td>• 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.</td></tr>
</table>

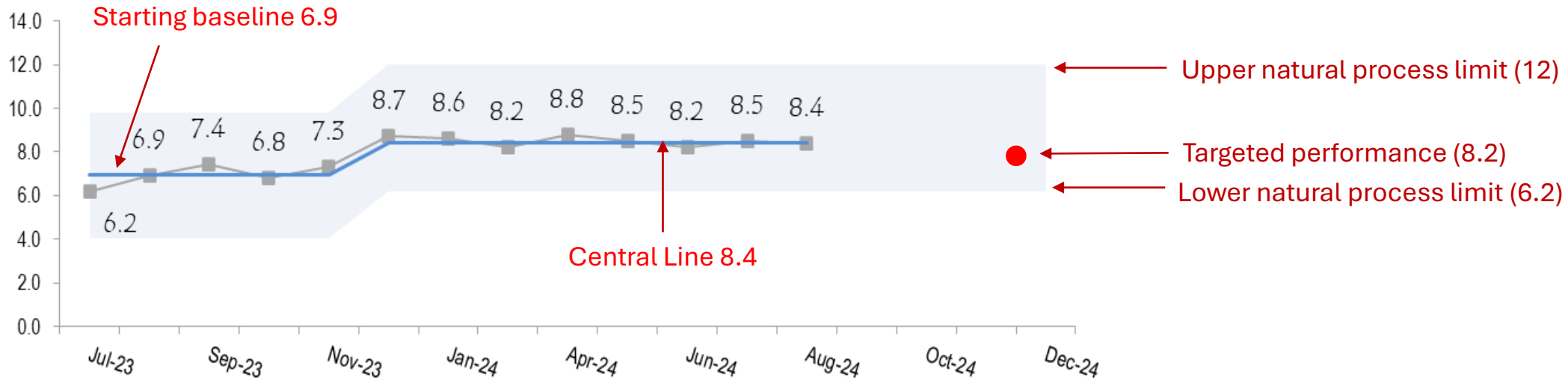
LEGEND

- Trend can not be determined (not enough data)

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**

Ontario College of Pharmacists
Putting patients first since 1871

Attachment 7.1b

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 September 30, 2025

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget		% Actual to Budget	Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
REVENUE											
Registrant fees											
Pharmacists	16,497,100	16,154,914	(342,187)	(1)	(2.12) %	15,528,089	104.04 %	16,559,695	16,200,000	(359,695)	97.83 %
Pharmacy Technician	3,755,520	3,749,710	(5,810)		(0.15) %	3,523,313	106.43 %	3,781,245	3,750,000	(31,245)	99.17 %
Community Pharmacy fees	7,305,232	7,457,007	151,775	(2)	2.04 %	7,151,131	104.28 %	7,408,302	7,460,000	51,698	100.70 %
Health Profession Corporation	228,936	239,351	10,415	(3)	4.35 %	214,329	111.67 %	241,863	241,863	0	100.00 %
DPP Inspection Fees	16,620	25,854	9,234		35.71 %	14,541	177.80 %	22,160	22,160	0	100.00 %
Hospital Pharmacy Fees	1,237,449	1,248,786	11,337	(4)	0.91 %	1,202,063	103.89 %	1,239,266	1,239,266	0	100.00 %
Registration Fees					0.00						
Pharmacists:					0.00						
Pre-registration Fees	47,441	61,502	14,061	(5)	22.86 %	65,889	93.34 %	63,255	62,055	(1,200)	98.10 %
Pharmacists Application Fees	66,243	55,328	(10,916)	(6)	(19.73) %	18,241	303.32 %	88,325	78,000	(10,325)	88.31 %
Studentship & Internship Application Fees	61,244	58,682	(2,562)		(4.37) %	86,502	67.84 %	81,659	79,059	(2,600)	96.82 %
Examination Fees	124,238	168,033	43,794	(7)	26.06 %	117,209	143.36 %	161,191	161,191	0	100.00 %
	299,167	343,544	44,377		12.92 %	287,841	119.35 %	394,429	380,305	(14,125)	96.42 %
Pharmacy Technicians:											
Pre-registration Fees	189,489	188,388	(1,101)		(0.58) %	212,018	88.86 %	252,653	252,653	0	100.00 %
PT Application Fees	89,991	82,551	(7,440)		(9.01) %	30,834	267.73 %	119,988	112,500	(7,488)	93.76 %
Examination Fees	96,516	110,251	13,735	(8)	12.46 %	84,153	131.01 %	120,000	120,000	0	100.00 %
	375,997	381,190	5,193		1.36 %	327,004	116.57 %	492,641	485,153	(7,488)	98.48 %
Registration Fee to Lift Suspension	5,000	7,777	2,778		35.71 %	8,092	96.11 %	6,666	6,666	0	100.00 %
PACE Reassessment Fee - Pharmacists	2,673	2,438	(235)		(9.62) %	2,327	104.80 %	3,564	3,300	(264)	92.60 %
Total Registration Fees and Income	682,836	734,949	52,113		7.09 %	625,263	117.54 %	897,299	875,423	(21,876)	97.56 %
Investment and Other Revenue											
Discipline Costs Recoveries	262,500	174,000	(88,500)	(9)	(50.86) %	354,500	49.08 %	350,000	350,000	0	100.00 %
Investment Income	426,623	701,355	274,732	(10)	39.17 %	1,222,473	57.37 %	568,831	568,831	0	100.00 %
	689,123	875,355	186,232		21.28 %	1,576,973	55.51 %	918,831	918,831	0	100.00 %
TOTAL REVENUE	30,412,816	30,485,926	73,109		0.24 %	29,835,703	102.18 %	31,068,661	30,707,543	(361,118)	98.84 %

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2025

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget		% Actual to Budget	Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
EXPENDITURES:											
Board & Committee Expenses											
Board	317,689	198,911	(118,778)	(11)	(59.71) %	191,672	103.78 %	423,585	423,585	0	100.00 %
Committees:					0.00						
Accreditation	5,329	5,728	399		6.96 %	2,963	193.28 %	7,105	7,105	0	100.00 %
Discipline	354,769	261,947	(92,822)	(12)	(35.44) %	301,210	86.96 %	473,026	380,000	(93,026)	80.33 %
Drug Preparation Premises	2,284	1,088	(1,196)		(110.00) %	1,216	89.45 %	3,045	2,000	(1,045)	65.68 %
Executive	63,270	75,375	12,105	(13)	16.06 %	11,778	639.97 %	84,360	114,360	30,000	135.56 %
Finance & Audit	9,244	2,900	(6,344)		(218.75) %	3,530	82.15 %	12,325	12,325	0	100.00 %
Fitness to Practise	12,212	0	(12,212)	(14)	0.00 %	4,518	0.00 %	16,283	5,000	(11,283)	30.71 %
Governance and Screening Committees	22,838	39,253	16,415	(15)	41.82 %	12,481	314.49 %	30,450	50,000	19,550	164.20 %
Inquiries, Complaints & Reports	79,168	69,045	(10,123)	(16)	(14.66) %	58,350	118.33 %	105,558	95,500	(10,058)	90.47 %
Patient Relations	20,674	10,375	(10,299)	(17)	(99.27) %	12,490	83.07 %	27,565	18,000	(9,565)	65.30 %
Quality Assurance	14,100	3,045	(11,055)	(18)	(363.05) %	3,949	77.12 %	18,800	8,000	(10,800)	42.55 %
Registration	18,814	10,368	(8,446)		(81.46) %	7,157	144.87 %	25,085	17,000	(8,085)	67.77 %
Total Committee	602,701	479,123	(123,577)		(25.79) %	419,642	114.17 %	803,601	709,290	(94,311)	88.26 %
					0.00						
Total Board and Committee	920,389	678,034	(242,355)		(35.74) %	611,313	110.91 %	1,227,186	1,132,875	(94,311)	92.31 %
Personnel											
Salaries	14,580,351	13,504,749	(1,075,602)	(19)	(7.96) %	13,596,017	99.33 %	20,232,094	18,930,151	(1,301,943)	93.56 %
Benefits	3,016,605	2,912,083	(104,522)	(20)	(3.59) %	2,741,908	106.21 %	4,120,288	4,015,766	(104,522)	97.46 %
Personnel - Other	478,724	261,952	(216,772)	(21)	(82.75) %	379,186	69.08 %	638,299	421,527	(216,772)	66.04 %
					0.00						
Total Personnel	18,075,680	16,678,784	(1,396,896)		(8.38) %	16,717,110	99.77 %	24,990,681	23,367,444	(1,623,237)	93.50 %

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2025

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget		% Actual to Budget	Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
Regulatory Programs											
Association Fees - NAPRA	115,272	115,272	0		0.00 %	109,784	105.00 %	153,696	153,696	0	100.00 %
Communication Initiatives	52,500	50,049	(2,451)		(4.90) %	121,717	41.12 %	70,000	67,550	(2,450)	96.50 %
Consulting - Regulatory	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Donations, Contributions and Grants	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
DPP Inspection	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Election	4,875	3,433	(1,442)		(42.00) %	7,627	45.01 %	6,500	5,000	(1,500)	76.92 %
Examinations, Certificates and Registrations	237,650	194,161	(43,489)	(22)	(22.40) %	174,377	111.35 %	316,866	273,000	(43,866)	86.16 %
Government Relations	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
HIP / Investigation / Intake	61,500	9,242	(52,258)	(23)	(565.43) %	22,201	41.63 %	82,000	30,000	(52,000)	36.59 %
Legal Conduct - External	1,001,250	754,669	(246,581)	(24)	(32.67) %	990,231	76.21 %	1,335,000	1,090,000	(245,000)	81.65 %
Legal - Regulatory	0	415	415		100.00 %	19,309	2.15 %	0	500	500	0.00 %
Practice Assessment of Competence at Entry	75,840	101,959	26,119	(25)	25.62 %	67,149	151.84 %	101,120	128,000	26,880	126.58 %
Practice Initiatives	97,358	15,191	(82,166)	(26)	(540.87) %	29,755	51.06 %	129,810	48,000	(81,810)	36.98 %
Medication Safety Programs	1,084,999	1,098,281	13,282	(27)	1.21 %	1,000,026	109.83 %	1,446,665	1,459,947	13,282	100.92 %
Professional Development / Remediation	2,550	0	(2,550)		0.00 %	0	0.00 %	3,400	850	(2,550)	25.00 %
Professional Health Program	80,676	60,116	(20,560)	(28)	(34.20) %	59,874	100.40 %	107,568	88,000	(19,568)	81.81 %
Quality Assurance	136,571	122,855	(13,716)	(29)	(11.16) %	132,120	92.99 %	182,094	167,000	(15,094)	91.71 %
					0.00						
Total Regulatory Programs	2,951,039	2,525,643	(425,396)		(16.84) %	2,734,170	92.37 %	3,934,719	3,511,543	(423,176)	89.25 %

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending September 30, 2025

	Jan to Sep Budget	Jan to Sep Actual	Over (Under) Budget		% Actual to Budget	Jan to Sep Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
Operations											
Association Fees - General	15,000	5,882	(9,118)		(155.02) %	14,886	39.51 %	20,000	10,900	(9,100)	54.50 %
Audit	22,601	0	(22,601)	(30)	0.00 %	16,390	0.00 %	30,135	30,135	0	100.00 %
Bank / Credit Card Charges	651,135	626,987	(24,148)	(31)	(3.85) %	615,477	101.87 %	669,300	650,000	(19,300)	97.12 %
Consulting - Operations	126,000	49,823	(76,177)	(32)	(152.90) %	431,179	11.56 %	168,000	429,823	261,823	255.85 %
Courier / Delivery	5,719	1,933	(3,786)		(195.81) %	2,377	81.33 %	7,625	3,839	(3,786)	50.35 %
Donations & Contributions - Other	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
Information Systems Leasing and Maintenance	726,305	513,832	(212,472)	(33)	(41.35) %	494,903	103.82 %	968,406	760,000	(208,406)	78.48 %
Insurance - E & O	44,250	36,882	(7,368)		(19.98) %	5,866	628.72 %	59,000	51,632	(7,368)	87.51 %
Legal - Operations	7,500	33,337	25,837	(34)	77.50 %	938	3,555.95 %	10,000	36,000	26,000	360.00 %
Niagara Apothecary											
Expenses	42,143	52,430	10,287	(35)	19.62 %	50,825	103.16 %	56,190	67,000	10,810	119.24 %
Sales, Grants and Donations	(20,250)	(20,741)	(491)		2.37 %	(22,166)	93.57 %	(27,000)	(27,500)	(500)	101.85 %
Office Services - Equipment Leasing & Maintenance	11,250	7,900	(3,350)		(42.41) %	9,997	79.02 %	15,000	11,650	(3,350)	77.66 %
Postage	3,075	1,241	(1,834)		(147.75) %	1,140	108.85 %	4,100	2,266	(1,834)	55.27 %
Property									0		
Expenses	204,047	174,675	(29,372)	(36)	(16.82) %	190,114	91.88 %	272,063	242,691	(29,372)	89.20 %
Rental Income	0	(680)	(680)		100.00 %	0	0.00 %	0	(680)	(680)	0.00 %
Publications (Annual Report & Pharmacy Connection)	8,250	5,507	(2,743)		(49.80) %	6,204	88.78 %	11,000	8,257	(2,743)	75.07 %
Subscriptions	51,715	53,036	1,321		2.49 %	44,328	119.64 %	68,953	70,274	1,321	101.92 %
Supplies and stationery	16,565	18,861	2,297		12.18 %	10,545	178.87 %	22,086	24,383	2,297	110.40 %
Telecommunications	204,526	152,798	(51,728)	(37)	(33.85) %	151,061	101.15 %	272,701	220,973	(51,728)	81.03 %
Travel	273,159	235,652	(37,506)	(38)	(15.92) %	246,633	95.55 %	364,212	326,705	(37,506)	89.70 %
					0.00				0		
Total Operations	2,392,989	1,949,357	(443,632)		(22.76) %	2,270,696	85.85 %	2,991,771	2,886,139	(73,422)	96.47 %
									0		
TOTAL CASH EXPENDITURES	24,340,098	21,831,818	(2,508,280)		(11.49) %	22,333,289	97.75 %	33,144,358	28,833,354	(2,214,147)	86.99 %
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	6,072,719	8,654,107	2,581,389		29.83 %	7,502,414	115.35 %	(2,075,697)	1,874,190	1,853,029	(90.29) %
Deduct: Capital Expenditures	(826,425)	(637,005)	189,420	(39)	(29.74) %	(374,756)	169.98 %	(1,101,900)	(1,101,900)	0	100.00 %
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES	5,246,293	8,017,103	2,770,809		34.56 %	7,127,658	112.48 %	(3,177,597)	772,290	1,853,029	(24.30) %
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION		8,654,107				7,502,414	115.35 %		1,874,190		

Deduct: Amortization	0	0	0.00 %	
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*	8,654,107	7,502,414	115.35 %	1,874,190
Add: Proceeds of Disposition of Capital Expenditures	0	0		0
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	8,654,107	7,502,414		1,874,190

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

	Jan to Sept Budget	Jan to Sept Actual		Over/ (Under) Budget	Note	Comments
	$	$		$		
REVENUE						
Registrant fees						
Pharmacists	16,497,100	16,154,914	(342,187)	(2)	1	Unfavourable variance is mainly due to lower than expected Emergency Assignments pharmacists registering as full pharmacists
Discipline Costs Recoveries	262,500	174,000	(88,500)	(51)	2	Higher costs are primarily due to the outcome of an appeal, pursuant to section 25 of the Statuory Powers Procedure Act (SPPA).
Investment Income	426,623	701,355	274,732	39	3	More investment income earned on higher cash balances as a result of renewals and savings in and timing of operatins expenditures
EXPENDITURES:						
Board & Committee Expenses						
Board	317,689	198,911	(118,778)	(60)	4	Favourable variance is mainly due to attendance and timing as more in person Board training and meetings planned for later in the year.
Committees:				0		
Discipline	354,769	261,947	(92,822)	(35)	5	Favourable variance is mainly due to attendance and timing of the meetings planned for the year.
Governance and Screening Committees	22,838	39,253	16,415	42	6	Unfavourable variance is mainly due to timing of an expense.
Personnel						
Salaries	14,580,351	13,504,749	(1,075,602)	(8)		Favourable variance is mainly due to savings in salaries required YTD.
Benefits	3,016,605	2,912,083	(104,522)	(4)		
Personnel - Other	478,724	261,952	(216,772)	(83)		Fewer employees attended professional development conferences. Most employee relations events are scheduled for the end of the year.
Total Personnel	18,075,680	16,678,784	(1,396,896)	(8)	7	Favourable variance is mainly due to savings in salaries required YTD.
Regulatory Programs						
Examinations, Certificates and Registrations	237,650	194,161	(43,489)	(22)	8	Favourable variance is mainly due to lower activity than planned in a year.
HIP / Investigation / Intake	61,500	9,242	(52,258)	(565)	9	Favourable variance is mainly due to lower activity than planned in a year.
Legal Conduct - External	1,001,250	754,669	(246,581)	(33)	10	Favourable variance is mainly due to lower than expected legal expense YTD.
Practice Initiatives	97,358	15,191	(82,166)	(541)	11	Favourable variance is mainly due to lower activity than planned in a year.
Operations						
Consulting - Operations	126,000	49,823	(76,177)	(153)	12	Favourable variance is mainly due to a delay in execution of projects and support for RRS following implementation, which is planned in Q4.
Information Systems Leasing and Maintenance	726,305	513,832	(212,472)	(41)	13	Favorable variance is due to the non-renewal of the legacy system's annual subscription, resulting in cost savings.
Legal - Operations	7,500	33,337	25,837	78	14	Favourable variance is mainly due to slower legal spending.
Property						
Expenses	204,047	174,675	(29,372)	(17)	15	Favourable variance is mainly due to savings.
Telecommunications	204,526	152,798	(51,728)	(34)	16	Fewer internet expense submissions for reimbursement.
Travel	273,159	235,652	(37,506)	(16)	17	Favourable variance is mainly due to timing of an expense.

Investments as of September 30, 2025

	Date Invested	Original Investment	Maturity Date	Balance as of 12/31/2024	Q1 New Investment	Q1 Full/Partial Redemption to Cash	Q1-Q3 Matured GIC to Cash	Q1-Q2 Gain / (Loss) in Market value	Q3 Gain / (Loss) in Market value	Balance as of 9/30/2025	Purpose
Business Premium Savings Account (BPSA)				1,591,613						541,468	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		(6,000,000)			1,000,000	
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				60,719	61,045	3,329,390	Short and long-term investments for Reserve Funds
Total				**20,199,240**	**23,000,000**	**0**	**(14,400,000)**	**60,719**	**61,045**	**27,870,858**	

Reserve Funds as of September 30, 2025

	Description	Balance as of 12/31/2024	Balance as of 9/30/2025	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**	

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BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: 2025 Year-End Risk Report

Issue: Risk Management Dashboard - Update on key risks and mitigation activities (for information only)

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

Strategic alignment, regulatory processes, and actions: Effective risk identification and mitigation strengthen trust and confidence in the College's capacity to address emerging issues and strive for regulatory excellence.

Background:

- This report highlights the key risks the Board should be aware of, as they are strategic in nature and exceed or are near the College's risk appetite levels as defined by the Board in 2022.
- The College applies a proactive, structured approach to risk management, including maintaining a risk register, monitoring emerging risks, and providing the Board with updates twice a year (June and December).
- The Board's role is to assess and confirm risk tolerance levels and to evaluate the College's response to key risks, as outlined in Board Policy 4.4.
- Staff are refining the risk management framework through an iterative process, focusing on clarifying roles, strengthening processes, and simplifying the risk register and to make it more actionable. To date, key changes include:

1. **Clearer Action Triggers:** Previously, staff attempted to convert the College's risk appetite scores into action thresholds, which proved overly complex (see Appendix A for risk appetite statements and Appendix B for the risk scoring method). The revised approach is simpler in identifying thresholds for action:
    - Action for public protection and integrity risks is based on impact alone.
    - For other risks, both likelihood and impact are considered.

    It should be noted that these triggers provide a structured basis for discussion, **not** automatic actions.
2. **Consolidated Register Structure:** Moving from multiple divisional registers to three focused registers:
    - Corporate: Strategic risks requiring Executive Team and Finance and Audit Committee attention.
    - Program/Project: Risks specific to regulatory programs and projects.
    - Operational: Risks related to support functions.

- The Finance and Audit Committee (FAC) reviewed the year-end key risks and the Corporate Risk Register to identify any additional risks for inclusion in this Board report and to confirm appropriate prevention or mitigation measures.

Analysis:

Current Risks

The following key risks persist at year-end or have newly emerged – or are at – the thresholds that require immediate action.

Risk	Risk Category	Δ From June Report	Risk Appetite	Response Mode[1,2]	Mitigation Underway
Cyberattacks	Public Protection	↔	Averse to Minimalist	CA	Underway
Scope Expansion Misalignment with Practice Readiness and Professional Wellbeing	Public Protection	↔	Averse to Minimalist	CA	Underway
Oversight Gap in Non–Patient-Specific Compounding Practices	Public Protection	↔	Averse to Minimalist	AM	Underway
AI Use by Registrants	Public Protection	↔	Averse to Minimalist	AM	Planned
Pharmacy Technician Shortages in Parts of the Province	Public Protection	New	Averse to Minimalist	AM	Underway
Pharmacy Technician Program Closures	Public Protection	New	Averse to Minimalist	MON	Underway (Monitoring)
Low Election Participation Undermining Board Representation	Integrity	New	Averse to Minimalist	AM	Planned

Risks presented to the Board in June but are no longer highlighted include:

- **Risk of policy review backlog**: Now tracked in Program/Projects Risk Register; immediate risk to public is low.
- **IT infrastructure disruption:** Tracked in Operational Risk Registe; not a strategic risk.
- **Sustained Operating Deficit:** Risk reduced; continues to be reported to FAC but not flagged to the Board.

Risk Details

- **Cyberattacks:** Public protection may be compromised if a cyberattack disrupts the College's ability to perform essential regulatory functions or safeguard sensitive information.

[1] For Public Protection and Integrity risks, the trigger is based on impact score. For all other risk categories, the trigger is based on risk score (likelihood × impact). See Appendix B: Risk Matrix and Action Thresholds for details.

[2] CA (Corrective Action): Risk exceeds tolerance; requires immediate intervention; AM (Active Management): Risk is at or near tolerance; requires proactive measures; MON (Monitor): Risk is emerging or below tolerance; requires observation and readiness to act.

This risk remains above the College's risk appetite. Despite significant mitigation efforts – including migration to a cloud-based model (to be completed with the go-live of the new Registrant Records System), ongoing staff training, layered defenses, third-party audits and penetration testing, and implementation of a cybersecurity policy and incident response plan – the high-impact nature of this risk warrants continued Board oversight to ensure resilience.

- **Scope Expansion Misalignment with Practice Readiness and Professional Wellbeing:** Public protection may be compromised if the Ministry's scope expansion is not aligned with practice limitations, organizational pressures, and pharmacy professionals' well-being, potentially reducing patient safety and public trust.

  Work is underway to address the risk that scope expansion may outpace practice readiness or affect professional well-being. Efforts include gathering feedback from system partners and registrants to identify concerns and readiness gaps. While improvements will take time, these actions aim to support safe practice and long-term well-being.

- **Oversight Gap in Non–Patient-Specific Compounding Practices:** Public protection may be compromised if large-scale non–patient-specific compounding continues beyond the College's regulatory framework, amid unclear federal/provincial regulations and lack of national standards, increasing oversight gaps and reputational risk.

  The College is actively engaging with relevant authorities and registrants to clarify jurisdictional boundaries and advocate for harmonized standards. In parallel, internal work is underway to strengthen oversight within the College's current mandate. To support clarity and compliance in the interim, the College is implementing enhancements such as updated guidance documents and targeted registrant education.

- **AI Use by Registrants:** Public protection may be compromised if registrants misuse AI tools in College-directed exams, clinical decision-making, documentation, or patient interactions. The College is not aware of confirmed misuse at this time in Ontario, but the pace of adoption increases the likelihood of future incidents, requiring proactive mitigation. Potential impacts include compromised exam integrity and inability to validate competence, inaccurate or inappropriate clinical advice or guidance leading to patient harm, and erosion of public trust in the profession and the College.

  Current mitigation for risks associated with the use of AI tools in **College-directed exams and knowledge assessments** includes guidelines prohibiting the use of AI during Knowledge Assessment exams. To strengthen this approach, the College plans to develop detailed guidelines outlining permissible AI use in all College-directed activities, including exams, and knowledge assessments. These guidelines will be communicated through multiple channels, such as the College website, email notifications, and training materials, to ensure broad awareness and compliance.

  In relation to **patient care** risks, this issue has been raised in discussions at the National Association of Pharmacy Regulatory Authorities (NAPRA), which is exploring the development of guidelines or policies on acceptable AI use. Furthermore, College staff will examine the feasibility of incorporating principles of responsible AI use – such as accountability, transparency, and human-in-the-loop decision-making – into our standards and guidance documents. Additionally, the College will closely monitor emerging AI tools and trends to ensure that policies remain current and effective in safeguarding public protection.

- **Pharmacy Technician Shortages in Parts of Ontario:** There are reports of pharmacy technicians shortages, which may be exacerbated due to access constraints in the Practice Assessment of Competence at Entry (PACE) that have been reported in parts of the Province. Pharmacy technician applicants must successfully complete PACE to register and practice in Ontario.

  At this time, the College has no evidence that this is a widespread risk. While recognizing that scheduling capacity is not always within the College's direct control, in instances where issues are identified, the College provides targeted support to candidates and undertakes focused assessor recruitment in affected areas.

  The College will continue to monitor this risk closely and implement mitigation strategies as needed.

- **Pharmacy Technician Program Closures:** Public protection may be compromised as there may be a future increase in the shortage of pharmacy technicians if Pharmacy Technician programs at Ontario colleges close or reduce intakes due to caps on international student permits and/or financial constraints resulting from those caps. Such closures could exacerbate workforce shortages, impacting pharmacy operations and patient safety.

  It is the College's understanding that while colleges may face significant revenue losses from reduced international enrollment, Pharmacy Technician programs are considered high-demand and align with provincial healthcare priorities. Furthermore, it is the College's understanding that domestic demand for becoming a Pharmacy Technician remains strong. As a result, College staff considers this to be a low risk at the moment but will continue to closely monitor.

- **Low Election Participation Undermining Board Representation:** Integrity may be compromised if registrant participation in College elections remains low, reducing representativeness and confidence in Board decisions and creating reputational risk.

  Improvement activities will be incorporated into the governance work resulting from the 2025 Governance Review.

Appendix A: OCP's Risk Appetite Statements

The amount and type of risk an organization is willing to accept or tolerate in pursuit of its objectives. Risk appetite statements are determined by the Board.

Outcome	Description	Risk Appetite Statement	Score
Public Protection	Risks that could impact the safety of pharmacy patients and public health, including inadequate oversight of practitioners, failure to address complaints effectively, and IT system failures or cyberattacks that impact OCP's ability to execute its mandate.	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.	**1.5** – Averse to Minimalist
Integrity	Risks that could damage OCP's reputation, including public perception, media coverage, and stakeholder trust.	OCP is committed to high ethical standards, fairness and impartiality in all its dealings. 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.	**1.5** – Averse to Minimalist
Regulatory Compliance	Risks related to non-compliance with the *Regulated Health Professions Act*, 1991 (RHPA) and other applicable legislative and regulatory requirement and ministry direction. This includes ensuring IT systems are secure and data handling practices meet legislative requirements.	OCP is cautious when it comes to compliance with requirements of legislation, regulation, and government direction, including direction from oversight bodies. 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.	**2.5** – Minimalist to Cautious
Optimized People & Culture	Risks that could impact OCP's ability to attract, retain, and engage a high-performing workforce, including staff morale, turnover, and capacity to meet strategic and operational goals.	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	**2.5** – Minimalist to Cautious

Outcome	Description	Risk Appetite Statement	Score
		ensure that all staff reach their full potential. We are cautious with risks to this aim and will only accept them if they are necessary to ensure our ability to protect the public.	
Financial Health & Stability	Risks related to financial management, such as budget constraints, funding issues, and financial mismanagement.	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. 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.	**3** – Cautious
Respectful Relationships with registrants	Risks related to having a positive relationship with pharmacists and pharmacy technicians.	OCP values engagement and cooperation with pharmacists and registered pharmacy technicians and strives always to maintain a positive relationship. We accept that pursuit of our mandate may sometimes require making decisions or carrying out actions that do not garner support from registrants.	**3.5** – Cautious to Flexible

Outcome	Description	Risk Appetite Statement	Score
Collaborative stakeholder relationships	Risks related to having strong relationships with the public and a wide range of system partners in the professional regulation, governmental and pharmacy sectors.	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. 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.	**4** – Flexible

Appendix B: Risk Matrix

Risk Score = Likelihood × Impact

Likelihood / Impact		**Rare** *Will probably never occur/recur*	**Unlikely** *Do not expect it to happen/ recur but it is possible*	**Possible** *Might happen or recur occasionally*	**Likely** *Will probably happen/recur*	**Almost Certain** *Will undoubtedly happen/recur, possibly frequently*
Impact		1	2	3	4	5
Catastrophic *Critical harm or disruption, leading to severe health effects, complete breakdown of services, and irreparable damage*	5	5 – Medium	10 – High	15 – Very High	20 – Critical	25 – Critical
Major *Major harm or disruption, requiring substantial resources*	4	4 – Low	8 – Medium	12 – High	16 – Very High	20 – Critical
Moderate *Moderate harm or disruption, requiring significant changes and resources*	3	3 – Low	6 – Medium	9 – High	12 – High	15 – Very High
Minor *Minor harm or disruption, manageable with moderate resources*	2	2 – Low	4 – Low	6 – Medium	8 – Medium	10 – High
Insignificant *Minimal harm or disruption, easily resolved with negligible effects*	1	1 – Low	2 – Low	3 – Low	4 – Low	5 - Medium

Informed by the College's risk appetite scores, the following action thresholds apply:

A. Risk Category-Specific Threshold (Public Protection & Integrity Risks):

- Impact Score 5: Immediate escalation and corrective action
- Impact Score 4: Immediate escalation and corrective action
- Impact Score 3: Active management required
- Impact Score 1-2: Regular monitoring and periodic review

B. All Other Risk Categories (Risk Score-Based):

- Scores 16-25: Immediate escalation and corrective action required
- Scores 10-15: Active management required within 30 days
- Scores 6-9: Management decisions required on active management vs. enhanced monitoring
- Scores 1-5: Regular monitoring and periodic review

Appendix C: Details Key Risks

Risk Type	Risk and description	Likelihood	Impact	Risk Score	Action Threshold	Risk Mitigation Strategy
1. Public Protection	**Cyberattack:** The College's IT infrastructure is compromised and data breach due to a cyberattack (virus/ ransomware/malware)	2	**5**	10	Impact Score ≥ 4: Immediate Escalation & Corrective Action	Underway: • Staff cybersecurity awareness & phishing simulations • Deploy Zero Trust Architecture & MFA enforcement • Third-party security audits & remediation • Incident response plan testing & updates
2. Public Protection	**Scope Expansion Misalignment:** Public protection may be compromised if the Ministry's scope expansion is not aligned with practice limitations, organizational pressures, and pharmacy professionals' well-being, potentially reducing patient safety and public trust.	3	**4**	12	Impact Score ≥ 4: Immediate Escalation & Corrective Action	Underway: • Analyze feedback from system partners and registrants to identify key concerns and readiness gaps.
3. Public Protection	**Non-Patient Specific Compounding** – Public protection may be compromised if large-scale non–patient-specific compounding continues beyond the College's regulatory framework, amid unclear federal/provincial regulations and lack of national standards, increasing oversight gaps and reputational risk	3	**4**	12	Impact Score ≥ 4: Immediate Escalation & Corrective Action	Underway: • Escalating jurisdictional uncertainty to authorities and registrants for clarity and harmonized standards. • Revising standards or develop a new framework to strengthen DPP oversight. • Implementing interim enhancements to DPP regulations (guidance updates, registrant education).
4. Public Protection	**AI Use by Registrants:** Public protection may be compromised if registrants' use of AI tools undermines the integrity of College-directed exams (e.g., JEP, PACE) or clinical decision-making, leading to patient harm or erosion of trust.	3	**3**	9	Impact Score 3: Active Management	Planned: • Develop AI Use Policy defining permissible and prohibited activities • Communicate guidelines via website, email, and training materials • Collaborate with NAPRA on national standards

Risk Type	Risk and description	Likelihood	Impact	Risk Score	Action Threshold	Risk Mitigation Strategy
5. Public Protection	**Pharmacy Technician Shortages in Parts of Ontario:** Patient safety and access to pharmacy care may be compromised if PACE capacity constraints for pharmacy technicians exist.	2	**3**	6	Impact Score 3: Active Management	Underway: • Monitoring PACE capacity constraints and targeted interventions as needed.
6. Public Protection	**Pharmacy Technician Program Closures:** Public protection may be compromised if closures or reduced intakes occur due to caps on international student permits and/or financial constraints	2	**2**	4	Impact Score 2: Monitor	Underway: • Monitoring developments with Ontario colleges
7. Integrity	**Low Election Participation:** Integrity may be compromised if registrant participation in College elections remains low, reducing representativeness and confidence in Board decisions and creating reputational risk.	3	**3**	9	Impact Score 3: Active Management	Planned: • Improvement activities will be incorporated into the governance work resulting from the 2025 Governance Review

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BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR DECISION

From:	Adrienne Katz, Finance and Audit Committee Chair
Topic:	Safe Disclosure Policy (Whistleblower Policy)

Issue/Description: Seeking approval of the updated Safe Disclosure Policy

Public interest rationale: Supports the public interest by empowering staff to report wrongdoing or risks confidentially and without fear of reprisal, helping the College uphold integrity, accountability, and its public protection mandate.

Strategic alignment, regulatory processes, and actions: The proposed updated policy introduces an independent third-party option for disclosing misconduct, establishes clear governance oversight through annual reporting to the Board, and implements structured investigations processes with enhanced conflict-of-interest protection.

Background:

- The College has an internal operational policy from 2018 that protects staff from reporting concerns about violations of OCP's business ethics and conduct policy or code of conduct for Board or Committee members or suspected violations of policy, law or regulations that govern OCP's operations. These instances can include, but are not limited to, the following:
    - Accounting, auditing or other financial reporting fraud or misrepresentation;
    - Violations of federal or provincial laws that could result in fines or civil damages payable by the College, or that would significantly harm the OCP's reputation or public image; or,
    - Unethical business conduct in violation of any OCP policy, including, but not limited to the Code of Conduct and Business Ethics Conduct Policy.
- Following the 2024 Audit, the Auditor strongly recommended that, as a matter of best practice, management considers having a reporting line to an unbiased external party to ensure that employees are not discouraged from reporting possible fraud or errors.
- Typically, operational policies such as this do not require Board approval. However, while this policy does not apply to Board or committee members, there is a role for the Board Chair and Vice Chair and it addresses situations where OCP staff may want to report a concern involving a Board or committee member. For these reasons, the policy is being presented for Board approval.

Analysis:

- Staff reached out to other Ontario health regulatory colleges about the use of an external party. Of the colleges who responded, only the Royal College of Dental Surgeons of Ontario (RCDSO) has a third party option in place.

- Staff also took this as an opportunity to conduct a broader review of the current Safe Disclosure Policy and conducted a quick high-level environmental scan on Safe Disclosure policies by other regulators and not-for-profit organizations.
- In addition to adding the option of a reporting line to an unbiased external party, the updated Safe Disclosure Policy includes changes that resulted in (See Appendix for more detail on proposed changes):
    - **Stronger conflict-of-interest protection** – Clear escalation pathways when senior leadership or Board members are implicated (e.g., reports about the Registrar and CEO go automatically to the Board Chair).
    - **Expanded scope and accessibility** – Now covers all persons working on behalf of OCP (contractors, consultants, volunteers) and provides multiple confidential reporting channels.
    - **Formalized investigation process** – Establishes structures procedures including 3-business-day acknowledgement, defined investigation approaches, and clear outcome categories with documented closure.
- The policy does not apply to Board and Committee members as reporters. However, the policy does include procedures for when Boad or Committee members are the subject of a report. The Board may consider adopting a separate Safe Disclosure Policy for Board and Committee members as part of their governance work.

Recommendation:

Staff have revised the College's Safe Disclosure Policy to address the Auditor's recommendation and to elevate OCP's approach from basic Safe Disclosure Policy reporting to a comprehensive safe disclosure framework with enhanced protections, clear accountability, independent oversight, and professional investigation processes.

Motion:

That the Board approves the revised Safe Disclosure Policy (formerly the Whistleblower Policy).

Attachments

1. Revised Draft Safe Disclosure Policy
2. Current Whistleblower Policy (2018)

Appendix 1: Key policy changes:

Key Policy Item	Current Policy	New Policy
1. Independent hotline	• No real independent channel (External Auditor) • Internal contacts: HR, Executive Team, CEO	• Independent third-party hotline • All internal channels remain
2. Board Oversight and FAC Reporting	• No Board reporting • No governance oversight • No monitoring or tracking • Board unaware of trends or issues	• Annual anonymized and high-level reports to the Board
3. Clear Escalation Pathways	• Vague: “where these options are not appropriate” • No guidance if Registrar and CEO implicated • No guidance if Board members implicated • Ambiguous and risky	• Clear escalation matrix
4. Who Policy Applies to (Scope)	• Limited scope and confusion with Board policies: - Staff - **Board and Committee members**	• Clarifies, comprehensive coverage: - All employees (full-time, part-time, contract) - Contractors and consultants - Students - Volunteers • **Excludes Board and Committee members**
5. Retaliation Process	• General statement: “retaliation prohibited” • No process to report retaliation • No investigation mechanism • Vague consequences	• Comprehensive protection - Specific reporting mechanism for reprisal - Investigation of retaliation claims - Clear consequences stated - Protection for investigation participants
6. Investigation Process and Timelines	• Generic: “promptly investigated” • No timelines • No acknowledgement required • No case tracking • No structure	• Structured process: - Acknowledgement within 3 business days - Clear routing protocols - Defined investigation approach - Timeline monitoring - Documented outcomes - Closure notification

Policy Title	Safe Disclosure Policy **- DRAFT -**
Applies to:	All Staff
Approving Authority	
Policy Owner	
Effective Date	TBD
Review Date	TBD

I. Purpose

The Ontario College of Pharmacists (OCP) is committed to maintaining the highest standards of ethics, honesty, transparency, and accountability in all its activities. This policy facilitates the disclosure and investigation of significant and serious incidents at OCP involving unlawful, unethical, or unprofessional conduct, while fostering a culture of trust and respect where individuals feel empowered to report concerns in good faith.

II. Scope

This Policy applies to all:

- OCP employees (whether full-time, part-time, permanent, or on contract);
- Contractors and consultants
- Students and volunteers; and
- Any other persons working on behalf of OCP.

(Collectively, “OCP Staff”)

III. Definitions

Good faith: Reporting made honestly and for the purpose of remedying wrongdoing, and not frivolous, vexatious, malicious, or personal gain purposes.

Reasonable grounds: Having sufficient information that a reasonable person would suspect that wrongdoing is more likely than not to have occurred or is being planned, without requiring conclusive proof.

Retaliation: Any adverse action taken against an individual because they made a whistleblower report or participated in an investigation, including but not limited to termination, demotion, suspension, threats, harassment, discrimination, or other adverse treatment.

Designated Officers: Individuals designated to receive, assess, and investigate reports under this Policy, including Manager Human Resources; Director Corporate Services;

Registrar and CEO; General Counsel and Chief Privacy Officer; Board Chair/Vice-Chair or Chair Finance and Audit Committee.

IV What is Reportable Under This Policy

Reportable incidents include, but are not limited to:

- Financial fraud or misrepresentation;
- Misuse of College funds;
- Unauthorized manipulation or alteration of records;
- Forgery;
- Unlawful conduct generally;
- Unethical or unprofessional behaviour or business practices violating laws or internal policies;
- Concealment of any of the above.

V. Policy

5. 1 Reporting Concerns

Individuals are encouraged to report significant and serious matters involving unlawful, unethical, or unprofessional conduct. Reports must be made in good faith and based on reasonable grounds. Reporters are not required to prove the truth of their allegations but should be prepared to provide evidence that it is more likely than not that suspicion that the allegations could be true is reasonable under the circumstances.

Reports may be submitted directly to one or more Designated Officers, or via an external third-party reporting mechanism (see the Procedure section below for further details).

Reports that have not been submitted directly to the Board Chair – when the concern involves a Board or Committee member – will be forwarded without screening to the appropriate party: the Board Chair, the Vice-Chair (in the event of a conflict involving the Chair), or a Special Committee if further conflict exists, as determined by the circumstances.

5.2. Protection from Reprisal

No individual will face reprisal – including termination, demotion, suspension, threats, harassment, or discrimination – for making a good faith report or participating in an investigation. Disciplinary action will be taken against those who are found to have retaliated or to have made reports in bad faith, including up to termination of employment or engagement.

5.3 Confidentiality

All disclosures and investigations will be treated as confidential to the extent possible. The College will take reasonable steps to protect the identity of the reporting individual, recognizing that disclosure may be necessary to conduct a full investigation, respond appropriately, or comply with legal obligations. Individuals involved in a disclosure or investigation must not discuss the matter with others except those who have a legitimate need to know.

5.4 Anonymous Reporting

Reports may be submitted anonymously. However, anonymity may limit the College's ability to investigate thoroughly and confirm the reporter's good faith.

5.5 Overlapping Policies

If a disclosure falls under another operational policy (e.g., Workplace Violence, Harassment, or Discrimination), the investigation may proceed according to that policy's terms, as determined by one or more Designated Officers.

5.6 Reporting Reprisal

Any individual who believes they have experienced reprisal as a result of making a disclosure should report the matter immediately to the Manager Human Resources or another Designated Officer.

5.7 Investigation and Accountability

All reports will be thoroughly investigated within reasonable timelines informed by resources and capacity currently available at OCP. Appropriate disciplinary, corrective or legal action will be taken based on findings, including and up to immediate dismissal without further notice.

5.8 Procedure Reference

The formal procedure for disclosure and investigation is outlined in the Safe Disclosure Procedure.

5.9 Governance Oversight

The Board will receive, at a minimum annually, anonymized high-level summary reports on disclosures and investigations.

5.10 Record Keeping

Records will be maintained securely in accordance with legal and internal policy requirements as they may exist from time to time.

VI. Roles and Responsibilities

Registrar and CEO

- May receive reports directly or via escalation.
- Participate in the assessment and investigations unless implicated.
- Coordinates with other Designated Officers and external parties to ensure appropriate handling of reports.
- Ensures organizational accountability and that appropriate actions are taken following investigations.
- Provides leadership in fostering a culture of ethical conduct and transparency.

Director Corporate Services:

- May receive and logs reports (unless implicated).
- Leads or participates in assessment and investigations.
- Reports to the Finance and Audit Committee.
- Ensures secure record-keeping.

Manager Human Resources:

- May receive reports, including those related to reprisal (unless implicated).
- Participates in assessments and investigations.
- Advises on employment-related disciplinary actions.

General Counsel and Privacy Officer:

- May receive reports (unless implicated).
- Provides legal, investigatory and privacy advice.
- Ensures compliance with laws and privacy obligations

Designated Officers (Collectively)

- Assess and determine whether reports fall under this or another applicable policy.
- Determine appropriate investigation approach.

- Ensure reasonably timely, fair, and confidential handling of reports.
- Recommend and implement appropriate actions.

VIII Related Procedures, Forms, and Templates

- Business Ethnics and Conduct Policy

Revision History

Version	Nature of Revisions	Author	Effective Date of This Version
1	Drafted	Human Resources	November 2018
2	Drafted		

Procedure

I. Purpose

This procedure outlines how OCP receives and investigates reports of suspected unlawful, unethical, or unprofessional conduct. All OCP staff are encouraged to report concerns promptly. If unsure whether a concern falls under the Safe Disclosure Policy, report it anyway. Designated Officers will assess and redirect as needed.

II. Reporting Channels

OCP offers multiple reporting options to ensure comfort and confidentiality:

Internal Contacts (See Appendix for contact information):

- Registrar and CEO
- Director Corporate Services
- Manager Human Resources
- General Counsel and Chief Privacy Officer

Board Contacts (See Appendix for contact information):

- Board Chair and if required Vice Chair

External Contacts (Anonymous, if desired):

- Independent hotline (third-party managed)

  <*insert contact information*>

III. Escalation Pathways:

OCP follows an open-door approach, allowing staff to report concerns to any of the contacts listed above (including the independent hotline). The individual receiving the report is responsible for ensuring the matter is reviewed in accordance with this Policy and Procedure or Board Policies and procedures as applicable.

Guidance for Specific Escalations (For Consideration Only):

If the concern involves…	Report to…
Directors, managers, and staff	Registrar/CEO or Director Corporate Services
Registrar/CEO	Board Chair
Board or Committee member	Board Chair (and Registrar and CEO if not implicated)
Board Chair	Vice-Chair or another designated Board member (and Registrar and CEO if not implicated)
Multiple Designated Officers	Independent Hotline

IV. What to Include in a Report

Include as much detail as possible:

- Description of suspected activity
- Dates, locations, individuals involved
- Witnesses
- Supporting documents
- Contact information (if not anonymous)

For support, an online form is available on the *Culture in Action* blog.

V. Confidentiality & Anonymous Reporting

Confidentiality:

- All reports are handled confidentially.
- Disclosure may occur only when necessary for investigation or legal compliance.
- Breaches of confidentiality may result in disciplinary action.

Anonymous Reporting:

- Anonymous reports are accepted.
- Avoid using OCP email.
- Use the independent hotline for enhanced anonymity.

- Anonymous reports are logged using case numbers only, with no identifying information.

V. Protection from Reprisal

OCP prohibits retaliation against individuals who report in good faith.

Reporting Reprisal:

- Report to Manager Humar Resources (or Registrar and CEO if HR is involved).
- Investigation and appropriate action will follow.

Consequences:

- Retaliation may result in consequences up to and including termination of employment, or contract termination.
- False or malicious reports may lead to disciplinary action on their own, to be assessed on various factors including but not limited to perceived intent and/or impact.

VII. Investigation Process

Receipt & Assessment:

- Reports are logged with a case number by the Director Corporate Services or the Manager Human Resources if the Director Corporate Services is involved.
- Acknowledgment of receipt within 3 business days (if identity known).
- The Designated Officers (excluding any individuals named or involved) assess whether the report falls under this or another applicable policy.

Routing of Reports Received Via Independent Hotline:

If the report involves...	Submission of report is routed to...
Staff (not senior leadership)	Registrar and CEO
Senior Leadership	Uninvolved members of the leadership team. If all are implicated, the Board Chair is informed and must forward the matter for independent handling to an appointed external party

If the report involves...	Submission of report is routed to...
Board or Committee member	Registrar and CEO, who forwards the report to the Board Chair without screening
Board Chair	Registrar and CEO, who forwards the report to the Vice Chair without screening

- The recipient of reports via the hotline is responsible for ensuring that it is being assessed similar to reports received through the internal reporting channel.

Investigation Approach:

- Designated Officers may investigate directly or appoint an internal/external investigator or contact law enforcement for matters involving perceived criminal activity.
- Investigations are conducted confidentially and may include but not be limited to interviews, document review, and expert input.
- Subjects are informed and given a chance to respond.

Timeline:

OCP will endeavor to complete each investigation in a timely manner and will monitor investigations on an ongoing basis.

Outcomes:

If it is determined after the investigation that the reported matter occurred or was planned, the Designated Officer(s) may determine the appropriate action or remedy, including but not limited to:

- **Disciplinary**: Warning, suspension, termination, etc.
- **Corrective**: Training, policy changes, supervision
- **Legal/Regulatory**: Law enforcement or regulatory notification
- **No Action**: If allegations are unsubstantiated
- **Any combination of the above and/or additional actions as required**

In determining the appropriate action(s), the Designated Officer(s) will consider all the relevant circumstances, including the nature and seriousness of the conduct, any relevant history or record of the individual involved, the actual or potential impact of the conduct, and any mitigating circumstances.

Closure

- Reporters (if known) will be informed of the outcome
- Case closure is documented securely

VIII. Reporting

The Registrar and CEO shall report, at minimum annually, to the Board on this policy and OCP's activities under it on a high-level basis.

Appendix

Disclosure can be made in person, by email, by mail, or by telephone to any of the following:

Jay O'Neill
Registrar and CEO

Thomas Custers
Director Corporate Services

Christian Guerette
General Counsel and Chief Privacy Officer

Penny Galanis
Manager, Human Resources

Doug Brown
Chair, Board of Directors

Siva Sivapalan
Vice Chair, Board of Directors

Current version: **November 2018**

Whistleblowing

This policy outlines employee, management, and Board/Committee member responsibilities to observe high standards of business and personal ethics in the conduct of their duties and responsibilities at Ontario College of Pharmacists (OCP) as referenced in the **Business Ethics and Conduct Policy** for staff and the Code of Conduct in the Board Policy Booklet for Board/Committee members.

Policy Overview

OCP is committed to the highest possible standards of ethics, honesty, transparency, and accountability. We do this by conducting our business with maximum integrity and by achieving full compliance with all applicable laws, rules, and regulations. This policy is intended to encourage and enable individuals to raise concerns so that the College can address and correct inappropriate conduct and actions. Those who report concerns are to be protected from reprisal or victimization for raising their concerns in good faith.

Responsibilities

All staff are responsible for reporting all concerns about violations of OCP's business ethics and conduct policy or code of conduct for Board or Committee members or suspected violations of policy, law or regulations that govern OCP's operations. For further clarity, these instances can include, but are not limited to, the following:

1. Accounting, auditing or other financial reporting fraud or misrepresentation;
2. Violations of federal or provincial laws that could result in fines or civil damages payable by the College, or that would significantly harm the OCP's reputation or public image; or,
3. Unethical business conduct in violation of any OCP policy, including, but not limited to the Code of Conduct and Business Ethics Conduct Policy.

When reporting a concern, you must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation.

Procedure

A Complainant may submit their complaint in writing via the report form located on the Daily Dose.

In all cases, the person who is alleged to have committed the infraction will be made aware of the complaint at an appropriate point during the investigation.

Supervisors and managers are required to report complaints or concerns brought to their attention about suspected ethical and legal violations to Human Resources (HR) and/or a member of the Executive. Where these options are not appropriate given the nature of the conduct or the individuals involved, the suspected violations should be reported to the College's external auditor *information found on the intranet.

Board/Committee Members are required to report complaints or concerns about suspected ethical and/and or legal violations to the CEO/Registrar and/or the Chair.

Human Resources (HR) and/or the Executive Team are responsible for ensuring that all complaints about suspected unethical or illegal conduct reported to them are investigated and resolved.

Where appropriate, the matters raised may be investigated by the Executive Team or referred to an outside party such as the police or OCP's external auditor.

The College will notify the person who submitted a complaint, where that individual is known, and acknowledge receipt of the reported violation or suspected violation. All reports will be promptly investigated, and appropriate corrective action will be taken if warranted by the investigation. The Complainant will be notified of the outcome of the investigations (subject to compliance with privacy legislation) and actions taken.

Policy Guidelines

OCP will further examine the means of ensuring that such wrongdoing can be prevented in the future.

Confidentiality

A Complainant may remain anonymous. If they wish to remain anonymous then they should not use their email account. However, in order to allow for a better investigation of a complaint, the Complainant should consider identifying themselves by giving their name, their telephone number and other contact information. Even if such contact information is not provided, the complaint will be treated with the utmost confidentiality and not discussed with others except to the minimum extent necessary to conduct a complete and fair investigation.

Retaliation against Complainants

Retaliation against any complainant who makes a legitimate complaint in good faith is strictly prohibited. For employees, retaliation in any form will be cause for appropriate disciplinary action, which could lead to further disciplinary action up to and including termination. For Board members, they may be asked to be removed from Board. This includes retaliation against anyone who participates in an investigation.

Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false or for personal or financial gain may lead to disciplinary action, up to and including termination and/or legal action.

Conduct based on mistakes or misunderstandings is not considered malicious.

Related Policies

For more information about Professional Conduct refer to the Business Ethics and Conduct Policy

For more information about Code of Conduct for Council and Committee members refer to the Governance Manual

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR DECISION

From: Adrienne Katz, Finance and Audit Committee Chair

Topic: Designation of Long-Term Investments and Segregation of Reserve Funds

Issue/Description: The Finance and Audit Committee (FAC) recommends that the Board approve actions to address audit recommendations regarding investment segregation and policy alignment. Specifically, the Committee proposes designating all existing long-term investments to the Contingency Reserve Fund and ensuring clear segregation of reserve funds in financial and investment statements.

Public interest rationale: The College's Investments Policy ensures prudent use of reserve funds and unspent revenue to strengthen financial health and support the College's mandate to protect the public. The proposed amendments will enhance transparency, accountability, and compliance with auditor recommendations.

Strategic alignment, regulatory processes, and actions: Responsible financial stewardship supports the College's regulatory and strategic initiatives by maintaining resources needed for operations and extraordinary circumstances. This reflects the College's core values of accountability, integrity, and transparency.

Background:

- The Board's Investment Policy (Policy 4.12) establishes rules for investing reserve funds and revenue collected but not yet required for operating expenses, balancing growth with market risks and inflation.
- The College's restricted reserve funds include:
    - **Investigations and Hearings Reserve Fund (IHRF)** – covers external legal costs for inquiries, discipline hearings, fitness-to-practice hearings and appeals that exceed annual budget provisions. The amount is calculated annually by staff based on year-end caseload assignments. 2025 amount $1.1M.
    - **Contingency Reserve Fund (CRF)** – covers extraordinary expenses that exceed or fall outside the College's operating budget and funds obligations in extreme circumstances. Minimum balance: equivalent to 4 months of operating expenses. 2025 amount $9.9M.
- In 2022, the Board updated the Investment Policy to allow long-term investments and set rules for reserve fund allocations, detailed in the Investment Policy Statement and Procedure. In 2023, BMO Nesbitt Burns was selected as investment manager, and up to $3M was approved for long-term investment.
- The 2024 Audit Report recommended that investments be segregated by fund to align with distinct asset mix requirements for IHRF and CRF, or alternatively, that the asset mix be considered and approved in aggregate.

Analysis:

- Current policy identifies diversification as a key risk management strategy and sets minimum and maximum allocation thresholds for each investment class (see Appendix 1).
- While distinct asset mix targets exist for the IHRF and the CRF, the long-term investments are not currently segregated between these funds, limiting transparency and clarity in policy application.
- Auditor's recommendation: segregate investments by fund or approve aggregate asset mix.
- FAC plans to conduct a comprehensive review of the Investment Policy and long-term investment allocations to ensure alignment with best practices and the College's investment objectives.
- **Proposed short-term solution:** designate all existing long-term investments to CRF to provide clarity and ensure alignment of long-term investments with the asset mix and parameters established in the Policy.
- The proposed change would require updating asset mixes in the Investment Policy Statement and Procedures for Reserve Funds, as allocations will fall outside permitted ranges.
- FAC authorized a temporary deviation from asset mix ranges under Section 2.7 of the Policy:
    - IHRF: allow all funds to be invested in GICs.
    - CRF: allow significant allocation to GICs.
- Finally, FAC recommends that financial and investment statements report separately on CRF and IHRF for transparency and accountability.

Motion: **That the Board approves the following actions:**

- Designate the amount currently invested pursuant to the November 2023 Finance and Audit Committee motion, along with any investment gains, to the Contingency Reserve Fund.
- Ensure these investments are managed in accordance with the asset mix requirements for the Contingency Reserve Fund as outlined in the College's Investment Policy.
- Ensure the Contingency Reserve Fund and the Investigations and Hearings Reserve Fund are clearly segregated in the College's financial and investment statements.

Attachments:

- Board Policy 4.12 – Investments
- Investment Policy Statement and Procedure for Reserve Funds

Appendix 1:

The Investigations and Hearings Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T- Bill Index	50%	40%	60%
Canadian Short-Term Fixed Income	FTSE Canada Short Term Overall Bond Index	15%	10%	20%
Canadian Short Term Corporate Bonds	FTSE Canada Short Term Corporate Bond Index	25%	20%	30%
Canadian Equity	S&P/TSX Capped Composite Index	3%	1%	6%
U.S. Equity	S&P 500 Index ($Cad)	5%	2.5%	7.5%
International Equities	MSCI EAFE Net ($Cad)	2%	1%	4%
Total		100%		

The Contingency Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T- Bill Index	10%	5%	15%
Fixed Income	50% FTSE Canada Short-Term Overall Bond Index; and 50% FTSE Canada Mid-Term Overall Bond Index	70%	55%	85%
Equities	50% S&P/TSX Capped Composite Index; 45% S&P 500 Index ($Cad); and 5% MSCI EAFE Net ($Cad)	20%	11%	31%
Total		100%		

Policy 4.12 Investments

Purpose:

To ensure a shared understanding of the intentions and limitations respecting the investment of College funds. The goal underlying this policy is to ensure that the funds are invested in a prudent and diversified manner within the context of the *Trustee Act*.

Application:

This policy applies to:

The College Staff – who will administer the investment of College funds.

The Finance and Audit Committee – who will direct investment advisors and monitor the investments as part of their oversight responsibilities as set out in the by-laws.

The Board of Directors – who shall approve the *Investment Policy Statement and Procedure for Reserve Funds* and receive a report at the end of each fiscal year on the status of the College's investments as set out in the audited financial statements.

Policy:

In accordance with the College by-laws, surplus funds, including those allocated to a Reserve Fund, may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered bank, trust company or other financial institution.

Procedure

1. The Board may establish Reserve Funds as required. At the end of each fiscal year, an allocation from any excess of revenue over expenses shall be made to maintain the Reserve Funds as established by the Board.

2. Surplus funds not allocated to Reserve Funds, and not needed to meet the College's operating expenses in the immediate future, may be invested in short-term instruments with a term of 0 days to 18 months or in a pool of such investments. The primary objectives of such investments, in order of importance, shall be maintenance of liquidity, preservation of capital and yield.

Acceptable Investments shall include:

- Debt obligations issued or guaranteed by the Government of Canada or its agencies or Crown Corporations or managed pools of such instruments. The College may invest in individual instruments or a managed portfolio of Government of Canada guaranteed securities.

- Debt obligations issued or guaranteed by Canadian, provincial or territorial governments, banks listed in Schedule I or Schedule II under the *Bank Act* (Canada), or Canadian corporations or managed pools of such instruments. The College may invest in high quality debt obligations issued or guaranteed by Canadian, provincial, or territorial governments, and banks incorporated in Canada or Canadian corporations, or in a managed fund of such securities. All investments will be with issuers who have a long-term credit rating of at least AA low (Dominion Bond Rating Service) or its equivalent or a short-term credit rating of R-1 Mid (DBRS) or its equivalent.

3. The Director of Corporate Services (DCS) is responsible for the administration of the College's surplus funds.

4. The Reserve Funds may be invested in accordance with the *Investment Policy Statement and Procedure for Reserve Funds* approved by the Board.

Amendment: The Board may amend this policy.
First Approval Date: December 12, 2022
Last Review: September 15, 2024
Last Review: September 15, 2024
Next Review Date: XXXX

INVESTMENT POLICY STATEMENT AND PROCEDURE FOR RESERVE FUNDS

Ontario College of Pharmacists

Effective: December 2022

Revised: March 2024; September 2024

CONTENTS

1

Overview

Purpose and Scope

1.1 The Council of the Ontario College of Pharmacists (“the College”) has established reserve funds in order to cover variable and/or unforeseen costs and expenses. The purpose of this Policy is to summarize the nature of the funds and to set out the investment objectives and guidelines under which the funds are to be invested.

1.2 In developing the Policy, the College has considered the obligations and objectives of the funds as well as applicable regulatory requirements.

Nature of the Funds

1.3 The Ontario College of Pharmacists

The Ontario College of Pharmacists, incorporated in 1871, is the registering and regulating body for the profession of pharmacy in Ontario. The College’s mandate, established through legislation and expressed through associated objects, is to serve and protect the public interest and hold Ontario's registered pharmacists and pharmacy technicians accountable to the established legislation, standards of practice, Code of Ethics and policies and guidelines relevant to pharmacy practice.

The College also regulates and accredits community and hospital pharmacies, holding them accountable to operational standards and relevant policies and legislation; pharmacies must be accredited by the College in order to operate in Ontario.

In accordance with the College By-Law, surplus funds, including those allocated to a reserve fund, may be deposited for safekeeping and withdrawn, from time to time.

1.4 The Investigations and Hearings Reserve Fund

The Fund is designated to cover costs that exceed budget provisions for activities relating to external legal costs of the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals.

1.5 The Contingency Reserve Fund

The Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College’s operating budget and are not otherwise covered by the Investigations and Hearings Reserve Fund or to fund the College’s obligations in extreme circumstances as determined and approved by the Board including in the event that the College ceases to exist as a statutory corporate body.

Governance

1.6 The Board is the legal trustee and administrator of the Fund and is therefore responsible for all matters relating to the administration, interpretation and application of the Fund, including developing, monitoring and amending this Policy.

1.7 The Board has delegated certain responsibilities to The Finance and Audit Committee, including monitoring of the Fund and its investments, appointing and terminating investment managers and advisors to the Fund, reporting to the Board on the performance of the Fund and recommending changes to the Fund and this Policy. The Finance and Audit Committee is supported by The College Staff.

Beliefs

1.8 The Board has from time to time reviewed and confirmed the investment beliefs which guide it when decisions are made concerning this Policy and under the authority of this Policy. Currently, the Board of Directors believes:

- that each Fund should be invested in a matter that considers its time horizon, liquidity, risk tolerance, and operational considerations;
- that the Fund should be substantially fully invested because long-term cash holdings will reduce long-term rates of return;
- that it is prudent to diversify the Fund across multiple holdings or asset classes to minimize the risk of large losses, and without undue reliance on a single security, market and/or strategy;
- that investing in pooled investment vehicles provides a more cost-effective way to achieve diversification;
- that equity investment will generally provide greater long-term returns than fixed income investments, although with greater volatility;
- that an allocation to foreign equities increases portfolio diversification and thereby decreases the volatility of returns;
- that debt securities have a role in the Fund because they reduce the volatility of returns, provide a hedge against deflation;
- that a passive management approach shall be considered where there is a belief that indexing is an efficient and cost-effective means to gain exposure to an asset class. An active management approach may be used where a belief is held that the manager can add value above the benchmark on an after-fee basis and/or reduce the volatility of returns.

2

Investment Policies

Diversification

2.1 Asset mix diversification is the key risk management strategy and the Board shall review the asset mix policy at least every four years to ensure it aligns with the overall objectives of the Fund.

2.2 The use of broadly diversified investment funds is an additional risk management strategy used to mitigate risks associated with any one particular security, country, region, industry and currency.

Investment Objective

2.3 The primary investment objective of the Funds is to preserve real capital. The Board recognize that short term market volatility may cause temporary losses in the market value of the Fund.

2.4 The long-term investment objective of the Funds are to achieve a nominal annual rate of return equal to the return that could have been earned by passively investing in the Benchmark Index outlined below on a rolling 4-year basis. However, in any one year the annual rate of return may be above or below this objective.

2.5 In order to achieve the return objective of the Funds at an acceptable level of volatility, the Fund will be invested in the following asset classes, subject to the following minimum and maximum aggregate investment limits:

The Investigations and Hearings Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T- Bill Index	50%	40%	60%
Canadian Short-Term Fixed Income	FTSE Canada Short Term Overall Bond Index	15%	10%	20%
Canadian Short Term Corporate Bonds	FTSE Canada Short Term Corporate Bond Index	25%	20%	30%
Canadian Equity	S&P/TSX Capped Composite Index	3%	1%	6%
U.S. Equity	S&P 500 Index ($Cad)	5%	2.5%	7.5%
International Equities	MSCI EAFE Net ($Cad)	2%	1%	4%
Total		100%		

The Contingency Reserve Fund

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash and cash equivalents	FTSE Canada 91 Day T- Bill Index	10%	5%	15%
Fixed Income	50% FTSE Canada Short-Term Overall Bond Index; and 50% FTSE Canada Mid-Term Overall Bond Index	70%	55%	85%
Equities	50% S&P/TSX Capped Composite Index; 45% S&P 500 Index ($Cad); and 5% MSCI EAFE Net ($Cad)	20%	11%	31%
Total		100%		

2.6 The College shall monitor the asset mix relative to the target asset mix at least quarterly. Rebalancing shall occur if any of the constraints set out in the above table are not met.

Rebalancing will be performed by the Investment Advisor at the direction of the Director of Corporate Services within two quarters of an imbalance being identified, using either or both of (1) redirecting net cash flows to and from the Fund; and, (2) transfers of cash between portfolios.

Should a transfer of cash between portfolios be required (because cash flows alone cannot rebalance allocations within two quarters), the Director of Corporate Services will arrange for

the Investment Advisor to place trades to effect such transfers between funds so as to bring the allocation to within the permitted ranges.

2.7 Notwithstanding the investment limits stated in this Section, the Finance and Audit Committee may authorize temporary asset mix positions outside those ranges.

Derivatives, Options, and Futures

2.8 Derivatives such as options, futures, swaps, forward contracts on any securities including indices are permitted investments. Derivatives may be used to:

- hedge fully or partially any investment risk, including market, interest rate, credit, and liquidity risk; or
- replicate direct investments in the underlying assets or group of assets so as to achieve some advantage of lower cost, transactional ease or market exposure.

Derivative investment is permitted only through the investment of an Investment Fund. Derivatives shall not be used to create leverage or for speculative purposes.

Permitted Investments and Investment Guidelines

2.9 The following broad categories of investments are permitted for the Fund:

- Equities;
- Fixed Income;
- Cash, demand deposits, guaranteed investment certificates (GICs) and money market securities.

2.10 Investments in guaranteed investment certificates (GICs) must be held in accounts in at least one of the following banks: Royal Bank of Canada, Toronto-Dominion Bank, Bank of Montreal, Bank of Nova Scotia, or Canadian Imperial Bank of Commerce, or managed through an approved investment manager. Selected banks must maintain a credit rating of A or above from one of the three globally leading credit rating agencies (S&P Global Ratings, Moody's, Fitch Group).

2.11 The College may hold direct investments in companies with pharmacy operations, provided these operations are not part of the company's 'core' business and that the total investment in such companies does not exceed 5% of the entire investment portfolio.

For the purposes of this policy, 'core' business is defined as any business segment where Canadian pharmacy operations contribute more than 10% to the company's overall revenue.

Investment Funds

2.12 Where investments are made through pooled funds and exchange traded funds, those investments are to be governed in accordance with the investment policy of the pooled fund. The College shall satisfy itself that the pooled fund investment policy is generally consistent with the objectives and risk tolerances expressed in this Policy.

Performance Measurement Monitoring

2.13 Investment performance will be reviewed on a quarterly basis by the Finance and Audit Committee and reported to the Board at least annually.

2.14 Performance of an investment manager will be evaluated with respect to an appropriate market index.

2.15 For the purpose of measuring rates of return, all returns shall be measured before investment management fees, but after transaction costs, and over rolling four-year periods. All index returns shall be total returns. All foreign index returns shall be Canadian dollar returns.

Selection, Monitoring and Termination of Investment Managers

2.16 The selection and monitoring of investment managers by the Finance and Audit Committee involves consideration of both qualitative and quantitative factors, which may include:

- Investment performance relative to benchmark and/or peers;
- Overall adherence to this Policy;
- Characteristics of the firm and organization and evaluation of any changes to the firm or key personnel; and
- Competitiveness of fees and expenses.

2.17 If an investment manager fails to meet the criteria used for selection and monitoring, the Finance and Audit Committee shall consider whether further action should be taken, as appropriate.

3

General Policies

Conflicts of Interest

3.1 "Affected Persons" means Board, Finance and Audit Committee, and College staff.

3.2 A conflict of interest is defined as any direct, indirect, actual or perceived material pecuniary interest of an Affected Person in, or any other direct or indirect personal benefit, actual or perceived, to be derived by an Affected Person from any arrangement, contract, investment, transaction or other matter related to the Affected Person's duties or powers with respect to the Funds.

3.3 Each Affected Person shall adhere to Board Policy 3.9 Conflicts of Interest.

Lending of Securities

3.4 Other than through making investments as allowed by this Policy, assets of the Funds shall not be loaned to any party. Pooled Funds may lend securities if permitted under their investment policies.

Voting Rights

3.5 With respect to the portion of the Fund invested in pooled funds, the authority for exercising all voting rights is delegated to the investment manager of the pooled fund, to be exercised in accordance with the pooled fund's policies.

3.6 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund, the authority for exercising all voting rights is delegated to the investment manager of the segregated mandate, provided that the Finance and Audit Committee reserves the right to direct or override the voting decisions of the investment manager if, in its view, such action is in the best interests of the Fund and its beneficiaries.

3.7 Any rights acquired to exercise the votes of pooled fund units and interests in partnerships or limited partnership within the Fund shall be the responsibility of the Finance and Audit Committee, which shall vote in the best interests of the Fund's beneficiaries.

Custody

3.8 To maintain a proper segregation of duties and adequate controls, all securities held must remain with third-party custodians.

Valuation of Investments

3.9 Investments in pooled funds shall be valued according to the unit values published by the investment manager.

3.10 If any of the Fund assets are invested in assets or securities that are not regularly traded at a marketplace, then such securities will be valued at least once annually by the custodian and its agents. Where deemed by the Finance and Audit Committee to be prudent and cost effective, external independent valuations will be obtained. In the absence of any other valuation by the Trustee or independent appraiser, such assets or securities will be held at their book value.

3.11 With respect to the portion of the Fund invested in segregated mandates where individual securities are beneficially owned by the Fund:

- Investment in publicly traded securities shall be valued at their fair market value no less frequently than monthly.
- If a market valuation of an investment is not readily available, then, where expertise exists, the security will be valued at least monthly by the Investment Manager using best judgment in consultation with market makers. Securities that fall outside this area of expertise will be valued by external, independent, qualified specialists that will be retained at a minimum of once per calendar year.
- Derivatives not traded over public exchanges will be valued by an entity independent of the counterparty to the derivative transaction.

Liquidity of Investments

3.12 Investment of the assets will be undertaken with a view to providing for sufficient liquidity to enable the Fund to meet its obligations as they become due.

Compliance Reporting by the Investment Manager(s)

3.13 The investment managers are responsible for completing a compliance report each quarter. The compliance report should indicate whether or not the manager was in compliance with the established investment guidelines throughout the quarter. Where the Fund is invested in a manager's pooled fund, the manager will report on compliance with the pooled fund policy.

3.14 In the event that a manager is not in compliance with the guidelines, the manager is required to detail the nature of the non-compliance and recommend an appropriate course of action to remedy the situation.

Standard of Professional Conduct

3.15 The investment managers are expected to comply, at all times and in all respects, with the Code of Ethics and Standards of Professional Conduct as promulgated by the CFA Institute.

3.16 The investment managers will manage the Fund with the care, diligence and skill that an investment manager of ordinary prudence would use in dealing with assets of another

person. The investment manager will also use all relevant knowledge and skill that it possesses or ought to possess as a prudent investment manager.

Review and Approval of Policy

3.17 The Finance and Audit Committee shall review the Policy periodically, but in any event no less than annually. Amendments to the Policy require approval by the Board.

Agenda Item 8

Strategic Plan (2024-2028)

Verbal Update/Presentation Only

No Pre-Read Materials

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR INFORMATION

From: Thomas Custers, Director, Corporate Services

Topic: 2026 College Dashboard

Issue/Description: 2026 College Dashboard Measures

Public interest rationale: To support the Board in fulfilling its oversight responsibilities and demonstrating accountability to the public regarding the College's performance on its 2026 goals and 2024-2028 Strategic Plan.

Strategic alignment, regulatory processes, and actions: Maintaining and reporting on regulatory performance supports the Board's oversight role, strengthens public trust, and reinforces College's commitment to regulatory excellence.

Background:

- Under Board Policies 4.1 and 4.4, the Registrar & CEO and Management are mandated to present performance and operational scorecards at regular intervals to enable the Board to monitor progress against strategic goals and operational plan targets.
- Each year a new scorecard is developed and approved by the Board to align with the College's annual operational plan.
- Over the past two years, the Board dashboard has evolved to provide a broader, more integrated view of the College's performance. While it continues to track progress against annual operational plan targets and strategic plan goals, it now also includes measures beyond those targets and goals - ensuring the Board has a comprehensive line of sight into how effectively the College is protecting the public and managing its resources to support accountability and planning.
- To reflect this broader scope, the term "dashboard" is now used instead of "scorecard."

Analysis:

A. Measurement Domains

- Measurement domains are distinct categories that define key areas of performance the Board needs to monitor. They help organize measures meaningfully, guide measure selection, and identify gaps in performance information.
- The proposed domains reflect the governance questions the Board would like to see answered through the dashboard:
    - Are we protecting the public?
    - Are we achieving our strategic goals?

- Are we achieving our annual operational plan goals?
- Is the organization healthy, sustainable, and operationally capable?

- College staff proposes the following refined domains for 2026:

Domain	What It Measures
Public Protection	How effectively and efficiently the College achieves its legislative mandate to protect the public interest.
Organizational Capacity	Whether the College demonstrates the capability, culture, and financial sustainability required to fulfill its mandate now and in the future.
Strategic Progress	Tracks progress toward achieving the intended results of the 2024 – 2028 Strategic Plan priorities.
Annual Operational Plan	Monitors progress toward achieving the intended results of initiatives in the Operational Plan.
Annual Performance Risks	Monitors the likelihood of achieving intended Annual Operational Plan results.

- These domains refine the 2025 structure, with a clearer language and stronger alignment with governance questions.
- Some measures may inform multiple governance questions. For example, "percentage of high and moderate risk complaints disposed of within 150 days" informs both public protection and operational plan tracking.
- To avoid confusion and duplication, each measure is assigned to one primary domain (the one it most directly addresses) and cross-referenced in other relevant domains where appropriate. This keeps the dashboard clean while maintaining visibility into all governance questions.

B. Measures

- A measure tells us to what extent that a result has been achieved over time.
- Staff recommends continuing with two types of measures:
  - **Performance measures:**
    - Have specific targets
    - Track progress toward goals
    - Enable the Board to hold management accountable for results
  - **Monitoring measures**:
    - Have no set targets
    - Provide context and early warning signals
    - Help the Board identify trends that may inform future annual plans or signal a need for strategic adjustments.
- To develop the 2026 dashboard, staff reviewed the current (2025) dashboard measures, measures used by other regulators in Canada and internationally, historical and previously considered College measures. Measures were

assessed for relevance and measurability.

- A measure is relevant if it helps the Board answer one or more of the four governance questions outlined above. These measures collectively help the Board to fulfill its governance responsibilities: making informed strategic decisions, monitoring performance, and ensuring accountability to the public.
- The proposed 2026 dashboard below includes:[1]
    - 23 measures (down from 34 in 2025)
    - 6 new measures (1 to be developed)
    - 11 performance measures
- In moving from 34 to 22 measures, staff removed measures that were:
    - Redundant with other measures included
    - Difficult to measure reliably due to small numbers
    - Performing constantly high
    - Too operational in nature

[1] Abbreviations used in the 2026 dashboard: HPARB = Health Professions Appeal and Review Board; ICRC = Inquiries, Complaints and Reports Committee; PACE = Practice Assessment of Competence at Entry.

Proposed 2026 OCP Dashboard			
Measure		**Type**	**New**
Public Protection			
1	Average days in which Registrar decisions are made after receiving complete application	Monitoring	New
2	% of registrants who take more than 6 weeks to secure a PACE site	Monitoring	New
3	% of community pharmacists who passed practice reassessments following coaching	Monitoring	Existing
4	% of community pharmacy technicianswho successfully passed practice reassessments following coaching	Monitoring	New
5	Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category	Monitoring	Existing
6	% High and moderate risk complaints disposed of within 150 days	Performance	Existing
7	% High and moderate risk Registrar's Inquiries are disposed of within 365 days	Performance	Existing
8	% HPARB complaint decisions confirmed	Performance	Existing
9	Open investigation cases at month end	Monitoring	Existing
10	% of complaints resolved through informal processing	Monitoring	Existing
11	% of Registrar's Reports resolved through informal processing	Monitoring	Existing
12	% of registrants who pass the post-ICRC remediation assessment	Monitoring	Existing
13	% Positive Media Sentiment	Monitoring	Existing
Organizational Capacity			
14	% of staff engagement (Overall)	Performance	Existing
15	% of staff engagement (Inclusion)	Performance	Existing
16	Registrant engagement / experience*	Monitoring	New
17	% Budget-to-actual variance	Performance	Existing
18	% above/below required reserve balance	Performance	Existing
19	Staff cost ratio	Performance	Existing
20	External-to-total cost ratio	Performance	Existing
Strategic Progress			
21	% of community pharmacists that believe no changes have been made to address business pressures	Performance	New
Annual Operational Plan			
22	% of 2026 priorities on track	Performance	New
Annual Performance Risks			
23	Critical Performance Risk	Monitoring	Existing

**Survey will need to be developed*

- A Board member suggested adding a second layer to the scorecard by categorizing measures into High, Medium, and Low priority and reporting performance by these categories. This approach would allow the Board to see whether high-priority measures are being achieved even if overall performance falls short. We propose to bring this concept forward for Board input in March, following confirmation of the proposed measures in December.
- An emerging area of interest among regulators is measuring public trust (e.g., Alberta College of Optometrists, College of Midwives of Ontario) or patient experience (e.g., British Columbia College of Oral Health Professionals). College staff intends to explore this in 2026 for potential inclusion in 2027.
- More broadly, by the end of the summer of 2026, when the new Registrant Records System (RRS) is fully implemented, the College will be better equipped to begin developing a data strategy to obtain the required data through collecting and linking data sets to enable better measurement of regulatory outcomes.
- Recognizing that the dashboard provides only a high-level snapshot of College performance, a Board member recommended that staff supporting statutory committees regularly report to the Board to provide deeper insights into key regulatory activities. These reports would complement the dashboard by offering qualitative and quantitative context on issues such as remediation outcomes, practice site deficiencies, and other indicators of public protection. While some of these areas are difficult to quantify, regular updates would strengthen the Board's oversight and ensure visibility into critical aspects of the College's regulatory work.

Next Steps

- Pending Board approval, proposed targets for each performance measure will be presented at the March 2026 meeting together with the suggested second layer concept. Quarterly reporting will begin at the June 2026 meeting.

Questions to Consider

- Are there any governance questions or critical information missing that the Dashboard should address?
- Is anything unclear about the proposed Dashboard?
- Are the proposed measures meaningful and relevant? Are any measures unclear, redundant, or surprisingly absent?
- Does this dashboard structure better support your oversight responsibilities compared to the 2025 version?
- When receiving quarterly results, what additional context would help you better understand performance?

Motion

THAT the Board approves the 2026 OCP Board Dashboard

Attachments

- 9.2 – OCP Board Dashboard and Measures

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Attachment 9.2

2026 Board Dashboard Measures Definitions

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: PUBLIC PROTECTION		
Average days in which Registrar decisions are made after receiving a complete application for registration.	• The average number of days to issue a certificate of registration after a complete application is submitted.	• The College is required to make a timely decision to register an applicant or refer the application to the Registration Committee.
% of applicants taking longer than 6 weeks to secure a suitable PACE site	• The number of applicant survey respondents selecting the category “longer than 6 weeks” divided by the total number of survey respondents answering this survey question.	• There are many factors affecting how long an applicant takes to find a suitable PACE site. The College can assist with attempting to recruit and train assessors in specific geographical locations (or cities) which could reduce this time. Other factors would be the responsibility of the applicant.
% 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.

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: PUBLIC PROTECTION		
% of community technicians who successfully passed their practice reassessments following coaching	• Percentage of community technicians 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.
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.
% 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.

* **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).

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: PUBLIC PROTECTION		
% 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.
% 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.
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.

* **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).

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: PUBLIC PROTECTION		
% of Complaints resolved through informal processing	• Divide the number of formal complaints resolved informally by the total number of formal complaints received.	• 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	• Divide the number of Registrar's Reports resolved informally by the total number of Registrar's Reports received.	• 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.
% 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.

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
% 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. • 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.	• Maintain and enhance 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.
Registrant engagement/experience	• **To be determined**	• **To be determined**

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
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.
% 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.
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.

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ORGANIZATIONAL CAPACITY		
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.

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: STRATEGIC PROGRESS		
% of community pharmacists that believe no changes have been made to address business pressures	• The number of responses to this survey question divided by the number of responses answering that *no changes have been made to address business pressure*s out of a possible 6.choices.	• This question provides the respondent 4 choices that describe factors that indicate change has occurred at their primary place of work to reduce business pressures. This data represents community pharmacists working in a franchise or corporate place of business and are the largest group where business pressures are currently being reported.

2026 Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ANNUAL OPERATIONAL PLAN		
% of 2026 Priorities On Track	• The number of 2026 priorities **On Track**, running and on schedule divided by the total number of priorities currently running.	• There are 3 status classifications for 2026 priorities (projects) 1. **On Track**, meeting schedule 2. **Potentially At Risk** of becoming off track 3. **Off Track** and requires attention • Each active 2026 priority is reported quarterly using the Project Status Report. This report details activities currently underway, possible problems and a mitigation strategy if required. A % of completion is also logged for tracking purposes.

Dashboard Measures

Measure	Formula	Rationale and Understanding this Measure
DOMAIN: ANNUAL PERFORMANCE RISKS		
Critical Performance Risk	• The Critical Performance Risk is calculated by dividing the number of high-risk measures by the total number of measures and multiplying the result by 100 to express it as a percentage.	• Focuses on the specific measures that could impact priorities if not met. • Supports prioritization of resources and corrective actions toward the highest-risk areas.

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BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR DECISION

From: Adrienne Katz, Finance and Audit Committee Chair

Topic: 2026 Operating and Capital Budget

Issue/Description: Approval of 2026 Operating and Capital Budget

Public interest rationale: This decision ensures adequate funding for the College's 2026 operations, strategic priorities and capital investments, enabling the College to fulfill its mandate to serve and protect the public interest.

Strategic alignment, regulatory processes, and actions: Adequate funding for operations is essential to deliver on the strategic and operating plan and to sustain all regulatory activities that uphold the College's mandate.

Background:

- Each year, the College prepares a budget to fund operations and support its strategic and annual operational plans. The budget includes both operating and capital components.
- A key responsibility of the Finance and Audit Committee is to review and recommend the College's annual operating and capital budget to the Board.
- The College has implemented several measures that have significantly improved its financial outlook. Instead of facing substantial deficits for the foreseeable future, the College is now projecting an almost balanced budget for 2025 – compared to the previously forecasted $3.2M deficit – and a much smaller deficit for 2026 than anticipated when the 2025 budget was presented to the Board last year.
- The Executive Team is optimistic that starting in 2027, the College will return to balanced budgets because:
    - The 2026 deficit primarily reflects costs associated with completing the implementation of the new Registrant Record System (RRS), including remaining activities such as data migration, additional change requests beyond the original scope, and a support contract to address unexpected issues before and after go-live and assist with configurations beyond staff expertise.
    - The 2026 budget also includes contingency for legal costs related to Board, committees, and operational matters. In 2025, most legal work was managed in-house by the College's General Counsel, but the volume prompted consideration of an additional legal position. As the role of General Counsel continues to evolve and 2025 may not represent a typical year, the Executive Team opted to defer creating an Associate General Counsel position. Instead, a contingency for external legal support has been included to provide flexibility if needed, with a review of staffing requirements planned for the 2027 budget. Some unknowns remain that may require additional legal support for the Board and its committees.
    - Finally, the 2026 budget still includes credit card processing costs; starting in 2027, registrants will be able to choose free online payment or pay a service fee for credit card transactions, eliminating these costs and generating significant savings for the College.

- The College plans to use its existing unrestricted net assets to offset the projected deficit.
- The recommended 2026 budget includes $960K to support the 2026 priorities that have been approved by the Board in September.

Analysis:

Expenditures

- Operating expenses for 2026, excluding capital expenditures, are projected to be $31.5M. This is $1.6M (4.8%) lower than the 2025 budget but $1.6M (5.5%) higher than the year-end projection for 2025.
- Total expenses including capital are projected at $32.4M. This is $1.8M (5.3%) lower than the 2025 budget but $1.5M (4.9%) higher than the year-end projection for 2025.
- The biggest increase in expenses in 2026 vs. 2025 budget are:

Item	Change ($)	Change (%)
Consulting – Operations	+173K	+103.0
Board	+150K	+35.5
Investigation	+55K	+122.2
Travel	+28K	+7.6

- The biggest increase in expenses in 2026 versus 2025 projected are:

Item	Change ($)	Change (%)
Salaries	+1M	+5.3
Consulting – Operations	+284K	+501.3
Board	+282K	+96.8
Software Subscription	+99K	+17.9
Travel	+58K	+17.4

- The increase in expenses is offset by reduced costs in other areas. The biggest cost reductions in comparison to the 2025 budget are:

Item	Change ($)	Change (%)
Medication Safety Program	-1.3M	-88.9%
Software Subscriptions	-315K	-32.5%
Capital Expenditures	-226K	-20.5%
Practice Initiatives	-68K	-52.2%

Revenue

- Revenue for 2026 is projected to increase by $854K (2.8%) compared to the 2025 budget, and by $981K (3.2%) compared to the 2025 year-end projection.
- The College expects continued growth in the number of pharmacy registrants (approximately 2%), pharmacy technician registrants (4%), and community pharmacies (2%). While some indicators may suggest slower growth over time or potential declines in certain areas (e.g., out-of-province registrations), the College will proactively monitor these trends to maintain a clear line of sight on future revenue implications and ensure informed planning.
- A 2.4% fee increase will be implemented in accordance with the College By-Law, aligned with the annual Consumer Price Index (CPI) increase for Canada as of September 30, 2025.

Bottom Line

- The proposed 2026 budget reflects a significant improvement in the College's financial outlook, reducing the anticipated deficit from $1.4M (forecast last year) to a projected deficit of $503K after capital expenditures. While revenue is expected to grow modestly, the 2026 deficit primarily results from one-time costs to complete the Registrant Records System (RRS) implementation, including data migration, system enhancements, and temporary external support; investments in a new accounting system; implementation of the 2025 governance review recommendations; and contingency for legal services. These investments are essential to modernize operations and strengthen governance.
- Despite these targeted costs, overall spending remains below the 2025 budget, and the College is on track to return to balanced budgets by 2027 as most of these expenses conclude. Starting in 2027, additional savings are expected from reduced credit card processing fees due to the introduction of online payments and service fees for credit card transactions as well as gradual operational efficiencies resulting from the new RRS.
- Furthermore, College management remains committed to prudent financial stewardship by continuously reviewing expenditures to ensure they align with the College's mandate and strategic priorities. This includes exploring opportunities for efficiencies and substitutions where appropriate, while safeguarding the integrity and effectiveness of the College's regulatory functions and public protection. These efforts will be guided by a continuous improvement approach to avoid any adverse impact on the College's core responsibilities.
- The College is projected to have a total reserve balance of $17.3M by the end of 2026, which is significantly above the required minimum reserve balance of $11.4M.
- The attached Executive Summary and budget schedules outline the focus areas for spending in 2026.

Motion:

That the Board of Directors approve the 2026 Operating and Capital Budget.

Attachments:

Appendix 1 – Executive Summary 2026 Budget

Appendix 2 – 2026 Budget Summary Schedule

Appendix 3 – Projections

Appendix 1 - Executive Summary 2025 Projected Financial Performance and Proposed 2026 Budget

Review of 2025 Projected Financial Performance

Revenue is expected to be lower than the budget by $127K (-0.41%), while total expenditures are projected to be **$3.2M (9.8%)** below budget.

Board and Committee Expenses are expected to be $213k (17.3%) below budget. This variance is primarily due to lower-than-expected costs for the Board and the Discipline Committee (fewer pre-hearing conferences and reduced Independent Legal Counsel fees), as well as reduced expenses for the Registration Committee and Fitness to Practise Committee, caused by fewer referrals.

Personnel costs are projected to be $2.1M (8.3%) below budget, primarily due to delayed hiring, temporary vacancies, reductions of positions, lower-than-budgeted severance expenses, reduced participation in professional development, decreased spending on employee engagement activities, and lower-than-anticipated benefit costs.

Regulatory programs expenses are projected to be approximately $355K (9%) below budget. This is primarily due to reduced legal costs for the Inquiries, Complaints and Reports Committee (ICRC), with more legal work managed in-house, investigations related to the College's Strategic Goal #1 requiring far less legal advice than anticipated, and lower-than-expected spending on Expanded Scope, and Policy Review Groups. Additionally, costs for health inquiries, question writing, and funding for the Ontario Pharmacy Health Program (OPHP) also fell below initial projections. It should be noted that actual costs may end up higher than current projections due to a number of variables, including contested hearings scheduled for later in the year.

Operations costs are projected to be $594K (19.9%) below budget, driven by significantly lower spending on software, reduced credit card processing fees, lower consultancy and insurance costs, decreased spending on association fees, and reduced operational expenses related to building maintenance and supplies.

Capital expenditures are forecast to be approximately $80K (7.2%) below budget, primarily due to deferred building improvements and not utilizing the full Board laptop allocation. However, this variance may narrow as College staff is implementing offsite backup for critical servers – a contingency measure identified during a recent emergency response tabletop exercise. This investment was not included in the 2025 budget.

Overview of 2026 Operating and Capital Budget

The 2026 budget includes funding for operational priorities approved by the Board in September. These priorities encompass initiatives to advance the College's 2024 – 2028 strategic goals, completion of the new Registrant Records System (RRS) – including system enhancements and temporary external support to address unexpected issues beyond the IT team's capacity – and providing the IT team with direct access to platform specialists as they continue to learn the new system. The budget also allocates resources for implementing recommendations from the 2025 Governance Review. Additionally, for contingency purposes, provisions are included for increased external legal costs related to Board/Committees activities and to support College operations. Finally, the budget proposes a modest increase in staffing capacity to support core operations, consisting of four positions – three temporary for 2026 only and one permanent.

Expenses

Board and Committee – Schedule A

A key focus for the Board in 2026 will be implementing the recommendations from the 2025 Governance Review, which will require additional consultant support. To strengthen the Board's governance role, the budget also includes funding for governance training and consultancy services to update the College's risk appetite statements and enhance the Board's understanding of risk management. This will help ensure major risks are identified and managed effectively to protect the College's ability to fulfill its mandate.

The Board budget also includes funds for meetings the Board Chair and Vice Chair may have with the Ministry of Health, other stakeholder meetings, and regular meetings with the College's Registrar and CEO.

As a result, total Board expenses are projected to increase by $150K (35.5%) compared to the 2025 budget.

Implementing the governance recommendations will lead to additional Governance Committee meetings; however, overall, Governance Committee costs are estimated to be slightly lower than the 2025 budget. It is also expected that the number of Executive Committee meetings will be reduced compared to 2025, resulting in a $75K (89%) decrease in Executive Committee costs.

The 2025 Board and Executive Committee budget included $90K for external legal costs. As there may still be a need for external legal support by the Board and/or its committees, the 2026 budget includes, as a contingency, $125K for any governance-related legal costs. Additionally, another Board and Committee orientation is planned for the fall of 2026.

The Registration Committee costs are projected to increase by $6K (25%) for contingency. The Fitness to Practise Committee costs are also projected to increase by 24% to $20K in 2026, partly because the budget includes a contingency amount in case a contested hearing is required. Finally, there is a projected $7K increase in Screening Committee costs, as there may be a change in the screening process that would result in more interviews.

Overall, Board and Committee expenses for 2026 are projected to exceed the 2025 budget by $109K (8.9%).

Schedule B – Personnel

In 2025, the College reduced six positions. For 2026, the College is proposing adding one permanent position to support governance work and three temporary positions. The temporary position includes two co-op students (counting as one position, as these are only for a few months each), support for the College's communications team, and support in finalizing the implementation of the new Registrar Records System (RRS).

Staff salaries are projected to increase by 3.3%, reflecting both cost-of-living and merit-based adjustments consistent with recommendations from the recent compensation review. Reinstating merit-based increases will help the College remain competitive in attracting and retaining talented staff. The cost-of-living adjustment is 2.4%, aligned with the Consumer Price Index (CPI), while the merit component accounts for 0.9%.

Benefit costs will rise due to higher rates from the healthcare benefits provider and claim experiences (utilization) over the past year.

Based on actual spending trends in recent years, the budget for professional development will remain unchanged from 2025.

Overall, total personnel costs are expected to be $338K (1.3%) lower than the 2025 budget.

Schedule C – Regulatory Programs

Regulatory programs include expenses for delivering Quality and Conduct programs set out in the statute and the Operational Plan. The proposed 2026 budget for regulatory programs is $1.3M (32%) lower than the 2025 budget, largely because funding for the AIMS Program platform will be discontinued as of 2026. Instead, the College will allocate resources to support the submission of medication safety data to the National Incident Data Repository (NIDR). Although 2026 is a bridging year in which community pharmacies are not required to submit data, Institute for Safe Medication Practices (ISMP) will begin pre-implementation work, estimated at $135K. Additionally, approximately $25K is allocated for exporting medication safety data to a third party and conducting a comprehensive analysis of the full dataset.

The budget for external legal services (Legal Conduct) will be $100K (7.5%) lower than 2025, reflecting reduced reliance on external legal firms due to the College's in-house legal counsel, and a decrease in external general advice for discipline matters based on prior spending trends. The Regulatory Programs also include a line related to Legal-Regulatory. The $145K budgeted here is intended to create capacity, if needed, for external legal support, for example, to support by-law or regulatory changes. Investigation costs are higher because certain cases require specialized data forensics expertise that the College does not possess internally.

Administration of the Pharmacy Jurisprudence examination is included in this category, along with costs for a working group to develop and maintain a databank of questions. The budget also includes the delivery of the Practice Assessment of Competence at Entry (PACE) program, which involves workshops to train assessors and outsourced technology to support the program.

Program administration costs for the Quality Assurance (QA) program include training of Peer Coaches and QA Assessors to manage the volume of registrants identified for QA reassessment. It also covers maintaining questions for a computer-based Clinical Knowledge Assessment.

The 2026 budget allocates $17K to support policy development and implementation, including potential external input for policy reviews (pending Board direction) and the creation of practice guidance and communications resources to assist registrants in understanding and applying updated policies and standards. Furthermore, it includes $15K for engagement activities such as Registrant Reference Group meetings, Health Professional Regulators of Ontario (HPRO) Citizen Advisory Group sessions, and surveys.

Finally, similar to 2025, the 2026 budget allocates $30K to advance equity, diversity, and inclusion (EDI) initiatives, including facilitation of the EDI Stewards Program for a second staff cohort, an Indigenous lens review of policies and resources, and expert support for developing tools and guidance to assist staff and registrants in applying an EDI perspective.

Schedule D – Operations

In comparison to 2025, consultancy costs to support College operations will increase by $173K (103%) due to the support contract for the new Registrant Records System (RRS).

Software costs are projected to decrease by $315K (32.5%) compared to the 2025 budget, primarily due to discontinuing the current RRS and lower licensing fees for the new RRS. Additional savings result from discontinuing licenses no longer needed, as Board and Committee documents are now shared via SharePoint, and discontinuing the previous records management system in favor of SharePoint.

Capital

Capital expenditures for 2026 include the final payment for the new Registrant Records System (RRS) and costs associated with completing data migration by an external vendor. The budget also provides a $300K contingency for potential RRS enhancements, such as enabling online payment options for registrants beginning in 2027. Additionally, the budget includes an estimate for implementing a new accounting system and $75K for scheduled laptop replacements.

Building improvements are also planned, including carpet replacement and upgrading audio-visual equipment in Council Chambers.

In total, capital expenditures for 2026 are projected at $876K, which is $226K (20.5%) lower than the 2025 budget.

Revenue - Schedule E

As outlined in the College By-Laws, the budget includes a 2.4% fee increase across all categories, aligned with the annual Consumer Price Index (CPI) increase for Canada as of September 2025.

Budgeted Profit or Loss

For 2026, an operating surplus of $373K is projected; however, after capital expenditures, the total budget reflects a deficit of $503K. While still a deficit, this represents a significant improvement compared to the projected $3.2M deficit for 2025 and the $1.4M deficit originally forecast for 2026 when the 2025 budget was presented to the Board.

Appendix 2 – 2026 Budget Summary Schedule

Ontario College of Pharmacists

Summary - Budget 2026

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
REVENUE - "Schedule E"	31,922,849	30,941,845	31,068,661	981,003	3.17%	854,187	2.75%	(126,816)	-0.41%
EXPENDITURES									
Schedule "A" - Board & Committee Expenses	1,336,570	1,014,515	1,227,186	322,055	31.74%	109,384	8.91%	(212,671)	-17.33%
Schedule "B" - Personnel	24,652,198	22,908,817	24,990,681	1,743,380	7.61%	(338,484)	-1.35%	(2,081,864)	-8.33%
Schedule "C" - Regulatory Programs	2,670,602	3,580,026	3,934,719	(909,425)	-25.40%	(1,264,118)	-32.13%	(354,693)	-9.01%
Schedule "D" - Operations	2,890,850	2,397,567	2,991,771	493,283	20.57%	(100,922)	-3.37%	(594,204)	-19.86%
TOTAL EXPENDITURES	31,550,219	29,900,925	33,144,358	1,649,294	5.52%	(1,594,139)	-4.81%	(3,243,432)	-9.79%
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	372,630	1,040,920	(2,075,697)	(668,290)	-64.20%	2,448,326	-117.95%	3,116,617	-150.15%
Capital Expenditures	(876,004)	(1,022,400)	(1,101,900)	146,396	-14.32%	225,896	-20.50%	79,500	-7.21%
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	(503,374)	18,520	(3,177,597)	(521,894)	-2818.00%	2,674,222	-84.16%	3,196,117	-100.58%

SCHEDULE A

Board & Committee Expenses

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
Board	573,900	291,589	423,585	282,311	96.82%	150,315	35.49%	(131,996)	-31.16%
Committees:									
Accreditation	9,588	8,483	7,105	1,105	13.03%	2,483	34.95%	1,378	19.39%
Discipline	489,593	411,988	473,026	77,605	18.84%	16,567	3.50%	(61,038)	-12.90%
DPP	3,393	2,393	3,045	1,000	41.79%	348	11.43%	(652)	-21.41%
Executive	9,000	97,565	84,360	(88,565)	-90.78%	(75,360)	-89.33%	13,205	15.65%
Finance & Audit	11,250	8,338	12,325	2,913	34.93%	(1,075)	-8.72%	(3,988)	-32.35%
Fitness to Practice	20,238	5,125	16,283	15,113	294.89%	3,955	24.29%	(11,158)	-68.53%
ICRC	111,495	102,539	105,558	8,956	8.73%	5,938	5.62%	(3,019)	-2.86%
Patient Relation	26,000	24,708	27,565	1,293	5.23%	(1,565)	-5.68%	(2,858)	-10.37%
Quality Assurance	19,440	12,865	18,800	6,575	51.11%	640	3.40%	(5,935)	-31.57%
Registration	31,473	12,238	25,085	19,235	157.17%	6,388	25.47%	(12,847)	-51.21%
Screening	9,600	2,175	2,610	7,425	341.38%	6,990	267.82%	(435)	-16.67%
Governance	18,000	23,780	20,880	(5,780)	-24.31%	(2,880)	-13.79%	2,900	13.89%
Selection Committee	3,600	10,730	6,960	(7,130)	-66.45%	(3,360)	-48.28%	3,770	54.17%
Total Committees	762,670	722,926	803,601	39,744	5.50%	(40,931)	-5.09%	(80,675)	-10.04%
Total Board and Committee	1,336,570	1,014,515	1,227,186	322,055	31.74%	109,384	8.91%	(212,671)	-17.33%

SCHEDULE B

Personnel

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
Salaries	19,830,331	18,824,275	20,232,094	1,006,056	5.34%	(401,763)	-1.99%	(1,407,819)	-6.96%
Benefits	4,188,994	3,619,629	4,120,288	569,365	15.73%	68,706	1.67%	(500,659)	-12.15%
Other Personnel *(Education, training, professional dues)*	632,873	464,913	638,299	167,960	36.13%	(5,427)	-0.85%	(173,386)	-27.16%
Total Personnel Costs	24,652,198	22,908,817	24,990,681	1,743,380	7.61%	(338,484)	-1.35%	(2,081,864)	-8.33%

SCHEDULE C

Regulatory Programs

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
Association Fees - NAPRA	153,696	153,696	153,696	0	0.00%	0	0.00%	0	0.00%
Communication Initiatives	30,760	66,400	70,000	(35,640)	-53.67%	(39,240)	-56.06%	(3,600)	-5.14%
DPP Inspection	0	0	0	0	0.00%	0	0.00%	0	0.00%
Election	13,900	6,500	6,500	7,400	113.85%	7,400	113.85%	0	0.00%
Examinations, Certificates and Registration	311,871	311,615	316,866	256	0.08%	(4,995)	-1.58%	(5,251)	-1.66%
HIP / Investigation / Intake	132,000	76,188	82,000	55,812	73.26%	50,000	60.98%	(5,812)	-7.09%
Legal Conduct	1,235,000	1,082,000	1,335,000	153,000	14.14%	(100,000)	-7.49%	(253,000)	-18.95%
Legal - Regulatory	145,000	415	0	144,585	34839.76%	145,000	0.00%	415	0.00%
Medication Safety Programs	160,000	1,446,665	1,446,665	(1,286,665)	-88.94%	(1,286,665)	-88.94%	0	0.00%
Practice Assessment of Competence at Entry	118,425	111,654	101,120	6,771	6.06%	17,305	17.11%	10,534	10.42%
Practice Initiatives	62,000	55,272	129,810	6,728	12.17%	(67,810)	-52.24%	(74,538)	-57.42%
Professional Development / Remediation	5,500	5,900	3,400	(400)	-6.78%	2,100	61.76%	2,500	73.53%
Professional Health Program	102,000	80,127	107,568	21,873	27.30%	(5,568)	-5.18%	(27,441)	-25.51%
Quality Assurance	200,450	183,594	182,094	16,856	9.18%	18,355	10.08%	1,500	0.82%
Total Regulatory Programs	2,670,602	3,580,026	3,934,719	(909,425)	-25.40%	(1,264,118)	-32.13%	(354,693)	-9.01%

SCHEDULE D

Operations

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
Association Fees - General	22,000	12,787	20,000	9,213	72.05%	2,000	10.00%	(7,213)	-36.06%
Audit	31,500	32,000	30,135	(500)	-1.56%	1,365	4.53%	1,865	6.19%
Bank / Credit Card Charges	669,300	651,615	669,300	17,685	2.71%	0	0.00%	(17,685)	-2.64%
Consulting - Operation	341,080	56,725	168,000	284,355	501.29%	173,080	103.02%	(111,275)	-66.24%
Courier/Delivery	7,350	2,848	7,625	4,502	158.04%	(275)	-3.61%	(4,777)	-62.64%
Insurance - E & O	7,150	8,088	8,500	(938)	-11.60%	(1,350)	-15.88%	(412)	-4.84%
Legal - Operation	20,000	45,935	10,000	(25,935)	-56.46%	10,000	100.00%	35,935	359.35%
Niagara Apothecary	34,210	36,785	29,190	(2,575)	-7.00%	5,020	17.20%	7,595	26.02%
Office Equipment Leasing & Maintenance	16,000	14,104	15,000	1,896	13.44%	1,000	6.67%	(896)	-5.97%
Postage	2,700	3,032	4,100	(332)	-10.96%	(1,400)	-34.15%	(1,068)	-26.04%
Property	340,875	290,697	322,563	50,178	17.26%	18,312	5.68%	(31,866)	-9.88%
Publications-Pharmacy Connection & Annual Report	12,000	10,043	11,000	1,957	19.49%	1,000	9.09%	(957)	-8.70%
Software Subscriptions / Support / Maintenance	653,607	554,382	968,406	99,225	17.90%	(314,799)	-32.51%	(414,024)	-42.75%
Subscriptions	70,505	74,097	68,953	(3,593)	-4.85%	1,551	2.25%	5,144	7.46%
Supplies/Stationery	35,375	29,948	22,086	5,427	18.12%	13,289	60.17%	7,862	35.60%
Telecommunications	235,245	240,648	272,701	(5,404)	-2.25%	(37,457)	-13.74%	(32,053)	-11.75%
Travel	391,954	333,831	364,212	58,122	17.41%	27,742	7.62%	(30,380)	-8.34%
Total Operations	2,890,850	2,397,567	2,991,771	493,283	20.57%	(100,922)	-3.37%	(594,204)	-19.86%

SCHEDULE E

Revenue

	2026 Budget	2025 Projected	2025 Budget	Var. 2026 Budget to 2025 Projected $	Var. 2026 Budget to 2025 Projected %	Var. 2026 Budget to 2025 Budget $	Var. 2026 Budget to 2025 Budget %	Var. 2025 Projected to 2025 Budget $	Var. 2025 Projected to 2025 Budget %
Pharmacist Fees	16,812,222	16,177,106	16,559,695	635,116	3.93%	252,527	1.52%	(382,589)	-2.31%
Pharmacy Technician Fees	4,033,211	3,887,077	3,781,245	146,135	3.76%	251,966	6.66%	105,832	2.80%
Community Pharmacy Fees	7,768,621	7,482,155	7,408,302	286,465	3.83%	360,319	4.86%	73,854	1.00%
Hospital Pharmacy Fees	1,265,141	1,240,373	1,239,266	24,768	2.00%	25,875	2.09%	1,108	0.09%
DPP Inspection Fees	22,692	25,854	22,160	(3,162)	-12.23%	532	2.40%	3,693	16.67%
Health Profession Corporation	202,439	218,668	241,863	(16,228)	-7.42%	(39,424)	-16.30%	(23,195)	-9.59%
Registration Fees and Income	843,522	827,472	897,299	16,050	1.94%	(53,777)	-5.99%	(69,827)	-7.78%
Investment Income	675,000	813,141	568,831	(138,141)	-16.99%	106,169	18.66%	244,310	42.95%
Discipline Costs Order	300,000	270,000	350,000	30,000	11.11%	(50,000)	-14.29%	(80,000)	-22.86%
TOTAL REVENUE	31,922,849	30,941,845	31,068,661	981,003	3.17%	854,187	2.75%	(126,816)	-0.41%

Appendix 3 – Projections

At the September 2024 Board meeting, the Executive Team presented projections showing multi-year deficits beginning in 2024, with reserves projected to fall below required levels. While operational and capital deficits had already emerged in 2023, they were temporarily offset by the gain from selling the 186 St. George Street property.

In presenting the 2025 budget, the Executive Team committed to working with the Finance and Audit Committee to develop a financial plan that would put the College back on a path to financial health.

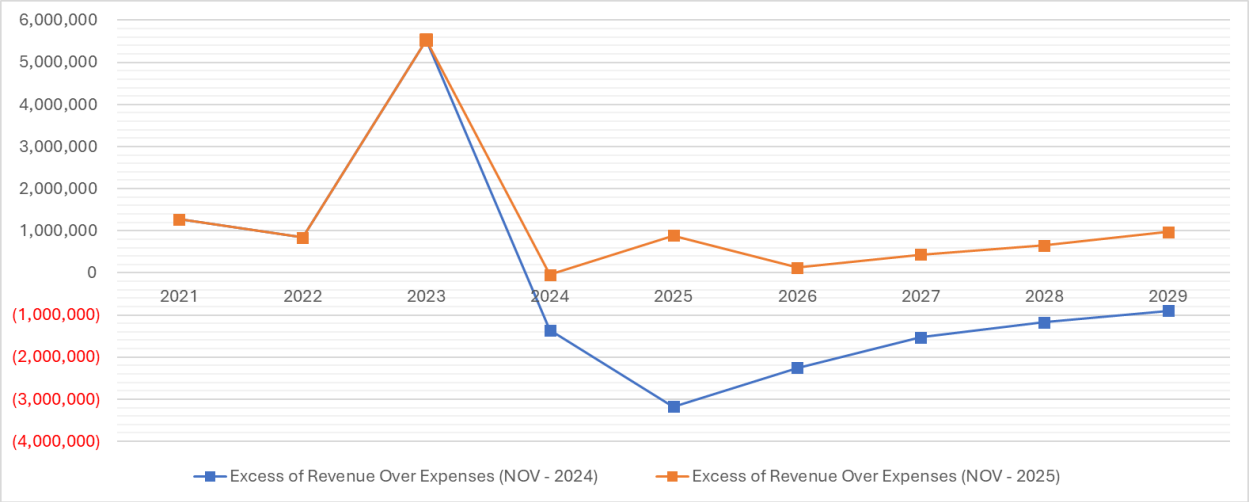
Execution of this plan – focused on identifying and implementing cost-saving measures through attrition where appropriate, aligning resources more effectively with the College's mandate, discontinuing activities that do not add value, and enhancing efficiency in regulatory programs and operations – combined with the decision to discontinue funding the AIMS medication safety reporting platform as of 2026, has successfully returned the College to a trajectory of financial stability, as illustrated in Graphs 1 and 2 below.

Furthermore, the Executive Team is confident that additional efficiency gains will result from implementing the new Registrant Records System (RRS), alongside a significant reduction in credit card processing costs driven by the introduction of online payments and service fees for credit card transactions starting in 2027. These improvements, combined with cost savings from continuous quality improvement initiatives, will be achieved without compromising the College's mandate or strategic priorities.

<u>Assumptions that informed the projections</u>

- 2% net increase in number of pharmacist renewals;
- 4% net increase in number of pharmacy technician renewals;
- 2% net increase in number of community pharmacies;
- Starting in 2027, annual CPI increase of 2% on expenditures and revenue;
- Starting in 2028, annual salary increase of 3%; and
- No major capital repairs, average spend in following years.

Graph 1: Excess of revenue over expense projections presented to the Board in December 2024 versus updated projected

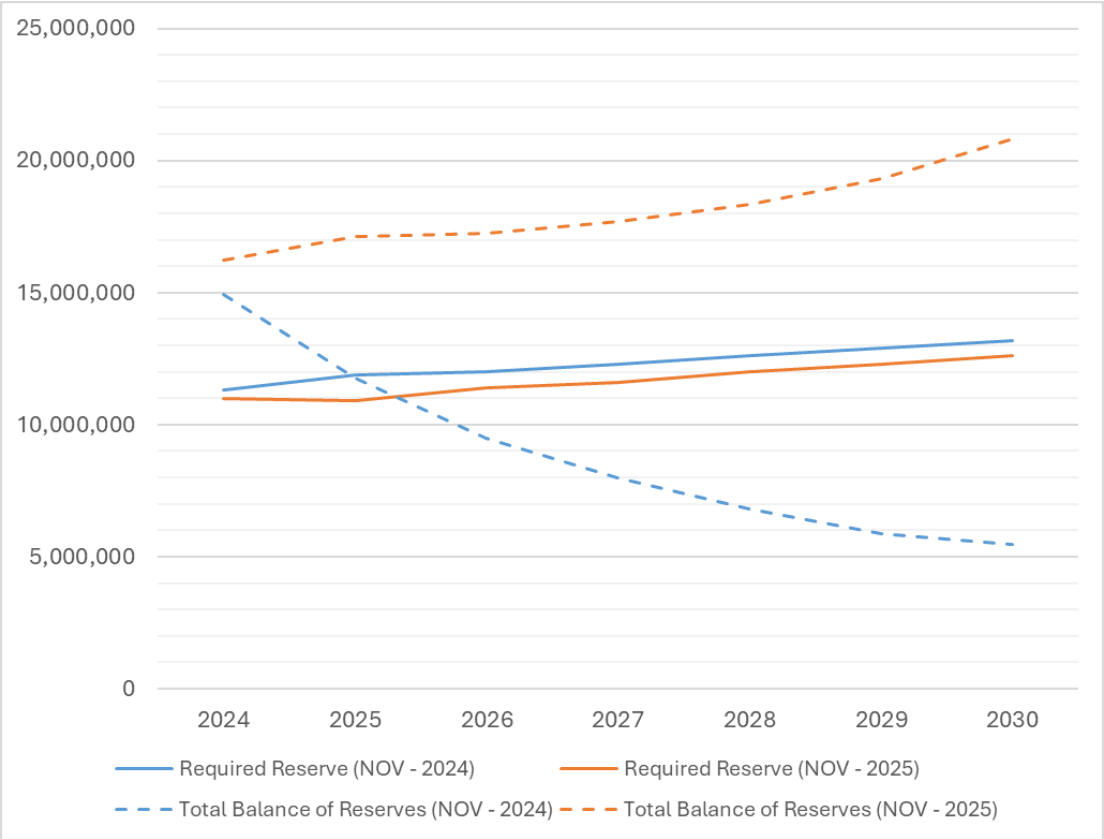


	2021	2022	2023	2024[a]	2025[b]	2026	2027	2028	2029
Excess of Revenue Over Expenses **(NOV - 2024)**	1,271,063	841,031	5,525,737	(1,358,696)	(3,178,947)	(2,254,160)	(1,530,764)	(1,177,556)	(901,597)
Excess of Revenue Over Expenses **(NOV - 2025)**	1,271,063	841,031	5,525,737	(45,806)	891,195	122,630	434,468	655,747	970,805

a) For NOV-2024, starting 2024, these are projections made in November 2024 and presented to the Board in December 2025

b) For NOV-2025, starting 2025, these are projections.

Graph 2: Projected impact on reserve balance presented to the Board in December 2024 versus updated projections



	2024	2025	2026	2027	2028	2029	2030
Required Reserve (NOV - 2024)	11,300,000	11,900,000	12,000,000	12,300,000	12,600,000	12,900,000	13,200,000
Required Reserve (NOV - 2025)	11,000,000	10,900,000	11,400,000	11,600,000	12,000,000	12,300,000	12,600,000
Total Balance of Reserves (NOV - 2024)	14,932,204	11,753,257	9,499,098	7,968,333	6,790,777	5,889,180	5,481,053
Total Balance of Reserves (NOV - 2025)	16,245,094	17,136,289	17,258,919	17,693,387	18,349,134	19,319,939	20,824,306

Ontario College of Pharmacists
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BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR DECISION

FROM: Susan James, Director, Registration and Quality
Saira Lallani, Medication Safety Lead

TOPIC: Aiming for improved engagement in medication safety reporting in Ontario: Feedback from the 60-day public consultation about the proposed changes to AIMS (Assurance and Improvement in Medication Safety) Program.

ISSUE/DESCRIPTION: At the previous Board meeting in September 2025, the proposed changes to the AIMS Program requirements, outlined in the supplemental Standard of Practice, were approved for a 60-day public consultation. The results of the consultation have been analyzed and are ready for Board review and decision regarding approval of the proposed changes.

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.

BACKGROUND:

About the AIMS Program
In 2016, the OCP Board established a Medication Safety Task Force to review options to proceed with a medication incident reporting and quality assurance program in the province, which received support from the then Minister of Health. The Task Force included Melissa Sheldrick, a patient safety advocate and the mother of eight-year-old Andrew Sheldrick who died tragically due to a medication error involving a pharmacy.

In 2017, the OCP Board approved the Task Force's recommendation to develop and implement a mandatory standardized medication safety, quality assurance, and anonymous incident reporting program for all pharmacies. The primary goal of the AIMS Program is to use anonymized medication incident data reported by pharmacies to share learnings at the pharmacy and system level to help reduce the risk of patient harm.

The College established the components of the program and selected a third-party vendor to develop and implement a platform for recording medication safety events. The AIMS Program was formally launched in 2019 to strengthen medication safety and quality improvement practices in Ontario's community pharmacies.

With patient safety and harm prevention as its foundation, the program focuses on four key mandatory components: anonymous reporting of medication incidents and near misses, effective documentation, analysis of events, and quality improvement. It is grounded in the fundamental principles of a safety culture, similar to those in other parts of the health system and builds on the College's existing expectation that pharmacies and pharmacy professionals are engaging in safe medication practices and continuous quality improvement. Importantly, OCP is among many other provinces in Canada that have implemented similar pharmacy medication safety programs over the past several years.

Evaluation and subsequent consultation
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 requirements of the program including mandatory incident reporting, partly due to outdated or unclear requirements, has limited its intended effect of fostering a strong safety culture in Ontario pharmacies.

The Board confirmed 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 outlined by the College and supports data contribution to the National Incident Data Repository (NIDR). At the September 15–16, 2025, Board meeting, the College recommended adapting the national medication incident reporting guidelines to Ontario's specific needs and updating the AIMS Program requirements outlined in the supplemental Standard of Practice (sSOP).

A public consultation on the proposed changes to the sSOP, aimed at improving engagement and strengthening the program's effectiveness as a patient safety priority, started on September 25, 2025, and closed on November 23, 2025. There were 45 responses in total; 35 were posted on the public consultation page and 10 were unpublished or removed for not meeting the College's established consultation website posting guidelines. However, all comments have been thoughtfully and equally considered in the analysis below.

The breakdown of responses was as follows:
- Pharmacists: 43
- Members of the general public: 1
- Organizations or associations: 1

ANALYSIS:

Given the limited volume of individual responses received through the consultation, responses were analyzed qualitatively rather than quantitatively. Responses that offered support or posed questions, recommendations, or concerns specific to the changes to the program were included and organized by theme. Many responses touched on more than one theme and some individuals may have submitted more than one comment. Staff used AI tools in a principled way to support editorial functions and organize consultation comments.

The key themes were: 1) concerns about the program structure/use of a reporting platform generally; 2) increased administrative burden; 3) perception that the College was compromising pharmacists' flexibility and autonomy; 4) support for the AIMS Program; 5) concerns about regulatory authority and unnecessary operational oversight; 6) implementation suggestions; and 7) burnout and workforce capacity.

The most frequently raised concern related to how the College will now administer the program – namely, placing the costs of the reporting platform onto individual pharmacies. However, this change was not within the scope of the consultation, and these comments neither reflect changes to the sSOP nor the decision(s) the Board is being asked to make following the consultation.

Feedback Theme: Value, effectiveness, and platform concerns (23 responses)
There were concerns that mandatory recording of medication-incident through the AIMS Program is both time-consuming and cumbersome, that safety benefits have not been clearly demonstrated, and that it duplicates existing internal processes. A number of comments related to challenges with the current incident reporting platform.

College response/recommendation:
While the impact of a safety program may not always be evident at the pharmacy level, a consistent provincial reporting structure is essential for identifying system-level risks, supporting shared learning, and driving improvements that individual pharmacies cannot achieve alone.

Leading health and safety organizations support safety programs that incorporate reporting, learning, and action as fundamental components of reducing errors and preventing harm. By giving pharmacies autonomy to select their own reporting platform, teams have the flexibility to choose a platform that best aligns with their workflow and organizational needs. This approach is consistent with those of safety programs across Canada.

The College recognizes that there is a significant opportunity to enhance engagement and support, enabling pharmacies to more fully benefit from the program in line with its original intent. Strengthening collaboration with system partners will help pharmacies access data-driven insights, implement meaningful improvements, and reduce the risk of medication-related events. Learnings gathered since the program's launch and changes resulting from the program's evaluation, such as reporting to the national database and involving expert groups like Institute for Safe Medication Practices (ISMP) Canada, are designed to advance the program objectives of enabling more effective sharing of learnings and continuous improvement across the pharmacy sector.

Feedback Theme: Administrative burden and feasibility (17 responses)
Respondents shared concerns that requirements are:
- Excessive and time-consuming
- Diverting time away from patient care
- Perceived as a checkbox exercise

College response/recommendation:
The intent of the requirements is not to create lengthy processes, but to support regular sharing of learnings and consistent engagement in quality improvement. The requirements are important for supporting a strong culture of safety, and the College will continue to provide guidance to help teams meet them efficiently.

The College also recognizes the need to better demonstrate the value of the program and to reinforce the fundamentals behind the program's core safety culture and 'no blame' philosophy associated with anonymous medication safety reporting and team/system-based quality improvement. Reporting and learning from incidents are an integral part of safe patient care, helping to identify risks, prevent harm, and strengthen system-wide improvements. This will be something that the College will focus on as the program changes move forward.

Feedback Theme: Flexibility and professional autonomy (10 responses)
There were requests for operational discretion at the pharmacy level regarding:
- CQI meeting frequency
- Use of existing systems
- Choice of reporting tools, including paper-based options

College response/recommendation:
The College recognizes the importance of integrating the program into existing workflow processes and that more can be done to support pharmacies in understanding how it can be embedded effectively. Giving pharmacies the autonomy to choose the reporting platform that best fits their unique needs provides operational flexibility.

CQI meetings can be brief and integrated into routine practice; the College will incorporate and consider ways it can assist pharmacies in realizing the intended benefits of quarterly meetings as well as practical ways that they can become a part of pharmacy operations without burdening workflow. Understandably, paper-based options would limit the ability to contribute to the national database which is essential for shared learning and system-wide safety improvements.

Feedback Theme: Support for the AIMS Program and proposed changes (10 responses)
Some respondents expressed support for the proposed changes, including standardized provincial/national learning, unique logins for registered pharmacy professionals, and the frequency of the safety self-assessment [SSA] and CQI meetings. Many indicated the value of medication safety programs.

College response/recommendation:
The College appreciates the recognition of the importance of strengthened reporting, shared learning, and quality improvement processes in pharmacy practice. A key objective of the AIMS Program is to use the learnings gathered from reported data to generate insights that can identify system-level risks, identify areas for improvement, and support evidence-informed changes in practice. By acting on these insights, pharmacies can reduce the risk of medicated-related incidents, enhance patient safety, and contribute to continuous improvement across the pharmacy sector.

Feedback Theme: Regulatory approach and trust (9 responses)
Respondents expressed concerns that proposed changes may be overly bureaucratic, prescriptive, or unnecessary.

College response/recommendation:
The intent of the updates is to strengthen the program and support pharmacies in fostering a strong safety culture. The program is aligned with safety programs across Canada, where anonymous reporting and continuous quality improvement are foundational to improving patient safety and reducing the risk of harm associated with medication incidents in pharmacies. The program works optimally when all pharmacies are engaged – a collective approach allows for meaningful aggregation and analysis of data, providing insights that are both system-wide and locally relevant, ultimately enabling pharmacies to identify risks, learn from each other, and implement improvements.

Feedback Theme: Implementation suggestions (9 responses)
Recommendations included:
- Negotiating central or ministry funding
- Managing costs with platform providers and capping fees
- Integrating reporting platforms into existing pharmacy management systems

College response/recommendation:
The College appreciates these suggestions and will continue to consider ways to help registrants effectively and efficiently engage with the program. Monitoring and supporting implementation of these changes over the long term will be incorporated into ongoing program monitoring and evaluation.

Feedback Theme: Burnout and workforce capacity (6 responses)
Some respondents raised concerns about burnout, cautioning that excessive workload may impact patient safety.

College response/recommendation:
The intent of the AIMS Program is not to add unnecessary burden, but to support a culture of safety and continuous quality improvement. The College is committed to providing guidance and resources to help support efficient implementation and will continue to assess and monitor professional well-being and pursue relevant strategies within its mandate to address underlying factors that contribute to workload challenges.

As a clear demonstration of the value of insights stemming from reported incidents, data from the AIMS Program consistently show that practice environment factors are key contributors to medication incidents and near misses. The College remains focused on workplace environmental concerns that affect registrants' ability to meet standards and deliver safe, high-quality care, and intends to refer to this data in its work.

Feedback Theme: Burden of costs to pharmacies (25 responses)
While changes to the program model were not part of the consultation, the burden of cost and financial sustainability was the most frequent theme of the responses. Many pharmacists object to the College passing platform costs to pharmacies, citing:
- No increase in dispensing fees in years
- Rising operational costs
- Increasing College fees

College response/recommendation:
The Board's decision is aligned with that of other provincial regulatory bodies, which require pharmacies to choose their own platform and pay the associated costs. Where our approach differs is that OCP will cover the cost of submitting data to the NIDR to support a strong culture of medication and patient safety.

CONCLUSION:

Based on the analysis of the consultation feedback, no further changes are recommended to the updated supplemental Standard of Practice, which was presented to the Board for review in advance of the public consultation. The proposed updates to the program requirements will ensure the College's medication safety program supports a culture of safety and continuous quality improvement, while remaining aligned with best practices and approaches used in other jurisdictions.

The College recognizes the need to reinforce the fundamental objectives of the program and better demonstrate its value. The College is committed to strengthening education, engagement, change management, and communication efforts to ensure pharmacies feel supported and equipped to implement the updated requirements.

MOTION:

THAT the Board of Directors approves the supplemental Standard of Practice as amended (attached), with full implementation by January 1, 2027.

NEXT STEPS:

The next steps will be determined contingent on the Board's direction. The College will focus on communicating the updated supplemental Standard of Practice and providing guidance and resources to support its successful implementation. A key priority will be reinforcing the importance of the AIMS Program and supporting registrants in building and sustaining a strong culture of safety in pharmacy practice. A one-year transition period will ensure pharmacies have sufficient time to select and implement a medication incident reporting platform that best meets their needs.

ATTACHMENTS/LINKS:

1. Updated Supplemental Standard of Practice (DRAFT)
2. Supplemental Standard of Practice
3. Standards of Operation for Pharmacies
4. NAPRA Model Standards of Practice for Continuous Quality Improvement (CQI) and Medication Incident Reporting (MIR) by Pharmacy Professionals

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.

[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.

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.

BOARD BRIEFING NOTE 1.0

MEETING DATE: December 8, 2025

FOR DECISION

FROM: Todd Leach, Director, Communications Policy & Knowledge Mobilization
Delia Sinclair Frigault, Manager, Equity & Strategic Policy

TOPIC: Expanded Scope of Practice – Seeking approval of final amendments to *Ontario Regulation 256/24* under the *Pharmacy Act, 1991*, for submission to the Minister of Health by December 10, 2025.

ISSUE: In September 2025, the Minister of Health sent a letter of request (Appendix A) to the College, requesting that the Board of Directors amend *Ontario Regulation 256/24* under the *Pharmacy Act, 1991*, enabling pharmacists to assess and prescribe for 14 additional minor ailments, administer more adult vaccines, administer injectable partial opioid agonists and antagonists, and enabling pharmacy technicians to administer more vaccines. The Minister requested final regulation amendments to be submitted by December 10, 2025. The draft regulatory amendments were circulated for public and system partner consultation between September 26 and November 24. The Board is asked to approve the regulation amendments for submission to the Minister.

PUBLIC INTEREST RATIONALE: Expanding the scope of practice of pharmacy professionals to assess and prescribe for more minor ailments and administer more vaccines and drugs will improve patient access to care. Gathering feedback from public consultations is an important part of the regulatory process to ensure that any changes to the profession considers the views and opinions of registrants, system partners and the public and ensures that the public continues to receive safe, ethical and quality care from pharmacy professionals in Ontario.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES, AND ACTIONS: The College plays an important role in ensuring the public has timely access to safe, quality pharmacy care and does so by fulfilling its mandate and relevant objects expressed in provincial legislation. Expanding the scope of practice of pharmacy professionals improves the public's access to health care and is aligned with the Ministry of Health's goals for a more efficient healthcare system.

BACKGROUND:

- Following a request from the Minister of Health, the College developed recommendations for 17 additional minor ailments for which pharmacists could prescribe, which the Board approved and shared with the Minister in October 2023. In September 2024, the Ministry of Health held a public consultation on proposed changes to advance the pharmacy sector which included further expansion of scope of practice.

- On September 3, 2025, the College received a request from the Minister to expand the scope of practice for pharmacy professionals. To enable this expansion of scope, the College drafted regulatory amendments to O.Reg. 256/24, which were approved by the Board for public consultation at the September 2025 Board meeting. See the September 2025 Board meeting materials with details including the request from the Minister.

- In the same letter, the Minister also requested to work with the College to identify the specific laboratory tests and POCTs needed in relation to the proposed minor ailments, for public consultation. It was confirmed in consultation with the Ministry following the September 2025 Board meeting that this list was to be limited to the proposed 14 additional minor ailments, and not for the 19 conditions that are currently authorized. These included:
    - Throat swab culture and rapid strep test for acute pharyngitis (sore throat), and
    - Nail clipping/scraping for culture and microscopy for onychomycosis (fungal nail infections)

- At the September 2025 Board meeting, a request was made to add a drug to the drug list for insect bites/urticaria. The Ministry subsequently confirmed that any updates to drug lists outside of the currently proposed scope changes should only be submitted for consideration in a separate regulatory change request at a future date. This will be explored further in 2026 subject to further Board direction.

- The College conducted a public consultation from September 26 to November 24, 2025. A total of 428 comments were received through the online open consultation and responses were published according to our well-established process and posting guidelines. In addition to receiving comments through the online system, College staff invited a number of system partners including universities, pharmacy groups and other health professional associations and health regulators to provide feedback on the draft regulation amendments and implementation considerations. A summary of the consultation findings and analysis is found in Appendix B.

ANALYSIS:

- The latest consultation attracted the highest-ever number of responses through the College's online open consultation system. There can be many factors that influence response levels, from general level of interest in the topic to its direct relevance to pharmacy professionals. For context, below is the top 5 consultation response volumes received by the College, out of a total of 27 online open consultations conducted over the past 10 years. Please note that the College has periodically performed additional activities to supplement open consultations, from conducting focus groups to collecting insights through surveys.

Consultation topic	Year	# Online Responses
Expanded scope of practice	*2025*	*428*
Employment Standards Act (on behalf of Ministry of Labour)	2017	383
Changes to Pharmacy Act – Vaccine Administration	2016	308
By Law Changes – Fee Increase	2018	240
Expanded scope of practice	2019	203

- As noted in the summary of consultation findings (Appendix B), the College reviewed and considered all the feedback received through the consultation process, including any comments that were not published online per our established posting guidelines. Among the responses published through the online consultation webpage, 68% identified themselves as pharmacists, 18% as pharmacy technicians, 10% as members of the public, and 4% identified as 'other'.

- Analysis of the consultation feedback shows that comments especially from online respondents are deeply polarized. Despite strong support for the expansion of scope generally, there is equally strong feedback regarding patient care, the need for additional training, and the state of system readiness, largely in consideration of ongoing reported business pressures impacting pharmacists and pharmacy technicians and concern over the wellbeing of pharmacy professionals especially in corporate settings. See Appendix B.

- The table below captures the general sentiment of online consultation respondents toward the proposed expansion of scope and regulatory amendments.

Overall Response	Pharmacist	Pharmacy Technician	Public	Other	Total
Positive	101	53	10	6	169
Negative	120	10	26	7	161
Mixed	49	10	4	3	66

RECOMMENDATION:

- The consultation asked respondents to provide feedback on the draft regulations and on implementation considerations. The analysis of the feedback received through the consultation on the whole indicates that no changes are required to the circulated regulation amendments as drafted.

- However, the feedback along with other inputs that the College has reviewed strongly signals the importance of timelines, policy measures and necessary safeguards to support consistently safe and effective implementation, including those that should be in place prior to implementation of the expanded scope. These are included in separate recommendations for consideration in the Board meeting package and is a topic that is expected to be an ongoing focus of discussion for the Board into 2026.

MOTION:

THAT the Board approves the regulatory amendments in Appendix D for submission to the Minister of Health.

NEXT STEPS:

Following the Board's approval, staff will prepare the final regulatory amendments as part of a complete regulatory submission package for submission to the Minister no later than December 10, 2025.

ATTACHMENTS:

- Appendix A – Letter of Request from the Minister of Health
- Appendix B – Summary of Findings from Public Consultation
- Appendix C – Redline Version of Regulation Amendments to O.Reg. 256/24
- Appendix D – Amended Regulation (O. Reg. 256/24)

Ministry of Health

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and Minister of Health

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Ontario

Douglas Brown
President
Ontario College of Pharmacists
483 Huron Street
Toronto ON M5R 2R4

Dear Mr. Brown:

In the Plan to Protect Ontario 2025 and the 2023 Your Health: A Plan for Connected and Convenient Care our government outlined key priorities to strengthen Ontario's heath system, including expanding provider roles to deliver more connected, convenient care, specifically, further leveraging the skills and expertise of Ontario pharmacists and maximizing workforce capacity by enabling professionals to work to their full scope of practice.

As you are aware, in fall 2024, the Ministry of Health consulted on several policy proposals pertaining to the scope of practice of pharmacists and pharmacy technicians. I would like to take this opportunity to inform you that the government has reviewed and considered the results of the consultations. In recognition of the important role pharmacists play in Ontario's health system, I am requesting that the Council of the Ontario College of Pharmacists (the College) amend regulations to authorize:

1. Pharmacists to assess and prescribe drugs for an additional 14 minor ailments (see attachment).
2. Pharmacy technicians to administer additional vaccines that are part of Schedule 3.
3. Add routinely administered adult vaccines that are not currently part of Schedule 3.
4. Pharmacists to administer injectable partial opioid agonists and antagonists.

Regarding the request for pharmacists to order certain laboratory tests and/or additional point of care tests for minor ailments, the ministry is committed to working with the College on identifying those tests for public consultation. The ministry will not be authorizing pharmacists to communicate a diagnosis at this time.

…/2

Douglas Brown

To ensure that this work considers diverse perspectives and includes appropriate safeguards for patient care, I am expecting the College to actively consult with system partners. I would like the College to undertake this work immediately on items 1 though 4 and submit preliminary draft regulations for my review no later than September 25, 2025, and final draft regulations by December 10, 2025 after considering feedback received by the College during consultations. Please note that there is a communications embargo until the government completes its communication. Ministry staff will reach out to you shortly to work with you and to answer any questions you may have.

I appreciate the collaborative partnership between the ministry and the College, and I look forward to receiving these regulatory amendments, so that the people of Ontario can access care in their communities, where, and when they need it.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Deborah Richardson, Deputy Minister, Ministry of Health
Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister
Patrick Dicerni, Assistant Deputy Minister and Executive Officer, Health Programs and Delivery Division
Dr. Kieran Moore, Chief Medical Officer of Health
Susan James, Acting Registrar and Director, Registration & Quality, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Ontario Pharmacists' Association

Attachment

1. Acute pharyngitis (sore throat)
2. Calluses and corns
3. Headache (mild)
4. Herpes zoster (shingles)
5. Minor sleep disorders (insomnia, could also include disturbances in circadian rhythm)
6. Onychomycosis (fungal nail infections)
7. Otitis externa (swimmers' ear)
8. Pediculosis (head lice)
9. Rhinitis – viral (nasal congestion)
10. Seborrheic dermatitis (dandruff)
11. Tinea corporis (ringworm)
12. Tinea cruris (jock itch)
13. Verrucae (vulgaris, plantar) (warts)
14. Xerophthalmia (dry eye)

Appendix B – Summary of Public Consultation Findings on Proposed Regulatory Amendments to Expand the Scope of Practice of Pharmacy Professionals in Ontario (November 2025)

Contents

Background

Pharmacy professional scope of practice has notably expanded over the last decade, and there has been ongoing interest and direction from the Ministry of Health to further expand scope of practice. In September 2025, the College received a letter of request from the Minister of Health with direction to draft regulatory amendments to enable an expansion of practice scope, that would:

- Authorize pharmacists to assess and prescribe for 14 additional minor ailments including:
    - acute pharyngitis (sore throat)
    - calluses and corns
    - mild headache
    - shingles
    - acute insomnia
    - onychomycosis (fungal nail infections)
    - otitis externa (swimmers' ear)
    - pediculosis (head lice)
    - viral rhinitis/rhinosinusitis (nasal congestion)
    - seborrheic dermatitis (dandruff)
    - tinea corporis (ringworm)
    - tinea cruris (jock itch)
    - verrucae (warts, excluding face and genitals)
    - xerophthalmia/dry eye diseases (dry eye)

- Authorize pharmacy technicians to administer additional vaccines listed in Schedule 3 of the regulations
- Enable additional routinely administered adult vaccines to be added to Schedule 3 (for pharmacist and pharmacy technician administration) including tetanus, diphtheria and pertussis vaccines.
- Authorize pharmacists to administer injectable partial opioid agonists and antagonists (specifically, buprenorphine).

The Minister of Health also requested to work with the College to identify the specific laboratory tests and Point of Care Tests (POCTs) needed in relation to the proposed minor ailments, for public consultation. It was confirmed following the September 2025 Ontario College of Pharmacists (OCP) Board meeting that this list was to be limited to the proposed 14 additional minor ailments, and not for the 19 conditions that are currently authorized. These tests included:

- Throat swab culture and rapid strep test for acute pharyngitis (sore throat), and
- Nail clipping/scraping for culture and microscopy for onychomycosis (fungal nail infections)

Public Consultation Process

With direction from the Board of Directors, draft regulatory amendments (approved for consultation at the September 2025 Board meeting) were posted for a 60-day public consultation from September 26 to November 24, 2025. Registrants, system partners, and members of the public were informed of the consultation through the College's website, the College's major publications and digital newsletters, targeted outreach to key system partners, and promotion through social media posts. Of note, targeted outreach to pharmacy technicians resulted in a higher than usual consultation response rate from pharmacy technicians.

The College received a total of 428 comments published to the consultation page which is the highest ever number of responses received through the College's online open consultation system. Most of the comments (399) were received from pharmacists, pharmacy technicians, members of the public, past registrants, and members of other health care professions. Several respondents either submitted duplicate responses (which were not counted toward the total) or responded in more than one entry (which were combined into one for analysis). As well, 16 of the published comments were from system partner organizations.

Two comments received were not published to the consultation page as they did not meet the College's established consultation website posting guidelines. Specifically, one posting was unrelated to the consultation topic. However, College staff ensured that the feedback was redirected to the appropriate department for consideration and follow-up at their discretion. The other unpublished posting was posted outside of the open consultation period.

System Partner Engagement

System partners were consulted and invited to provide feedback through the public consultation, in dedicated meetings, or through formal submissions via e-mail. Meetings were conducted with:

- Post-secondary pharmacy programs
- Practicing pharmacy professionals
- Pharmacy professional associations and advocacy groups
- Other health regulatory colleges
- Other health professional associations

System partners who provided a formal submission included:

- The Adult Vaccine Alliance (AVA)
- Care Rx
- The National Institute on Aging (NIA)
- The Neighborhood Pharmacies Association of Canada (NPAC)
- The Canadian Society of Hospital Pharmacists (Ontario Branch) (CSHP-OB)
- The Ontario Pharmacists Association (OPA)
- The Canadian Pharmacists Association (CPhA)
- Ontario College of Family Physicians (OCFP)
- Ottawa Public Health
- Lambton Public Health
- Health Canada
- Roche Diagnostics
- Merck
- GlaxoSmithKline (GSK)
- McKesson
- Pfizer

Summary of Comments from System Partners

In total, 16 formal consultation response letters were received from system partners.

Minor Ailments

The OPA, pharmaceutical manufacturers, Ottawa Public Health, and pharmacy operator groups (NPAC, McKesson) expressed support for the additional minor ailments, noting the benefits to the health system, and increased patient access to care. Some wished to see further expansion of this practice scope. For instance, NPAC noted that prescribing for birth control and emergency contraception should be reconsidered for addition, and McKesson noted that authorizing therapeutic substitution would support minor ailments and broader pharmacy practice. Care Rx, representing long-term care homes and retirement homes, expressed their wish to see residents of these homes having greater access to many of these practice scope expansions, and stressed the vital role that pharmacy can play in these environments. While Ottawa Public Health felt that additional training and knowledge may be needed to support correct identification of conditions, antimicrobial stewardship and more holistic patient care, others such as the OPA felt that mandatory training was unnecessary.

The OCFP noted their disagreement with including acute insomnia for pharmacist management, due to the non-pharmacological nature of first line treatment for insomnia (such as sleep hygiene counselling and CBT for insomnia). They also offered feedback specific to certain minor ailments related to the importance of proper assessment and treatment, and operational requirements like private counselling rooms.

The CPhA also expressed support for the additional minor ailments and noted some of the work underway at the national level to transition to the term 'common conditions' to better describe some of the health conditions being added to pharmacist scope of practice across Canada. They also noted that this expansion of scope of practice in Ontario is aligning with their broader vision of pharmacy practice.

Vaccines

The pharmaceutical manufacturers including GSK, Pfizer and Merck, expressed support for the authorization of additional vaccines to be administered by pharmacists and pharmacy technicians. Noting the improvements to vaccination rates, optimal use of healthcare resources, and easing health system pressures as the main benefits. They also reinforced the importance for implementing robust safeguards such as standardized training, comprehensive documentation of vaccines, cold chain compliance monitoring and regular audits to ensure quality of this additional practice scope. There was also support for the future expansion of scope that would enable pharmacists to prescribe vaccines.

The pharmacy operator groups, AVA, and public health units, including Ottawa and Lambton, also commented on the additional vaccine-related scope of practice. AVA and Ottawa Public Health reinforced the importance of good documentation and communication to support vaccination, including the need for a provincial registry. As well, they noted the importance of communication with the public of which vaccines they will or will not have to pay for out of pocket. Lambton Public Health's comments were focused on the importance of infection prevention and control standards and private consultation rooms to support implementation. The National Institute on Aging also supported the vaccine-related scope changes, and had similar comments to those above, as well, they noted the importance of training, workflow and operational considerations, and public awareness to support implementation.

The OPA was fully supportive of this additional scope and expressed their wish to see Ontario move away from the use of drug lists altogether, rather than the gradual addition of vaccines over time.

Administration of Sublocade
The OCFP and OPA noted their support for pharmacist administration of Sublocade, and OPA noted the longer-term challenges of working within drug lists, such as Schedule 1 within the regulations, wherein Sublocade is listed. Health Canada also shared comments related to Sublocade. Particularly, that while the regulations under the *Controlled Drugs and Substances Act* do not currently permit pharmacists to administer controlled substances, like buprenorphine, they are committed to working towards a solution with the Ministry of Health that would enable pharmacists to do so, pursuant to a prescription. The OCFP noted that mandatory certification should be required of pharmacists prior to administering this drug, as seen in other provinces.

Laboratory Testing and POCT
Some system partners expressed support for the idea of pharmacists ordering laboratory tests and performing POCTs to support minor ailment care, including the OPA and Roche. The OCFP did not support this aspect of scope expansion, citing their concerns related to the lack of clear processes for following up on test results, and the lack of a shared communication infrastructure in Ontario to help avoid duplicative testing.

Further Advancements in Scope
Several system partner respondents shared comments related to the next steps for pharmacy practice. The CSHP-OB commented that more work is needed to support pharmacists not working in the community pharmacy environment. For instance, supporting hospital and family health team pharmacists to be able to prescribe or order lab tests without a medical directive. The CPhA noted additional work is required to support implementation and sustainability of the expanded scope of practice, including reimbursement models, the concept of pharmacy as clinics, and improved communication and expectation setting with the public. Similarly, the OPA also noted that further work is needed around remuneration, supporting professional autonomy, resourcing, health system integration and alignment of scope across practice settings.

Summary of Consultation Comments Received

Among the 399 individual comments to the public consultation, 270 (68%) were from pharmacists, 73 (18%) were from pharmacy technicians, 40 (10%) were from members of the public, and 16 (4%) were from those who identified as 'other'.

The table below captures the general sentiment of respondents toward the proposed expansion of scope and regulatory amendments, and shows the overall response (positive, negative, or mixed response) by respondent type.

Overall Response	Pharmacist	Pharmacy Technician	Public	Other	Total
Positive	101	53	10	6	170
Negative	120	10	26	7	163
Mixed	49	10	4	3	66
Total	270	73	40	16	399

Analysis of the consultation feedback, conducted fully by staff and with the principled aid of AI tools, shows that comments especially from online respondents are deeply polarized. Despite strong support for the expansion of scope generally, there is an equally strong expression of concern related to patient care safety and the state of system readiness to take on additional scope, largely in consideration of ongoing business pressures impacting pharmacists and pharmacy technicians and concern over the autonomy and wellbeing of pharmacy professionals especially in corporate settings.

Key themes from Pharmacist Respondents

Among the 270 pharmacist respondents, the following key themes were noted:

- ***Expanding scope will help reduce health system pressures overall***
  22% (60/270) felt that the expansion of scope would help reduce health system pressures overall and improve patient access to care. This theme was noted among the pharmacist respondents who had an overall positive sentiment toward the proposed scope changes.

- ***Expanding scope will worsen workload, burnout, corporate pressures and staffing issues***
  43% (117/270) expressed concern with workload, burnout, corporate pressures and insufficient staffing being exacerbated by the expansion of scope. More specifically, there were 98 respondents who commented on workload, burnout and the need for workload adjustments. For instance:

> *"These responsibilities should not be added on top of existing duties. On average, we serve between 150 to 200 patients per shift, in addition to performing injections and managing minor ailments. Expanding the scope of responsibilities without allocating specific time and space will increase the risk of burnout and may lead to errors in patient care."*
>
> *"Expanding scope without mandated workload adjustments risks burnout and reduced quality of care. Clear safeguards are also needed to mitigate conflict of interest."*
>
> *"While the proposed expansion of pharmacist prescribing for minor ailments can improve access, it must be balanced against the reality that pharmacists are already overloaded with dispensing and clinical responsibilities. Expanding scope without mandated workload adjustments risks burnout and reduced quality of care."*
>
> *"…pharmacists have not been given additional time or resources to accommodate these services. The same staffing and workload remain, yet expectations have increased. On weekends in particular, when neighboring pharmacists may be unavailable, the burden on a single community pharmacist can be overwhelming."*

50 comments related to corporate pressures. For instance:

> *"While independent pharmacies may benefit from these changes, corporate settings leave pharmacists with unsustainable expectations and little support. Until I feel that my workplace is providing the resources necessary—whether through staffing or hours —I cannot support these changes."*
>
> *"…need to ensure that cooperations provide the staff and funding for pharmacist to perform these minor ailment assessments properly, otherwise cooperations will just take advantage of pharmacists and force them to meet more service quotas but not provide the resources for us to perform two roles at the same time."*
>
> *"Pharmacy employers and The College must support pharmacists' decisions to not prescribe without fear of disciplinary action."*

And 36 comments related to concerns with staffing, including:

"We are already working under significant pressure, with chronic understaffing being the norm in many community pharmacies. The expectation to take on additional responsibilities such as minor ailment prescribing, renewals, and assessments — all without a corresponding increase in staffing or structural support — is simply unsustainable."

"Sounds like a responsible amendment and would provide better access for patients … Need to resource pharmacist and tech time to do the test and diagnose ailments."

- ***This expansion of scope requires education, training, and credentialling***
  In total, 27% (72/270) of pharmacist respondents felt that either education, training, or additional credentialing was needed, or simply expressed that they did not feel they have the skills, knowledge, or training to take on some of the expanded scope activities. Among this subset, 40 comments conveyed a frustration with being expected to perform activities outside their existing competency and perceived role (implying that they do not believe they have the training or knowledge needed), and 49 felt that education, training and credentialing are needed. Comments included:

  "Before pharmacists begin prescribing for additional minor ailments, completion of approved training or certification should be a mandatory requirement. Importantly, this training should not be broad or generic, but directly related to the specific therapeutic areas covered under the expanded scope (e.g., dermatology for skin conditions, infectious diseases for prescribing antimicrobials, etc.). Including injection-related competencies where relevant will also be key. This approach ensures pharmacists have the focused clinical knowledge to prescribe safely, while also giving them the confidence to apply their skills effectively in practice."

  "I am in favour of the expansion of scope, however I also feel training should be structured, mandatory, and thorough for anyone engaging in prescribing. Pharmacists are not all the same, just like Physicians are not. If a pharmacist wants to assess and prescribe for Pharyngitis they should be able to after they complete a mandatory course on that specific ailment, declare competency, and pass an exam related to it. This should be the case for every ailment offered. This would build public trust"

  "Special recognition, credentialing, and training pathways should be established for clinical pharmacists to ensure competence and support system trust. These measures will help realize the benefits while protecting patients and providers alike."

  "As some of these conditions are more complex, consistent training should be required and may result in only a subsection of pharmacists able to prescribe."

- Respondents noted specific minor ailments and expanded scope activities they were not confident, enthusiastic, or prepared to take on, including fungal nail infections (n=27), sore throat (n=24), shingles (n=13), insomnia (n=8), swimmer's ear (n=6), administration of Sublocade (n=8) and laboratory testing or additional point of care testing (n=5). Reasons cited included complexity of the ailment, lack of training or knowledge, the time required to complete aspects of the assessment (collecting nail clippings/scrapings), and public expectations that are unreasonable and result in pressure or harassment from the public.

- ***This expansion of scope may exacerbate unrealistic expectations of the pharmacist role***
  12% (33/270) of pharmacist respondents noted that harassment and unrealistic expectations and pressure from the public were a concern. These concerns stemmed from the public not understanding the limitations of pharmacists' scope of practice, and continued expectations for immediate service despite evolution of the pharmacist role and service model.

"Patients often expect us to prescribe for conditions beyond our scope, and when we explain our limitations, some respond with threats or hostility. Many patients misunderstand what pharmacists can and cannot do."

"Pharmacies are very busy and after the last minor ailment program campaign rolled out people walked in with the impression they would be seen right away by the pharmacist and could get very angry and verbally abusive if that was not the case. We need to stress in any public campaigns that people should CALL THE PHARMACY for an appointment."

- ***This expansion of scope must consider the physical space limitations in the community pharmacy environment***
  7% (20/270) of pharmacist respondents noted that the physical space in many community pharmacies is not appropriate to manage different aspects of the proposed expanded scope, including lacking the appropriate consultation rooms and equipment. Comments included:

  "The work environment should be improved before expanding the scope of the pharmacist. The consulting room is not suitable for giving injections because if there is emergency we have to let the patient lies on the floor as there's no other place."

  "Most pharmacies are not equipped to be used as examining rooms, nor to house samples to be sent to labs."

  "Patients are welcome to visit the dispensary with their concerns, questions, and prescriptions, and we are committed to delivering care at the highest professional standards. That said, I strongly advocate for the establishment of a dedicated clinic space for the management of minor ailments."

  "…all services are performed in the same small room with inadequate ventilation and no proper disinfection. Waiting areas will become contamination fields. It will also put staff at risk as well."

- ***Access to patient health information***
  5% (14/270) pharmacist respondents noted that there should be improved or more streamlined access to patient health records, vaccine history, or laboratory/diagnostic tests to support many of these expanded scope activities.

- ***Remuneration***
  Although not an area that is within the College's mandate, compensation was noted as a concern among 35% (94/270) of pharmacist respondents. Respondents noted that compensation should be reflective of the additional responsibility and workload. Others noted that dispensing fees, as stipulated in the *Drug Interchangeability and Dispensing Fee Act, 1990,* have remained unchanged for over a decade and should be reviewed.

- ***Additional scope should be added***
  10% (26/270) felt that more should be added to scope such as prescribing for birth control, emergency contraception, additional minor ailments such as athlete's foot, prescribing vaccines, laboratory testing, and performing additional point-of-care tests. Of note, these comments were mostly from registrants who had a mixed or negative sentiment toward the expansion of scope.

- ***Control and autonomy over one's work***
  A subset of respondents (n=6) wished to have the ability to opt in or out of participating in minor ailments.

> *"The pharmacists should have the RIGHT TO REFUSE if they do not feel comfortable or safe, or if they are busy, they should be able to refuse without facing backlash. I can see a pharmacist saying no due to their already heavy workflow and patients complaining to OCP about how they were refused service. Not all of us consent to these increases in scope."*

Key themes from Pharmacy Technician Respondents

Among the 73 pharmacy technician respondents, the following key themes were noted:

- ***Expanding scope will help reduce health system pressures overall***
  Compared to 22% of pharmacist respondents, 60% (44/73) of pharmacy technician respondents felt that the expansion of scope would help reduce health system pressures overall and improve patient access to care.

- ***Expanding scope will worsen workload, burnout, corporate pressures and staffing issues***
  33% (24/73) expressed concern with workload, burnout, corporate pressures and insufficient staffing being exacerbated by the expansion of scope. Comments included:

> *"The current workload associated with these new responsibilities is becoming unsustainable. For example, even a seemingly "minor" clinical service can take up to 30 minutes for a pharmacist to complete when performed thoroughly and in compliance with standards. This is time-consuming in an already busy environment, and it places significant strain on workflow, staffing, and patient wait times."*

> *"With so many Ontarians without a family care provider, allowing pharmacists to perform these tests and prescribe will help ease the burden on Emerg departments. With that being said OCP and MOH need to regulate the services to ensure corporations are not taking advantage and placing pressure on staff to meet certain billing quotas."*

- ***Expanding scope will enable pharmacy technicians to practice to full scope***
  25% (18/73) of respondents noted that the scope expansion enables pharmacy technicians to optimize their training, skills, and knowledge.

- ***Expansion of scope should consider physical space limitations in the community pharmacy environment***
  11% (8/73) of pharmacy technician respondents noted that the physical space in many community pharmacies is not appropriate to manage different aspects of the proposed expanded scope, including consultation rooms and equipment. Comments included:

> *"Pharmacies are not equipped to manage symptomatic patients or perform procedures that blur into diagnostic territory. Many operate with a single counselling room that doubles as an injection space, often with poor ventilation and no separation between infectious and non-infectious patients. Introducing throat swabs or minor-ailment assessments in such settings compromises both staff and patient safety."*

> *"Separate sterile spaces need to be part of the pharmacy floor plans and inspections need to be performed to comply with IPAC."*

"There is hardly any space to accommodate counselling stations, vaccination space and a compounding area that can maintain standards."

"…pharmacies offering minor ailments services should provide dedicated spaces that are free from technical and administrative distractions, allowing pharmacists to focus on patient assessment in a calm, private, and professional environment."

- ***Education and training should be considered as part of implementation***
  14% (10/73) of pharmacy technician respondents commented on the need for education and training to support this expansion of scope. Comments included:

  "I believe extensive training/courses, an exam or certification should be part of this process and it should be optional as to whether the OCP member wants to opt in or out."

  "For pharmacy technicians to inject more, even though trained, still carries a risk especially the ones working in a community setting. I suggest to undergo CPR training."

- ***Remuneration***
  Similar to pharmacists, pharmacy technicians also had concerns regarding remuneration. 18% (13/73) expressed concern regarding remuneration, with 6 comments noting that there is a wage discrepancy between community and hospital pharmacy technicians, which should be addressed.

Key themes from the Public or 'Other' Respondents

There were 40 responses from members of the public; however, 16 of those comments were made by one individual. Among the public respondents, 10 had overall positive comments regarding the expansion of scope, noting that pharmacists are a very accessible health care option, and this scope expansion can further reduce the burden on physicians. A few respondents noted that they wished the scope of practice could be even further expanded to include erectile dysfunction and chronic conditions.

Among the positive responses, it was noted that as scope expands, there needs to be consideration of workload and workflow so that patients can be seen and treated in a timely manner, and that pharmacy professionals are not so overworked and burnt out that they cannot perform their jobs safely. One respondent noted the varying levels of service they've received from different pharmacies, and the benefit of being able to schedule appointments.

The remaining 30 comments reflected a mixed or negative view of the expansion of scope, and the following concerns were noted:

- Pharmacists doing work that they feel should be left to doctors or nurses
- Feeling concerned about the comments they are reading about workload and burnout, and the impact of this on the quality of pharmacy care they receive
- Experiencing longer lines and wait times at pharmacies with more services offered
- Lack of proper equipment in community pharmacy
- Introducing infectious conditions into pharmacies which are meant to be clean places where medications are prepared
- Certain conditions not being appropriate for pharmacist management including shingles, sore throat and fungal nail infections

Sixteen respondents self-identified as ‘other’. Among these, 7 comments were negative and were primarily from individuals representing other healthcare provider groups including dermatologists, physicians, and chiropodists. They expressed concern with pharmacists taking on similar scope of practice as theirs, and not having the adequate education, training and experience to safely manage certain health conditions.

Among the respondents who felt positively (n=6) toward the changes, these were primarily individuals responding from the perspective of their organization or sector and noted the benefit of improving access to care for the public.

OCP Response

In summary, the College has reviewed and considered all of the feedback received through the consultation process, and the impact of this feedback on the draft regulatory amendments. Approximately half of the pharmacy professional respondents viewed the proposed expanded scope of practice activities as an opportunity to contribute to improving access to care, work to their full scope and abilities, and evolve the profession. Approximately half of respondents expressed concern, frustration, and disappointment in the proposed scope expansion, citing workload and burnout, remuneration, staffing, expectations from the public, and limitations in knowledge, skills and abilities, as the main reasons for their aversion to further expanded scope.

The decision and direction to expand pharmacy scope of practice ultimately comes from the Minister of Health and is intended to support the health system and patient access to care in Ontario at large. Public safety has and continues to be the primary mandate of the College, and any evolution of the practice of pharmacy in Ontario must always be weighed against the risk of doing so.

The comments and concerns noted in the consultation have reinforced the need of the College to carefully consider the implementation safeguards that must be in place to support the expansion of scope. It is important to reiterate, that with any scope of practice expansion, pharmacy professionals must exercise their professional judgement in determining whether or not to participate in the expanded scope activities based on an assessment of their own knowledge, skills, abilities, and capacity.

The College fully acknowledges the challenges and concerns expressed by registrants, especially among those who feel negatively towards the expansion of scope in the context of environmental pressures. Implementation safeguards are being explored with the OCP Board of Directors to determine if and to what extent more requirements of pharmacy owners and operators should be in place to enable registrants to practice with autonomy and in a way that meets the standards of the profession. Additionally, mandatory learning requirements, physical space criteria, workflow requirements, and access to provincial clinical viewers are being explored with the Board of Directors.

The proposed regulatory amendments will be submitted to the Minister of Health on December 10, 2025, and will undergo the Ministry’s regulation review process. Determining effective dates for the proposed expanded scope activities will require collaboration between the College and the Ministry of health, following Board direction on required safeguards for successful implementation.

Français

Pharmacy Act, 1991

ONTARIO REGULATION 256/24

PART III
REGISTRATION — PHARMACISTS

Additional requirements

10. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as a pharmacist:

1. The applicant must, have obtained a minimum of a baccalaureate degree in pharmacy,
   i. 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, or
   ii. from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council, and
      A. successfully completes a bridging program or another program approved by the Council, or
      B. successfully completes the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, on the applicant's first attempt.
2. The applicant must have obtained the degree referred to in paragraph 1 no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, but this time limit does not apply if the applicant,
   i. undergoes a review of their practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee and pays the required fees, or
   ii. successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist.
3. 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 an assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.
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.
5. The applicant must, have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council,
   i. within the first three attempts,
   ii. on the fourth attempt, if the applicant first successfully completes any further education or training required by the examining body responsible for the administration of the examination or by a panel of the Registration Committee, or
   iii. on a fifth or subsequent attempt, if the applicant first obtains a new degree that meets the requirements of subparagraph 1 i.

(2) In addition to the requirements in section 8, the following are additional requirements for the issuance of a certificate of registration as a pharmacist to an applicant who previously held a certificate of registration as a pharmacist in Ontario:

1. The applicant must successfully complete the assessment in pharmaceutical jurisprudence, ethics and professionalism referred to in paragraph 3 of subsection (1).
2. The applicant must undergo a review of their practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee and pay the required fees.

(3) An applicant to whom subsection (2) applies is not required to satisfy the requirements of subsection (1), except as required by subsection (2).

(4) The requirements of subsections (1) and (2) are non-exemptible, except as provided under subsection (3).

Terms, conditions and limitations, Part B pharmacists

11. (1) Every certificate of registration of a pharmacist listed in Part B is subject to the following terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not perform any controlled act.
3. The member shall not supervise any part of the pharmacy where drugs are kept.
4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.
5. The member shall not supervise the practice of the profession by another person.
6. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify themself as a non-patient care pharmacist.

(2) Despite subsection (1), a pharmacist listed in Part B may perform a controlled act and provide care to a patient with the prior written approval of the Registrar where,

(a) the sole purpose of doing so is to assist the member in preparing to meet the requirements specified in subsection 6 (3); and

(b) the member is under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

(3) Subject to subsection (4), an approval provided by the Registrar under subsection (2) must not be for a period exceeding six months.

(4) Where the Registrar is satisfied that it is appropriate to do so, the Registrar may extend the term of the approval provided under subsection (2), but in no case may the combined term exceed one year, unless a panel of the Registration Committee approves of a further extension.

PART IV
REGISTRATION — INTERNS

Additional requirements

12. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as an intern:

1. The applicant must satisfy the educational requirements of paragraph 1 of subsection 10 (1).
2. The applicant must have obtained the ~~degree~~ requirements referred to in paragraph 1 of subsection 10 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as an intern, but this time limit does not apply if the applicant successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as an intern.

(2) The requirements in subsection (1) are non-exemptible.

Terms, conditions and limitations, interns

13. (1) Every certificate of registration as an intern is subject to the following terms, conditions and limitations:

1. When practising in a pharmacy accredited as a community pharmacy, other than a remote dispensing location, the member shall only engage in the practice of the profession while under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).
2. When practising in any location other than the one described in paragraph 1, the member shall only engage in the practice of the profession while under the supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).
3. The member shall not supervise any part of the pharmacy where drugs are kept.
4. The member shall not delegate a controlled act.

(2) A certificate of registration as an intern automatically expires on the earlier of the following:

1. The date on which the member is issued a certificate of registration as a pharmacist.
2. One year after the date on which the member's certificate of registration as an intern was issued, unless a panel of the Registration Committee specifies otherwise.

PART V
REGISTRATION — PHARMACY TECHNICIANS

Additional requirements

14. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as a pharmacy technician:

1. The applicant must have obtained a pharmacy technician certificate or diploma, or a university degree in pharmacy,
   i. from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or a program that is accredited by another accrediting body approved by Council, or
   ii. from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council and,
      A. successfully completes a bridging program or another program approved by the Council, or
      B. successfully completes the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians or another examination approved by Council on the applicant's first attempt.
2. The applicant must have obtained the certificate, degree or diploma referred to in paragraph 1 no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, but this time limit does not apply if the applicant,
   i. undergoes a review of their practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee, and pays the required fees, or
   ii. successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician.
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 assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.
4. 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 a practice assessment of competence approved by the Council.
5. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians, or another examination approved by the Council,
   i. within the first three attempts,
   ii. on the fourth attempt, if the applicant successfully completes any further education or training required by the examining body responsible for the administration of the examination or by a panel of the Registration Committee, or
   iii. on any subsequent attempt, if the applicant first obtains a new certificate, diploma or degree that meets the requirements of subparagraph 1 i.

(2) In addition to the requirements in section 8, the following additional requirements apply to an applicant who previously held a certificate of registration as a pharmacy technician in Ontario:

1. The applicant must successfully complete the assessment in pharmaceutical jurisprudence, ethics and professionalism referred to in paragraph 3 of subsection (1).
2. The applicant must undergo a review of their practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee, and pay the required fees.

(3) An applicant to whom subsection (2) applies is not required to satisfy the requirements of subsection (1), except as required by subsection (2).

(4) The requirements of subsections (1) and (2) are non-exemptible, except as provided under subsection (3).

Terms, conditions and limitations, pharmacy technicians

15. Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:

1. When practising in a pharmacy accredited as a community pharmacy, other than a remote dispensing location, the member shall only engage in the practice of the profession while under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

2. When practising in any location other than the one described in paragraph 1, the member shall only engage in the practice of the profession while under the supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).
3. In a pharmacy accredited as a community pharmacy, the member shall not supervise any part of the pharmacy where drugs are kept.
4. The member shall not delegate a controlled act.
5. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information or education requires therapeutic knowledge, clinical analysis or clinical assessment.

Terms, conditions and limitations, Part B pharmacy technicians

16. (1) Every certificate of registration as a pharmacy technician listed in Part B is subject to the following additional terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not perform any controlled act.
3. The member shall not supervise the practice of the profession by another person.
4. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify themself as a non-patient care pharmacy technician.

(2) Despite paragraphs 1 and 2 of subsection (1), a pharmacy technician listed in Part B may perform a controlled act and provide care to a patient with the prior written approval of the Registrar as long as,

(a) the sole purpose of doing so is to assist the member in preparing to meet the requirements specified in subsection 6 (3); and

(b) the member is under the direct supervision of a Part A pharmacy technician or a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

(3) Subject to subsection (4), an approval provided by the Registrar under subsection (2) must not exceed six months.

(4) Where the Registrar is satisfied that it is appropriate to do so, the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Registration Committee approves a further extension.

PART XIV
CONTROLLED ACTS

Interpretation

47. (1) In this Part,

"adapt" means, subject to subsection (2), to change a patient's prescription by changing any of the following, but does not include therapeutic substitution,

Note: On September 30, 2026, the definition of "adapt" in subsection 47 (1) of the Regulation is amended by striking out "subject to subsection (2)" in the portion before clause (a). (See: O. Reg. 256/24, s. 67 (1))

(a) the dose of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the directions for use of the prescribed drug, or

(d) the route of administration for taking the prescribed drug; ("adapter")

"coronavirus exemption" means the exemption issued by the Minister of Health for Canada on March 19, 2020 under subsection 56 (1) of the *Controlled Drugs and Substances Act* (Canada) entitled "Subsection 56 (1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic", available on a website of the Government of Ontario, including any renewal or replacement of the exemption; ("exemption applicable au coronavirus")

Note: On September 30, 2026, the definition of "coronavirus exemption" in subsection 47 (1) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (2))

"point-of-care test" means a test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use; ("analyse hors laboratoire")

"prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of their practice of a health profession; ("prescripteur")

"prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient; ("ordonnance")

"renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient; ("renouveler")

"therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent. ("substitution thérapeutique")

(2) While the coronavirus exemption is in effect, in this Part,

"adapt" in relation to the adaptation of a prescription for a controlled substance under the *Controlled Drugs and Substances Act* (Canada), means to change the prescription by changing any of the following, but does not include therapeutic substitution,

(a) the dose and regime of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the de-prescribing of the prescribed drug, or

(d) the part-filling of the prescription.

Note: On September 30, 2026, subsection 47 (2) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (3))

(3) In this Part,

(a) a reference to a Part A pharmacist includes a member who holds a certificate of registration as a pharmacist (emergency assignment); and

(b) a reference to a Part A pharmacy technician includes a member who holds a certificate of registration as a pharmacy technician (emergency assignment).

Inconsistencies

48. (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply.

(2) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply.

Controlled acts

49. A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part.

Substances

50. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) of this section who meets all the requirements in subsection (4) is authorized to perform the following acts:

1. Administering a substance specified in Schedule 1 by injection.
2. Administering a substance specified in Schedule 2 by inhalation.
3. Administering a vaccine specified in Schedule 3 by injection.

(2) A Part A pharmacist or an intern is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(3) A Part A pharmacy technician or an intern technician who meets all the requirements in subsection (6) is authorized to perform an act provided for in paragraph 3 of subsection (1)~~, but only with respect to the influenza vaccine, respiratory syncytial virus vaccine and Coronavirus (COVID-19) vaccines and~~ subject to the terms, conditions and limitations imposed on their certificate of registration.

(4) A member referred to in subsection (2) may only perform an act provided for in subsection (1) if the member complies with the following:

1. Before performing the act, the member must explain the purpose of the act to the patient or the patient's authorized agent and receive an informed consent from the patient or the patient's authorized agent.
2. The member shall ensure that the member only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.
6. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and address of the member,
    iii. the date the act was performed,
    iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
    v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
    vi. confirmation that an informed consent was given by the patient or their authorized agent.
7. Where administering a substance specified in Schedule 1 by injection to a patient through an established central or peripheral venous access device, the member must only do so in collaboration with a member of the College of Nurses of Ontario who is a registered nurse in the extended class or a member of the College of Physicians and Surgeons of Ontario.
8. Where the act is performed for a purpose other than that of patient education or demonstration the member must, within a reasonable time after performing the act, notify the following persons that the member performed the act, and provide details respecting the act:
    i. The prescriber, if any, of the substance that was administered.
    ii. The patient's primary care provider, where the member knows that the patient has such a care provider other than the prescriber.
9. Where administering an influenza vaccine by injection, the member must administer the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website.
10. The member may only administer a vaccine to patients who are two years of age or older in the case of the influenza vaccine, six months of age and older in the case of the COVID-19 vaccines and five years of age or older in the case of every other vaccine.

(5) Where a limitation or a route of administration is indicated with respect to a substance listed in Schedule 1, a member shall only administer the substance in compliance with the limitation and in accordance with the route of administration specified.

(6) A member referred to in subsection (3) may only perform the act of administering the vaccine by injection provided for in paragraph 3 of subsection (1) if the patient is two years of age or older in the case of the influenza vaccine, ~~five years of age or older in the case of respiratory syncytial virus vaccine or~~ six months of age or older in the case of Coronavirus (COVID-19) vaccines, and five years of age or older in the case of every other vaccine, and if the member,

(a) possesses sufficient knowledge, skill and judgment to be able to administer the vaccine safely;

(b) meets all the requirements in paragraphs 2, 3 and 6 of subsection (4);

(c) meets the requirement in paragraph 9 of subsection (4), when administering an influenza vaccine by injection; and

(d) has confirmed that a member referred to in subsection (2), or another regulated health professional authorized to administer the vaccine by injection, has,

(i) received an informed consent from the patient or the patient's authorized agent,

(ii) a sufficient understanding of the vaccine and condition of the patient for the vaccine to be administered safely, and

(iii) considered whether administering the vaccine by injection to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.

Prescribing

51. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a Part A pharmacist is authorized to prescribe the following drugs, subject to subsections (2) and (4) of this section and to the terms, conditions and limitations imposed on their certificate of registration:

1. For the sole purpose of smoking cessation, the following specified drugs:
    i. Bupropion Hydrochloride.
    ii. Varenicline Tartrate.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4, a drug opposite the minor ailment in Column 3 of that Table.
3. For the sole purpose of treating COVID-19, Nirmatrelvir/Ritonavir.
4. For the sole purpose of treating influenza, Oseltamivir.

(2) In the case of drug referred to in paragraph 3 of subsection (1),

(a) the Part A pharmacist shall make a determination as to the patient's risk for any drug interactions that cannot be properly managed or that prevent Nirmatrelvir/Ritonavir from being prescribed and shall not prescribe the drug if such an interaction exists; and

(b) the Part A pharmacist shall notify the patient's primary care provider, if any, within a reasonable time that the pharmacist prescribed Nirmatrelvir/Ritonavir to the patient and provide details respecting the prescription.

(3) For the purposes of paragraph 3 of subsection 4 (1) of the Act, an intern is authorized to prescribe the following drugs, subject to subsection (4) of this section and to the terms, conditions and limitations imposed on their certificate of registration:

1. For the sole purpose of smoking cessation, the following specified drugs:
    i. Bupropion Hydrochloride.
    ii. Varenicline Tartrate.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4, a drug opposite the minor ailment in Column 3 of that Table.

(4) A Part A pharmacist or an intern may only prescribe a drug under this section if they,

(a) possess sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) have considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) give the prescription to the patient or the patient's authorized agent;

(d) advise the patient or the patient's authorized agent, at the time of giving the prescription, that they may elect to take it to a pharmacy of their choosing for dispensing;

(e) notify the patient's primary care provider, if any, within a reasonable time, that the Part A pharmacist or intern prescribed a drug for the patient and provide details respecting the prescription;

(f) comply with the additional requirements under sections 53 and 54; and

(g) have determined, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition.

Adapting and renewing prescriptions

52. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (4) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.
2. Renewing a patient's prescription for the purpose of continuity of care.

(2) Subject to subsection (3), subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the *Controlled Drugs and Substances Act* (Canada) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.

Note: On September 30, 2026, subsection 52 (2) of the Regulation is amended by striking out "Subject to subsection (3)" at the beginning. (See: O. Reg. 256/24, s. 67 (4))

(3) During the period of time in which the coronavirus exemption is in effect, subsection (2) does not apply to the extent that the coronavirus exemption or the *Controlled Drugs and Substances Act* (Canada) authorizes the member to adapt or renew a prescription for a controlled substance under that Act.

Note: On September 30, 2026, subsection 52 (3) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (5))

(4) A Part A pharmacist and an intern are authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(5) A member may only perform an act provided for in subsection (1) if the member complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,
   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription,
   iii. have access to the medical record that contains information about the prescription, or
   iv. during the period of time in which the coronavirus exemption is in effect, if the criteria set out in subparagraphs i, ii and iii cannot be met, be satisfied as to the existence and details of the prescription from an alternative source, including, but not limited to, the prescription label, the prescription receipt with medication history, a photograph of the prescription or a facsimile of the prescription.

Note: On September 30, 2026, paragraph 1 of subsection 52 (5) of the Regulation is amended by adding "or" at the end of subparagraph ii, by striking out "or" at the end of subparagraph iii and by revoking subparagraph iv. (See: O. Reg. 256/24, s. 67 (6))

2. If the member is renewing a prescription, the member must not prescribe a quantity of the drug that exceeds the lesser of,
   i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
   ii. a 12 months' supply.
3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,
   i. renews a patient's prescription, or
   ii. adapts a patient's prescription, if, in the member's opinion,
      A. adapting the prescription is clinically significant in relation to the patient, or
      B. the notification is necessary to support the patient's care.
4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or the patient's authorized agent,
   i. that they are entitled to the prescription, and
   ii. that they may take the prescription to a pharmacy of their choosing for dispensing.
5. The member must comply with the additional requirements under sections 53 and 54.

Recording information

53. A member who performs an act provided for in section 51 or 52 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.
7. The number of refills that the member authorized, if applicable.
8. Any other information required by law.

Patient record

54. A member who performs an act under section 51 or 52 must maintain a patient record that includes details of the member's rationale for their decision to act under section 51 or 52 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.

2. A copy of the prescription that the member gave to the patient or their authorized agent under clause 51 (4) (c) or that the member gave to the patient or their authorized agent to take to a pharmacy of their choosing under clause 51 (4) (d) or paragraph 4 of subsection 52 (5).
3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 51 or 52.
4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:
    i. The patient's primary care provider notified under clause 51 (4) (e) or paragraph 3 of subsection 52 (5).
    ii. The patient's prescriber notified under paragraph 3 of subsection 52 (5).

Piercing dermis

55. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) of this section who meets all the requirements of subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood.

(2) A Part A pharmacist, an intern, a Part A pharmacy technician and an intern technician are authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(3) A Part A pharmacy technician and an intern technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time the act is performed;

(b) they are under the direction of a Part A pharmacist at the time the act is performed; and

(c) if the act is performed to administer a point-of-care test, a Part A pharmacist interprets the results of the test and makes any professional decision arising from those results.

(4) A member may only perform the act provided for in subsection (1) if the member complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self-care and education or for the patient's self-monitoring of their chronic disease, unless the act is performed to administer a point-of-care test.
2. The member may only perform the act to administer a point-of-care test if the test is listed in subsection 28 (2) of Ontario Regulation 45/22 (General) made under the *Laboratory and Specimen Collection Centre Licensing Act* and if it is administered for the purpose of assisting patients with the management of their medication to treat chronic disease.
3. Before performing an act described in paragraphs 1 or 2 the member must,
    i. explain the purpose to the patient or their authorized agent, and
    ii. receive an informed consent from the patient or their authorized agent.
4. The member shall ensure that the member only performs the act in an environment that is clean, safe, private and comfortable for the patient.
5. The member shall ensure that appropriate infection control procedures are in place.
6. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.
7. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.
8. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and work address of the member,
    iii. the date the act was performed,
    iv. the circumstances relating to the performance of the act and any adverse reaction experienced by the patient,
    v. confirmation that an informed consent was given by the patient or their agent, and
    vi. if the act was performed to administer a point-of-care test,
        A. the results of the test, and

B. the professional decision arising from the results of the test and the rationale for the decision.

9. If the act is performed to administer a point-of-care test, the member must notify the patient's primary care provider, if any, within a reasonable time that the member performed the act and provide details respecting the act.

PART XV
INSPECTION OF DRUG PREPARATION PREMISES

Interpretation

56. (1) In this Part,

"designated member" means,

(a) the member designated for a drug preparation premises in accordance with section 61, or

(b) where only one member engages in or supervises drug preparation activities at or in connection with a drug preparation premises, that member; ("membre désigné")

"drug" means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of "drug" in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, but does not include,

(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or

(b) a substance or preparation referred to in clause (e), (f), (g), (h) or (i) of that definition; ("médicament")

"drug preparation activities" 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; ("activités de préparation de médicaments")

"drug preparation premises" means any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include,

(a) a pharmacy in respect of which a valid certificate of accreditation has been issued under the *Drug and Pharmacies Regulation Act*,

(b) a premises in respect of which a valid establishment licence has been issued under the *Food and Drugs Act* (Canada), or

(c) a hospital or a health or custodial institution approved or licensed under any general or special Act; ("locaux de préparation de médicaments")

"inspector" means a person appointed by the College to carry out an inspection on behalf of the College; ("inspecteur")

"supervise" means to supervise either directly or indirectly. ("surveiller")

(2) Anything that may be done by the College under this Part may be done by the Council or by a committee established under clause 94 (1) (i) of the Health Professions Procedural Code.

Inspection

57. (1) All drug preparation premises are subject to inspection by the College in accordance with this Part.

(2) In carrying out an inspection of a drug preparation premises under subsection (1), the College may also require any or all of the following:

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.
2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
3. Inquiries or questions to be answered by the member that are relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
4. Direct observation of a member in their practice with respect to drug preparation activities at or in connection with the drug preparation premises.

Entrance by inspector

58. An inspector may, on the production of information identifying them as an inspector, enter and have access to any drug preparation premises at reasonable times and may inspect the drug preparation premises and do any of the things mentioned in subsection 57 (2) on behalf of the College.

Duties of members

59. (1) It is the duty of every member engaging in or supervising drug preparation activities at or in connection with drug preparation premises that are subject to an inspection to,

(a) submit to an inspection of the drug preparation premises in accordance with this Part;

(b) promptly answer a question or comply with a requirement of the inspector that is relevant to an inspection under this Part; and

(c) co-operate fully with the College and the inspector who is conducting an inspection of a drug preparation premises in accordance with this Part.

(2) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises where an inspector has been denied entry or access.

Notice

60. (1) No member shall commence engaging in or supervising drug preparation activities at or in connection with drug preparation premises unless the member has previously given notice in writing to the College in accordance with subsection (3) of the member's intention to do so.

(2) Where a member has provided notice in writing to the College in accordance with subsection (1) and the drug preparation premises have not passed an inspection or passed an inspection with conditions within the previous five years, the College shall ensure that an inspection of the drug preparation premises is performed within 60 days from the day that the College receives the member's notice.

(3) The notice required in subsection (1) must include the following information, submitted in the form and manner required by the College:

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if they are not the member who is required to give notice under this section.
2. The full address of the drug preparation premises.
3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.
4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part.

Designated member

61. Where two or more members engage in or supervise drug preparation activities at or in connection with a drug preparation premises, the members shall designate a member as the designated member for the drug preparation premises, and shall immediately notify the College of the designated member's identity.

Intervals for inspections

62. All drug preparation premises are subject to an inspection by the College once every five years after the initial inspection of the premises or more often if, in the opinion of the College, it is necessary or advisable to do so.

Determination of pass

63. (1) After an inspection of a drug preparation premises, the College shall determine, in accordance with the accepted standards of practice, whether the drug preparation premises pass, pass with conditions or fail.

(2) In determining whether drug preparation premises pass, pass with conditions or fail an inspection, the College may consider,

(a) the inspection results provided to the College by the inspector;

(b) information provided by one or more members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises respecting the inspection, including the answers given by them in response to inquiries or questions asked by the inspector;

(c) the information contained in a notice given by a member under subsection 60 (1);

(d) any submissions made by the member or members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises that are relevant to the inspection; and

(e) any other information that is directly relevant to the inspection of the drug preparation premises conducted under this Part.

(3) The College shall deliver a report, in writing and in accordance with section 39 of the *Regulated Health Professions Act, 1991*, to the individual or corporation that is the owner or occupier of the drug preparation premises and to the designated member for the drug preparation premises, within a reasonable time after the inspection is completed.

(4) Any report made by the College respecting an inspection of drug preparation premises where a member is engaging in or in respect of which the member is supervising drug preparation activities shall make a finding that the drug preparation premises passed, passed with conditions or failed the inspection and shall provide reasons where the drug preparation premises passed with conditions or failed the inspection.

(5) Any report made by the College that finds that drug preparation premises failed an inspection or passed with conditions is effective on the day that it is received, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, by the designated member for the drug preparation premises.

(6) The designated member who receives a report made by the College that finds that a drug preparation premises failed an inspection or passed with conditions shall promptly provide copies of the report to all members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.

(7) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises that fail an inspection until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection, or passed with conditions; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass or pass with conditions.

(8) A member shall not engage in or supervise drug preparation activities at or in connection with drug preparation premises that pass an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass.

(9) A member may make submissions in writing to the College within 14 days from the date on which a report made by the College that finds that the drug preparation premises passed with conditions or failed the inspection becomes effective in accordance with subsection (5).

(10) The College may or may not elect to reinspect the drug preparation premises after receiving a member's submissions, but no more than 60 days after a member provides their submissions, the College shall do one or more of the following:

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.
2. Make a report and find that the drug preparation premises passed with conditions.
3. Make a report and find that the drug preparation premises passed the inspection.

(11) Drug preparation premises that fail an inspection or pass with conditions may be subject to one or more further inspections within a reasonable time after the College delivers its report, at the request of a member, any other person to whom the College gave the report, or at any time at the discretion of the College.

(12) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member's knowledge, skill or judgment is unsatisfactory, the College may direct the Registrar to refer the report to the Quality Assurance Committee.

(13) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the College may direct the Registrar to refer the report to the Inquiries, Complaints and Reports Committee.

SCHEDULE 1
INJECTED SUBSTANCES

Analgesics and Antipyretics

Codeine — For patient education and demonstration only

Hydromorphone — For patient education and demonstration only

Morphine — For patient education and demonstration only

Nalbuphine — For patient education and demonstration only

Antibacterials

Amikacin

- Ampicillin
- Cefazolin
- Cefepime
- Cefotaxime
- Cefoxitin
- Ceftazidime
- Ceftriaxone
- Clindamycin
- Cloxacillin
- Ertapenem
- Gentamicin
- Penicillin G

Anticholinergic Agents

- Glycopyrrolate — Must not be administered intravenously
- Hyoscine — Must not be administered intravenously
- Scopolamine — Must not be administered intravenously

Anticoagulants

- Dalteparin — Must not be administered intravenously
- Danaparoid — Must not be administered intravenously
- Enoxaparin — Must not be administered intravenously
- Fondaparinux — Must not be administered intravenously
- Heparin — For patient education and demonstration only
- Nadroparin — Must not be administered intravenously
- Tinazaparin

Antidiabetic Agents

- Dulaglutide
- Exenatide
- Insulins
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Antihemorrhagic Agents

- Emicizumab

Antihistamines

- Dimenhydrinate — Must not be administered intravenously
- Diphenhydramine — Only for monitoring and management of allergic reactions

Antimigraine Agents

- Erenumab
- Sumatriptan

Antiparkinsonian Agents

- Apomorphine
- Benztropine

Antivirals
- Enfuvirtide
- Interferons
- Peginterferon alfa-2a

Central Nervous System Agents, Miscellaneous
- Inotersen

Complement Inhibitors
- Icatibant
- Lanadelumab

Disease-modifying Antirheumatic Drugs
- Abatacept
- Adalimumab
- Anakinra
- Etanercept
- Golimumab — Must not be administered intravenously
- Methotrexate — Must not be administered intravenously
- Sarilumab
- Tocilizumab — Must not be administered intravenously
- Ustekinumab — Must not be administered intravenously

Enzymes
- Asfotase Alfa

GI Drugs, Miscellaneous
- Certolizumab Pegol
- Methylnaltrexone

Gonadotropins and Antigonadotropins
- Follitropin-alpha
- Follitropin-beta
- Follitropin-delta
- Gonadotropin-chorionic
- Gonadotropin-chorionic-alfa
- Goserelin — For patient education and demonstration only
- Leuprolide — For patient education and demonstration only
- Lutropin-alfa
- Menotropins
- Triptorelin acetate

Gonadotropin-releasing Hormone Antagonists
- Cetrorelix
- Ganirelix

Heavy Metal Antagonists

- Deferoxamine — For patient education and demonstration only

Hematopoietic Agents

- Darbepoetin alfa — Must not be administered intravenously
- Epoetin alfa — Must not be administered intravenously
- Filgrastim — Must not be administered intravenously
- Pegfilgrastim
- Romiplostim — For patient education and demonstration only

Immunomodulatory Agents

- Denosumab
- Glatiramer
- Interferon-Beta-1A
- Interferon-Beta-1B
- Natalizumab

Immunosuppressive Agents

- Belimumab — Must not be administered intravenously
- Mepolizumab

Miscellaneous Agents

- Sodium Chloride
- Sterile Water for Injection (Diluent)

Opioid partial agonists-antagonists

- Buprenorphine

Parathyroid

- Calcitonin Salmon — For patient education and demonstration only
- Teriparatide

Pituitary

- Desmopressin — For patient education and demonstration only
- Vasopressin — For patient education and demonstration only

Progestins

- Medroxyprogesterone
- Progesterone

Prokinetic Agents

- Metoclopramide

Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors

- Alirocumab
- Evolocuma

Psychotherapeutic Agents

- Haloperidol — For patient education and demonstration only
- Methotrimeprazine — For patient education and demonstration only

Respiratory Tract Agents

- Omalizumab

Skin And Mucous Membrane Agents

Brodalumab

Dupilumab

Guselkumab

Ixekizumab

Risankizumab — Must not be administered intravenously

Secukinumab

Somatostatin Agonists and Antagonists

Lanreotide

Octreotide — Must not be administered intravenously

Pasireotide

Somatotropin Agonists and Antagonists

Pegvisomant

Somatropin

Tesamorelin

Sympatholytic (Adrenergic Blocking) Agents

Dihydroergotamine — Must not be administered intravenously

Vitamins

Ascorbic Acid — Must not be administered intravenously

Cyanocobalamin

Folic Acid — Must not be administered intravenously

Pyridoxine — Must not be administered intravenously

Thiamine — Must not be administered intravenously

Vitamin K

SCHEDULE 3
VACCINES

1. Bacille Calmette-Guerin (BCG) Vaccines
2. Haemophilus Influenzae type b (Hib) Vaccines
3. Meningococcal Vaccines
4. Pneumococcal Vaccines
5. Typhoid Vaccines
6. Combined Typhoid and Hepatitis A Vaccines
7. Hepatitis A Vaccines
8. Hepatitis B Vaccines
9. Hepatitis A and B combined Vaccines
10. Herpes Zoster Vaccines
11. Human Papillomavirus (HPV) Vaccines
12. Japanese Encephalitis Vaccines
13. Rabies Vaccines
14. Varicella Vaccines
15. Yellow Fever Vaccines
16. Respiratory Syncytial Virus (RSV) Vaccines
17. Influenza Vaccines

18. Coronavirus (COVID-19) Vaccines
19. Tetanus Vaccines
20. Diphtheria Vaccines
21. Pertussis Vaccines

SCHEDULE 4
DRUGS — MINOR AILMENTS

Item	Column 1 Minor Ailment	Column 2 Drug Classes	Column 3 Specified Drugs
1.	Acne (mild)	Skin and Mucous Membrane Agents	Adapalene Azelaic acid Benzoyl peroxide Clindamycin Dapsone Erythromycin Glycolic acid Salicylic acid Tazarotene Tretinoin Trifarotene
2a.	Allergic rhinitis	Antihistamines	Azelastine Bilastine Cetirizine Cyproheptadine Desloratadine Fexofenadine Loratadine Olopatadine Rupatadine
2b.	Allergic rhinitis	Corticosteroids	Beclomethasone Budesonide Ciclesonide Fluticasone Mometasone Triamcinolone
3.	Candidal stomatitis	Antifungals	Nystatin
4a.	Conjunctivitis (bacterial, allergic or viral)	Antiallergic Agents	Antazoline Bepotastine Cromolyn sodium (Sodium cromoglycate) Ketotifen Lodoxamide Olopatadine Pheniramine
4b.	Conjunctivitis (bacterial, allergic or viral)	Antibacterials	Erythromycin Fusidic acid Gramicidin Polymyxin B Tobramycin Trimethoprim
4c.	Conjunctivitis (bacterial, allergic or viral)	Vasoconstrictors	Naphazoline Oxymetazoline Phenylephrine Tetrahydrozoline
5.	Dermatitis (atopic/eczema, allergic or contact)	Anti-inflammatory Agents	Beclomethasone Betamethasone valerate Clobetasone Crisaborole Desonide Fluocinolone Hydrocortisone Prednicarbate Triamcinolone
6a.	Dermatitis (diaper)	Antifungals	Ciclopirox Clotrimazole

			Ketoconazole Miconazole Nystatin
6b.	Dermatitis (diaper)	Anti-inflammatory Agents	Desonide Hydrocortisone
7.	Dysmenorrhea	Nonsteroidal Anti-inflammatory Agents	Acetylsalicylic acid (ASA) Celecoxib Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen
8a.	Gastroesophageal reflux disease (GERD)	Antacids and Adsorbents	Alginic acid Aluminum hydroxide Calcium carbonate Magnesium salts
8b.	Gastroesophageal reflux disease (GERD)	Histamine H2-Antagonists	Cimetidine Famotidine Nizatidine Ranitidine
8c.	Gastroesophageal reflux disease (GERD)	Proton-Pump Inhibitors	Dexlansoprazole Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole
9.	Hemorrhoids	Skin and Mucous Membrane Agents	Dibucaine (Cinchocaine) Esculin (Aesculin) Framycetin (Neomycin B) Hydrocortisone Phenylephrine Pramoxine Zinc sulfate
10a.	Herpes labialis	Anti-inflammatory Agents	Hydrocortisone
10b.	Herpes labialis	Antivirals	Acyclovir Docosanol Famciclovir Valacyclovir
11.	Impetigo	Antibacterials	Bacitracin Fusidic acid (Sodium fusidate) Gramicidin Mupirocin Ozenoxacin Polymyxin B
12a.	Insect bites and urticaria	Antihistamines	Bilastine Cetirizine Chlorpheniramine Cyproheptadine Desloratadine Diphenhydramine Fexofenadine Hydroxyzine Loratadine Rupatadine
12b.	Insect bites and urticaria	Antipruritics and Anti-inflammatory Agents	Benzocaine Calamine Camphor Desonide Hydrocortisone Lidocaine Menthol Pramoxine Zinc oxide
13a.	Musculoskeletal sprains and strains	Analgesics	Acetaminophen
13b.	Musculoskeletal sprains and strains	Nonsteroidal Anti-inflammatory Agents	Acetylsalicylic acid (ASA) Celecoxib

			Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen
14.	Nausea and vomiting of pregnancy	Antiemetics and Antinauseants	Dimenhydrinate Diphenhydramine Doxylamine Promethazine Pyridoxine
15.	Oral aphthae	Anti-inflammatory Agents	Triamcinolone
16.	Pinworms/Threadworms	Anthelmintics	Mebendazole Pyrantel pamoate
17.	Tick bites, post-exposure prophylaxis to prevent Lyme disease	Antibacterials	Doxycycline
18.	Urinary tract infection (uncomplicated)	Urinary Anti-infectives	Fosfomycin Nitrofurantoin Sulfamethoxazole Trimethoprim
19.	Vulvovaginal candidiasis	Antifungals	Clotrimazole Fluconazole Miconazole Terconazole

Acute pharyngitis	Oral analgesics	• acetaminophen • ibuprofen
	Local analgesics (anesthetics)	• amylmetacresol • dichlorobenzyl alcohol • dyclonine hydrochloride • benzydamine
	Antibiotics (Cephalosporins)	• cefadroxil • cephalexin • cefprozil • cefuroxime • cefixime
	Antibiotics (Lincosamides)	• clindamycin
	Antibiotics (Macrolides)	• azithromycin • clarithromycin
	Antibiotics (Penicillins)	• amoxicillin • penicillin V potassium
Calluses and corns	Keratolytic Agents	• salicylic acid
Mild Headache (Tension-Type)	Analgesics	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen
Herpes Zoster	Nucleoside Analogues (Oral Antivirals)	• acyclovir • famciclovir • valacyclovir
	Analgesics (for acute pain associated with an active episode)	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen • oral (systemic) corticosteroids
Insomnia	Benzodiazepine Receptor Agonists (short term use only)	• eszopiclone • zopiclone
	Orexin Receptor Antagonists	• daridorexant • lemborexant
	Tricyclic Antidepressants	• doxepin
	Antihistamine	• diphenhydramine
Onychomycosis	Topical antifungals	• ciclopirox olamine • efinaconazole

Otitis externa	Acidifying Agents	• acetic acid
	Topical Antibiotics	• ciprofloxacin • gramicidin • polymyxin B • clioquinol • framycetin
	Topical Corticosteroids	• dexamethasone • flumethasone pivalate
Pediculosis	Pediculicides	• permethrin • pyrethrins • piperonyl butoxide • dimeticone • isopropyl myristate • cyclomethicone
Viral Rhinitis, rhinosinusitis	Intranasal antihistamine	• pheniramine
	Decongestants	• pseudoephedrine • phenylephrine
	Intranasal Corticosteroids	• mometasone
	Intranasal Decongestants	• oxymetazoline • phenylephrine • xylometazoline
	Anticholinergics, nasal	• ipratropium bromide
Seborrheic dermatitis (dandruff)	Topical Antifungals	• ciclopirox • ketoconazole • selenium sulfide • triclosan • zinc pyrithione
	Anti-Inflammatory	• roflumilast
	Topical Corticosteroids	• hydrocortisone • betamethasone valerate
	Keratolytic Agents	• coal tar • salicylic acid
Tinea corporis	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Tinea cruris	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Verrucae (warts; excluding face and genitals)	Keratolytic Agents	• salicylic acid
Xerophthalmia; dry eye disease	Ophthalmic Lubricants	• carboxymethylcellulose • dextran 70 • glycerin • hypromellose (hydroxypropyl methylcellulose) • hydroxypropyl-guar (HP-guar) • lanolin • mineral oil • petrolatum • polyvinyl alcohol • polyvinyl pyrrolidone (povidone) • propylene glycol • polyethylene glycol-400

Atopic dermatitis	Topical antifungals	• roflumilast

Français

Back to top

Français

Pharmacy Act, 1991

ONTARIO REGULATION 256/24

PART III
REGISTRATION — PHARMACISTS

Additional requirements

10. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as a pharmacist:

1. The applicant must, have obtained a minimum of a baccalaureate degree in pharmacy,
   i. 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, or
   ii. from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council, and
      A. successfully completes a bridging program or another program approved by the Council, or
      B. successfully completes the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, on the applicant's first attempt.
2. The applicant must have obtained the degree referred to in paragraph 1 no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist, but this time limit does not apply if the applicant,
   i. undergoes a review of their practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee and pays the required fees, or
   ii. successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as a pharmacist.
3. 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 an assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.
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.
5. The applicant must, have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council,
   i. within the first three attempts,
   ii. on the fourth attempt, if the applicant first successfully completes any further education or training required by the examining body responsible for the administration of the examination or by a panel of the Registration Committee, or
   iii. on a fifth or subsequent attempt, if the applicant first obtains a new degree that meets the requirements of subparagraph 1 i.

(2) In addition to the requirements in section 8, the following are additional requirements for the issuance of a certificate of registration as a pharmacist to an applicant who previously held a certificate of registration as a pharmacist in Ontario:

1. The applicant must successfully complete the assessment in pharmaceutical jurisprudence, ethics and professionalism referred to in paragraph 3 of subsection (1).
2. The applicant must undergo a review of their practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee and pay the required fees.

(3) An applicant to whom subsection (2) applies is not required to satisfy the requirements of subsection (1), except as required by subsection (2).

(4) The requirements of subsections (1) and (2) are non-exemptible, except as provided under subsection (3).

Terms, conditions and limitations, Part B pharmacists

11. (1) Every certificate of registration of a pharmacist listed in Part B is subject to the following terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.
2. The member shall not perform any controlled act.
3. The member shall not supervise any part of the pharmacy where drugs are kept.
4. The member shall not be the designated manager of a pharmacy within the meaning of the *Drug and Pharmacies Regulation Act*.
5. The member shall not supervise the practice of the profession by another person.
6. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify themself as a non-patient care pharmacist.

(2) Despite subsection (1), a pharmacist listed in Part B may perform a controlled act and provide care to a patient with the prior written approval of the Registrar where,

(a) the sole purpose of doing so is to assist the member in preparing to meet the requirements specified in subsection 6 (3); and

(b) the member is under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

(3) Subject to subsection (4), an approval provided by the Registrar under subsection (2) must not be for a period exceeding six months.

(4) Where the Registrar is satisfied that it is appropriate to do so, the Registrar may extend the term of the approval provided under subsection (2), but in no case may the combined term exceed one year, unless a panel of the Registration Committee approves of a further extension.

PART IV
REGISTRATION — INTERNS

Additional requirements

12. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as an intern:

1. The applicant must satisfy the educational requirements of paragraph 1 of subsection 10 (1).
2. The applicant must have obtained the requirements referred to in paragraph 1 of subsection 10 (1) no more than two years prior to submitting an application for the issuance of a certificate of registration as an intern, but this time limit does not apply if the applicant successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacists, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as an intern.

(2) The requirements in subsection (1) are non-exemptible.

Terms, conditions and limitations, interns

13. (1) Every certificate of registration as an intern is subject to the following terms, conditions and limitations:

1. When practising in a pharmacy accredited as a community pharmacy, other than a remote dispensing location, the member shall only engage in the practice of the profession while under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).
2. When practising in any location other than the one described in paragraph 1, the member shall only engage in the practice of the profession while under the supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).
3. The member shall not supervise any part of the pharmacy where drugs are kept.
4. The member shall not delegate a controlled act.

(2) A certificate of registration as an intern automatically expires on the earlier of the following:

1. The date on which the member is issued a certificate of registration as a pharmacist.
2. One year after the date on which the member's certificate of registration as an intern was issued, unless a panel of the Registration Committee specifies otherwise.

PART V
REGISTRATION — PHARMACY TECHNICIANS

Additional requirements

14. (1) In addition to the requirements in section 8, the following requirements apply to the issuance of a certificate of registration as a pharmacy technician:

1. The applicant must have obtained a pharmacy technician certificate or diploma, or a university degree in pharmacy,
   i. from a Canadian program accredited by the Canadian Council for Accreditation of Pharmacy Programs, or a program that is accredited by another accrediting body approved by Council, or
   ii. from a program that does not meet the requirements of subparagraph i, if the applicant passes an evaluation approved by the Council and,
      A. successfully completes a bridging program or another program approved by the Council, or
      B. successfully completes the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians or another examination approved by Council on the applicant's first attempt.
2. The applicant must have obtained the certificate, degree or diploma referred to in paragraph 1 no more than two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician, but this time limit does not apply if the applicant,
   i. undergoes a review of their practice conducted in a manner approved by the Registration Committee, meets any requirements regarding continuing education or remediation set by a panel of the Registration Committee, and pays the required fees, or
   ii. successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians, or another examination approved by Council, within two years prior to submitting an application for the issuance of a certificate of registration as a pharmacy technician.
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 assessment in pharmaceutical jurisprudence, ethics and professionalism approved by the Council.
4. 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 a practice assessment of competence approved by the Council.
5. The applicant must have successfully completed the qualifying examination of the Pharmacy Examining Board of Canada for pharmacy technicians, or another examination approved by the Council,
   i. within the first three attempts,
   ii. on the fourth attempt, if the applicant successfully completes any further education or training required by the examining body responsible for the administration of the examination or by a panel of the Registration Committee, or
   iii. on any subsequent attempt, if the applicant first obtains a new certificate, diploma or degree that meets the requirements of subparagraph 1 i.

(2) In addition to the requirements in section 8, the following additional requirements apply to an applicant who previously held a certificate of registration as a pharmacy technician in Ontario:

1. The applicant must successfully complete the assessment in pharmaceutical jurisprudence, ethics and professionalism referred to in paragraph 3 of subsection (1).
2. The applicant must undergo a review of their practice conducted in a manner approved by the Registration Committee, meet any requirements regarding continuing education or remediation set by a panel of the Registration Committee, and pay the required fees.

(3) An applicant to whom subsection (2) applies is not required to satisfy the requirements of subsection (1), except as required by subsection (2).

(4) The requirements of subsections (1) and (2) are non-exemptible, except as provided under subsection (3).

Terms, conditions and limitations, pharmacy technicians

15. Every certificate of registration as a pharmacy technician is subject to the following terms, conditions and limitations:

1. When practising in a pharmacy accredited as a community pharmacy, other than a remote dispensing location, the member shall only engage in the practice of the profession while under the direct supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

2. When practising in any location other than the one described in paragraph 1, the member shall only engage in the practice of the profession while under the supervision of a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

3. In a pharmacy accredited as a community pharmacy, the member shall not supervise any part of the pharmacy where drugs are kept.

4. The member shall not delegate a controlled act.

5. The member shall not provide information or education relating to drug use, either to or for a patient, where the provision of the information or education requires therapeutic knowledge, clinical analysis or clinical assessment.

Terms, conditions and limitations, Part B pharmacy technicians

16. (1) Every certificate of registration as a pharmacy technician listed in Part B is subject to the following additional terms, conditions and limitations:

1. The member shall not provide any care to a patient, whether direct or indirect.

2. The member shall not perform any controlled act.

3. The member shall not supervise the practice of the profession by another person.

4. The member shall, while working in a pharmacy or any other environment where patient care is being provided, clearly identify themself as a non-patient care pharmacy technician.

(2) Despite paragraphs 1 and 2 of subsection (1), a pharmacy technician listed in Part B may perform a controlled act and provide care to a patient with the prior written approval of the Registrar as long as,

(a) the sole purpose of doing so is to assist the member in preparing to meet the requirements specified in subsection 6 (3); and

(b) the member is under the direct supervision of a Part A pharmacy technician or a Part A pharmacist or a member holding a certificate of registration as a pharmacist (emergency assignment).

(3) Subject to subsection (4), an approval provided by the Registrar under subsection (2) must not exceed six months.

(4) Where the Registrar is satisfied that it is appropriate to do so, the Registrar may extend the term of the approval provided under subsection (2) but in no case may the combined term exceed one year unless a panel of the Registration Committee approves a further extension.

PART XIV
CONTROLLED ACTS

Interpretation

47. (1) In this Part,

"adapt" means, subject to subsection (2), to change a patient's prescription by changing any of the following, but does not include therapeutic substitution,

Note: On September 30, 2026, the definition of "adapt" in subsection 47 (1) of the Regulation is amended by striking out "subject to subsection (2)" in the portion before clause (a). (See: O. Reg. 256/24, s. 67 (1))

(a) the dose of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the directions for use of the prescribed drug, or

(d) the route of administration for taking the prescribed drug; ("adapter")

"coronavirus exemption" means the exemption issued by the Minister of Health for Canada on March 19, 2020 under subsection 56 (1) of the *Controlled Drugs and Substances Act* (Canada) entitled "Subsection 56 (1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic", available on a website of the Government of Ontario, including any renewal or replacement of the exemption; ("exemption applicable au coronavirus")

Note: On September 30, 2026, the definition of "coronavirus exemption" in subsection 47 (1) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (2))

"point-of-care test" means a test that employs a medical device authorized by the Minister of Health for Canada for point-of-care use; ("analyse hors laboratoire")

"prescriber" means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of their practice of a health profession; ("prescripteur")

"prescription" means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient; ("ordonnance")

"renew" means to provide a patient with a prescription that repeats a prescription previously provided to that patient; ("renouveler")

"therapeutic substitution" means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent. ("substitution thérapeutique")

(2) While the coronavirus exemption is in effect, in this Part,

"adapt" in relation to the adaptation of a prescription for a controlled substance under the *Controlled Drugs and Substances Act* (Canada), means to change the prescription by changing any of the following, but does not include therapeutic substitution,

(a) the dose and regime of the prescribed drug,

(b) the dosage form of the prescribed drug,

(c) the de-prescribing of the prescribed drug, or

(d) the part-filling of the prescription.

Note: On September 30, 2026, subsection 47 (2) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (3))

(3) In this Part,

(a) a reference to a Part A pharmacist includes a member who holds a certificate of registration as a pharmacist (emergency assignment); and

(b) a reference to a Part A pharmacy technician includes a member who holds a certificate of registration as a pharmacy technician (emergency assignment).

Inconsistencies

48. (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply.

(2) Where the provisions of this Part are inconsistent with the provisions of the *Narcotics Safety and Awareness Act, 2010*, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply.

Controlled acts

49. A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part.

Substances

50. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) of this section who meets all the requirements in subsection (4) is authorized to perform the following acts:

1. Administering a substance specified in Schedule 1 by injection.
2. Administering a substance specified in Schedule 2 by inhalation.
3. Administering a vaccine specified in Schedule 3 by injection.

(2) A Part A pharmacist or an intern is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(3) A Part A pharmacy technician or an intern technician who meets all the requirements in subsection (6) is authorized to perform an act provided for in paragraph 3 of subsection (1) subject to the terms, conditions and limitations imposed on their certificate of registration.

(4) A member referred to in subsection (2) may only perform an act provided for in subsection (1) if the member complies with the following:

1. Before performing the act, the member must explain the purpose of the act to the patient or the patient's authorized agent and receive an informed consent from the patient or the patient's authorized agent.
2. The member shall ensure that the member only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.
6. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and address of the member,
    iii. the date the act was performed,
    iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
    v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
    vi. confirmation that an informed consent was given by the patient or their authorized agent.
7. Where administering a substance specified in Schedule 1 by injection to a patient through an established central or peripheral venous access device, the member must only do so in collaboration with a member of the College of Nurses of Ontario who is a registered nurse in the extended class or a member of the College of Physicians and Surgeons of Ontario.
8. Where the act is performed for a purpose other than that of patient education or demonstration the member must, within a reasonable time after performing the act, notify the following persons that the member performed the act, and provide details respecting the act:
    i. The prescriber, if any, of the substance that was administered.
    ii. The patient's primary care provider, where the member knows that the patient has such a care provider other than the prescriber.
9. Where administering an influenza vaccine by injection, the member must administer the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website.
10. The member may only administer a vaccine to patients who are two years of age or older in the case of the influenza vaccine, six months of age and older in the case of the COVID-19 vaccines and five years of age or older in the case of every other vaccine.

(5) Where a limitation or a route of administration is indicated with respect to a substance listed in Schedule 1, a member shall only administer the substance in compliance with the limitation and in accordance with the route of administration specified.

(6) A member referred to in subsection (3) may only perform the act of administering the vaccine by injection provided for in paragraph 3 of subsection (1) if the patient is two years of age or older in the case of the influenza vaccine, six months of age or older in the case of Coronavirus (COVID-19) vaccines, and five years of age or older in the case of every other vaccine, and if the member,

(a) possesses sufficient knowledge, skill and judgment to be able to administer the vaccine safely;

(b) meets all the requirements in paragraphs 2, 3 and 6 of subsection (4);

(c) meets the requirement in paragraph 9 of subsection (4), when administering an influenza vaccine by injection; and

(d) has confirmed that a member referred to in subsection (2), or another regulated health professional authorized to administer the vaccine by injection, has,

(i) received an informed consent from the patient or the patient's authorized agent,

(ii) a sufficient understanding of the vaccine and condition of the patient for the vaccine to be administered safely, and

(iii) considered whether administering the vaccine by injection to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.

Prescribing

51. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a Part A pharmacist is authorized to prescribe the following drugs, subject to subsections (2) and (4) of this section and to the terms, conditions and limitations imposed on their certificate of registration:

1. For the sole purpose of smoking cessation, the following specified drugs:
    i. Bupropion Hydrochloride.
    ii. Varenicline Tartrate.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4, a drug opposite the minor ailment in Column 3 of that Table.
3. For the sole purpose of treating COVID-19, Nirmatrelvir/Ritonavir.
4. For the sole purpose of treating influenza, Oseltamivir.

(2) In the case of drug referred to in paragraph 3 of subsection (1),

(a) the Part A pharmacist shall make a determination as to the patient's risk for any drug interactions that cannot be properly managed or that prevent Nirmatrelvir/Ritonavir from being prescribed and shall not prescribe the drug if such an interaction exists; and

(b) the Part A pharmacist shall notify the patient's primary care provider, if any, within a reasonable time that the pharmacist prescribed Nirmatrelvir/Ritonavir to the patient and provide details respecting the prescription.

(3) For the purposes of paragraph 3 of subsection 4 (1) of the Act, an intern is authorized to prescribe the following drugs, subject to subsection (4) of this section and to the terms, conditions and limitations imposed on their certificate of registration:

1. For the sole purpose of smoking cessation, the following specified drugs:
    i. Bupropion Hydrochloride.
    ii. Varenicline Tartrate.
2. For the sole purpose of treating a minor ailment listed in Column 1 of the Table to Schedule 4, a drug opposite the minor ailment in Column 3 of that Table.

(4) A Part A pharmacist or an intern may only prescribe a drug under this section if they,

(a) possess sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) have considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) give the prescription to the patient or the patient's authorized agent;

(d) advise the patient or the patient's authorized agent, at the time of giving the prescription, that they may elect to take it to a pharmacy of their choosing for dispensing;

(e) notify the patient's primary care provider, if any, within a reasonable time, that the Part A pharmacist or intern prescribed a drug for the patient and provide details respecting the prescription;

(f) comply with the additional requirements under sections 53 and 54; and

(g) have determined, through a therapeutic assessment, that the drug is the most appropriate treatment for the patient's condition.

Adapting and renewing prescriptions

52. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (4) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.
2. Renewing a patient's prescription for the purpose of continuity of care.

(2) Subject to subsection (3), subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the *Controlled Drugs and Substances Act* (Canada) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.

Note: On September 30, 2026, subsection 52 (2) of the Regulation is amended by striking out "Subject to subsection (3)" at the beginning. (See: O. Reg. 256/24, s. 67 (4))

(3) During the period of time in which the coronavirus exemption is in effect, subsection (2) does not apply to the extent that the coronavirus exemption or the *Controlled Drugs and Substances Act* (Canada) authorizes the member to adapt or renew a prescription for a controlled substance under that Act.

Note: On September 30, 2026, subsection 52 (3) of the Regulation is revoked. (See: O. Reg. 256/24, s. 67 (5))

(4) A Part A pharmacist and an intern are authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(5) A member may only perform an act provided for in subsection (1) if the member complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,
   i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,
   ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription,
   iii. have access to the medical record that contains information about the prescription, or
   iv. during the period of time in which the coronavirus exemption is in effect, if the criteria set out in subparagraphs i, ii and iii cannot be met, be satisfied as to the existence and details of the prescription from an alternative source, including, but not limited to, the prescription label, the prescription receipt with medication history, a photograph of the prescription or a facsimile of the prescription.

Note: On September 30, 2026, paragraph 1 of subsection 52 (5) of the Regulation is amended by adding "or" at the end of subparagraph ii, by striking out "or" at the end of subparagraph iii and by revoking subparagraph iv. (See: O. Reg. 256/24, s. 67 (6))

2. If the member is renewing a prescription, the member must not prescribe a quantity of the drug that exceeds the lesser of,
   i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and
   ii. a 12 months' supply.
3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,
   i. renews a patient's prescription, or
   ii. adapts a patient's prescription, if, in the member's opinion,
      A. adapting the prescription is clinically significant in relation to the patient, or
      B. the notification is necessary to support the patient's care.
4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or the patient's authorized agent,
   i. that they are entitled to the prescription, and
   ii. that they may take the prescription to a pharmacy of their choosing for dispensing.
5. The member must comply with the additional requirements under sections 53 and 54.

Recording information

53. A member who performs an act provided for in section 51 or 52 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.
2. The name, strength (where applicable) and quantity of the prescribed drug.
3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.
4. The name, address, telephone number and College registration number of the member issuing the prescription.
5. The date the prescription was issued by the member.
6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.
7. The number of refills that the member authorized, if applicable.
8. Any other information required by law.

Patient record

54. A member who performs an act under section 51 or 52 must maintain a patient record that includes details of the member's rationale for their decision to act under section 51 or 52 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.

2. A copy of the prescription that the member gave to the patient or their authorized agent under clause 51 (4) (c) or that the member gave to the patient or their authorized agent to take to a pharmacy of their choosing under clause 51 (4) (d) or paragraph 4 of subsection 52 (5).
3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 51 or 52.
4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:
    i. The patient's primary care provider notified under clause 51 (4) (e) or paragraph 3 of subsection 52 (5).
    ii. The patient's prescriber notified under paragraph 3 of subsection 52 (5).

Piercing dermis

55. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) of this section who meets all the requirements of subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood.

(2) A Part A pharmacist, an intern, a Part A pharmacy technician and an intern technician are authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on their certificate of registration.

(3) A Part A pharmacy technician and an intern technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time the act is performed;

(b) they are under the direction of a Part A pharmacist at the time the act is performed; and

(c) if the act is performed to administer a point-of-care test, a Part A pharmacist interprets the results of the test and makes any professional decision arising from those results.

(4) A member may only perform the act provided for in subsection (1) if the member complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self-care and education or for the patient's self-monitoring of their chronic disease, unless the act is performed to administer a point-of-care test.
2. The member may only perform the act to administer a point-of-care test if the test is listed in subsection 28 (2) of Ontario Regulation 45/22 (General) made under the *Laboratory and Specimen Collection Centre Licensing Act* and if it is administered for the purpose of assisting patients with the management of their medication to treat chronic disease.
3. Before performing an act described in paragraphs 1 or 2 the member must,
    i. explain the purpose to the patient or their authorized agent, and
    ii. receive an informed consent from the patient or their authorized agent.
4. The member shall ensure that the member only performs the act in an environment that is clean, safe, private and comfortable for the patient.
5. The member shall ensure that appropriate infection control procedures are in place.
6. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.
7. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.
8. The member must maintain a patient record that includes,
    i. the name and address of the patient,
    ii. the name and work address of the member,
    iii. the date the act was performed,
    iv. the circumstances relating to the performance of the act and any adverse reaction experienced by the patient,
    v. confirmation that an informed consent was given by the patient or their agent, and
    vi. if the act was performed to administer a point-of-care test,
        A. the results of the test, and

B. the professional decision arising from the results of the test and the rationale for the decision.

9. If the act is performed to administer a point-of-care test, the member must notify the patient's primary care provider, if any, within a reasonable time that the member performed the act and provide details respecting the act.

PART XV
INSPECTION OF DRUG PREPARATION PREMISES

Interpretation

56. (1) In this Part,

"designated member" means,

(a) the member designated for a drug preparation premises in accordance with section 61, or

(b) where only one member engages in or supervises drug preparation activities at or in connection with a drug preparation premises, that member; ("membre désigné")

"drug" means a substance or a preparation containing a substance referred to in clauses (a) to (d) of the definition of "drug" in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, but does not include,

(a) a substance or preparation referred to in those clauses that is manufactured, sold or represented for use in animals or fowl, or

(b) a substance or preparation referred to in clause (e), (f), (g), (h) or (i) of that definition; ("médicament")

"drug preparation activities" 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; ("activités de préparation de médicaments")

"drug preparation premises" means any place where a member engages in drug preparation activities, or where drug preparation activities take place that a member supervises, but does not include,

(a) a pharmacy in respect of which a valid certificate of accreditation has been issued under the *Drug and Pharmacies Regulation Act*,

(b) a premises in respect of which a valid establishment licence has been issued under the *Food and Drugs Act* (Canada), or

(c) a hospital or a health or custodial institution approved or licensed under any general or special Act; ("locaux de préparation de médicaments")

"inspector" means a person appointed by the College to carry out an inspection on behalf of the College; ("inspecteur")

"supervise" means to supervise either directly or indirectly. ("surveiller")

(2) Anything that may be done by the College under this Part may be done by the Council or by a committee established under clause 94 (1) (i) of the Health Professions Procedural Code.

Inspection

57. (1) All drug preparation premises are subject to inspection by the College in accordance with this Part.

(2) In carrying out an inspection of a drug preparation premises under subsection (1), the College may also require any or all of the following:

1. Inspection, examination or testing regarding any equipment, instrument, materials or any other thing that may be used in the drug preparation premises.
2. Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
3. Inquiries or questions to be answered by the member that are relevant to the member's practice with respect to the drug preparation activities at or in connection with the drug preparation premises.
4. Direct observation of a member in their practice with respect to drug preparation activities at or in connection with the drug preparation premises.

Entrance by inspector

58. An inspector may, on the production of information identifying them as an inspector, enter and have access to any drug preparation premises at reasonable times and may inspect the drug preparation premises and do any of the things mentioned in subsection 57 (2) on behalf of the College.

Duties of members

59. (1) It is the duty of every member engaging in or supervising drug preparation activities at or in connection with drug preparation premises that are subject to an inspection to,

(a) submit to an inspection of the drug preparation premises in accordance with this Part;

(b) promptly answer a question or comply with a requirement of the inspector that is relevant to an inspection under this Part; and

(c) co-operate fully with the College and the inspector who is conducting an inspection of a drug preparation premises in accordance with this Part.

(2) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises where an inspector has been denied entry or access.

Notice

60. (1) No member shall commence engaging in or supervising drug preparation activities at or in connection with drug preparation premises unless the member has previously given notice in writing to the College in accordance with subsection (3) of the member's intention to do so.

(2) Where a member has provided notice in writing to the College in accordance with subsection (1) and the drug preparation premises have not passed an inspection or passed an inspection with conditions within the previous five years, the College shall ensure that an inspection of the drug preparation premises is performed within 60 days from the day that the College receives the member's notice.

(3) The notice required in subsection (1) must include the following information, submitted in the form and manner required by the College:

1. The full name of the member giving the notice and the full name of the individual or corporation who is the owner or occupier of the drug preparation premises, if they are not the member who is required to give notice under this section.
2. The full address of the drug preparation premises.
3. The date when the member first began engaging in or supervising drug preparation activities at or in connection with the drug preparation premises or the proposed date when the member intends to begin engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.
4. Any other information the College requires that is relevant to an inspection of the drug preparation premises conducted under this Part.

Designated member

61. Where two or more members engage in or supervise drug preparation activities at or in connection with a drug preparation premises, the members shall designate a member as the designated member for the drug preparation premises, and shall immediately notify the College of the designated member's identity.

Intervals for inspections

62. All drug preparation premises are subject to an inspection by the College once every five years after the initial inspection of the premises or more often if, in the opinion of the College, it is necessary or advisable to do so.

Determination of pass

63. (1) After an inspection of a drug preparation premises, the College shall determine, in accordance with the accepted standards of practice, whether the drug preparation premises pass, pass with conditions or fail.

(2) In determining whether drug preparation premises pass, pass with conditions or fail an inspection, the College may consider,

(a) the inspection results provided to the College by the inspector;

(b) information provided by one or more members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises respecting the inspection, including the answers given by them in response to inquiries or questions asked by the inspector;

(c) the information contained in a notice given by a member under subsection 60 (1);

(d) any submissions made by the member or members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises that are relevant to the inspection; and

(e) any other information that is directly relevant to the inspection of the drug preparation premises conducted under this Part.

(3) The College shall deliver a report, in writing and in accordance with section 39 of the *Regulated Health Professions Act, 1991*, to the individual or corporation that is the owner or occupier of the drug preparation premises and to the designated member for the drug preparation premises, within a reasonable time after the inspection is completed.

(4) Any report made by the College respecting an inspection of drug preparation premises where a member is engaging in or in respect of which the member is supervising drug preparation activities shall make a finding that the drug preparation premises passed, passed with conditions or failed the inspection and shall provide reasons where the drug preparation premises passed with conditions or failed the inspection.

(5) Any report made by the College that finds that drug preparation premises failed an inspection or passed with conditions is effective on the day that it is received, in accordance with section 39 of the *Regulated Health Professions Act, 1991*, by the designated member for the drug preparation premises.

(6) The designated member who receives a report made by the College that finds that a drug preparation premises failed an inspection or passed with conditions shall promptly provide copies of the report to all members engaging in or supervising drug preparation activities at or in connection with the drug preparation premises.

(7) A member shall not engage in or supervise drug preparation activities at or in connection with a drug preparation premises that fail an inspection until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection, or passed with conditions; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass or pass with conditions.

(8) A member shall not engage in or supervise drug preparation activities at or in connection with drug preparation premises that pass an inspection with conditions except in accordance with the conditions set out in the report until,

(a) the College delivers a report indicating that the drug preparation premises passed a subsequent inspection; or

(b) after considering submissions under subsection (9), the College substitutes a finding that the drug preparation premises pass.

(9) A member may make submissions in writing to the College within 14 days from the date on which a report made by the College that finds that the drug preparation premises passed with conditions or failed the inspection becomes effective in accordance with subsection (5).

(10) The College may or may not elect to reinspect the drug preparation premises after receiving a member's submissions, but no more than 60 days after a member provides their submissions, the College shall do one or more of the following:

1. Confirm its finding that the drug preparation premises failed the inspection or passed with conditions.
2. Make a report and find that the drug preparation premises passed with conditions.
3. Make a report and find that the drug preparation premises passed the inspection.

(11) Drug preparation premises that fail an inspection or pass with conditions may be subject to one or more further inspections within a reasonable time after the College delivers its report, at the request of a member, any other person to whom the College gave the report, or at any time at the discretion of the College.

(12) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member's knowledge, skill or judgment is unsatisfactory, the College may direct the Registrar to refer the report to the Quality Assurance Committee.

(13) Where, as a result of an inspection carried out under this Part, a report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated, the College may direct the Registrar to refer the report to the Inquiries, Complaints and Reports Committee.

SCHEDULE 1
INJECTED SUBSTANCES

Analgesics and Antipyretics

Codeine — For patient education and demonstration only

Hydromorphone — For patient education and demonstration only

Morphine — For patient education and demonstration only

Nalbuphine — For patient education and demonstration only

Antibacterials

Amikacin

- Ampicillin
- Cefazolin
- Cefepime
- Cefotaxime
- Cefoxitin
- Ceftazidime
- Ceftriaxone
- Clindamycin
- Cloxacillin
- Ertapenem
- Gentamicin
- Penicillin G

Anticholinergic Agents

- Glycopyrrolate — Must not be administered intravenously
- Hyoscine — Must not be administered intravenously
- Scopolamine — Must not be administered intravenously

Anticoagulants

- Dalteparin — Must not be administered intravenously
- Danaparoid — Must not be administered intravenously
- Enoxaparin — Must not be administered intravenously
- Fondaparinux — Must not be administered intravenously
- Heparin — For patient education and demonstration only
- Nadroparin — Must not be administered intravenously
- Tinazaparin

Antidiabetic Agents

- Dulaglutide
- Exenatide
- Insulins
- Liraglutide
- Lixisenatide
- Semaglutide
- Tirzepatide

Antihemorrhagic Agents

- Emicizumab

Antihistamines

- Dimenhydrinate — Must not be administered intravenously
- Diphenhydramine — Only for monitoring and management of allergic reactions

Antimigraine Agents

- Erenumab
- Sumatriptan

Antiparkinsonian Agents

- Apomorphine
- Benztropine

Antivirals
- Enfuvirtide
- Interferons
- Peginterferon alfa-2a

Central Nervous System Agents, Miscellaneous
- Inotersen

Complement Inhibitors
- Icatibant
- Lanadelumab

Disease-modifying Antirheumatic Drugs
- Abatacept
- Adalimumab
- Anakinra
- Etanercept
- Golimumab — Must not be administered intravenously
- Methotrexate — Must not be administered intravenously
- Sarilumab
- Tocilizumab — Must not be administered intravenously
- Ustekinumab — Must not be administered intravenously

Enzymes
- Asfotase Alfa

GI Drugs, Miscellaneous
- Certolizumab Pegol
- Methylnaltrexone

Gonadotropins and Antigonadotropins
- Follitropin-alpha
- Follitropin-beta
- Follitropin-delta
- Gonadotropin-chorionic
- Gonadotropin-chorionic-alfa
- Goserelin — For patient education and demonstration only
- Leuprolide — For patient education and demonstration only
- Lutropin-alfa
- Menotropins
- Triptorelin acetate

Gonadotropin-releasing Hormone Antagonists
- Cetrorelix
- Ganirelix

Heavy Metal Antagonists

- Deferoxamine — For patient education and demonstration only

Hematopoietic Agents

- Darbepoetin alfa — Must not be administered intravenously
- Epoetin alfa — Must not be administered intravenously
- Filgrastim — Must not be administered intravenously
- Pegfilgrastim
- Romiplostim — For patient education and demonstration only

Immunomodulatory Agents

- Denosumab
- Glatiramer
- Interferon-Beta-1A
- Interferon-Beta-1B
- Natalizumab

Immunosuppressive Agents

- Belimumab — Must not be administered intravenously
- Mepolizumab

Miscellaneous Agents

- Sodium Chloride
- Sterile Water for Injection (Diluent)

Opioid partial agonists-antagonists

- Buprenorphine

Parathyroid

- Calcitonin Salmon — For patient education and demonstration only
- Teriparatide

Pituitary

- Desmopressin — For patient education and demonstration only
- Vasopressin — For patient education and demonstration only

Progestins

- Medroxyprogesterone
- Progesterone

Prokinetic Agents

- Metoclopramide

Proprotein Convertase Subtilisin Kexin Type 9 (Pcsk9) Inhibitors

- Alirocumab
- Evolocuma

Psychotherapeutic Agents

- Haloperidol — For patient education and demonstration only
- Methotrimeprazine — For patient education and demonstration only

Respiratory Tract Agents

- Omalizumab

Skin And Mucous Membrane Agents

Brodalumab

Dupilumab

Guselkumab

Ixekizumab

Risankizumab — Must not be administered intravenously

Secukinumab

Somatostatin Agonists and Antagonists

Lanreotide

Octreotide — Must not be administered intravenously

Pasireotide

Somatotropin Agonists and Antagonists

Pegvisomant

Somatropin

Tesamorelin

Sympatholytic (Adrenergic Blocking) Agents

Dihydroergotamine — Must not be administered intravenously

Vitamins

Ascorbic Acid — Must not be administered intravenously

Cyanocobalamin

Folic Acid — Must not be administered intravenously

Pyridoxine — Must not be administered intravenously

Thiamine — Must not be administered intravenously

Vitamin K

SCHEDULE 3
VACCINES

1. Bacille Calmette-Guerin (BCG) Vaccines
2. Haemophilus Influenzae type b (Hib) Vaccines
3. Meningococcal Vaccines
4. Pneumococcal Vaccines
5. Typhoid Vaccines
6. Combined Typhoid and Hepatitis A Vaccines
7. Hepatitis A Vaccines
8. Hepatitis B Vaccines
9. Hepatitis A and B combined Vaccines
10. Herpes Zoster Vaccines
11. Human Papillomavirus (HPV) Vaccines
12. Japanese Encephalitis Vaccines
13. Rabies Vaccines
14. Varicella Vaccines
15. Yellow Fever Vaccines
16. Respiratory Syncytial Virus (RSV) Vaccines
17. Influenza Vaccines

18. Coronavirus (COVID-19) Vaccines
19. Tetanus Vaccines
20. Diphtheria Vaccines
21. Pertussis Vaccines

SCHEDULE 4
DRUGS — MINOR AILMENTS

Item	Column 1 Minor Ailment	Column 2 Drug Classes	Column 3 Specified Drugs
1.	Acne (mild)	Skin and Mucous Membrane Agents	Adapalene Azelaic acid Benzoyl peroxide Clindamycin Dapsone Erythromycin Glycolic acid Salicylic acid Tazarotene Tretinoin Trifarotene
2a.	Allergic rhinitis	Antihistamines	Azelastine Bilastine Cetirizine Cyproheptadine Desloratadine Fexofenadine Loratadine Olopatadine Rupatadine
2b.	Allergic rhinitis	Corticosteroids	Beclomethasone Budesonide Ciclesonide Fluticasone Mometasone Triamcinolone
3.	Candidal stomatitis	Antifungals	Nystatin
4a.	Conjunctivitis (bacterial, allergic or viral)	Antiallergic Agents	Antazoline Bepotastine Cromolyn sodium (Sodium cromoglycate) Ketotifen Lodoxamide Olopatadine Pheniramine
4b.	Conjunctivitis (bacterial, allergic or viral)	Antibacterials	Erythromycin Fusidic acid Gramicidin Polymyxin B Tobramycin Trimethoprim
4c.	Conjunctivitis (bacterial, allergic or viral)	Vasoconstrictors	Naphazoline Oxymetazoline Phenylephrine Tetrahydrozoline
5.	Dermatitis (atopic/eczema, allergic or contact)	Anti-inflammatory Agents	Beclomethasone Betamethasone valerate Clobetasone Crisaborole Desonide Fluocinolone Hydrocortisone Prednicarbate Triamcinolone
6a.	Dermatitis (diaper)	Antifungals	Ciclopirox Clotrimazole

			Ketoconazole Miconazole Nystatin
6b.	Dermatitis (diaper)	Anti-inflammatory Agents	Desonide Hydrocortisone
7.	Dysmenorrhea	Nonsteroidal Anti-inflammatory Agents	Acetylsalicylic acid (ASA) Celecoxib Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen
8a.	Gastroesophageal reflux disease (GERD)	Antacids and Adsorbents	Alginic acid Aluminum hydroxide Calcium carbonate Magnesium salts
8b.	Gastroesophageal reflux disease (GERD)	Histamine H2-Antagonists	Cimetidine Famotidine Nizatidine Ranitidine
8c.	Gastroesophageal reflux disease (GERD)	Proton-Pump Inhibitors	Dexlansoprazole Esomeprazole Lansoprazole Omeprazole Pantoprazole Rabeprazole
9.	Hemorrhoids	Skin and Mucous Membrane Agents	Dibucaine (Cinchocaine) Esculin (Aesculin) Framycetin (Neomycin B) Hydrocortisone Phenylephrine Pramoxine Zinc sulfate
10a.	Herpes labialis	Anti-inflammatory Agents	Hydrocortisone
10b.	Herpes labialis	Antivirals	Acyclovir Docosanol Famciclovir Valacyclovir
11.	Impetigo	Antibacterials	Bacitracin Fusidic acid (Sodium fusidate) Gramicidin Mupirocin Ozenoxacin Polymyxin B
12a.	Insect bites and urticaria	Antihistamines	Bilastine Cetirizine Chlorpheniramine Cyproheptadine Desloratadine Diphenhydramine Fexofenadine Hydroxyzine Loratadine Rupatadine
12b.	Insect bites and urticaria	Antipruritics and Anti-inflammatory Agents	Benzocaine Calamine Camphor Desonide Hydrocortisone Lidocaine Menthol Pramoxine Zinc oxide
13a.	Musculoskeletal sprains and strains	Analgesics	Acetaminophen
13b.	Musculoskeletal sprains and strains	Nonsteroidal Anti-inflammatory Agents	Acetylsalicylic acid (ASA) Celecoxib

			Diclofenac Flurbiprofen Ibuprofen Ketoprofen Mefenamic acid Naproxen
14.	Nausea and vomiting of pregnancy	Antiemetics and Antinauseants	Dimenhydrinate Diphenhydramine Doxylamine Promethazine Pyridoxine
15.	Oral aphthae	Anti-inflammatory Agents	Triamcinolone
16.	Pinworms/Threadworms	Anthelmintics	Mebendazole Pyrantel pamoate
17.	Tick bites, post-exposure prophylaxis to prevent Lyme disease	Antibacterials	Doxycycline
18.	Urinary tract infection (uncomplicated)	Urinary Anti-infectives	Fosfomycin Nitrofurantoin Sulfamethoxazole Trimethoprim
19.	Vulvovaginal candidiasis	Antifungals	Clotrimazole Fluconazole Miconazole Terconazole

Acute pharyngitis	Oral Analgesics	• acetaminophen • ibuprofen
	Local Analgesics (anesthetics)	• amylmetacresol • dichlorobenzyl alcohol • dyclonine hydrochloride • benzydamine
	Antibiotics (Cephalosporins)	• cefadroxil • cephalexin • cefprozil • cefuroxime • cefixime
	Antibiotics (Lincosamides)	• clindamycin
	Antibiotics (Macrolides)	• azithromycin • clarithromycin
	Antibiotics (Penicillins)	• amoxicillin • penicillin V potassium
Calluses and corns	Keratolytic Agents	• salicylic acid
Mild headache (tension-type)	Analgesics	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen
Herpes zoster	Nucleoside Analogues (Oral Antivirals)	• acyclovir • famciclovir • valacyclovir
	Analgesics (for acute pain associated with an active episode)	• acetaminophen • acetylsalicylic acid (ASA) • ibuprofen • naproxen • oral (systemic) corticosteroids
Insomnia	Benzodiazepine Receptor Agonists (short term use only)	• eszopiclone • zopiclone
	Orexin Receptor Antagonists	• daridorexant • lemborexant
	Tricyclic Antidepressants	• doxepin
	Antihistamine	• diphenhydramine
Onychomycosis	Topical Antifungals	• ciclopirox olamine • efinaconazole

Otitis externa	Acidifying Agents	• acetic acid
	Topical Antibiotics	• ciprofloxacin • gramicidin • polymyxin B • clioquinol • framycetin
	Topical Corticosteroids	• dexamethasone • flumethasone pivalate
Pediculosis	Pediculicides	• permethrin • pyrethrins • piperonyl butoxide • dimeticone • isopropyl myristate • cyclomethicone
Viral rhinitis, rhinosinusitis	Intranasal Antihistamine	• pheniramine
	Decongestants	• pseudoephedrine • phenylephrine
	Intranasal Corticosteroids	• mometasone
	Intranasal Decongestants	• oxymetazoline • phenylephrine • xylometazoline
	Anticholinergics, nasal	• ipratropium bromide
Seborrheic dermatitis (dandruff)	Topical Antifungals	• ciclopirox • ketoconazole • selenium sulfide • triclosan • zinc pyrithione
	Anti-Inflammatory	• roflumilast
	Topical Corticosteroids	• hydrocortisone • betamethasone valerate
	Keratolytic Agents	• coal tar • salicylic acid
Tinea corporis	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Tinea cruris	Topical Antifungals	• terbinafine • clotrimazole • ketoconazole • miconazole • ciclopirox • tolnaftate • undecylenic acid
Verrucae (warts; excluding face and genitals)	Keratolytic Agents	• salicylic acid
Xerophthalmia; dry eye disease	Ophthalmic Lubricants	• carboxymethylcellulose • dextran 70 • glycerin • hypromellose (hydroxypropyl methylcellulose) • hydroxypropyl-guar (HP-guar) • lanolin • mineral oil • petrolatum • polyvinyl alcohol • polyvinyl pyrrolidone (povidone) • propylene glycol • polyethylene glycol-400

Atopic dermatitis	Topical antifungals	• roflumilast

Français

Back to top

BOARD BRIEFING NOTE 2.0

MEETING DATE: December 2025

FOR DECISION AND DIRECTION

FROM: Todd Leach, Director, Communications Policy & Knowledge Mobilization
Delia Sinclair Frigault, Manager, Equity & Strategic Policy

TOPIC: Proposed implementation safeguards and other measures to support expanded scope of practice

ISSUE: Subject to final Board approval, the College will submit amended regulations related to expansion of scope of practice of pharmacy professionals to the Minister of Health. To support the safe implementation of the expanded scope included with this latest regulation package and to promote overall consistency in the delivery of safe, ethical and quality pharmacy services to Ontarians, the Board is being asked to consider a number of safeguards and other related measures.

PUBLIC INTEREST RATIONALE: The public expects to receive healthcare services from qualified and competent pharmacy professionals, and in environments that are safe and appropriate for the care they are receiving. Implementing appropriate safeguards as the scope of practice of the profession evolves is part of the College's role of regulating the profession in the public interest.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES, AND ACTIONS: The College regulates the profession of pharmacy by holding pharmacy professionals and accredited pharmacies accountable to established practice and operational standards that promote safe and quality pharmacy care. As the profession evolves, so too must the standards and expectations guiding the profession. The recommendations brought before the Board are consistent with previous Board input and direction; additional safeguard proposals are also being presented for consideration.

BACKGROUND:

- At the December 2024 Board meeting, the Board discussed various options for safeguards that should be considered to support safe implementation of expanded scope once authorized and expressed general support for the following, subject to further development of proposals at such time that the government moves forward with expanded scope of practice:
    - CPR and first aid training for pharmacy technicians
    - Mandatory learning and knowledge assessments
    - Mandatory access to clinical viewers
    - Required signage to support the public's right to private and confidential counselling spaces

- As the expanded scope related regulation amendments to *O. Reg. 256/24* under the *Pharmacy Act, 1991*, are being presented for final approval at the December 2025 Board meeting for submission to the Minister, College staff are presenting additional details on safeguard proposals and other measures in the public interest intended to support the consistently safe, ethical and quality implementation of expanded scope of practice and pharmacy services for Ontarians.

- These safeguards and measures are being presented for approval and/or for further direction to staff and can be found in individual briefing notes included in the Board meeting package. Safeguards that receive additional direction by the Board will be prioritized for approval at the March 2026 meeting prior to implementation of expanded scope following regulation approval by government.

RECOMMENDATIONS THROUGHOUT THIS PACKAGE:

A number of recommendations and motions are being presented to the Board. Rather than presenting them in individual briefing notes, College staff are presenting these as part of a single Safeguards Package with relevant and detailed information related to each proposal in the subsequent pages of this document. To aid the Board in navigating the number of motions and proposals, they are organized in the following manner starting on page 4 of this briefing note.

Section One: Safeguard proposals for approval or additional direction:

These are safeguards that have been the subject of previous Board input and direction associated with mandated learning and are now being presented for approval or conditional approval. As they involve changes to expectations placed on registrants, College staff recommend that approvals are for the purposes of consultation prior to coming back to the Board for final approval for the purposes of implementation at the March 2026 meeting.

A. Required CPR/First Aid Training for Pharmacy Technicians

The Board has indicated prior strong support for requiring CPR/First Aid certification for pharmacy technicians. To formalize this direction, the Board will be asked to consider the following motion:

> ***THAT the Board approve a mandatory requirement that all pharmacy technicians administering injections complete and maintain up to date CPR and First Aid training by September 1, 2026***

B. Required learning for certain minor ailments through one-time declaration of competency

The Board has indicated prior support to further explore and develop recommendations for consideration regarding mandatory learning for certain minor ailments. At this meeting, the Board will now be asked to consider the following three motions:

> ***THAT the Board confirms the list of minor ailments for which mandatory learning should be required***
>
> ***THAT the Board confirms that a one-time declaration of competency that considers prior learning meets this expectation***
>
> ***THAT the Board directs staff to move forward with validating the learning objectives and updating the policy instrument based on these decisions with the intention of bringing back for final approval for the purposes of implementation at the March 2026 Board meeting***

Section Two: Additional safeguard proposals for discussion and direction:

These proposals involve seeking direction and input from the Board to review and assess potential amendments to the Standards of Operation to support effective and safe implementation of expanded scope of practice and the delivery of ethical and quality services in community pharmacies. These proposals are specific to expanded scope of practice safeguards that have been discussed previously, such as clinical viewers and privacy signage in pharmacies, but also include additional recommendations from College staff about additional strategies in response to ongoing concerns about business pressures in community pharmacy impacting system readiness, pharmacy professional autonomy and wellbeing.

A. Strengthening accountability of pharmacies in protecting the ability of pharmacy professionals to meet their professional and ethical obligations as healthcare professionals

The Board has received updates on the College's work towards Strategic Goal 1. In consideration of that ongoing work, and the sustained feedback we have heard from registrants through the consultation and other sources like survey responses related to business pressures that get in the way of pharmacy professional capacity and time to meet patient care and ethical standards, the Board will be asked to consider the following motion:

> ***THAT the Board directs staff to complete a review of, and propose draft amendments to, the Standards of Operation for Pharmacies to support the effective implementation of expanded scope of practice and sustained delivery of safe and ethical pharmacy services, for the Board to consider at its March 2026 meeting.***

B. Clinical viewers and related information systems

The Board has expressed previous support for a Clinical Viewer mandate for community pharmacies; however, it has acknowledged ongoing onboarding challenges experienced by pharmacies to date that may get in the way of the success of such a mandate at this time. The package includes an update on the status of Clinical Viewer integration in the province, and accordingly, the Board will be asked to consider two motions, for direction:

> ***THAT the Board directs staff to explore ways the College can further specify the existing operational requirement that pharmacies have access to systems that facilitate pharmacy professionals in meeting the Standards of Practice.***
>
> ***THAT the Standards of Operation for Pharmacies be reviewed for potential revisions that reflect this operational requirement, and that draft revisions to the Standards of Operation be brought to the Board of Directors in March 2026.***

C. Pharmacy space and signage

The Board has previously expressed support for the consideration of signage in pharmacies advising patients of their right to an acoustically private space. In view of the ongoing analysis related to pharmacy space, privacy, and certain activities included in the latest expanded scope of practice, College staff have identified an opportunity to consider a broader focus on pharmacy space privacy requirements in general. Accordingly, in addition to confirming whether privacy signage remains the Board's direction, the Board will be asked to consider the following motion:

> ***THAT the Board directs staff to complete a review of existing standards and expectations regarding physical space requirements in community pharmacy to support the safe and effective delivery of expanded scope of practice and report on findings and relevant recommendations for consideration at the March 2026 Board meeting.***

Section One: Safeguard proposals for approval or additional direction

REQUIRED LEARNING TO SUPPORT CONSISTENT AND SAFE EXPANSION OF SCOPE OF PRACTICE

ISSUE: To support the safe implementation of these activities, as well as support the consistent delivery of safe, quality and ethical pharmacy services for Ontarians, the Board is being asked to consider recommendations for mandatory learning and training requirements for specified expanded scope activities.

BACKGROUND:

- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. To enable this expansion of scope, the College drafted regulatory amendments, which have been posted for public consultation. The draft regulatory amendments included:
    - Authorizing pharmacists to assess and prescribe for 14 additional minor ailments including:
        - acute pharyngitis (sore throat)
        - calluses and corns
        - mild headache
        - shingles
        - acute insomnia
        - onychomycosis (fungal nail infections)
        - otitis externa (swimmers' ear)
        - pediculosis (head lice)
        - viral rhinitis/rhinosinusitis (nasal congestion)
        - seborrheic dermatitis (dandruff)
        - tinea corporis (ringworm)
        - tinea cruris (jock itch)
        - verrucae (warts, excluding face and genitals)
        - xerophthalmia/dry eye diseases (dry eye)
    - Authorizing pharmacy technicians to administer additional vaccines per Schedule 3 of the regulations
    - Enabling additional routinely administered adult vaccines to be added to Schedule 3 (for pharmacist and pharmacy technician administration)
    - Authorizing pharmacists to administer injectable partial opioid agonists and antagonists

Need for consistency and clarity in mandating learning for the profession

- Where the Board has mandated training previously on cannabis knowledge, injection administration and the minor ailments module, as examples, it is observed that there has been a degree of inconsistency in the approach taken to arrive at putting in place such learning mandates.

- In view of the need for greater consistency and clarity, the ***Board will be asked to consider the recommendations brought forward by College staff and provide further direction on any additional steps that are to be incorporated and reflected in the final recommendations to come before the Board.***

- Future direction on mandatory learning should consider the need to develop tools such as guiding principles that will add further consistency, transparency and clarity in the approach used to explore, develop and bring forward future mandatory learning proposals directed by the Board.

Policy analysis and inputs on learning requirement proposals

Considering previous Board input and in keeping with established processes while looking to identify opportunities for greater consistency in the determination and application of mandatory learning decisions, College staff utilized the following to inform the recommendations to the Board:

- **Past Board discussions:** The Board previously discussed the various safeguards that should be considered to support safe implementation of expanded scope. There was overall support for requiring CPR and first aid training for pharmacy technicians administering injections, and for required education and training for certain minor ailments and additional scope activities, subject to further exploration and analyses.

- **Feedback from the profession via the consultation:** A detailed summary of the consultation can be found in Appendix B of Briefing Note 1.0. A theme from the consultation showed that some respondents did not feel they had the knowledge, skills or abilities to offer services related to shingles, acute pharyngitis, otitis externa, fungal nail infections, and Sublocade administration and a need for additional learning was identified.

- **Jurisdictional scan findings**: Several other provincial pharmacy regulatory authorities with established experience with similar expanded scope have required mandatory education or training for certain scope of practice activities.

- **Assessing risk:** A risk assessment framework was developed and applied, with input from pharmacy professionals, to support consistency in the decision making and recommendations for the Board's consideration.

- **Scope of Practice Advisory Group (SPAG) discussions:** Past SPAG discussions also informed the recommendations. The SPAG had noted that swimmer's ear and sore throat should be supported by mandatory learning and training. Additionally, they noted the increased risk of managing shingles involving the face and the eye.

- **Consideration of current state knowledge and training:** Although the Ontario faculties of pharmacy include the expansion of practice scope topics within their curricula, the education, experience and ongoing professional development among all registrants remains diverse. Asking registrants to attest to having completed mandatory learning or having completed prior learning that meets specific learning objectives will help ensure greater consistency in skill and knowledge across the profession, which is especially important when introducing new scope that carries a greater level of complexity and risk to the public if not managed appropriately.

- **Learning objectives:** Draft learning objectives were informed by clinical guidelines, learning objectives from other jurisdictions, and the learning objectives provided by the CCCEP-accredited continuing professional development providers. Drafted learning objectives would be validated during a targeted engagement and additional system partner input pending Board approval.

A. Required CPR/First Aid Training for Pharmacy Technicians

- Currently, pharmacists (including interns and emergency assignment pharmacists) who have registered their injection training must self-declare valid certification in CPR and First Aid equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C. This requirement is aligned with the Model Standards of Practice for Pharmacists (2009).

- To date, CPR and first aid training has been recommended, but not required of pharmacy technicians who are injection trained. CPR and first aid training are not a requirement under the Model Standards of Practice for Pharmacy Technicians (2011).

- In the 2022 NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians, which the College has not yet adopted or adapted, there is a requirement that pharmacy professionals 'maintain training and practice the skills required to provide care in emergency situations that might arise within their practice' (2.1.4).

- As pharmacy technicians administer more vaccines, their ability to monitor and manage adverse reactions in a timely manner is an important patient safety factor.

- Across other Canadian jurisdictions, 4 other provinces have authorized pharmacy technicians to administer injections including Saskatchewan, New Brunswick, Nova Scotia, and PEI. All jurisdictions except for Saskatchewan require CPR and first aid training.

RECOMMENDATION:
In consideration of the Board's previous and specific support and in keeping with the need to ensure consistency in the requirements of all regulated pharmacy professionals who are authorized to administer injections, it is recommended that the Board approve, for the purposes of open consultation, a mandatory requirement that all pharmacy technicians administering injections complete and maintain up to date CPR and First Aid training by September 1, 2026.

MOTION:
THAT the Board approves, for the purposes of open consultation, a mandatory requirement that all pharmacy technicians administering injections complete and maintain up to date CPR and First Aid training by September 1, 2026, for final approval at the March 2026 Board meeting.

B. Required learning for certain minor ailments through one-time declaration of competency

- Pharmacy professionals are expected to regularly self-assess their knowledge, skills and abilities. However, some of the proposed expanded scope activities may introduce gaps in knowledge and skills that may not be immediately apparent.

- The current proposed 14 additional minor ailments include health conditions that may be considered more complex to manage than the 19 currently authorized minor ailments. This was corroborated through risk analysis, public consultation comments, and jurisdictional scan findings.

- Of the additional minor ailments and expanded scope activities included in the regulation being presented to the Board for approval to the Minister, four have been identified as suitable for mandated learning requirements based on the analysis performed to date, for the Board's consideration and direction:
    - Acute pharyngitis (sore throat)
    - Otitis externa (swimmer's ear)
    - Herpes zoster (shingles)
    - Administration of Sublocade

- Please see the table in the following pages for the list and rationale including jurisdictional relevance and draft learning objectives which are subject to Board direction and consultation

Summary of Minor Ailments/Activity with proposed learning requirement for consideration – December 8, 2025

Minor ailment/activity	Rationale	Jurisdictional experience	Draft learning objectives
1. Acute pharyngitis (sore throat)	• The introduction of acute pharyngitis assessment and treatment to the pharmacist scope of practice presents a new skill (e.g., point of care testing for group A streptococcus) and a higher risk to the public if not managed appropriately. • To manage acute pharyngitis, pharmacists must be knowledgeable of the clinical assessment and identification of acute pharyngitis, including differential diagnoses, physical assessment, red flags, and CENTOR scoring (a set of criteria used to identify the likelihood of streptococcal infection). As well, they must be knowledgeable in antimicrobial stewardship principles, and infection prevention and control measures. • Although not yet confirmed by the Ministry of Health, if point of care testing and laboratory testing are authorized to pharmacists for acute pharyngitis, pharmacists would require training on point of care testing and throat swabbing, including technique, use of devices (if any), quality control and testing of equipment, and specimen storage and handling. • Mandatory learning for acute pharyngitis would support: ○ *appropriate assessment and treatment* ○ *understanding clinical guidelines, red flags, and when to refer patients to primary care providers* ○ *antimicrobial stewardship* ○ *ensuring a consistent level of care across the province, which will also strengthen public confidence in pharmacist care*	Saskatchewan and New Brunswick have also required mandatory learning for acute pharyngitis.	• Understand pathophysiology and clinical presentation of acute pharyngitis • Identify red flags for referral and differential diagnoses • Understand how to perform clinical assessment and apply CENTOR scoring system to help identify likely Group A streptococcal infection • Understand point of care testing and lab testing methods, considerations, steps on how to perform testing, and integration into pharmacy practice, including follow up on test results
2. Otitis Externa (swimmer's ear)	• The introduction of otitis externa as a minor ailment to the pharmacist scope of practice presents a new skill (e.g., use of an otoscope) and a higher risk to the public if not managed appropriately (e.g., incorrectly distinguishing otitis externa from otitis media). • Assessment and identification of otitis externa requires a complete history and physical examination, including use of an otoscope to examine the ear canal and tympanic membrane.[1] • Mandatory learning for otitis externa would support: ○ *appropriate assessment and treatment* ○ *understanding clinical guidelines, red flags, and when to refer patients to primary care providers* ○ *consistent knowledge around use of otoscope* ○ *antimicrobial stewardship* ○ *ensuring a consistent level of care across the province*	Saskatchewan and New Brunswick have also required mandatory learning for otitis externa.	• Understand the pathophysiology and clinical presentation of otitis externa • Identify risk factors for otitis externa, as well as differential diagnoses and red flags warranting referral, including differentiating otitis externa from otitis media • Knowledge of the non-pharmacological and pharmacological treatment options for treating otitis externa • Outline the monitoring and the follow-up parameters for individuals with otitis externa. • Become familiar with use of otoscope for assessment of otitis externa.

[1] Ellis, J., De La Lis, A., Rosen, E., Simpson, M.T.W., Beyea, M.M., and Beyea, J.A. (2024). Approach to otitis externa. *Canadian Family Physician*, 70, p.617-623.

3. Herpes zoster (shingles)	• The introduction of shingles as a minor ailment to the pharmacist scope of practice presents a new skill (identification of shingles) and a higher risk to the public if not managed appropriately (high risk shingles not appropriately treated). Therefore, mandatory training is recommended.
	• Distinguishing shingles from other dermatologic conditions will be a new skill for most pharmacists
	• It will be important for pharmacists to know that while they can offer antivirals to patients with high-risk shingles, that they must still ensure the patient understands the risk of not seeking immediate follow up care from a primary care provider or the emergency department.
	• Mandatory learning for shingles would support:
	  ○ *appropriate assessment and treatment*
	  ○ *understanding clinical guidelines, red flags, and when to refer patients to primary care providers*
	  ○ *ensuring a consistent level of care across the province*
		Among the other jurisdictions, only Alberta requires additional learning related to the management of shingles, but as part of their broader Advanced Prescribing Authority designation. New Brunswick offers guidance on the assessment and prescribing for shingles.	• Understand the clinical presentation and pathophysiology of shingles
			• Identify possible risk factors for shingles
			• Recognize potential differential diagnoses for shingles and red flags warranting a referral
			• Understand the non-pharmacological and pharmacological treatment options for shingles
			• Account for considerations associated with treating shingles in special populations
			• Understand monitoring parameters for shingles

4. Administration of Sublocade	• The introduction of administering Sublocade to the pharmacist scope of practice presents a new skill (administering depot injections) that requires mandatory training. • The manufacturer (Indivior) requires completion of a Sublocade Certification, before a healthcare provider is able to prescribe it, so that they are aware of how to correctly prescribe and administer this medication. This mandatory certification applies to physicians and nurse practitioners currently. The certification is recommended (but not mandated) by the manufacturer for pharmacists • For pharmacists dispensing and administering only (not prescribing), it would be prudent to also expect that all pharmacists administering Sublocade have also taken the certification and are aware of the significant risks and cautions. For example, Sublocade must never be dispensed directly to the patient, nor administered intravenously, as this can have fatal consequences. • This training should be mandated among pharmacists who choose to administer Sublocade. The training is completed online, and takes approximately 10 minutes.	Among the other jurisdictions, British Columbia and Manitoba require mandatory training.	• Manufacturer's recommended Sublocade Certification

Recognition of prior learning and use of attestations to assure the public of safe and ethical care

- The College recognizes that in addition to those who may already have received relevant academic training through university programs, experienced pharmacists may undertake their own self-directed learning and professional development throughout their careers in order to expand their skills and competencies as the role of the profession evolves.

- Where new learning requirements have been identified related to an emerging area of practice and which introduce increased level of complexity and risk, such as the aforementioned specific activities within this latest expanded scope of practice for pharmacists, attestations provide a balanced approach to establishing a regulatory requirement that is consistent throughout the province and which applies to all registrants in order to maintain public confidence in pharmacy no matter which pharmacy they choose, without overburdening the profession.

- In other words, where a pharmacist has already received relevant training to perform the stated activity safely and effectively, the requirement is already met and the registrant can complete the attestation online. Where they have not received the training, the requirement sets the expectation clearly before engaging in these activities.

RECOMMENDATION:
In consideration of the Board's previous support and the analysis conducted by College staff, it is recommended that the Board provides direction to staff related to establishing mandatory learning requirements and associated learning objectives on the identified minor ailments and activities in Appendix A and approves staff to move forward with consultation on the proposed learning and associated learning objectives.

MOTION:
THAT the Board confirms the list of minor ailments for which mandatory learning should be required

THAT the Board confirms that a one-time declaration of competency that considers prior learning meets this expectation

THAT the Board directs staff to move forward with validating the learning objectives and updating the policy instrument based on these decisions with the intention of bringing back for final approval for the purposes of implementation at the March 2026 Board meeting.

NEXT STEPS: Following the Board's approval and/or further direction, the College will proceed with next steps that include targeted engagement with education providers and other system partners, and updating the existing Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline prior to final approval of mandatory training direction established by the Board.

Section Two: Additional safeguard proposals for discussion and direction

EXPLORING AMENDMENTS TO OPERATIONAL EXPECTATIONS

A. Strengthening accountability of pharmacies in protecting the ability of pharmacy professionals to meet their practice and ethical obligations as healthcare professionals

ISSUE: Pharmacy owners, operators, and designated managers are expected to provide work environments that will enable pharmacy professionals to successfully, competently, and safely provide additional services as scope of practice expands. To support such work environments that allow registrants to practice according to their professional and ethical obligations, the College is exploring additional and more specific pharmacy operational requirements and seeking Board direction on this activity.

BACKGROUND:

The role of the Standards of Operation in the delivery of safe, quality and ethical pharmacy practice

- Established by the College in 2018, the Standards of Operation outline the requirements needed to ensure pharmacies in Ontario provide safe, effective care and comply with outcome-based regulations under the *Drug and Pharmacies Regulation Act (DPRA).* They apply to all accredited pharmacies and hold those who own, operate and manage pharmacies, including Designated Managers, directors and hospital administrators, accountable for meeting legal, ethical, and professional obligations. The standards cover areas such as governance, staffing, environment, technology, service delivery, and medication safety, and require all pharmacy professionals to understand and raise concerns when these expectations are not met.

- The College uses the Standards of Operation in several ways, such as: to educate the profession on obligations to ensuring the safe and effective operation of accredited pharmacies; to assess pharmacies during operational assessments provided by College staff and promote continuous improvement; and to hold pharmacies and those that own, operate and manage them accountable when established standards are not met.

- The Standards of Operation have often been raised in response to issues such as business pressures in community pharmacy and closed Preferred Provider Networks (PPNs). However, no formal proposals to make amendments to the Standards of Operation have been presented to the Board.

ANALYSIS:

- The safe and ethical operation of pharmacies is at the core of the delivery of services to Ontarians. As pharmacy scope of practice continues to expand to support health system transformation priorities established by the provincial government, pharmacies are playing larger roles than ever before.

- This includes expanded scope of practice for pharmacists and pharmacy technicians, especially those who work in community pharmacies and the expanded availability of point of care tests, which is a part of the expanded scope regulations currently under consideration. This makes the operation of pharmacies according to established standards set by the College highly relevant to the expansion of scope of practice.

- In the summer of 2024, OCP published "Under Stress and Duress", a report that consolidated the feedback received from registrants through a survey and series of town halls that demonstrated significant concern within

the profession about the impact of business pressures on the ability of pharmacy staff to meet their professional and ethical obligations as healthcare professionals. The discussions leading up to the publication of this report led to the development of the 'zero tolerance statement.' The report further anchored the College's focus on Strategic Goal 1 and steps it could take to address business exigencies that interfere with pharmacy professional obligations or their wellbeing.

- In a follow up survey conducted this past summer, preliminary results show that pressures continue to affect pharmacist respondents' ability to meet the Standards of Practice. Further analysis shows the greatest number of concerns reported by respondents who work within corporate pharmacy settings. Additional information on the preliminary survey findings is included in the Registrar's Report and will be shared at the meeting before being published online later in December.

- The preliminary survey findings also show:
    - The impact of business pressures on all of the College-defined domains of the Standards of Practice, with a particular impact on respondents' ability to meet important documentation standards (which is consistently the poorest performing domain that College staff observe during practice assessments)
    - Wellbeing and burnout remain top of mind amongst survey respondents
    - Lack of consistent support from Designed Managers depending on type of community pharmacy

- Since the start of the College's focus on business pressures, articulated as part of Strategic Goal 1, making amendments to various regulatory instruments including the Standards of Operation has been identified as a potential area of focus.

- Under the Standards of Operation, those who own, operate and manage pharmacies are obligated to ensure that they are providing an environment that promotes safe and ethical delivery of pharmacy services by pharmacists and pharmacy technicians (and other unregulated staff in the pharmacy). This means that, for pharmacists as an example, they must be able to work in an environment that allows them to meet the Standards of Practice which include very specific requirements across multiple practice domains, from assessment and communication, to delivery of patient care and documentation.

- Throughout our work on Strategic Goal 1, we have also heard about the impact of business pressures on professional wellbeing and feelings of burnout. There are well-established links between the wellbeing of healthcare professionals and their ability to deliver safe care to patients. And while healthcare professionals are called upon to overcome workload and practice environment challenges routinely, it does not ameliorate the concern about the potential impact of burnout on patient care. Whether there is an opportunity to respond to such issues within our regulatory instruments such as the Standards of Operation and which reside within the College's authority and mandate as a regulator warrants additional analysis.

- Earlier this year, the College implemented a new attestation requiring Designated Managers and Pharmacy Directors to make a declaration that they operate their pharmacies in a way that do not prevent pharmacy professionals from meeting their obligations under the Standards of Practice and Code of Ethics. This directly connects the responsibility of owners, operators and managers of pharmacies under the Standards of Operation to the zero-tolerance statement established by the Board in March 2024.

- However, the standards themselves, which were developed well before the COVID pandemic and recent expanded scope of practice, do not make mention of this expectation and obligation explicitly, nor does it make clearer the obligations of pharmacies to ensure proper workflow to enable the delivery of services in accordance with Standards of Practice, which all pharmacists and pharmacy technicians are required to follow without exception.

Data reported through the AIMS Program

- Respondents to surveys and consultations over the past few years routinely reveal input from registrants that indicate practice and business environment pressures are leading to increased safety concerns.

- One of the main objectives behind the mandatory AIMS Program, established in Ontario following the death of eight-year-old Andrew Sheldrick as a result of a preventable medication error involving a pharmacy, is to use incident data reported by pharmacies to help identify opportunities at the pharmacy and system level to reduce the risk of preventable harm. A subset of the data reported in the AIMS Program shows that a significant number of medication incidents and near misses reported by community pharmacies involve environmental/distraction issues as contributing factors.

- The table below shows that since 2021 consistently nearly 1 in 3 medication safety events reported through the AIMS Program platform involves issues such as higher-than-normal workload and volume, multi-tasking and interruptions/distractions within the pharmacy environment including from patients.

	2020	2021	2022	2023	2024	2025 YTD
% of incidents and near misses reported through the AIMS Program where environment/distraction is cited as a contributing factor	20%	28%	32%	36%	32%	33%

Anonymized data pulled from recorded events reported by Ontario community pharmacies to the AIMS Program medication incident reporting platform for the period 2020 to 2025 year to date.

- Since 2023, of the medication events where environment/distraction issues were cited as a contributing factor, the most noted issues were 'workload higher than normal' and 'dispensing volume higher than normal' and 'multi-tasking beyond the usual process.'

2023 - 2025			
Top 10 environmental/distraction subfactors	**count**	**total**	
Workload higher than normal	4148	10545	39%
Dispensing volume higher than normal	3849	10545	37%
Multitasking beyond the usual process	2720	10545	26%
Interruptions due to phone calls	2217	10545	21%
Interruptions due to staff	1328	10545	13%
Interruptions due to over the counter (OTC) consults	1268	10545	12%
Interruptions due to patient/agent	1239	10545	12%
Noise	1235	10545	12%
Clutter	1222	10545	12%
Interruptions due to unscheduled clinical services (e.g. immunizations, medication reviews)	1135	10545	11%

Anonymized data pulled from recorded events reported by Ontario community pharmacies to the AIMS Program medication incident reporting platform for the period 2020 to 2025 year to date. % shown represents a breakdown of the events in which environmental/distraction issues were a contributing factor.

RECOMMENDATIONS:
Pharmacies, and those who own, operate and manage them, play a significant role in the safe, effective and ethical delivery of pharmacy services that Ontarians rely on. As the expanded scope of practice of pharmacists and pharmacy technicians moves forward, it is important that the pharmacy environment in which professionals practice permits pharmacists and pharmacy technicians to meet the Standards of Practice and Code of Ethics consistently, no matter the type of community pharmacy and its ownership structure.

While a thorough review of the Standards of Practice, Standards of Operation and Code of Ethics is proposed for 2027 to ensure their sustained relevance to the effective regulation of pharmacy in the public interest, the Board is being asked to consider directing staff to review and propose potential amendments to the Standards of Operation to support the safe and effective implementation of expanded scope of practice, and that this review focus on:

- Alignment with the zero-tolerance statement to formally operationalize the intent behind this statement, strengthen its enforceability and clarify expectations of those who own, operate and manage pharmacies

- Expectations of pharmacies to ensure proper workflow and other processes relevant to operational standards that permit pharmacist and pharmacy professional ability to deliver care in accordance with the Standards of Practice, such as documentation

- Relevant guidelines that further strengthen and clarify pharmacy operational expectations including roles and responsibilities

MOTION:
THAT the Board directs staff to complete a review of, and propose draft amendments to, the Standards of Operation to support the effective implementation of expanded scope of practice and sustained delivery of safe and ethical pharmacy services, for the Board to consider at its March 2026 meeting.

NEXT STEPS: Following the Board meeting, the staff will begin a review and revision of the Standards of Operation for pharmacies. Any proposed revisions to the standards of operations and corresponding changes to guidelines relevant to the safe, effective and ethical operation of a pharmacy will be brought to the March 2026 Board meeting. Any amendments presented to and approved by the Board at that time will be subject to a 60-day open consultation prior to final approval and implementation.

B. Clinical viewers and related information systems

ISSUE: To support the safe implementation of these activities, as well as supporting the evolution of pharmacy practice overall, the Board is being asked to consider specifying operational requirements for access to patient health information in consideration of the unresolved integration of provincial clinical viewers.

BACKGROUND:

- The General Regulation under the *Drugs and Pharmacies Regulation Act* provides the foundation for the operational requirement that pharmacies have information management systems that support the delivery of patient care (O. Reg 264/16 s19(g)(i). This requirement is further articulated in the College's Standards of Operation, with access to information systems and technological support as an Information Management standard (see **Appendix A**).

- These systems need to be in place to facilitate pharmacy professionals in meeting the Standards of Practice and practicing according to the College's guideline on Pharmacist Prescribing: Initiating, Adapting, and Renewing Prescriptions. Within this guideline, there is strong encouragement for pharmacies to enroll in one of the provincial clinical viewers through Ontario Health.

Previous Board discussions

- At the December 2024 Board meeting, the Board began to discuss the potential safeguards that should be in place to support safe implementation of further expansion of scope. During that discussion, the Board expressed support for mandating clinical viewers but recognized that onboarding challenges exist.

    - The Board indicated support for access to the information contained within the systems accessible through clinical viewers, but noted the challenges with onboarding that were experienced after a large number of pharmacies attempted to onboard to the viewers following the regulation changes that enabled pharmacist prescribing for minor ailments in January 2023.

- The Board also acknowledged that the strong encouragement from the College has resulted in less than half of pharmacies having been onboarded through Ontario Health, and that mandating, rather than recommending, access to clinical viewers would provide the incentive to have more pharmacies onboard.

Clinical Viewers

- Clinical viewers enable dynamic, real-time access to patient health information such as laboratory results, medication lists, and hospital visit information. Clinical viewers are tools that can provide pharmacists with a more complete picture of a patient's health profile, and support more informed clinical decision making.

- Clinical viewers provide health care providers with timely and secure access to comprehensive patient information including:
    - *Hospital visits - Information from the Acute and Community Care Clinical Data Repository (acCDR).*
    - *Laboratory test results - Lab, microbiology, blood bank, and pathology results from the Ontario Laboratories Information System (OLIS).*
    - *Dispensed drugs - Publicly-funded drugs, pharmacy services and all monitored drugs from the Narcotic Monitoring System (NMS), of which all information comes from the Digital Health Drug Repository (DHDR).*
    - *Diagnostic images - Reports and images from the Diagnostic Imaging (DI) Common Service repository.*
    - *Home and community care information - Data and operations information on LHIN home and community care services, and information from home and community care organizations including referral details, client risks and assessments, and care plans.*

- Without access to a clinical viewer, pharmacists often rely on patients and caregivers to provide health history information, which may not always be accurate. They also seek out the additional information needed from various sources, such as OLIS for laboratory test results, hospitals for discharge information, or primary care providers for other medical history. This is a time-consuming process, and information may not always be accessible or available.

- Two provincial clinical viewers, ConnectingOntario (operated by Ontario Health) and ClinicalConnect (operated by Hamilton Health Sciences) are available to community pharmacies.

- As of July 2025, approximately 2,105 out of 5,019 community pharmacies (about 42%) have been onboarded to clinical viewers. Pharmacy professionals and Ontario Health have expressed challenges with onboarding all pharmacies for a number of reasons:
    - Due to the legislative requirements for accreditation of a pharmacy, accreditation numbers change when there is a change in address of ownership. This results in a process of onboarding and re-onboarding pharmacies and can result in a backlog of onboarding requests.
    - Some pharmacies have more difficulty completing the legal and technical requirements of onboarding. They will initiate but are not able to complete the process.
    - The combined impact of limited human resources and multi-step processes involved in onboarding a pharmacy presents operational challenges from Ontario Health's perspective.

- Currently, Ontario Health is working to consolidate the clinical viewers into a single provincial clinical viewer. In recent discussions with Ontario Health, it was indicated that the consolidation of the existing clinical viewers will initially focus on transitioning existing users to the new system later in 2026. Additionally, it was noted that the realities and challenges around onboarding must be considered alongside any decision to establish a mandate and associated timeline deemed reasonable by all parties.

- ***Accordingly, this presents an immediate opportunity for the Board to consider how to support safe and quality patient care when the status of the consolidation of provincial clinical viewer systems does not meet expanded scope of practice implementation timelines.***

ANALYSIS:

- Gathering and reviewing all relevant patient health information to guide clinical decision-making has always been an important part of the pharmacist role. The expectations to date related to having access to and referring to patient health information to inform treatment decisions have been described generally in the regulations, the Standards of Practice and the Standards of Operation for pharmacies, and more specifically described in guidelines. Details of the current requirements can be found in **Appendix A**.

- Despite these existing requirements, there is an opportunity to improve the specificity around what patient information should be referred to, and how.

- In considering the evolving clinical role of pharmacists, including the increasing complexity of health conditions being managed by pharmacists, pharmacists must be able to consistently access comprehensive and up-to-date patient health information. Further, the efficiency of accessing information from a single source (like a clinical viewer) would minimize time spent by pharmacists gathering patient information.

- While the patient assessment criteria described in the Pharmacist Prescribing guideline (see **Appendix A**) provides specificity from a practice perspective, the current operational expectations as described in the regulations and standards do not capture specifically enough what is required operationally.

- Access to the information available through a clinical viewer is an operational requirement – it is the responsibility of pharmacy owners, operators and designated managers to ensure that the tools and systems are in place for pharmacy professionals to meet the Standards of Practice. The Standards of Operation for pharmacies can be updated to further articulate a requirement that all community pharmacies have access to information that is comparable to what would be accessible through a clinical viewer.

- The approach of adding more specificity in standards is seen in other jurisdictions as well. In provinces, including Nova Scotia, British Columbia, Manitoba, and Newfoundland, the requirements regarding what patient health information should be part of the patient assessment is described in their Standards of Practice. British Columbia specifies the information sources that should be accessed (e.g., the patient 'PharmaNet' record, which is similar to Ontario's ODB), and states that the pharmacist is responsible for considering the patient's CareConnect records when needed, which is their provincial electronic health record. Details of the jurisdictional scan findings can be found in **Appendix B.**

RECOMMENDATION:
The Board is presented with the option to direct staff to review the Standards of Operation with the intention to further specify the existing operational requirement for pharmacies to have access to systems and technological support to enable pharmacy professionals to meet the Standards of Practice. The Board may wish to direct staff to continue discussions with Ontario Health and the Ministry of Health to explore the feasibility of establishing a mandate that requires pharmacies have access through Clinical Viewers at a future date, following the consolidation of the existing viewers into one system.

MOTION:
THAT the Board direct staff to explore ways the College can further specify the existing operational requirement that pharmacies have access to patient information systems that support pharmacy professionals in meeting the Standards of Practice.

THAT the Standards of Operation for Pharmacies be reviewed with a view to making draft amendments that reflect this operational requirement and that such revisions to the Standards of Operation be brought to the Board of Directors in March 2026 for consideration.

NEXT STEPS: Following the Board meeting, staff will begin a review and revision of the Standards of Operation for pharmacies which will include changes related to operational specifications for access to patient health information. The proposed revisions to the Standards of Operations will be brought to the March 2026 Board meeting.

ATTACHMENTS:
Appendix A – Current State Requirements related to Gathering Patient Health Information
Appendix B – Jurisdictional Scan Findings related to Gathering Patient Health Information

C. Pharmacy space and signage

ISSUE: The Board has provided previous input and direction related to requiring signage in community pharmacies to educate the public of their right to access acoustically private space. However, existing space standards and privacy requirements may not be fit for purpose for certain expanded scope of practice activities or be in line with the sustained evolution of services that are being delivered in community pharmacies.

BACKGROUND:

- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. Following the completion of an open consultation on regulation amendments drafted by the College, final regulations are being presented to the Board at the December 2025 meeting, with a recommendation for approval for submission to the Minister.

- The additional minor ailments and vaccine administration authorization and the inclusion of the administration of Sublocade in the regulatory amendments have prompted interest in determining whether space requirements in community pharmacies should be reviewed to ensure they remain appropriate to support the safe, ethical and quality delivery of these and other services provided in pharmacies.

Current requirements:

- The current accreditation requirement (from the Community Pharmacy Assessment Criteria) that relates to the physical space is under the standard that states: '*The pharmacy and dispensary is designed, constructed and maintained to ensure the integrity and safe and appropriate storage of all drugs and medications and to permit optimal work flow management*'. The following criteria are used in operational assessments:
    - *The pharmacy floor area must not be less than 18.6m² (200 ft²).*
    - *The pharmacy must have a separate and distinct patient consultation area offering "acoustical privacy".*
    - *The pharmacy must be constructed and maintained in a manner that protects the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.*
    - *The dispensary must be designed, constructed and maintained so that it is not accessible to the public. The dispensary floor area must not be less than 9.3 m² (100 ft²).*
    - *The dispensary must have a minimum work surface area of 1.12m² (12ft²) for preparation, dispensing and compounding of drugs adequate for the safe and appropriate operation of the Pharmacy.*
    - *The dispensary must have a double sink with hot and cold running water.*
    - *The pharmacy must have a process in place to ensure the regular cleaning of the pharmacy, including all premises, furniture, equipment and appliances, and automated pharmacy systems, if any.*
    - *The pharmacy has the appropriate layout, equipment and technology to support practice.*
    - *The pharmacy must be designed to permit optimal workflow management, mitigate risk, support patient care and maintain safe and effective drug distribution while providing healthcare and services to patients.*

Board Discussion:

- At the December 2024 meeting, the Board engaged in preliminary discussions regarding various safeguards that should be considered to support the safe expansion of practice scope. In discussing physical space requirements, the Board expressed the following:
    - Owners and Designated Managers are responsible for ensuring that the pharmacy operates according to the Standards of Operation; however, there should also be consideration given to maintaining operational autonomy where appropriate.
    - The impact of setting physical space requirements will likely be greater for smaller pharmacies and those that are independent.
    - If there were to be future changes to physical space requirements, the timeframe to conform to these

requirements would need to be reasonable.
    - The current norm related to having an "acoustically private space" was acknowledged as not sufficient for maintaining privacy, and that visual privacy should be explored.
    - There was support for required signage to support the public's right to receive pharmacy services in a private and confidential manner.

Patient Insights:

- At that same Board meeting, Dr. Mina Tadrous, PharmD, MS, PhD, presented evaluation findings of minor ailments prescribing between January 2023 and March 2024. Insights from patient experience indicated overall satisfaction with receiving a minor ailment assessment, but that issues remain regarding lack of privacy when conducting the assessment at the pharmacy counter. This complements what the College heard in previous patient engagements.

    - In July 2020 the College engaged Leger Canada to host a total of 4 focus groups with 35 members of the public, all of them patients of community pharmacies and from diverse backgrounds and representing different patient populations to learn about their experiences receiving pharmacy care. Participants indicated that privacy remains a concern, even before the expansion of scope to include prescribing for minor ailments. Specifically, the report noted that:
        - *Long lines or busy pharmacies take away their ability to have a private conversation with the pharmacist*
        - *Participants were unable to use a private consultation room to discuss medications and ask questions*

    - In November 2024, a focus group was held with 12 patients who are members of the Health Profession Regulator's of Ontario (HPRO) Citizen's Advisory Group (CAG) to explore their perspectives on the proposed expanded scope activities that were included in the Ministry of Health's consultation. CAG members noted privacy as a prevailing concern, noting that sensitive discussions in community pharmacies may occur in public spaces.

ANALYSIS:

- The physical space requirements expressed in the Standards of Operation and assessment criteria were developed in 2018, long before COVID and the subsequent expansion of scope of practice which is now involving additional activities such as assessment and prescribing for minor ailments, point of care testing and additional injection/administration authority.

- Changes were made to the DPRA in 2016 which removed references to pharmacy space parameters in lieu of establishing those expectations more clearly in College policy instruments to ensure that they could remain relevant as pharmacy evolved and innovated. Other than what is currently found in the Standards of Operation, such policy instruments or additional guidance have yet to be pursued.

- Further jurisdictional scans of other provinces that have adopted similar scope of practice have established clear requirements for specific activities which are comparable to those that are included in the scope package in Ontario. Of the six that responded to initial inquiries about their existing expectations, five indicate that a community pharmacy must have a private consultation room (see **Appendix C**), as an example.

- Additional feedback about physical space in community pharmacies that has been received, including through the most recent consultation, focused on privacy concerns as well as on infection prevention and control (particularly for specific minor ailments and testing procedures) and required equipment for certain activities, such as the supine administration of Sublocade and use of an otoscope for the evaluation of otitis externa.

- A review of space requirements under the Standards of Operation would also thoughtfully and thoroughly consider the limitations or challenges that existing pharmacies would have in meeting any adjusted physical space expectations.

RECOMMENDATION:
It is recommended that the Board consider directing College staff to apply a risk-based, right-touch approach in reviewing community pharmacy space requirements for certain activities that would maintain patients' right to privacy and dignity and support the consistent delivery of quality care for the purposes of exploring potential recommendations for consideration by the Board at the March 2026 meeting.

It is also recommended that the Board confirm whether to proceed with establishing a requirement that pharmacies post signage in the dispensary intended to educate patients of their right to access an acoustically private space, given the broader review that the Board is being asked to consider.

MOTION:
THAT the Board directs staff to complete a review of existing Standards of Operation and expectations regarding physical space requirements in community pharmacy to support the safe and effective delivery of expanded scope of practice and report on findings and relevant recommendations for consideration at the March 2026 Board meeting.

NEXT STEPS: Pending Board direction and input, staff will complete a thorough review of relevant operational standards and will consult stakeholders prior to, and following, the presentation of relevant proposals for the Board's consideration.

ATTACHMENTS:
Appendix C – Jurisdictional Scan of Physical Space Requirements

Appendix A – Current State Requirements related to Gathering Patient Health Information

1. Ontario Regulation 264/16 under the *Drug and Pharmacies Regulation Act, 1990:*
   Requirements of a pharmacy
   19. Every pharmacy must,
   (g) have information management systems that,
   (i) support the delivery of patient care,
   (ii) permit information to be recorded, displayed, stored and exchanged, and
   (iii) facilitate information exchange with external systems, while preserving the confidentiality, security and integrity of all personal health information and other personal information;
   (h) have the necessary equipment, systems and staffing, to allow members practising in the pharmacy to meet the standards of practice of the profession;
   (i) have available the references and resources that are required by members practising in the pharmacy to meet the standards of practice of the profession and to support the pharmacy services the members provide

2. Standards of Operation for Pharmacies
   Under *Information Management:*
   Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.

3. NAPRA's Model Standards of Practice for Pharmacists (2009)

   Under the definition of dispensing:
   Dispensing means, with respect to a drug, any one or more of the following:
   2. Assessing the patient and the patient's health history and medication record

   Under *General Standard 'Pharmacists apply their medication and medication use expertise while performing their daily activities':*
   Pharmacists, when providing patient care as part of the care provided when dispensing medications or medication therapies:
   - *9. review each prescription for a medication that a patient is taking for the first time to ensure that this medication is the most appropriate for the specific patient, including collecting and interpreting relevant patient information...*
   - *11. assess the appropriateness of providing a refill of a medication requested by a patient by collecting and interpreting relevant patient information...*

   Pharmacists, when providing patient care as part of the care provided during medication therapy management services:
   - *21. prescribe medications based on the pharmacist's own assessment of the patient only having collected and interpreted relevant patient information...*

   Under *General Standard 'Pharmacists provide evidence of application of their*

medication and medication-use expertise through documentation':

Pharmacists when providing patient care:

- *60. Document their decisions/actions, supporting patient and related information, and their interpretation of this information, including their:*
  - *accessing of patient's laboratory test results**
  - *assessing of patient's screening and diagnostic laboratory test results to identify problems in the patient's medication therapy*

4. Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline

Before prescribing, pharmacists must:

1. Assess the patient

The pharmacist determines that the therapy is safe and appropriate by evaluating the risks and benefits, considering the patient's health status and unique circumstances.

To inform their decision-making, the pharmacist should gather the available and relevant information necessary for this assessment, including (but not limited to):

- Patient records (e.g., pharmacy profile, electronic health records).
- Past medical history (e.g., medical conditions, medications or natural health products, allergies, intolerances).
- Current medical history (e.g., indication/diagnosis, medications, signs and symptoms).
- Physical characteristics (e.g., age, weight, height, pregnancy, lactation status).
- Results of physical assessment, laboratory, point-of-care, or other tests.
- Lifestyle (e.g., nutrition, exercise, substance use) and socioeconomic factors.
- Anything reasonable to identify possible drug therapy problems, contraindications, or precautions.
- For more information, please refer to the Patient Assessment Practice Topic.

Community pharmacies are strongly encouraged to enrol in one of the provincial clinical viewers (ConnectingOntario or ClinicalConnect) at no cost through Ontario Health.

- Viewers provide a dynamic, near real-time view of patient's health information (e.g., laboratory test results, dispensed medications covered by Ontario Drug Benefit, a history of publicly funded professional services) to enhance clinical decision making.

Appendix B – Jurisdictional Scan of Requirements for Accessing Patient Health Information

Jurisdiction	What is the requirement and where is it stated?	Source/Reference
Nova Scotia	**In Standards of Practice:** *1.6. The pharmacist completes a patient assessment to support their prescribing decisions (refer to Appendix A – Patient Assessment for Pharmacist Prescribing).* *APPENDIX A – PATIENT ASSESSMENT FOR PHARMACIST PRESCRIBING* *A pharmacist conducts a patient assessment to support their prescribing decisions. The assessment considers, as appropriate and applicable for the prescribing activity, the patient's:* *• demographic information* *• physical characteristics, condition, and measurements (e.g., weight, height, etc.)* *• presenting ailment/condition/disease or drug-related problem, including its symptoms, signs, history, and any treatment* *• date, extent, and results of last assessment of the condition • laboratory or other diagnostic test results* *• objective and subjective findings* *• diagnosis* *• medical history* *• family medical history* *• current medical conditions, medications, non-medication therapies, healthcare products/devices, and treatments* *• allergies and intolerances to drugs, excipients, or other substances relevant to drug therapy* *• pregnancy and lactation status* *• risk factors* *• other healthcare providers and individuals involved in providing treatment/care* *• personal circumstances, practical needs, values, and preferences*	Standards of Practice: Prescribing Drugs

	• *other information relevant to the assessment As part of the patient assessment, the pharmacist may, with appropriate patient consent, obtain pertinent information from family, friends, caregivers, or other healthcare providers* **<u>In Standards of Practice: General Pharmacy Practice:</u>** The Standards of Practice: General Pharmacy Practice set out the following professional responsibilities and practice standards that are relevant to pharmacists considering patient lab values: *1.1.2 Gather relevant information about the patient* *1.2.2 Identify care plan options and make recommendations to meet the patient's needs* *1.4.1 Obtain and evaluate information on the patient's progress with the care plan* **<u>In a Position Statement:</u>** *It is in the public's best health interest that all pharmacists have access to SHARE so that patient lab values can be routinely used when making a determination of appropriateness of therapy.* • *All pharmacists providing direct patient care in community pharmacy are expected to register with SHARE for access to patient lab results without delay.* • *Routinely reviewing patient lab values available through SHARE is expected practice in meeting both the Standards of Practice: General Pharmacy Practice and Standards of Practice: Prescribing Drugs.* • *The inability of a pharmacist to access lab results through SHARE does not relieve a pharmacist of the responsibility to seek out and review the patient's lab values in relevant situations when they are needed to consider the initial and ongoing appropriateness of drug therapy.*	Standards of Practice: General Pharmacy Practice Professional Notice Position Statement

New Brunswick	**In a mandatory learning module:** Under 21.12(1) of Assessment Requirements *When a pharmacist assesses a patient, the pharmacist must consider all appropriate information previously described, and must also consider the following:* • *Physical parameters;* • *laboratory data (where applicable);* • *diagnostic and other relevant information; and* • *the date, extent and results of the most recent assessment of the condition by another healthcare professional* Under 21.9 General Conditions *21.9 Notwithstanding any other provision of these Regulations, a pharmacist shall not prescribe a drug unless the pharmacist has obtained sufficient information by reviewing the client's medication history and discussing treatment options with the client or, if necessary, and with the clients' consent, obtains pertinent information about the client's care and treatment from family, friends, or caregivers.* *A pharmacist shall only prescribe a medication when it is in the patient's best interest having considered the risks and benefits to the patient and other relevant factors specific to the situation.* *The pharmacist must have enough information about the specific patient's health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the patient at increased risk. The pharmacist may need to seek out the information required from an appropriate source.*	Mandatory Prescribing for Common Ailments package
British Columbia	**In Standard:** As noted in their FAQs – *Access to CareConnect is not a mandatory requirement for providing PPMAC services.*	Found in their FAQs And in the Health Professions Act –

	Standard 9 of the College's Making a Diagnosis and Prescribing Standards, Limits and Conditions states: *"Prior to prescribing a drug, a pharmacist must obtain relevant drug therapy information, which may include a review of:* *a. the patient or resident record1;* *b. the patient PharmaNet record; or* *c. information provided by the patient or patient's representative."* *Standard 10 of the College's Making a Diagnosis and Prescribing Standards, Limits and Conditions states:* *"A pharmacist must review or conduct a patient assessment to support their diagnosis and/or prescribing decisions. The assessment must include the following as feasible and applicable, but is not limited to these factors:* *a. demographic information;* *b. medical conditions;* *c. medication history;* *d. signs and symptoms;* *e. allergies and intolerances;* *f. risk factors;* *g. pregnancy and lactation status;* *h. physical assessment;* *i. laboratory or other diagnostic tests, if available;* *j. patient needs, values, and preferences; and* *k. any other information deemed necessary."* *The pharmacist is responsible for ensuring they have obtained the relevant drug therapy information and that they conduct a patient assessment to support their diagnosis and/or prescribing decisions. The pharmacist must use their professional judgement to determine how and where they access relevant information that is sufficient for informing and supporting their prescribing decision. This includes considering whether the patient's CareConnect records need to be included in the review.*	Bylaws – Making a Diagnosis and Prescribing Standards, Limits and Conditions.

Manitoba	**In Practice Direction: Prescribing:** *2.5 A licensed pharmacist shall not provide a prescription unless reasonable inquiries have been conducted for the purpose of assessing whether the drug will be safe and effective for the circumstances of the patient. This includes, and is not limited to:* *2.5.1 the patient's symptoms* *2.5.2 the patient's medical history or information* *2.5.3 the patient's allergies* *2.5.4 other medications the patient may be taking, and* *2.5.5 any other inquiries reasonably necessary in the circumstances* *2.6 Where the pharmacist performs a physical assessment that requires the use of medical equipment the pharmacist shall ensure that the equipment is in good working order.* *2.7 A licensed pharmacist who issues a prescription shall conduct a patient assessment which includes, but is not limited to, the following: demographic information, signs and symptoms, laboratory or other test results, medical history, allergies, current medications, extent and results of previous treatment, pregnancy and lactation status (if applicable) and patient preferences.* **This is reiterated in their mandatory video/module – Fundamentals of Prescribing for Manitoba Pharmacists.**	Practice Direction Fundamentals of Prescribing for Manitoba Pharmacists
Saskatchewan	**In General Provisions for Prescribing Authority:** *Gathering Relevant Information (PIP, eHR Viewer and Local Pharmacy Profile)*	General Provisions for Prescribing Authority

	Much of the relevant health information needed to inform the pharmacist's assessment of the appropriateness of care is available through provincial resources/databases such as the Pharmaceutical Information Program (PIP), the electronic Health Record Viewer (eHR Viewer) and the local pharmacy profile. (See Accessing PIP and eHR Viewer reference document). *5.1. For the purposes of clause 2(1)(d), appropriate information means the following information in relation to a patient:* *5.1.1. Symptoms or signs to be treated and/or the patients' self-diagnosis;* *5.1.2. History of the current condition, including treatment and drug therapy outcomes;* *5.1.3. Drug and demographic information outlined in Patient Assessment and Documentation Recommendations (e.g. allergies, current and past drugs, height, weight, social history); and* *5.1.4. Medical information including:* *5.1.4.1. relevant medical history;* *5.1.4.2. active health problems;* *5.1.4.3. pregnancy or lactation status, if applicable;* *5.1.4.4. relevant family history;* *5.1.4.5. the practitioner's diagnosis or therapeutic indication;* *5.1.4.6. relevant laboratory or point-of-care test results; and* *5.1.4.7. organ function that may affect therapy;* **<u>In Prescribing Authority Reference Manual:</u>** *2. Appropriate Information – Pharmacists need to gather information and ask the questions "Do I have sufficient information?", "What are my information gaps?", and "If I have information gaps, where do I go to fill them?"*	Prescribing Authority Reference Manual

	Described in the Regulatory Bylaws: *(d) the licensed pharmacist must have the appropriate information to inform the prescribing decision;* *(e) the licensed pharmacist must have reasonably satisfied themself that the prescribing decision is appropriate in the circumstances based on their assessment of the patient and that the prescribing decision is proper in the judgment of the licensed pharmacist;* *(f) a licensed pharmacist must have reviewed the patient's medication history in the Pharmaceutical Information Program prior to prescribing a drug, unless the licensed pharmacist is unable to access the patient's medication history in the Pharmaceutical Information Program and is unable to make a record therein because the patient is not a resident of Saskatchewan, in which case the licensed pharmacist may prescribe a drug to the patient in accordance with these bylaws upon the making of inquiries, that are reasonable in the circumstances, into the patient's medication history;*	Regulatory Bylaws
Newfoundland	**In Standards of Practice:** *d) Assessment to Determine Appropriateness for the Patient.* *i) Prior to prescribing for a patient, the pharmacist must conduct and document a patient assessment appropriate to the circumstances, using a combination of patient interview, review of the patient's electronic health record, and other sources, as appropriate. This can include, but is not limited to, the patient's:* *• demographic information;* *• physical characteristics and/or measurements (height, weight, etc.);* *• presenting ailment/condition/disease/symptoms including any previous history and/or assessments, investigations, or treatments for the same;* *• relevant laboratory and/or diagnostic test results;* *• medical history including immunization history;* *• current medical conditions, medications, non-medication therapies, use of health care products/devices and treatments;*	Standards of Practice – Prescribing by Pharmacists

	• *allergies and intolerances;* • *pregnancy and lactation status;* • *risk factors,; as well as Page | 4 College of Pharmacy of NL SOP | Prescribing by Pharmacists* • *any other personal circumstances, practical needs, values, preferences, or other information relevant to the assessment.*	

Appendix C - Jurisdictional Scan of Physical Space Requirements

Jurisdiction	What is the requirement and where is it stated?	Source/ Reference
Nova Scotia	**<u>In regulation:</u>** **Physical facilities** ***25 (1)*** *A pharmacy shall contain an area for patient consultation where counselling and the provision of drug information may take place without being overheard by others and which respects the privacy needs of every patient.* **<u>In Policy:</u>** *Pharmacy practitioners will communicate with patients in a manner that respects their privacy, including providing the opportunity for any communications involving a patient's personal and/or health information to take place in a separate private consultation room.* *Pharmacy managers are expected to ensure that a separate private consultation room that meets the following criteria is available and maintained in the pharmacy. A pharmacy's private consultation room will:* *• ensure acoustic and visual privacy for the patient;* *• at a minimum, maintain close proximity to the dispensary to allow integration of its use into the routine workflow of the pharmacy, and preferably be adjacent to the dispensary;** *• be comfortably furnished to seat three people (pharmacy staff member, patient and patient's agent);** *• be wheelchair accessible and have sufficient room to maneuver a wheelchair, and for the pharmacist to assess the patient;** *• be equipped to provide for appropriate hand hygiene;1* *• provide for the safety and security of those using the room;* *• prevent unauthorized access;* *• at a minimum, provide access to the internet and preferably direct access to the pharmacy's electronic patient record; and*	Pharmacy Practice Regulations – Section 25 Pharmacy Practice Policy – Private Consultation Rooms Criteria

	• *be used only for professional activities.* ** In situations in which a pharmacy has more than one room being used for professional services, at least one of them will meet this criteria.* **In Standards of Practice – Prescribing:** *1.9. When prescribing, the pharmacist conducts in-person discussions about personal health information in a separate consultation room that provides visual and sound barriers for privacy and a professional environment to share information.*	Standards of Practice – Prescribing Drugs
New Brunswick	**In Mandatory minor ailments orientation:** ***Private Assessment/Counselling area*** *In order to maintain privacy and confidentiality, a private room (physical space/location) is required by 2017 (Regulation 14.1(d)) in order to evaluate the client's condition, complete a proper assessment and provide counselling. There are some conditions, however, which may be appropriately assessed in a semi-private area, with client consent. In addition, any supplies or equipment required for patient assessment are to be available (for example, gloves, masks, swabs, blood presure cuff, etc.).* **In Regulation:** *14.1 Pharmacies where direct client care is provided shall be:* *(d) equipped with a private consultation area where clients may be counselled and their treatment discussed without being overheard by the public, or other staff. (2022)*	Pharmacists' Expanded Scope: Minor Ailments (page 8) REGULATIONS OF THE NEW BRUNSWICK COLLEGE OF PHARMACISTS
British Columbia	**In Standard:** *According to Standard 11 of the College's HPA Bylaws Schedule F Part 8 – Making a Diagnosis and Prescribing Standards, Limits and Conditions: "When making a diagnosis or prescribing a drug, the pharmacist must take the*	Health Professions Act Bylaws Detailed further in FAQ

	*appropriate steps to ensure the assessment is conducted in a manner that the **patient confirms as suitably private**."* *PPMAC services may be provided to patients in various practice settings and environments including community pharmacies, hospitals, or residential care facilities. It is the pharmacist's responsibility to ensure that the patient's privacy needs are addressed in any of these settings. As part of the process, it is important for the pharmacist to confirm with the patient that the space where the consultation will take place is suitably private for them before proceeding with the provision of any service, particularly if a private consultation room is not available.*	
Alberta	**In Standards of Operating a Licensed Pharmacy:** *Private consultation area* *3.6 A licensee protects patient confidentiality and privacy by ensuring an appropriate space exists within the patient services area for regulated members and other regulated health professionals who are part of the pharmacy team to interact with patients.* *3.6.1 A licensee must ensure the licensed pharmacy has a private consultation area that* *(a) is attached to the dispensary or is adjacent to the dispensary within the patient services area;* *(b) is publicly accessible, but not located within the dispensary or require public access to or through the dispensary;* *(c) is not the only access point to the dispensary for pharmacy staff;* *(d) is clean, safe, and well lit;* *(e) is an adequate size to facilitate quality patient care;* *(f) is dedicated to providing confidential communication with a patient and must not be used to store or display anything other than healthcare products, aids, or devices; or patient information materials;* *(g) accommodates barrier-free access for patients with mobility limitations;* *(h) has suitable sound barriers that prevent conversations from being overheard by unauthorized individuals; and* *(i) has suitable visual barriers* *(i) to prevent others from seeing what drugs; healthcare products, aids, or devices; or professional services are being provided to or for a patient; and*	Standards_SOLP.pdf

	(ii) to maintain patient comfort and privacy.	
Manitoba	**In Standard of Practice #15 – Pharmacy Facilities:** *2.2.14 Provide a setting to protect the patient's right to privacy by:* - *2.2.14.1 Providing security of information in compliance with federal and provincial privacy legislation and any additional security measures approved by Council. As part of a patient counseling session, patient information displayed on computer screens must not be visible to any person in the public area of a pharmacy. The information displayed must relate to the patient being counseled and it may only be viewed by the patient being counseled, their delegate or other authorized members of the inter-professional team.* - *2.2.14.2 Using a sound dulling assembly and visual barriers where appropriate* - *2.2.14.3 Effective January 1, 2019, for all new community pharmacies and community pharmacy relocations, having a private patient counselling room.*	Standards of Practice
Saskatchewan	**In Standards – Private Consultation Room Standards:** *2.1. Proprietary pharmacies must have a private consultation room within the Pharmacy (as defined above) adjacent to the dispensary to be used solely to perform pharmacy services.* *2.2. Private consultation rooms must be equipped with an electronic device with access to PIP, eHealth Viewer and a clinical resources library. It is strongly recommended that the electronic device also have access to the pharmacy software system used to access patient records.* *2.3 Private consultation rooms must be equipped with an electronic device which can access an electronic medical record (EMR) approved for use in Saskatchewan and integrated with eHealth.** *2.4. Private consultation rooms must be enclosed, secure, and private spaces that ensure no person outside of the room can hear or see any activities within the room.* *2.5 The private consultation room will have a feature that will indicate when it is in use.* *2.6 The private consultation room and the space leading to the room must be fully accessible to all patients including those who use wheelchairs, walkers, walking assistance devices, or other mobility aids.*	Private Consultation Room Standards

	2.7 The private consultation room must be built to suit the purposes for which it is intended to be used and conform to all applicable legislation, including but not limited to SCPP legislation, The Health Information Protection Act and Regulations, The Medical Laboratory Licensing Act and Regulations, and the Personal Information Protection and Electronic Documents Act. *2.8 The private consultation room must have proper seating that can be adequately cleaned to prevent infection and, if appropriate to the services being provided, other patient physical support or accommodation furniture such as examination beds or tables.* *2.9 The private consultation room must have dedicated space and appropriate storage for required medical grade equipment, Health Canada approved medical devices, and necessary supplies.* *2.10. The private consultation room must have space adequate for the pharmacy professional providing the services, the patient and, if applicable, the patient's support person(s).* *2.11. The private consultation room must have a hand hygiene sink located within it.** *2.12. In accordance with the Canadian Standards Association, ABHR dispensers must be located both outside the room and inside the room, in an area accessible to staff and to patients.*	

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BOARD BRIEFING NOTE
MEETING DATE: December 8, 2025

FOR DECISION

From: Governance Committee

Topic: Proposed College By-Law amendment re - Board composition and term limits

Issue/Description: At its June 9th, 2025, meeting, the Board directed College staff to develop and execute a work plan for the 2026 Operating Plan to examine and report on the implications of the current Board composition and term limits. Further direction indicated 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. It was also noted that the process should be completed in time for implementation of any such changes in the 2026 election cycle.

The Board is being asked whether it supports completing a pre-consultation on proposed by-law amendments, while concurrently completing the policy analysis and environmental scanning to enable a final decision by the Board in March 2026, ahead of the 2026 election cycle.

The Governance Committee, having noted the Discipline Committee continues to face capacity pressures due to the volume, complexity, and length of contested hearings, seeks confirmation from the Board for inclusion of this concern within the policy analysis and environmental scanning work, as well as the by-law consultation.

Public interest rationale: Good governance establishes a framework to support the Board's oversight of College operations, defining roles and responsibilities of Board and staff, establishing Board policies and procedures, and ensuring compliance with legal and ethical standards. It provides a structured approach to decision-making and accountability to ensure the College is fulfilling its mandate in the public interest. Establishing optimal Board composition and term limits serves to strengthen governance by promoting diverse expertise, balanced and effective decision-making, organizational agility and strong leadership.

Strategic alignment, regulatory processes, and actions: A strong governance framework with an ongoing review and evaluation cycle aimed at continuous quality improvement helps to support the achievement of the College's strategic goals, objectives and regulatory excellence. It is the duty of the Governance Committee to review and recommend by-law amendments and Board policies to ensure the College conforms with its mandate and good governance best practices.

Background:

Problem Definition:

- This issue was introduced at the June 9th, 2025, Board meeting, having first been identified by the Governance Committee and supported by the Executive Committee for Board consideration.
- Briefing materials (Attachment 1) described the emergence of the issue following implementation of numerous governance changes in September 2022 (Attachment 2), which were the result of governance modernization efforts being considered by government and several other regulators as early as 2017.

- These governance changes, codified in the College By-law, included two specific amendments which the Governance committee identified may have led to some unintended consequences. These are:
    - the decrease in Board size, through reduction of elected directors, to the minimum range allowed in legislation (Attachment 3), and
    - the reduction of term limits for elected directors, from a maximum of nine to six consecutive years (based on three-year renewable terms). (Note: the amendments were specific to elected directors based on the College's inability to control the number and/or term limits of publicly appointed directors.)

The briefing materials noted the following concerns regarding these two changes:

1) **Six-year Term Limits:**
    i) **Executive Committee Succession Planning**: The six-year term limits for Board members restrict effective succession planning. These limits do not allow sufficient time for directors to gain the experience necessary to fully contribute and transition into leadership roles such as Chair or Vice-Chair.

    ii) **Discipline Committee Leadership Succession**: Similar concerns apply to the Discipline Committee, where the six-year term limit also hampers succession planning for the training and development of panel chairs for hearings.

2) **Board Size**
    i) **Risk of Becoming Unconstituted**: Maintaining the elected Board member composition at the minimum required level poses a significant risk should an elected director resign mid-term, in that the Board becomes unconstituted and unable to make decisions until a replacement is appointed.

3) In June, the Board passed a motion that directed 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."*

4) Further direction stated 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, to support implementation for the 2026 election cycle.

Status Update:

- While the Board approved this work to be carried out within the 2026 operating year, it also requested completion of the work in time for implementation of changes, if approved, before the 2026 election cycle, which begins in April with the call for nominations.
- Fulsome policy analysis and environmental scanning work have not been completed but are planned for early 2026; however, by-law amendments are required to change Board size and term limits – and conducting an open consultation is standard practice for such changes.
- Therefore, approval to consult on proposed amendments is needed at the December 2025 Board meeting to enable completion of this process in advance of the Board's final decision about the issue at the March 2026 meeting.

- Given these timelines, proposed by-law amendments have been drafted for consideration (Attachment 4), based on the stated problem identification.

***Proposed Bylaw Amendments**:*

- Drafting of by-law amendments is best done to achieve clearly stated objectives. Based on the problem identification noted above, there are two clear objectives as follows:
  1) Increase the number of elected directors beyond the minimum requirement, to reduce the risk of becoming unconstituted should a director resign from the Board, and
  2) Increase term limits from a total of six consecutive years (based on two, three-year terms) to nine consecutive years (based on three, three-year terms) to support succession planning by allowing sufficient time for directors to move into leadership roles on the Board and Discipline Committee.

- *Increase Board size beyond minimum requirements:* Board composition is defined in the *Pharmacy Act, 1991* and supported in the College By-Law. There are three categories of membership: elected professional directors, government-appointed public directors and role-defined directors (education specific). Of these categories, the only one that is under the control of the College is the elected professional directors. Within this category the legislated requirement is *"**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**."*

  The College By-Law currently sets the number of elected directors at nine, seven pharmacists and two pharmacy technicians. The simplest change to achieve the objective of increasing the number beyond the minimum, is to add a pharmacy technician to go above the minimum required. To reduce the risk further, adding another pharmacist director, although not required, would provide an additional buffer. The proposed amendment has been drafted in this way; however, as noted below in the analysis, there are different approaches or compositions models used to accomplish this objective.

- *Increase Term Limits:* The legislative reference for term limits is in Schedule 2 (the Code) under the *Regulated Health Professions Act, 1991* and the College By-Law. Section 5(1) and (2) of the Code states, *"no term of a Board member shall exceed three years, and a person may be a Board member for more than one term but no person who is elected may be a Board member for more than 9 consecutive years."* To achieve this objective, the proposed by-law amendment allows for up to nine consecutive years, instead of six.

Analysis

Additional Problem Identification regarding Board Size:

- In its November 19, 2025, deliberations, the Governance Committee discussed the objectives underpinning the proposed amendments and noted there were additional governance issues that were not addressed. These included statutory and standing committee capacity concerns, particularly within the Discipline Committee, due to the volume, complexity, and length of contested hearings and a limited pool of eligible panel members heightening the risk of quorum challenges and delays, particularly when multiple matters proceed concurrently.
- The proposed by-law amendments (Attachment 4), while addressing the objective of increasing Board size above the minimum requirement, do not encompass considerations associated with the objective for additional directors to support standing and statutory committee capacity, particularly for the Discipline Committee.
- With this objective in mind, there is a need to determine how many and what composition (i.e. pharmacist and/or pharmacy technician) should be proposed.

- After reflecting on this question, the Governance Committee supported the proposed amendment for the addition of one pharmacist and one pharmacy technician yet wondered whether two elected directors would be sufficient.
- Regarding the best composition, the Governance Committee agreed it would be important to consider the Discipline Committee's need for experienced panel members, with the expertise to assess the clinical, ethical, and technical issues of the pharmacy profession.

Consideration of a pre-consultation approach

- In the absence of the policy analysis report examining the implications of maintaining or increasing the current Board size and term limits, and the effects on succession planning, continuity, the risk of becoming unconstituted, and adjudicating hearings, it is difficult to determine the best model to use for by-law amendments.
- However, faced with the timing challenge and desire to consult on by-law amendments, there is an opportunity to meet the 2026 election cycle timelines by initiating a pre-consultation process which would provide additional insights for the policy analysis and environmental scan that will inform the final Board decision.
- As with recent government consultations the College has participated in, a pre-consultation can outline the policy intent and with the use of guiding questions focus the feedback on specific issues. While this approach carries some risk of creating confusion if the proposed changes are not adopted, it can be mitigated with clear communication about the process and policy intent at the consultation and final decision stages.

Recommendation:

To support the desired election-cycle timeline, it is recommended to initiate a pre-consultation on the proposed by-law amendments through January and February 2026, while further environmental scanning and policy analysis is being completed. This would allow the Board to make a final decision whether and how to increase the current Board size and term limits, informed by fulsome background research and consultation feedback.

Motion:

THAT the Board approves a 60-day open consultation on the proposed College By-Law amendments, as attached, including guiding questions regarding the best model for the number and composition of additional elected directors, to support Board and Committee leadership development and succession planning, address capacity pressures on standing and statutory committees, enabling the College to fulfill its statutory duties and public-protection mandate.

Next steps:

Should the Board approve the motion, College staff will prepare for open circulation of the by-laws as directed. The policy analysis and environmental scanning work will proceed as directed, including the added concern regarding Discipline Committee capacity, in the new year with preparation of a full report for the March 2026 Board meeting.

Attachments:

1) June 2025 – Board Briefing Note – Succession Planning
2) March 2022 – Briefing Note – Governance Reform
3) Legislative Authority for Board Terms of Service, Membership and Composition
4) Summary of Proposed Amendments to By-Law 7 (changes tracked)
5) By-Law 7A – with tracked changes

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BOARD BRIEFING NOTE
MEETING DATE: June 9, 2025

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Proposed changes to Board composition and term limits to support succession planning

Issue/Description: The Board is asked to consider whether to direct College staff to complete the necessary policy and legal work to prepare a proposal to address concerns regarding Board succession planning. The proposal should include recommendations regarding the composition of elected Board directors and term limits for Board directors, along with any necessary College by-law revisions.

Public interest rationale: Good governance establishes a framework to support the Board's oversight of College operations, defining roles and responsibilities of Board and staff, establishing Board policies and procedures, and ensuring compliance with legal and ethical standards. It provides a structured approach to decision-making and accountability to ensure the College is fulfilling its mandate in the public interest. Succession planning is a critical component of this work and is needed to promote strong, sustainable leadership on the Board and its Committees.

Strategic alignment, regulatory processes, and actions: A strong governance framework with an ongoing review and evaluation cycle aimed at continuous quality improvement helps to support the achievement of the College's strategic goals, objectives and regulatory excellence. The Governance Committee is expected to recommend improvements to the Board to ensure the College is in the strongest position possible to fulfil its mandate.

Background:

Problem Definition:

- The Governance Committee has identified two key governance-related concerns raised by members of the Board and Committees, including:

    1. **Executive Committee Succession Planning**: The current six-year term limits for Board members restrict effective succession planning. These limits do not allow sufficient time for directors to gain the experience necessary to fully contribute and transition into leadership roles such as Chair or Vice-Chair.

    2. **Discipline Committee Leadership Succession**: Similar concerns apply to the Discipline Committee, where the six-year term limit also hampers succession planning for the training and development of panel chairs for hearings. As set out in Section 3(1) of the *Regulated Health Professions Act, 1991*, a primary object of the College is "to regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws."

    3. **Board Composition and Risk of Becoming Unconstituted**: Maintaining the elected Board member composition at the minimum required level poses a significant risk. If an elected

director resigns mid-term, the Board may become unconstituted and unable to make decisions until a replacement is appointed. This risk materialized within the first three months of the 2024/25 Board year, when two elected directors resigned. In both cases, the College narrowly avoided being unconstituted due to the prompt appointment of replacements. Additionally, the minimum number of Board directors impacts the ability of setting up discipline panels due to availability challenges.

- These concerns were recently discussed by the Governance Committee, with recognition that this work was not part of the existing strategic or operational priorities for the College for 2025 and being mindful of current limitations on staff resources. The Committee agreed the issue was of sufficient and significant concern that it should be forwarded to the Executive Committee with a request to add it to a future Board agenda for consideration.
- The Executive Committee agreed that it is of sufficient and significant concern for the Board to determine if further investigation is warranted and if so, what level of priority it should be given recognizing staffing resources are at capacity with the existing operational, strategic and legislative priorities.

The current state:

- Work on governance reform and regulatory modernization began in 2017 in response to changes recommended by other health colleges and the Ministry of Health, which stemmed from trends and best practices respecting governance in professional regulation and a view to strengthening public trust in regulatory institutions.
- In keeping within the legislated requirements under the *Pharmacy Act, 1991,* (see Attachment 13.1) changes to the Board composition (reduction in number of elected directors to the minimum) and director term limits (reduced from nine to six years), were approved by the Board in December 2019, leading to adoption of By-Law No. 6 in March 2020 and full implementation of the changes to the current state in September 2022.
- While the number of publicly appointed Board directors is determined by the government, the College has signaled to the government's Public Appointments office, that given the reduced number of elected Board directors, only an equivalent number of publicly appointed directors are necessary for the Board composition to reflect the 49/51 split of public to elected directors, as intended in the legislative model for the *Regulated Health Professions Act, 1991*.
- Maintaining the number of public Board directors at the minimum required level, consistent with the number of elected Board directors, poses a significant risk. If a public director resigns, the Board may become unconstituted and unable to make decisions until a replacement is appointed.
- Any new changes to the existing term limits and Board composition would require further by-law revisions, including a process to implement the changes through upcoming elections, ideally starting with the 2026 election cycle.
- Background materials regarding this issue, including briefing notes, discussion papers, consultation reports, proposed legislative changes and the College's implementation process are attached simply to provide historical context for the previous changes in Board structure. (see Attachments 13.2 &13.3)
- The College has not engaged in an evaluation of the impact of the governance reform and modernization changes that were implemented in 2022.
- Independent of this issue, but related, the College is currently engaged in an external Governance Review, with the expectation of a final report and recommendations in September 2025. Additionally, the Governance Committee, as part of their responsibilities, has identified the need to

expedite revisions to several policies in Section 3 (Policies and Processes Supporting Good Governance) of the *Board Policy Booklet*.

Considerations

- Increasing the number of elected directors could benefit the Board, Discipline and other standing committees by reducing the risk of becoming unconstituted and enabling increased committee membership to share the workload and necessary time commitments in serving on committees.
- Increasing the maximum allowable term length may provide sufficient time for more robust training and development of Board members. This extended term could enhance their capacity to assume higher leadership roles, such as Chair or Vice Chair, and to effectively serve as Chairpersons of key standing committees, including Finance and Audit and Governance.
- Increasing the number of public directors could benefit the Board, Discipline and Accreditation Committees by reducing the risk of becoming unconstituted and enabling increased committee membership to share the workload and necessary time commitments in serving on committees.
- Investigation into this issue was not included in the 2025 operating plan and will require resources to complete a policy analysis, including a current environmental scan and literature review to explore the experience of other organizations with a similar governance model, and identify approaches to manage the identified issues. Review and consideration of the by-law revisions required to change the Board composition and term limits will also be needed, along with an implementation plan that corresponds with the election cycle.
- The staffing resources necessary to undertake this work are the responsibilities of the Registrar and Governance Coordinator as they support the Governance Committee. These roles are currently filled by staff in acting roles, in addition to their regular duties. Also, General Counsel is required to lead the by-law revision work yet is actively involved in numerous governance and policy issues that were unanticipated for this year.
- Given the current resource challenges, the effort involved in completing the background research and preparing a report to appropriately inform the Board's decision creates a situation of competing priorities with other governance initiatives in 2025 and requires direction from the Board to determine how to address the resource gap while minimizing the impact on other planned work.
- There is an opportunity to create operational efficiencies for staff by aligning the work associated with the three governance initiatives (revisions to Section 3 of the Policy Booklet, addressing recommendations from the Governance Review and reviewing the impact of the previous governance modernization changes in Board composition and terms).

Recommendation:

- Recognizing the importance of addressing the identified concerns, it is recommended that staff is directed not to pause the work on the 2025 priorities but at the same time, create a work plan, for inclusion in the 2026 Operating Plan, to examine and report on the pros and cons of the recent governance reforms, including transition from nine- to six-year terms for directors, and reduction of elected Board members to the minimum number required, to be presented to the Board for review and decision.

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.

Next steps:
College staff will develop a work plan and initiate the proposed work, as directed by the Board.

Attachments:
- 13.1 - Legislative Authority for Board Terms of Service, Membership and Composition
- 13.2 - Dec 2018 – BN - Governance
- 13.3 - March 2022 - BN - Governance Reform

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BOARD BRIEFING NOTE
MEETING DATE: MARCH 2022

FOR DECISION	FOR INFORMATION X

INITIATED BY: Executive Leadership Team

TOPIC: Governance Reform and Regulatory Modernization Consultation

ISSUE: Informing the Board of the College's response to the request for feedback on proposed governance reform and regulatory modernization.

PUBLIC INTEREST RATIONALE: Regular review and modernization of the legal framework that underlays the regulation and oversight of health professions is critical to ensure that regulators' structures and activities effectively evolve with societal expectations and maintain public trust. Open collaboration and engagement with the Ministry and other regulatory partners and stakeholders on regulatory frameworks is necessary to ensure the reforms are workable and ultimately result in increased confidence in professional regulation by the public.

BACKGROUND:

- Since 2017, Ontario's health regulatory colleges have expressed interest in governance reform to increase efficiency and responsiveness and align with best practices in health regulation around the globe. Our College has made submissions in support of proposed legislation that would bring about reform on several occasions, the most recent being in June 2021. (Attachment 1)

- In the fall of 2021, as part of the Government's Red Tape Reduction initiative, the government signaled their intention to consult on proposed governance reforms as well as the intention to designate colleges as public service agencies under the French Language Services Act.

- On January 26, 2022, the Ministry sought insights and feedback on reforms that the Ministry was considering for government approval through the Health Regulatory Professions of Ontario (HPRO). In addition to the previously communicated governance reforms and inclusion as a public service agency under the French Language Services Act, the consultation introduced regulatory modernization through new oversight authorities. The first of these is oversight of financial management and value for money by the Auditor General and the second relates to the Patient Ombudsman reviewing complaints and discipline decision-making processes. Additionally the Ministry proposed some registration related changes, which the Ontario Fairness Commissioner had previously noted as barriers to fair registration practices. Feedback on the proposed changes was requested by February 23rd, 2022. (Attachment 2)

- HPRO commissioned a legal review of the proposed changes and convened a meeting of members to consider the reactions of the colleges in preparation for a meeting between HPRO and Ministry representatives on February 8th, 2022 at which the colleges would have the opportunity to seek clarification on the proposed reforms. Following the meeting, HPRO submitted a letter to the Ministry in response to the request for consultation. (Attachment 3)

- The College, guided by previous decisions of the Board and insights of external counsel and the College's leadership team, submitted a letter to the Ministry on February 23rd, 2022 offering feedback on the reforms proposed and the potential impacts to the College. (Attachment 4)

ANALYSIS:

Governance Reform

The College was pleased to see that the proposed governance reforms are reflective of the Board's feedback to the earlier consultation in June 2021 and in alignment with the governance changes already implemented by the College. The College is in support of the proposed changes to the legislation. However, the College emphasized the need for regulations on committee composition to be in place to effect separation of Board and committee membership prior to enactment of the proposed reforms, and that clear expectations for transition be articulated to ensure continuity of committee and panel decision-making. Similarly, the College supports competency-based selection for both Board and Committee members but believe that the competencies used to assess Board members should be applied equally to public and professional members.

Regulatory Modernization

The proposal of three new oversight mechanisms: the Auditor General to oversee the Colleges' financial management, the proposal to have the Colleges designated as public service agencies under the French Language Services Act, and the provision to allow the Patient Ombudsman to review complaints and discipline decision-making processes was new to the College. The response from both HPRO and the College articulate our willingness to participate in enhanced streamlined oversight of the Colleges, and highlight the need for more discussion regarding the oversight mechanisms being proposed. As with HPRO, the College feels discussion is required regarding the goals of the new oversight mechanisms, and introduction of the mechanisms themselves should be held in abeyance to allow governance reform, housekeeping changes, and the CPMF to have the opportunity to achieve their desired outcomes. In its letter to the Ministry, the College provided additional feedback around the possibility of duplicative or conflicting oversight efforts that may serve to divert College resources from the core mandate work.

Registration

Most of the proposed changes to reduce barriers to registration were not new to the College, as the Ontario Fairness Commissioner has consistently expressed concern about these practices in the past, and most regulators, including the College, have addressed them under the requirements of the Fair Access to Regulated Professions legislation. The Ontario Human Rights Commission has also supported removal of Canadian work experience requirements in policy for several years, which in part, triggered the College's shift from the structured practical training program to the existing assessment of competence at entry to practice. The proposal to standardize requirements for demonstration of language proficiency is a newer concept, introduced by the Ontario Fairness Commissioner in recent consultations, and while the College supports standardization, our response noted the importance of considering the potential for inconsistency with national language proficiency requirements, which could impact the ease of labour mobility.

NEXT STEPS:

The College will monitor the issue and respond as required.

June 30, 2021

Mr. Sean Court
Assistant Deputy Minister, Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th Floor
Toronto, ON M7A 2A5

Dear ADM Court:

Re: Support for governance modernization and reform

Further to your letter and request of June 8, 2021 to provide input to the Ministry's engagement on governance reform, we are pleased to advise that the Ontario College of Pharmacists (OCP) continues to fully support the Ministry's efforts on governance modernization and reform as it relates to the *Regulated Health Professions Act, 1991* (RHPA).

In January 2019, the OCP informed Minister Elliott of our support, in alignment with the work of the College of Nurses of Ontario (CNO) and the Advisory Group for Regulatory Excellence (AGRE).

While the OCP continues to support our previously suggested amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework, we have suggested additional amendments further to our Board meeting of June 24, 2021. These amendments, if approved, will result in burden reduction, increased efficiency of College operations and enable timely response to emerging needs.

In addition, in early 2018 the OCP submitted proposed amendments to our Quality Assurance and Registration regulations which, in addition to promoting patient safety by including pharmacy technicians in the mandatory Quality Assurance program, also served to reduce regulatory burden by eliminating redundancy in regulation through the elimination of student registration certificates and shifting to outcome based language throughout. These regulations have yet to be approved by government and are noted here as they will further support burden reduction once implemented.

Please note that the OCP has also taken incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the OCP has moved forward to reduce the size of Council (now Board), balanced public and professional Directors, separated Board and Committee membership (with the exception of the Discipline Committee) and moved to competence-based elections. Due to the limitations of current legislation, these incremental steps do not fully align with governance best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

As any recommendations move forward in a burden reduction bill in the fall, it is of the utmost importance that the Government implement changes in a stepwise and gradual manner to minimize disruption, address any potential unforeseen considerations, and allow the Colleges the time to adjust the necessary processes to ensure success. In addition, the OCP strongly recommends that changes to reduce Board size and separate Board from statutory committees must be implemented together. Reducing Board size without separation will result in negative impact on the work of the statutory committees and the ability of the regulatory Colleges to deliver on their mandate. The OCP also recommends that the Government consider opportunities to continue to support the Colleges in ensuring the public voice is maintained on all of the statutory committees. The public voice is critical to the work of the Colleges.

Finally, further to our letter of February 4, 2019, the OCP requests a name change to “Ontario College of Pharmacy.” The name change will more appropriately reflect the College’s role as the regulator of pharmacists, pharmacy technicians and pharmacies in Ontario.

The attached chart outlines the OCP position on previously proposed amendments of the legislation and/or regulations to support key governance reforms as well as further suggested changes.

Please do not hesitate to contact us if you have any questions. The Ontario College of Pharmacists welcomes the opportunity to be consulted as you move forward with burden reduction, governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Billy Cheung
Chair of the Board
Ontario College of Pharmacists

Encl. (3)

c. Allison Henry, Director of Health Workforce Regulatory Oversight

Proposed Future State	OCP Current State (2021)	Rationale for the Change and Considerations	Relevant Legislation
1. Reduction in Council/Board size to 8 – 12 Directors. Eliminate Executive Committee. *This must be implemented in conjunction with the full separation of the Council/Board from Statutory Committees (see #3 below).*	9 Elected Professional Directors 9 Appointed Public Directors 2 Academic Directors (achieved through by-laws)	Smaller Boards of Directors have been shown to communicate better, benefit from fuller participation of all Directors, and make decisions faster and more effectively. Alignment with the size of the Board of the new Health and Supportive Care Providers Oversight Authority consists of 8 – 12 Directors (*Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021*). Smaller Board size would obviate the need for an Executive Committee. OCP and all colleges should be recruiting to the maximum number of 12. The range of 8 – 12 is recommended to ensure that the Board remains constituted regardless of temporary vacancies.	RHPA *Pharmacy Act, 1991*
2. Equal number of professional and public members (6:6). Eliminate Academic appointments.	*The Pharmacy Act, 1991* requires that Council/Board is composed of: - Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) - 2 Deans from each Faculty of Pharmacy in Ontario; plus - Between 9 and 16 members of the public	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. Legislating Academic Directors as additional voting members maintains the professional majority and perpetuates the view that Board members represent constituents, in conflict with the OCP's focus on the public interest. Pharmacy Technician colleges are not appointed to the OCP Board but are continually engaged. Additional French School of Pharmacy proposed at University of Ottawa for 2023, which, if approved, will further perpetuate the inequity of academic appointments between the two professions regulated by the OCP. Canadian Council for Accreditation of Pharmacy Programs (CCAP) ensures alignment between the OCP and the academic centres through the accreditation process.	RHPA *Pharmacy Act, 1991*

Proposed Future State	OCP Current State (2021)	Rationale for the Change and Considerations	Relevant Legislation
3. Full Separation between Council/ Board and statutory committees. Change the legislation to remove Council/Board members from statutory and all other committees. Substitute with lay public and professional appointees.	The RHPA requires that Panels of the following statutory committees currently must include Council/Board members: - Registration Committee - 1 public member of Council - Inquiries, Complaints, and Reports Committee - 1 public member of Council - Discipline Committee - 2 public members of Council and 1 elected member of Council - Fitness to Practice Committee - 1 public member of Council	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out. Allows for greater delineation of strategic and risk oversight roles of Board and operational and adjudicative functions of statutory committees, and promotes independence of those functions. Previous amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care. These regulations are needed to support reducing Council size as populating the committees with Council members necessitates a certain number of Council members.	RHPA (with amended regulations) *Pharmacy Act, 1991*

Proposed Future State	Current State	Rationale for the Change and Considerations	Relevant Legislation
4. Competency Based Board. Maintain elections per by-laws and public appointments by the Lieutenant Governor in Council. Align competencies for all Directors, whether professional or appointed. Recommendations for appointments and those who stand for elections should be made through a fair, transparent, and independent process. Strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility.[1]	Pharmacy professional Board members are elected by their peers in accordance with the College's by-laws. Public Council members are appointed by the Lieutenant Governor in Council. Elections based on competencies required for the role. Members are screened by an independent, neutral third party.	Governance trends and literature support competency based Boards. Having all Board members with the needed competencies and attributes will support the Board to deliver on its mandate. Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	RHPA *Pharmacy Act, 1991*

[1] *Regulated Health Professionals Act, 1991,* By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; (h.2) providing for the composition of committees; (h.4) and governing the removal of disqualified committee members. https://www.ontario.ca/laws/statute/91r18

Proposed Future State	Current State	Rationale for the Change and Considerations	Relevant Legislation
5. Nomenclature change in the RHPA From “Council” to “Board” From “Members” to “Registrants”	OCP by-laws have updated nomenclature to “Board” and “Registrants.”	Clarity of the role of the OCP as a regulating and licensing body rather than an association.	RHPA *Pharmacy Act, 1991*
6. Flexibility to determine whether or not an investigation is required for complaints.	The RHPA requires that all complaints “shall” be investigated.	The OCP is moving to an outcomes focus in regulating and in alignment with risk-based and right touch regulation, resources can be directed to complaints with the highest risk, relieving pressure on scarce investigation and prosecution resources. Other regulatory bodies (The Law Society of Ontario) have the flexibility to determine whether an investigation is warranted based on risk.	RHPA
7. Amended Quality Assurance (QA) and Registration regulations to eliminate student class of registration and introduce outcome based requirements.	The RHPA includes provisions for students to practice to scope. Enabling changes have been made in the *Drug and Pharmacies Regulation Act* (DPRA) to align with the RHPA.	Registration of pharmacy students is redundant given the RHPA provisions to allow for practice to scope within the education program. Other health professions in Ontario do not register students, but the DPRA required student registration in pharmacy. The enabling DPRA changes to eliminate student registration were approved in 2018. The proposed amendments to the Registration and QA regulation focus on outcomes, allowing non-material changes resulting from new processes or technologies (e.g. written exams to computer based exams) to be managed in policy rather than regulation.	RHPA DPRA

Ontario College of Pharmacists
Putting patients first since 1871

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

January 28, 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Support for governance modernization and reform

The Ontario College of Pharmacists (OCP) fully supports governance modernization and reform. We have reviewed the College of Nurses of Ontario's (CNO) submission to you dated January 8, 2019, regarding its vision for modernizing regulatory governance in Ontario. Our College shares the view that action is required to implement governance reform and shares the spirit and intent of the CNO vision aimed at enhancing public trust. Furthermore, we believe that moving in tandem with other Colleges in the Advisory Group for Regulatory Excellence (AGRE) and the government is the best way forward.

The College supports amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework. Informed by literature on best practice in governance, the OCP Council specifically supports legislative amendments to reduce the size of Council, adjust the composition of Council to reflect equal representation of public members, separation of Council and statutory committees, and competency-based Council selection. The attached chart outlines where legislation and/or regulations are required to implement these key governance reforms.

In addition, the College is taking incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the College is examining opportunities to modernize its governance structures and practice. For example, our College is in a unique position in that provisions in the *Pharmacy Act, 1991*, allow us to reduce the size of Council, although not to the extent required to achieve best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

Please do not hesitate to contact us if you have any questions. Our College would welcome the opportunity to be consulted as you move forward with governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Laura Weyland
Council President
Ontario College of Pharmacists

CC: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

Current State	Proposed Future State	Rationale for the Change (based on literature and international trends)	Relevant Legislation
Size, Composition, and Function of Board of Directors (Council)			
Size:20 - 35 Council members[i]	Smaller board	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	RHPA *Pharmacy Act, 1991*
Council is composed of: • Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) • 2 Deans from each Faculty of Pharmacy in Ontario; plus • Between 9 and 16 members of the public (currently 12 public members appointments)	Equal number of professional and public members	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	RHPA *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Composition of Statutory Committees			
Committees/Panels of the following statutory committees currently must include Council members: • Registration Committee - 1 public member of council • Inquiries, Complaints, and Reports Committee - 1 public member of council • Discipline Committee - 2 public members of council and 1 elected member of Council • Fitness to Practice Committee - 1 public member of Council • Accreditation Committee – 1 public member of council Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	*RHPA* (with amended regulations) *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Procedures for Board of Directors			
Pharmacy professional Council members are elected by their peers in accordance with the College's by- laws.	All directors are appointed on the recommendation of an independent, unbiased nominating process (including representation of governance professionals, health professionals and government).	Pharmacy professional directors are to be appointed rather than elected because the election of College registrants to the Board creates the risk and the perception that registrant directors represent the profession rather than the public interest.	RHPA *Pharmacy Act, 1991*
Public Council members are appointed by the Lieutenant Governor in Council.	Appointments are based on the competencies required for the role. Should elections remain, strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility.[ii]	Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	RHPA *Pharmacy Act, 1991*

[i] *Pharmacy Act, 1991*, Council 7 (1) The Council shall be composed of, (a) 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;(b) at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council who are not, (i) members, (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and(c) the dean of each faculty of pharmacy of the universities in Ontario. 1991, c. 36, s. 7 (1); 1998, c. 18, Sched. G, s. 41 (1); 2007, c. 10, Sched. B, s. 18 (1).

[ii] *Regulated Health Professionals Act, 1991,* By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; and governing the removal of disqualified committee members;
(h.2) providing for the composition of committees; (h.2) providing for the composition of committees.

January 8, 2019

By E-mail

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

Re: College of Nurses of Ontario Vision 2020

Thank you for meeting with me on July 30, 2018, to discuss how the College of Nurses of Ontario can continue to collaborate with the Ministry of Health and Long-Term Care. As we discussed, the College has a bold, innovative vision for its future governance, called Vision 2020. By implementing Vision 2020 and improving how the College is governed, we will strengthen our protection of the public and enhance public trust in nursing regulation. These outcomes align with the Ministry's goal of improving healthcare for the people of Ontario.

Our vision has sparked a movement; regulators in a variety of sectors have embarked on their own governance reviews and reforms in response.

To develop the vision, the College struck an independent, expert task force that

- evaluated our current governance model;
- reviewed extensive academic literature on regulatory and non-profit governance;
- surveyed other regulators in Ontario, Canada, and internationally about their governance;
- studied emerging global trends and best practices in regulatory governance; and
- crafted common-sense, evidence-based reforms to modernize the College's governance structure.

Vision 2020 is unique because it is based on this comprehensive, unbiased review of the evidence and best practice, without compromise. The attached infographic illustrates Vision 2020, and the following features are at its core:

- The College will be governed by a small, competent Board of Directors composed of an equal partnership of 6 members of the public and 6 nurses. This is professional regulation in partnership with the public, in which the Board will focus exclusively on the public interest, while retaining professional expertise in regulation.
- The more efficiently-sized Board will be supported by advisory groups that add diversity of perspective and further public input to its deliberations and decision-making.

- All directors will be appointed to the Board, rather than elected, based on the competencies required for strategic leadership.
- All directors will be remunerated by the College. These measures will shift the burden and costs of professional regulation – currently borne by the Ontario government and taxpayer – to the College.

The College has begun to implement elements of Vision 2020 that do not require legislative change. For example, in June 2018, the College joined a public advisory group collaboratively administered by 13 Ontario health regulators. The College has also piloted competency-based appointments for nurses applying to statutory committees for 2019.

However, greater public protection and public trust can only be achieved with legislative change. The College needs the government's assistance to implement the key elements of Vision 2020 that require amendments to the *Regulated Health Professions Act, 1991,* the Health Professions Procedural Code, the *Nursing Act, 1991,* and regulations thereunder. The attached chart outlines the changes proposed by Vision 2020 and relevant legislation.

Now is the time to reform regulatory governance in Ontario. A recent McMaster Health Forum report, *Modernizing the Oversight of the Health Workforce in Ontario*, emphasized the public's changing expectations of health regulators: they rightly expect us to adapt to the evolving landscape in society and in healthcare. The report further highlighted regulatory colleges' failure to integrate good-governance practices into their frameworks. The College has received overwhelmingly positive feedback on its efforts to review and reform its governance from other stakeholders in the system, with other regulators expressing interest in learning from the extensive groundwork laid by the College. The Federation of Health Regulatory Colleges of Ontario has followed the College's governance work closely, which has sparked discussion and forward thinking across its members. Moreover, a recent independent review of the Ontario College of Teachers' governance has made recommendations that mirror Vision 2020.

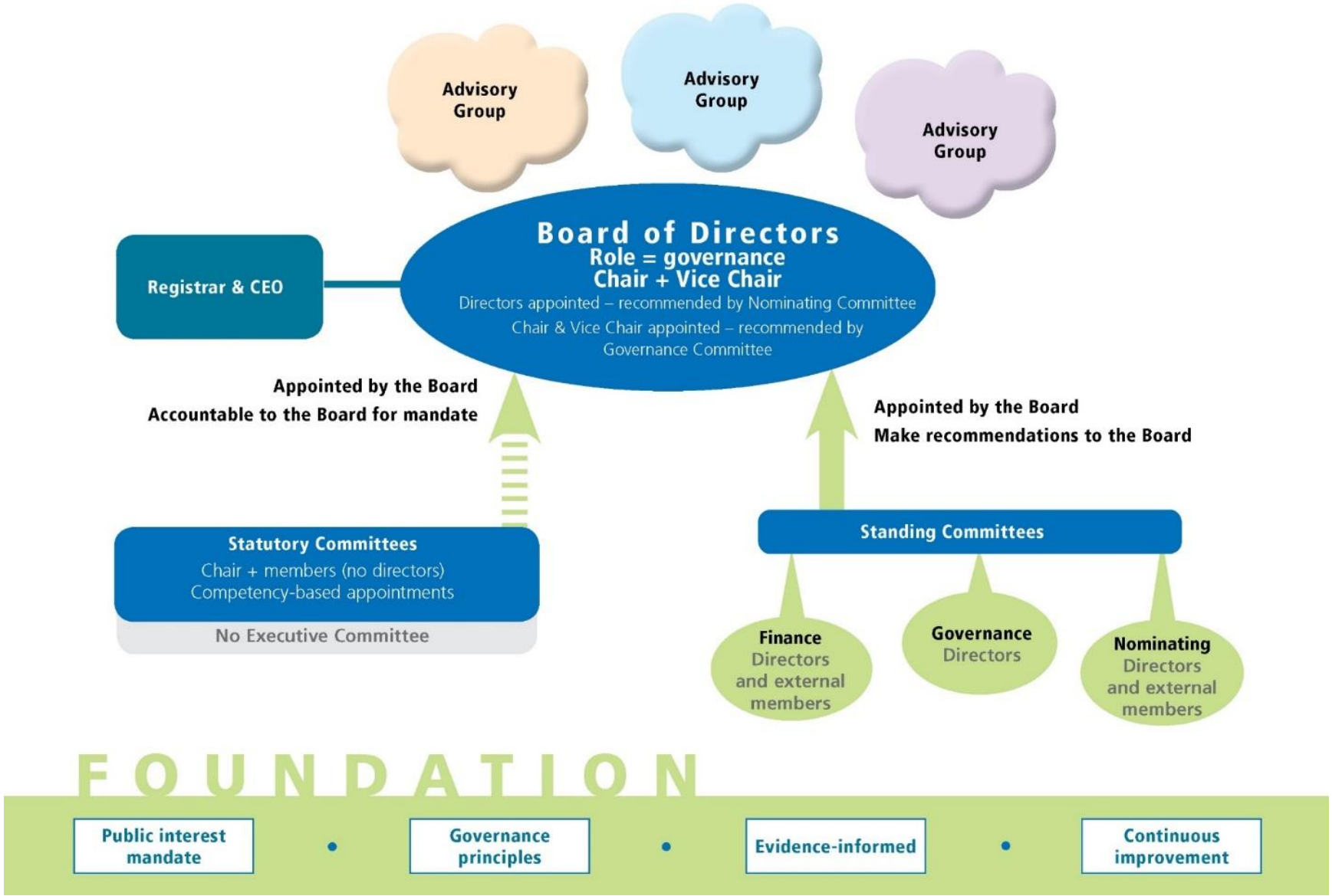
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerni to identify the legislative window and process for implementing the vision. We would be pleased to hear from you if you have any questions or comments.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Enclosures: Vision 2020 Governance Model (1 page)
Chart re: Governance Reform (4 pages)

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight


Advisory Group
Advisory Group
Advisory Group
Board of Directors
Role = governance
Chair + Vice Chair
Directors appointed – recommended by Nominating Committee
Chair & Vice Chair appointed – recommended by Governance Committee
Registrar & CEO
Appointed by the Board
Accountable to the Board for mandate
Appointed by the Board
Make recommendations to the Board
Statutory Committees
Chair + members (no directors)
Competency-based appointments
No Executive Committee
Standing Committees
Finance
Directors and external members
Governance
Directors
Nominating
Directors and external members
FOUNDATION
Public interest mandate
Governance principles
Evidence-informed
Continuous improvement

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Terminology			
Council of the College	Board of Directors of the College	Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public.	• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Council member(s)	Director(s)		• RHPA • *Nursing Act, 1991*
President of Council	Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Vice-President of Council	Vice-Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Executive Director of the College	Registrar & CEO of the College		• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	• *Nursing Act, 1991*
Council is composed of: • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public	Board of Directors is composed of: • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	• *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Executive Committee exercises Council's powers in between Council meetings.	No Executive Committee necessary.	A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.	• RHPA
Procedures for Board of Directors			
The 21 nurse Council members are elected by their peers in accordance with the College's by-laws.	All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors. Appointments are based on the competencies required for the role.	Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the public interest. Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	• RHPA • *Nursing Act, 1991*
The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.			• RHPA • *Nursing Act, 1991*
Nurse Council members: • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.[iv]	All directors serve: • 3-year terms of office; with a • maximum of 6 consecutive years of service. • A 1-year extension is provided for the Chair of the Board of Directors to serve a second term.	Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.	• RHPA
No term limits exist for public Council members.			

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Expenses and remuneration of: • nurse Council members are paid by the College in accordance with the by-laws, while • public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. The amounts paid by the College and the Minister are unequal.	Expenses and remuneration of all directors are: • equal; and • paid by the College in accordance with the by-laws.	The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.	• RHPA
Council is led by: • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) They are elected annually by the Council from among the Council's members.	Board of Directors is led by: • the Chair; and • the Vice-Chair. They are appointed annually by the Board on the basis of competencies.	The selection of Board leadership is to be on the basis of competencies and not professional designation.	• RHPA • *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Composition of Statutory Committees			
Panels of the following statutory committees currently must include Council members: • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	• RHPA (with amended regulations) • O. Reg. 275/94

[i] This column describes the current state of the College's governance as set out in relevant legislation.

[ii] Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. "Final Report: A vision for the future." Updated May 2017. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf
- "Governance Literature Review." Updated November 28, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf
- Governance Task Force. "Trends in Regulatory Governance." January 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf
- "Jurisdictional Governance Review Survey Summary Report." January 16, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf

[iii] The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

[iv] Please note that the College's by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College's nurse Council members to a maximum of 6 consecutive years of service.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

January 25, 2019

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street Toronto,
Ontario M7A 2C4

Dear Minister,

RE: Governance reform recommendations

Thank you for taking the time to meet with us to discuss the important shared issues between the government and the College of Physicians and Surgeons of Ontario (CPSO). We were encouraged by our discussion with you and your general support of our work to modernize and improve the College's governance structure.

We write to provide you with our recommendations for a more efficient and effective governance structure that we believe will strengthen public confidence in the regulatory system. Our work has been informed by available evidence and the recommendations from the College of Nurses of Ontario.

Recommendations to modernize CPSO's governance structure include the following:

1. Increase public member representation so there are equal numbers of physician and public members on the board;
2. Reduce the size of the board from 34 to between 12-16 members;
3. Eliminate overlap between board and statutory committee membership;
4. Implement a competency-based board selection process;
5. Implement a hybrid selection model for physician members;
6. Provide equal compensation for physician and public members of the board;
7. Retain the option of appointing an Executive Committee.

The accompanying attachment provides the detailed rationale and the legislative change(s) required to achieve each recommendation. We look forward to working together to modernize the CPSO board to better serve the people of Ontario.

Yours truly,

Peeter Poldre, MD, EdD, FRCPC
President

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

Encl. CPSO Governance Review: Recommendations, Rationale and Required Legislative Changes

cc. Helen Angus, Deputy Minister of Health and Long-Term Care
Heather Watt, Chief of Staff, Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division

CPSO Governance Review: Recommendations, Rationale, and Required Legislative Changes

Recommendation	Rationale	Required Legislative Changes[1]
1. Increase public member representation so there are equal numbers of physician and public members on the board.	Public members occupy less than half or 44% of board positions (when gov't appoints the full complement of 15 members). Equal public/professional board membership is increasingly accepted as a best practice internationally. This change will ensure a balance between public and physician expertise and competencies in regulation and help strengthen public confidence in the regulatory system.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
2. Reduce the size of the board from 34 to between 12-16 members.	A 34 member board is too large. Literature supports smaller boards as being more effective and efficient in decision making. The range is intended to provide flexibility to achieve the right combination of competencies.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
3. Eliminate overlap between board and statutory committee membership.	Existing quorum requirements require board member participation on some statutory committees. These requirements are particularly onerous for public board members who must provide between 100 and 120 days of work as board and committee members each year. Separation between the board and statutory committees is considered a best practice. Board and statutory committees have very different roles (oversight/strategic for the board vs. adjudicative for statutory committees). Separation in membership from the board will enhance the integrity and independence of the board and statutory committees, and help strengthen public confidence in the regulatory system.	Section 10(3) of the Code currently requires the composition of committees to be set by by-law, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels: - s. 17(2): Registration Committee panels - s. 25(2) and (3): ICRC panels - s. 38(2-5): Discipline Committee panels - s. 64(2-3): Fitness to Practice Committee panels Once Bill 87 amendments to the RHPA and the Code are proclaimed, composition and quorum requirements for these committees will be set by regulation. **New regulations** therefore need to be developed pursuant to the **RHPA, s. 43(1)(p) to (s)** and the **Code, s. 94(1)(h.1)-(h.4)**.
4. Implement a competency-based board selection process.	Competency-based board selection for physician and public members support the right mix of knowledge, skills and experience amongst board members to ensure the board is able to effectively discharge its functions. A competency based selection process is considered a best	For professional members: the **Medicine Act, s. 6(1)** currently requires members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.

[1] NB: This list is not comprehensive – other incidental changes may also be required.

Recommendation	Rationale	Required Legislative Changes[1]
	practice.	Other consequential legislative changes may also be required (for example, s. 5 of the Code which provides for the term of elected Council members). For public members: there are different options available to accomplish this change. **Medicine Act, s. 6(1)** requires the appointment of 13-15 public members by LGIC, so an amendment to this section could import language around competency-based appointments. There is language in s. 14(1) of the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009* that might be helpful ("The selection process for the appointment of members to an adjudicative tribunal shall be a competitive, merit-based process and the criteria to be applied in assessing candidates shall include the following: …")
5. Implement a hybrid selection model for physician members (some elected members, some competency-based appointments).	Currently 16 physician members of the board are elected by the profession and 3 are appointed. The election process at times causes confusion and promotes a perception that physician board members represent the profession rather than the public interest. A hybrid approach of elected and appointed professional members will help ensure that the board collectively possesses necessary competencies and facilitate ongoing physician engagement in the board selection process.	**Medicine Act, s. 6(1)** currently requires physician members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.
6. Provide equal compensation for professional and public members of the board.	Public members of Council are compensated by government at a much lower rate than physician members. The College is prohibited from compensating public members of Council for their work. Compensation for public members is inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably.	**Code, s. 8** currently requires that Council members appointed by the LGIC be paid, by the Minister, the expenses and remuneration the LGIC determines. An accompanying amendment to the **Code, s. 94(1)(h)** would also be required. This provision currently allows Council to make by-laws providing for the remuneration of the members of the Council and committees other than persons appointed by the LGIC.
7. Retain the option of appointing an Executive Committee.	Smaller boards may not require an Executive Committee. In the interest of maintaining flexibility, CPSO recommends retaining the option of an Executive Committee, which is largely dependent on board size. A board with 16 members may require an Executive Committee.	**Code, s. 10(1)** currently requires colleges to have an Executive Committee. Other consequential amendments to the Code may also be required to reflect a discretionary Executive Committee.

February 4, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto Ontario
M7A 2C4

Re: Reflecting the College oversight role in its official name

Dear Minister Elliott:

At its December 2018 meeting, Council directed that the College convey to you its desire to ensure that the official name of the Ontario College of Pharmacists (the "College") and its reference in various legislation and regulations appropriately and accurately reflect the College's role as the regulator of pharmacists, pharmacy technicians and pharmacies in the province.

Notwithstanding the naming conventions of the province's health regulators contained within the *Regulated Health Professions Act (RHPA)*, Council believes strongly that the College is unique among other regulators in that it not only regulates pharmacy professionals, which was expanded in 2010 to include pharmacy technicians as regulated health professionals, but it is the only College of regulated healthcare professionals that is also mandated under legislation to regulate a physical practice location or premises, specifically pharmacies. It feels that a change to the College's name could better communicate to the public the scope of its oversight role relating to both the people and place of pharmacy practice in the province.

Accordingly, on behalf of Council, I am writing to formally register the College's request that its name be changed to the *Ontario College of Pharmacy* and that the relevant legislation and regulations, such as those noted below, be amended at such time that the provincial government considers a review of these Acts:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Regulated Health Professions Act, 1991*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Health Protection and Promotion Act, 1990*
- *Safe Access to Abortion Services Act, 2017*
- *Livestock Medicines Act, 1990*

As always, the College would be pleased to provide additional information and assist in any way in identifying specific amendments within each Act and corresponding regulations should the Ministry accept the College's proposal to change its official name to accurately convey to the public the scope of its oversight role.

Sincerely,

Nancy Lum-Wilson, R.Ph., B.Sc.Phm., MBA
CEO and Registrar

cc: Laurel Brazill, Director, Stakeholder Relations
Emily Beduz, Senior Policy Advisor

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5

Ontario

January 26, 2022

Health Profession Regulatory Colleges
c/o
Beth Ann Kenny
Executive Coordinator
Health Profession Regulators of Ontario

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: @regulatedhealthprofessions.on.ca
web: www.regulatedhealthprofessions.on.ca
Phone: 416-493-4076/Fax: 1-866-814-6456

February 22, 2022

Sean Court, Assistant Deputy Minister (ADM)
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Ave, 10th Floor
Toronto ON M7A 2A5

Transmitted by email:

Dear ADM Court:

Re: Governance Reform and Regulatory Modernization Consultation

Thank you for writing to and meeting with HPRO's members related to your consultation on governance reform and regulatory modernization. While the significance of these changes is immense and thoughtful commentary in the condensed timeline is difficult, there are important high-level issues that should be raised.

As you know, many of HPRO's members have been discussing core governance reforms for some time and are generally in support of these and the housekeeping reforms included in the consultation, with some reservations. Each College will likely send you their specific ideas and opinions on these. HPRO is available and willing to work with the Ministry to assist with any of these proposed changes.

With respect to the Ministry proposal on the introduction of three new oversight mechanisms, HPRO is of the view that more discussion is needed about the goals of these mechanisms and whether they will produce the outcomes intended in the most effective and efficient manner in alignment with the principles of right touch regulation. The College Performance Measurement Framework (CPMF) has just been introduced and there is an opportunity to use this tool to effect desired changes. Using this new tool, already in place for all health Colleges, will be a more efficient and effective way to meet objectives.

We would strongly encourage you to put the matter of the three additional oversight mechanisms in abeyance until governance reform and housekeeping changes, and the College Performance Measurement Framework (CPMF) processes, have been given the opportunity to achieve their desired outcomes.

We urge you to continue to work with HPRO and our members to help you accomplish what is needed in terms of oversight so that we can, together, create an effective system. HPRO is always willing to facilitate meetings and discussions.

And, we continue to offer the support of HPRO and its members as any changes are being contemplated. We want to share our regulatory expertise, helping to address any unintended consequences and assisting Colleges with implementation processes.

We look forward to learning more about the progression of your consultations.

Sincerely,

Elinor Larney
Vice-President

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Stephen Cheng, Manager
HPRO Board of Directors

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

February 23, 2022

Mr. Sean Court
Assistant Deputy Minister
Strategic Policy, Planning and French Language Services Division
Ontario Ministry of Health
438 University Avenue, 10th Floor
Toronto, ON M7A 2A5
via email:

Re: Governance Reform and Regulatory Modernization Consultation

Dear ADM Court:

Thank you for the opportunity to provide input into the Ministry's consultation on proposed governance reform and regulatory modernization. We are pleased to provide this preliminary response to the proposed reforms, which will be discussed at our upcoming Board meeting on March 21, 2022. Our response complements and is in support of the submission made by the Health Profession Regulators of Ontario (HPRO). We support open collaboration and engagement with the Ministry and other regulatory partners and stakeholders on this and other important regulatory priorities, and we welcome additional opportunities to provide input into proposed reforms.

Alignment with core values and governance reforms already implemented

The Ontario College of Pharmacists operates in accordance with its core values of transparency, accountability and integrity. In doing so, it firmly supports opportunities to demonstrate these values through the adoption of governance and regulatory best practices, performance measurement and public reporting to help promote accountability and continuous improvement within the broader regulatory system. All of these measures are important in maintaining and building public confidence in health regulators and their commitment to their legislated mandate.

The College supports the Ministry's overall goals and intentions associated with the proposed governance reforms and has already moved forward with a number of the core governance reforms, to the extent currently possible within existing legislative frameworks, and generally welcomes the additional recommendations put forward by the Ministry in that regard.

For example, through By-Law amendments approved by the Board in 2020, competency based screening has been implemented for elected Board roles. A similar competency based application and screening process is in place for both Professional Committee Appointees (PCAs), formerly known as Non-Council Committee members, and Lay Committee appointees (LCAs), members of the public who apply directly and are compensated by the College to serve on Committees.

As well, the size of the OCP Board has been reduced to 20 from 35, with equal numbers of public and professional members, plus two academic appointments dictated by statute; further reduction in Board size is generally supported to align with best governance practices. We have also established a separation of Board and Committees, as no Board members sit on Statutory Committees except as dictated by statue, and we have already implemented new terminology through the adoption of the term 'Board' instead of 'Council', and Board roles including 'Chair' and 'Vice Chair', replacing 'President' and 'Vice President' respectively. The College has also made the transition in terminology from 'member' to 'registrant' to more appropriately describe the relationship with those who are registered with, and regulated by, the College.

As the Ministry contemplates governance reform, the College asserts that public and professional Board members should be assessed against common competencies. Furthermore, transition language must support continuity of decision making, as panels with ongoing case files, for example, must continue to have the authority until the case is disposed of. It will be important for the Ministry to consider the framework for Colleges to appoint public Board members directly and whether government approval will still be required, or if other measures will be needed to ensure public trust and confidence in the impartiality of the selection process.

Additional considerations such as consistent and appropriate remuneration of public and professional Board members, replacement of the term "College" to improve public and stakeholder understanding of our regulatory role and removal of outdated provisions within existing legislation are generally supported.

Support for Regulatory Modernization goal, but further consultation needed

The College is committed to participating in and contributing to better mechanisms to improve the accountability of Ontario's health regulatory system and has taken steps to enhance our own performance as a regulator, including adoption of right touch regulation, as reinforced in the College Performance Measurement Framework (CPMF). These efforts include evolution of our Performance Scorecard to align with the domains of the College Performance Measurement Framework, public reporting of performance through board meetings and publications, and the collection and reporting of important performance data specific to the profession to help identify practice and regulatory improvement opportunities.

Having embraced the existing accountability mechanisms, we share the views expressed by HPRO that the three new oversight mechanisms the Ministry proposes have the potential for inconsistent and duplicative oversight of our processes and performance, and risk dilution of our resources currently directed to fulfilment of our mandate. Further explanation of our concerns regarding each of these oversight bodies is expanded below.

Auditor-General

With respect to the proposal that the Auditor-General assume oversight of the health colleges' financial management, we note that all health colleges are required under the *Regulated Health Professions Act (RHPA)* to include with their annual reports an audited financial statement. This is an in-depth audit, the results of which are published. Through the CPMF, information respecting allocation of resources is now reported and can be expanded upon to enhance transparency and accountability. As well, the *RHPA*

provides that the colleges may also be subject to additional audits that the Minister determines to be appropriate.

Therefore, it is not clear what value an additional audit conducted by the Auditor-General would bring to the public or other stakeholders.

In addition, it is quite possible the new audit may be based on somewhat different criteria from the current annual audits, adding significant administrative burden and diverting resources away from our core public protection mandate without clearly adding any new value.

French Language Services Act (FLSA)
The health colleges are already required under s.86 of the Health Professions Procedural Code to provide services in French, so an obligation on the colleges' part to meet the needs of those requiring services in French already exists. With respect to the requirements under the *FLSA,* we note that colleges do not have control over the public member appointment process and under the current process colleges are not able to guarantee French-speaking Board members or Committee panels. Public appointees are key participants (and required for quorum) across colleges' decision-making bodies however, and therefore, changes would need to be made to the public appointments process to assure sufficient French speaking appointments.

It is also unclear what additional implications there may be if colleges are designated as public service agencies under the *FLSA*. If this proposal were to move ahead we recommend the designation be limited to French language services only, and not extended to include additional public service agency obligations in order to avoid the risk of drawing significant resources away from core regulatory duties.

The Patient Ombudsman
It would appear that the newly proposed duties for the Patient Ombudsman extend beyond the Ombudsman's mandate, which is focused on institutional and system-level issues.

The health colleges already have oversight of their complaints decisions by the Health Professions Appeal and Review Board (HPARB) which has broad oversight of the colleges' complaints processes, including, as they describe, monitoring the activities of the Colleges' Inquiries, Complaints and Reports Committees….in order to ensure they fulfill their duties in the public interest and as mandated by legislation.

With respect to the decision-making of the colleges' Discipline Committees, it should be noted that the decisions of Discipline Committees are already subject to appeal before the Divisional Court. As well, either party may apply to Divisional Court for a judicial review of various regulatory decisions, including HPARB decisions and certain disciplinary decisions.

It is possible that the addition of another layer of oversight of complaints and discipline decision-making will create confusion for parties, and duplication and conflict between different oversight mechanisms. Again, it is unclear what public value is added by this kind of additional oversight, which may create an additional administrative burden for the colleges, and draw resources away from our core public protection mandate. While external oversight may help increase public trust in the colleges' complaints and discipline processes, for the purposes of clarity, consistency and efficiency, we believe it may be better to streamline as much of this oversight into a single body as possible.

Support for Reduction of Barriers to Registration

The College embodies the principles of fair, objective, impartial and transparent registration practices, and is in support of the Ministry's objective to improve these processes for qualified applicants.

The College does not have Canadian work experience requirements, having adopted a new assessment model that does not require applicants to secure a worksite to complete the evaluation, and therefore supports this proposal. Having seen the benefits of introducing an emergency assignment registration certificate to address workforce challenges associated with the pandemic, the College also supports expedited registration pathways for emergencies that prevent safe access to necessary health services for the public.

With respect to timely registration decisions, our College has not found this to be problematic following an applicant's completion of the registration requirements and submission of a complete application. It is unclear if this is the intention of the Ministry proposal, but if so, we are in support of time limits.

While the College supports a standardized approach to demonstration of language proficiency requirements across regulatory colleges, the established criteria must align with the communication competencies necessary to provide safe quality care to the public that meets the practice standards of each profession. Consideration of existing national licensing agreements, as is the case for the National Association of Pharmacy Regulatory Authorities, is recommended as any Ontario language proficiency requirements that are inconsistent with national standards may affect the ease of mobility practitioners currently experience across provincial borders.

Ongoing dialogue welcomed

Thank you once again for the opportunity to participate in this consultation. The College has demonstrated, through our past behavior, its creativity and openness to reforms that improve our accountability and regulatory performance. As such, we look forward to ongoing collaboration and dialogue about the proposed changes and are excited to contribute to a new vision for regulatory modernization and governance reform for Ontario's health regulators.

Sincerely,

Susan James
Acting Registrar and Director, Quality
Ontario College of Pharmacists

c. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Billy Cheung, Chair, Ontario College of Pharmacists
Connie Campbell, Interim Chief Operating Officer and Director, Corporate Services

Legislative Authority for Board Terms of Service, Membership and Composition

The *Regulated Health Professions Act, 1991 (RHPA)* and *Pharmacy Act, 1991* establish thresholds for Board Composition, Membership and Terms of Service, and allow the College to set by-laws to administer its affairs.

The Board: re Terms of Service Length and Quorum under the RHPA:

- Under the *RHPA*, the College's Council (Board of Directors) has a critical role to play.
- Section 4 of the Code states that "the College shall have a Council that shall be its board of directors and that shall manage and administer its affairs."
- Section 5(1) and (2) of the Code states, no term of a Board member shall exceed three years, and a person may be a Board member for more than one term but no person who is elected may be a Board member for more than 9 consecutive years.
- Section 6 of the Code states: A majority of the Board members constitute a quorum.

The Board's Membership and Composition under the *Pharmacy Act*:

- Currently, there are 9 elected Directors on the OCP's Board of Directors and 9 public Directors (this represents the minimum required for quorum). There are three academic Directors, one from each Pharmacy program in Ontario (University of Toronto, University of Waterloo, University of Ottawa).
- The legislative scheme provides for a minimum and maximum number of both elected and public Directors on the OCP's Board of Directors (see below, the *Pharmacy Act*).
- Section 7 of the *Pharmacy Act, 1991* provides for the composition of the Board, and states, in part:
  The Board shall be composed of,
  (a) at least 9 and no more than 17 persons who are elected in accordance with the by-laws, at least 2 and no more than 4 of whom must be pharmacy technicians;
  (b) at least 9 and no more than 16 persons appointed the Lieutenant Governor in Council [Cabinet]; and
  (c) the dean of each pharmacy faculty of the universities in Ontario.
- Thus, the Act contemplates a split of elected Directors and public appointees on the Board of 51/49.
- There are advantages and disadvantages to having a smaller versus a larger Board.
- The Board has a crucial role to play in relation to the College, and each Director plays an important role which requires skill, knowledge and expertise to carry out the College's mandate to serve and protect the public interest.

The College's By-Law making authority:

- Section 94(1) under the *RHPA* provides the Board with specific by-law making authority relating to the administrative and internal affairs of the College; the Board may make by-laws, ...
  (d.2) respecting the qualification and terms of office of Council members who are elected;
- The College has by-laws in place respecting the qualifications and terms of office for Board Directors who are elected.

The College's current By-Laws indicate:

4.1 Number of Elected Directors

- 4.1.1 Subject to subparagraph 4.1.2, there shall be nine (9) Elected Directors, of whom two (2) shall be pharmacy technicians.

- 4.1.2 In the event that the number of Public Directors exceeds nine (9), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.
- 4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.4 Terms of Office

- 4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.
- 4.4.2 No Elected Director who was first elected in the November 2020 election or any subsequent election may serve as a Director for no more than six (6) consecutive years.
- 4.4.3 No Director who was a member of Council prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to November 2020).
- 4.4.4 If an Elected Director reaches the end of their maximum service prior to the end of their term, the Elected Director will cease to hold office and the procedures set out in paragraph 4.18 will apply.

ARTICLE 4
ELECTION OF DIRECTORS

4.1 Number of Elected Directors.

4.1.1 Subject to subparagraph 0, there shall be eleven (11) ~~nine (9)~~ Elected Directors, of whom three (3) ~~two (2)~~ shall be pharmacy technicians.

4.1.2 In the event that the number of Public Directors exceeds eleven (11) ~~nine (9),~~ the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.

4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.4 Terms of Office.

4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.

4.4.2 No Elected Director ~~who was first elected in the November 2020 election or any subsequent election~~ may serve as a Director for more than nine (9) consecutive years.

~~4.4.3 No Director who was a member of Council prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to November 2020).~~

4.4.3 If an Elected Director reaches the end of their maximum service prior to the end of their term, the Elected Director will cease to hold office and the procedures set out in paragraph 0 will apply.

4.18 Filling of Vacancies.

4.18.1 Upon the proclamation of section 30 of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 0 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

4.18.2 If the position of an Elected Director becomes vacant not more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board may:

a) leave the position vacant, if the number of Elected Directors remaining on the Board is eleven (11) ~~nine (9)~~ or more;

b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

21.1 Application of Fees

21.1.1 Unless otherwise indicated, the fees and penalties set out in **Error! Reference source not found.**, **Error! Reference source not found.**, **Error! Reference source not found.** and **Error! Reference source not found.** shall be effective as of the date set out in Schedule B.

21.1.2 The fees and penalties prescribed in **Error! Reference source not found.**, **Error! Reference source not found.** and **Error! Reference source not found.** are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.

21.1.3 On January 1 of each year, each fee prescribed in **Error! Reference source not found.**, **Error! Reference source not found.**, and **Error! Reference source not found.**, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada-as published by Statistics Canada or any successor organization.

23.3 Effective Date and Interpretation.

This By-Law, namely By-Law 7A, shall come into force and effect on the date that it is approved by the Board. Upon this By-Law coming into force and effect, all previous by-laws ~~By-Law No. 6~~ shall hereby be repealed. The principles of interpretation in subparagraph **Error! Reference source not found.** with respect to amendments shall

apply, *mutatis mutandis*, to the repeal of all previous By-Laws and the replacement of them by ~~By-Law 6 and the replacement of it by~~ this By-Law.

ONTARIO COLLEGE OF PHARMACISTS

Effective [●], 2025[4]

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

Version 7[A] – Enacted by the Board [December 2025][●] to replace all prior by-laws~~, including By-Law 6~~

~~Version 6B – Amended by the Board March 25, 2024~~

~~Version 6B – Approved by the Board June 14, 2021~~

~~Replaces By-law Version 6A approved by the Board on April 22, 2020~~

TABLE OF CONTENTS

BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

ARTICLE 1
INTERPRETATION

1.1 Definitions.

In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

1.1.1 **"Academic Director"** means a Director who serves on the Board by virtue of being a dean of a faculty of pharmacy of a university in Ontario or, where there is no office of dean, a person filling a similar office to that of a dean of a faculty of pharmacy of a university in Ontario;

1.1.2 "**Act**" means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18;

1.1.3 "**Board**" means the board of directors of the College. For the purposes of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, the Board means the Council of the College;

1.1.4 "**By-Law**" or "**By-Laws**" means the By-Laws of the College, as the same may be amended from time to time;

1.1.5 "**Certificate of Accreditation**" means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;

1.1.6 "**Certificate of Authorization**" means a certificate of authorization issued to a health profession corporation by the College;

1.1.7 "**Certificate of Registration**" means a certificate of registration issued to a Registrant by the Registrar pursuant to the *Code*;

1.1.8 "**Chair**" means the chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the President of the College, and "chair" means the chair of a Committee or the person presiding at a meeting of the Board, as the context requires;

1.1.9 "**Change of Control**" has the meaning given to it in subparagraph 17.1.2;

1.1.10 "**Code**" means the *Health Professions Procedural Code*, being Schedule 2 to the Act;

1.1.11 "**Code of Ethics**" means the Code of Ethics which is set out in Schedule A to this By-Law, as the same may be amended from time to time;

1.1.12 "**College**" means the Ontario College of Pharmacists;

1.1.13 "**Committee"** or **"Committees**" means a committee or committees of the College, whether a statutory committee or a standing or special committee;

1.1.14 "**Contact Person**" means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;

1.1.15 "**Deputy Registrar**" means the person who, from time to time, holds the title of Deputy Registrar of the College;

1.1.16 "**Designated Manager**" means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;

1.1.17 "**Director**" means a person elected or appointed to be a member of the Board;

1.1.18 "**Director Profile**" means the combination of patient populations served as set out in subparagraph 4.7.1, and knowledge, skills and experience as set out in subparagraph 4.7.2, that will be required of applicants who seek to be qualified as candidates for election to the Board, as determined by the Governance Committee;

1.1.19 "**Drug and Pharmacies Regulation Act**" means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4;

1.1.20 "**Drug and Pharmacies Regulation Act Regulations**" means the regulations made under the *Drug and Pharmacies Regulation Act*;

1.1.21 "**Drug Preparation Premises**" means drug preparation premises as defined in the *Pharmacy Act Regulations*;

1.1.22 "**Elected Director**" means a Director elected to the Board in accordance with this By-Law;

1.1.23 "**Former Registrant**" has the meaning given to it in subparagraph 15.9.1;

1.1.24 "**Health Profession Corporation**" means a corporation incorporated under the *Business Corporations Act* (Ontario) that holds a Certificate of Accreditation;

1.1.25 "**Lay Committee Appointee**" means an individual appointed under this By-Law to serve as a member of a Committee who is neither a Director nor a Registrant;

1.1.26 "**Owner**" means an "owner" as defined in the *Drug and Pharmacies Regulation Act Regulations*;

1.1.27 "**Pharmacy Act**" means the *Pharmacy Act*, *1991*, S.O. 1991, c.36;

1.1.28 "**Pharmacy Act Regulations**" means the regulations made under the *Pharmacy Act*;

1.1.29 "**Professional Advocacy Association**" means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacists or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and Neighbourhood Pharmacy Association of Canada;

1.1.30 "**Professional Committee Appointee**" means a Registrant who is not a Director, who is appointed under this By-Law to serve as a member of a Committee;

1.1.31 "**Protecting Patients Act**" means the *Protecting Patients Act, 2017*, S.O. 2017, C.11;

1.1.32 "**Public Director**" means a Director appointed to the Board by the Lieutenant Governor-in-Council;

1.1.33 "**Register**" means the register required to be kept pursuant to the *Code*;

1.1.34 "**Registrant**" means a member of the College;

1.1.35 "**Registrar**" means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

1.1.36 "**RHPA Regulations**" means the regulations made under the Act;

1.1.37 **"Standing Committee"** means a committee described in paragraph 7.3;

1.1.38 "**Statutory Committees**" means the Committees listed in section 10 of the *Code* as of the date of enactment of this By-Law, and the Accreditation Committee as required under the *Pharmacy Act*; and

1.1.39 "**Vice-Chair**" means the vice-chair of the Board and for the purpose of the Act, the *RHPA Regulations*, the *Code*, the *Pharmacy Act*, the *Pharmacy Act Regulations*, and any other legislation or policy where the context requires, means the Vice-President of the College.

1.2 Amendments.

Whenever reference is made in a By-Law to any statute or regulation, such reference shall be deemed to include any amendment to such statute or regulation, or any replacement statute or regulation, as may be made from time to time.

1.3 Committee Member / Committee Appointee

Whenever reference is made in a By-Law to a Committee member or a Committee Appointee, the terms shall be deemed to be interchangeable unless the context requires otherwise.

1.4 Interpretation

When used in a By-Law, unless the context otherwise requires, words importing the singular include the plural and vice versa and the pronouns "they", "them" and "their" shall denote all genders. The insertion of headings in a By-Law is for convenience of reference only and shall not affect the interpretation thereof. Whenever the words "include", "includes" or "including" are used in a By-Law, such words shall be deemed to be followed by the words "without limitation".

ARTICLE 2
PROFESSIONAL LIABILITY INSURANCE

2.1 Insurance Requirements for a Certificate of Registration.

A Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician listed in Part A of the Register, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, must maintain personal professional liability insurance as follows:

2.1.1 **Limit of Liability**. The policy of insurance must contain limits of a minimum of $2,000,000 per claim or per occurrence and $4,000,000 in the annual aggregate.

2.1.2 **Definition of Insured Services**. The definition of Insured Services under the policy must include all professional services in the practice of the profession as regulated by the College.

2.1.3 **Retroactive Date**. The policy must not contain a retroactive date and must provide for full prior acts protection.

2.1.4 **Extended Reporting Period (ERP)**. If the policy is a "claims made" policy, it must contain an extended reporting period provision for a minimum of three (3) years.

2.1.5 **Personal Professional Liability Insurance Coverage**. The policy must be issued in the name of the individual Registrant and provide that Registrant with mobility and coverage wherever in Ontario that Registrant practises.

2.1.6 **Legal Defence Payments**. Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 Evidence of Insurance.

A Registrant shall, upon the request of the Registrar, provide proof satisfactory to the Registrar of professional liability insurance in the required amounts and form, and a copy of the Registrant's professional liability insurance policy.

ARTICLE 3
RESTRICTION ON DIRECTORS AND COMMITTEE MEMBERS

3.1 Restriction on Directors.

A Director shall not be an employee of the College.

3.2 Restriction on Committee Members.

A member of a Committee shall not be an employee of the College.

ARTICLE 4
ELECTION OF DIRECTORS

4.1 Number of Elected Directors.

4.1.1 Subject to subparagraph 4.1.2, there shall be eleven~~nine~~ (11~~9~~) Elected Directors, of whom three~~two~~ (3~~2~~) shall be pharmacy technicians.

4.1.2 In the event that the number of Public Directors exceeds eleven~~nine~~ (11~~9~~), the Board may increase the number of Elected Directors to be elected at the next annual August election to correspond to the number of Public Directors. Any such additional Elected Directors shall be pharmacists.

4.1.3 If the number of Public Directors is subsequently reduced, the Board may reduce the number of Elected Directors to be elected at the next annual August election to equal the number of Public Directors then-appointed.

4.2 Voting Eligibility.

Every Registrant who holds a valid Certificate of Registration as a pharmacist or a pharmacy technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of Directors.

4.3 Election Date.

An election of Elected Directors will be held on the first Wednesday in August of every year, for the number of positions on the Board that are then available.

4.4 Terms of Office.

4.4.1 The term of office of an Elected Director will be three (3) years, commencing at the first meeting of the Board after the election.

~~*4.4.2*~~ No Elected Director ~~who was first elected in the November 2020 election or any subsequent election~~ may serve as a Director for more than nine~~six~~ (9~~6~~) consecutive years.

~~*4.4.3*~~*4.4.2* ~~No Director who was a member of Council prior to November 2020 may serve for more than nine (9) consecutive years (inclusive of years of service prior to November 2020).~~

~~*4.4.4*~~*4.4.3* If an Elected Director reaches the end of their maximum service prior to the end of their term, the Elected Director will cease to hold office and the procedures set out in paragraph 4.18 will apply.

4.5 Eligibility for Election.

4.5.1 A Registrant who holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician is eligible to seek to be a candidate for election to the Board if the Registrant meets the following requirements:

(a) the Registrant is not in default of payment of any fees prescribed in the By-Laws;

(b) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(c) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee.

(d) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation

(e) The Registrant is not and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, except for Associations whose mission, vision and mandate are primarily to mitigate systemic barriers to access to the profession for diverse populations, marginalized groups and individuals with disabilities. Additionally, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from running for election to be an Elected Director;

(f) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the election;

(g) where the Registrant was formerly a Director, but is not as of the date of the election a Director, it has been at least three (3) years since the Registrant was a Director;

(h) the Registrant is not an adverse party in litigation against the College, the Board, a Committee or any of the College's officers, employees or agents;

(i) the Registrant commits to devoting sufficient time in their schedule to participating in all required Board and Committee activities;

(j) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Director; and

(k) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

4.6 Notice of Election and Call for Applicants.

4.6.1 No later than May 15th in the year in which the election is to be held the Registrar shall notify each Registrant who is eligible to vote of the date of the election and the number of available positions on the Board. Such notification shall be by electronic mail, shall include a link to the Director Profile and application form for election and shall be addressed to each Registrant at their electronic address that is on file with the College. Such notice shall also be published on the website of the College.

4.7 Director Competencies.

4.7.1 The Board shall at all times comprise Elected Directors who collectively serve, or have experience working with, the following diverse patient populations:

(a) patients served by rural community pharmacies;

(b) patients served by urban community pharmacies;

(c) patients treated at teaching hospitals;

(d) patients treated at community hospitals;

(e) patients located in northern/remote areas;

(f) patients who identify as Indigenous;

(g) patients with mental health and addictions needs; and

(h) patients in long-term care.

4.7.2 The Board shall in addition at all times comprise Directors who collectively have the following knowledge, skills and experience:

(a) experience in and understanding of the principles of protecting, and acting in, the public interest;

(b) experience working with diverse populations, marginalized groups and people with disabilities;

(c) experience serving on boards and/or committees;

(d) experience in managing a broad range of risk;

(e) experience in senior leadership roles in business, health care institutions, government and academia;

(f) experience with human resource issues including, but not limited to, occupational health and safety, organizational structures and human resources oversight and compensation, recruiting and succession planning;

(g) financial and/or accounting expertise, including the following: preparing, auditing, analyzing or evaluating financial statements and an understanding of generally accepted accounting principles;

(h) ability to navigate electronic systems to access Board and Committee materials;

(i) legal experience or familiarity with regulated professions, including overseeing regulations and setting standards for certification;

(j) experience participating in, or leading, an organization in planning for its future including, but not limited to the following: analysis, environmental scans, strategy design, planning, implementation and evaluation; and

(k) a strong grasp of issues surrounding diversity and inclusion.

4.8 Application Procedure.

4.8.1 A Registrant seeking to be a candidate for election as an Elected Director shall complete and return an application form no later than the deadline provided in the form. The application form shall be accompanied by three (3) reference letters in accordance with the instructions contained in the application form.

4.8.2 The application form shall include a signed affirmation by the applicant of their commitment to participate in pre-orientation activities aimed at understanding the obligations of a Director.

4.8.3 The Screening Committee shall review the applications against the eligibility requirements as set out in paragraph 4.5 and the Director Profile that the Governance Committee has announced for the election. Applicants who (a) meet the eligibility requirements in paragraph 4.5, and (b) serve or have experience with patient populations, and have knowledge, skill and experience, that are within the Director Profile, will be qualified as candidates for election.

4.8.4 If the Screening Committee requires additional information in order to assess whether an applicant meets the criteria in the Director Profile, the Screening Committee may require the applicant to participate in an interview in person or by electronic means.

4.8.5 An applicant may withdraw their application by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

4.8.6 All applicants who have not withdrawn their application will be notified whether they are eligible and have been qualified as candidates for election.

4.8.7 In the event of a dispute about whether a Registrant is eligible or qualified as a candidate for election, the Governance Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. The Executive Committee shall rule and inform the candidate of its decision and reasons.

4.8.8 A person who has a direct interest in the result of an election dispute shall not participate in the investigation or consideration of such dispute.

4.9 Acclamation.

4.9.1 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is equal to the number of pharmacy technicians to be elected in that election, the Registrar shall declare those pharmacy technician candidate(s) to be elected by acclamation.

4.9.2 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is equal to the number of pharmacists to be elected in that election, the Registrar shall declare those pharmacist candidate(s) to be elected by acclamation.

4.9.3 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacy technicians qualified as candidates for election is less than the number of pharmacy technicians to be elected in that election, the Registrar shall declare the qualified pharmacy technician candidate(s) to be elected by acclamation and

there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.4 If, after the deadline referred to in subparagraph 4.8.5, the number of pharmacists qualified as candidates for election is less than the number of pharmacists to be elected in that election, the Registrar shall declare the qualified pharmacist candidate(s) to be elected by acclamation and there will be a supplementary application, selection and election process held in accordance with paragraph 4.19 in order to fill any remaining vacancies.

4.9.5 In the event of acclamation pursuant to this paragraph 4.9 in an election in which candidates will be elected to terms of varying lengths, the Registrar shall determine by lot which successful candidate will serve for which length of term. However, if subparagraph 4.9.3 or 4.9.4 is applicable, the candidate(s) elected by acclamation will serve the longer of the available terms.

4.10 Registrar's Electoral Duties.

4.10.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar shall:

(a) appoint returning officers or scrutineers;

(b) establish a deadline for the receipt of ballots;

(c) establish reasonable safeguards to ensure that the person voting is entitled to vote;

(d) ensure electronic communication and voting processes are reliable and secure;

(e) establish procedures for the counting and verification of ballots; and

(f) provide for the notification of all candidates and Registrants of the results of the election.

4.10.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Registrant eligible to vote a list of the candidates, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.11 Scrutineers.

4.11.1 The Board shall, at the last regular Board meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.

4.11.2 The scrutineers will be reimbursed for their expenses as provided in Article 6 in accordance with a policy made by a resolution of the Board.

4.11.3 If a scrutineer is unable or unwilling to act, the Chair shall appoint a person as a replacement scrutineer.

4.12 Ballots.

4.12.1 The names of the candidates who have not withdrawn their candidacies by the deadline for so doing will appear on the ballot.

4.12.2 The Registrar shall prepare a list of the voting Registrants.

4.12.3 A Registrant who is eligible to vote and who does not receive, or loses, their secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Registrant with a replacement.

4.13 Voting.

4.13.1 A ballot shall clearly indicate the candidates of the voting Registrant's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.

4.13.2 The scrutineers shall ascertain that each voting Registrant is eligible to vote according to the list prepared by the Registrar.

4.13.3 The scrutineers shall verify the votes at the head office of the College on the day following the election.

4.13.4 The verification of the votes by the scrutineers shall be conducted in such a manner that no person will know for whom any voting Registrant has voted.

4.13.5 The only persons permitted to be present during the verification will be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

4.13.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.

4.13.7 Upon completing the verification, the scrutineers shall prepare a return and file the return with the Registrar.

4.13.8 The successful pharmacist candidates in an election will be those with the highest and next highest number of votes and so on until the number of successful pharmacist candidates equals the number of pharmacists to be elected in that election.

4.13.9 The successful pharmacy technician candidate in an election where one pharmacy technician is to be elected will be the one with the highest number of votes. If more than one (1) pharmacy technician is to be elected in an election,

the successful pharmacy technician candidates will be those with the highest and next highest number of votes until all positions are filled.

4.13.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the pharmacists who were successful in accordance with subparagraph 4.13.8 to be elected as Elected Directors and shall declare that the pharmacy technician or technicians who were successful in accordance with subparagraph 4.13.9 to be elected as Elected Director(s), and shall notify each candidate of the election results.

4.14 Number of Votes to be Cast.

4.14.1 In each annual election, each Registrant may vote for up to the number of pharmacy technician candidates as there are pharmacy technician vacancies on the Board and for up to the number of pharmacist candidates as there are pharmacist vacancies on the Board.

4.15 Tie Votes.

4.15.1 If there is a tie in an election of Elected Directors and it is necessary to break the tie to determine who will be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.16 Delay of Election.

4.16.1 If, for whatever reason, including a public health emergency or other emergency, it would be impractical to hold an election in the time required by this By-Law, the Registrar with the consent of the Executive Committee may delay any or all of the following: the holding of the election, the notice of election, the call for applications, the deadline for applications, and all other timelines related to the election for such period of time as the Registrar and Executive Committee consider necessary to allow for an election to be held.

4.16.2 Notice of a decision under subparagraph 4.16.1 shall be given to each Registrant by electronic mail.

4.16.3 If an election of Directors is not held on the first Wednesday in August in a given year as a result of a delay pursuant to subparagraph 4.16.1:

(a) all references in this By-Law to the date of that election, and all timelines that depend on the date of that election, shall be deemed for that year to refer to the date that the election is actually held (even if the election is held in the following year);

(b) despite any other provision in this By-Law, the term of office of any Elected Director that would have expired at the first meeting of the Board after the August election in that year shall continue until the first meeting of the Board after the election is actually held, except

that any Director who has reached their maximum years on the Board will cease to hold office and the procedures set out in paragraph 4.18 will apply; and

(c) the term of office of an Elected Director who is elected in an election that has been delayed shall commence at the first meeting of the Board after the election is actually held and shall continue until the end of the term of office that would have been held had the Elected Director been elected to that position on the Board in the applicable August election. For the purposes of subparagraphs 1.1.1~~4.4.2~~ and 4.4.2~~4.4.3~~, an Elected Director who is elected in an election that has been delayed shall be deemed to have served a full year as of the first meeting of the Board after the following election.

4.17 Conduct of Directors.

4.17.1 An Elected Director is automatically disqualified from sitting on the Board if the Elected Director:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

4.17.2 Formal governance action may be taken against a Director where the Director:

(a) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of the Board;

(b) fails, or does not make themself available, without cause, to attend three (3) consecutive meetings of a Committee of which the Director is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which the Director was appointed;

(c) fails, or does not make themself available, without cause, to attend Director education and evaluation activities hosted by the College from time to time;

(d) is in default of payment of any fees prescribed in the By-Laws;

(e) is or becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which the Director has been appointed by the Board as a representative of the College);

(f) in the case of an Academic Director who is a Registrant,

(i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(ii) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;

(g) initiates litigation against the College, the Board, a Committee or any of the College's officers, employees or agents; or

(h) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a Director.

4.17.3 In the event of a concern or complaint regarding the conduct of a Director, the Board shall follow the procedures it has established from time to time. A formal governance sanction under subparagraph 4.17.4 requires approval by two-thirds of Directors present at the meeting and eligible to vote.

4.17.4 The formal governance sanction imposed by the Board may include one or more of the following:

(i) censure of the Director verbally or in writing;

(ii) disqualification of an Elected Director from the Board;

(iii) where the Director is a Public Director, sending a copy of the independent third party's report and the Board's determination to the Ministry of Health; or

(iv) where the Director is an Academic Director, sending a copy of the independent third party's report and the Board's determination to the applicable Ontario university.

4.17.5 An Elected Director who is disqualified from sitting on the Board is thereby removed from the Board and ceases to be a Director.

4.18 Filling of Vacancies.

4.18.1 Upon the proclamation of section 30 of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this paragraph 4.18 will be subject to any provisions of the *RHPA Regulations* respecting the filling of vacancies arising on the Board.

4.18.2 If the position of an Elected Director becomes vacant not more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board may:

(a) leave the position vacant, if the number of Elected Directors remaining on the Board is eleven (11)~~nine (9)~~ or more;

(b) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(c) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.3 If the position of an Elected Director becomes vacant more than twelve (12) months before the expiry of the term of office of that Elected Director, the Board shall:

(a) declare the eligible Registrant with the next highest number of votes in the election immediately prior to the vacancy who was not elected to be acclaimed to the vacant position; or

(b) direct the Registrar to hold a by-election in accordance with this By-Law for an Elected Director who meets the criteria of the Director Profile for the election immediately prior to the vacancy, except if the by-election is held at the same time as an annual election, in which case the Director Profile developed for that annual election will apply.

4.18.4 The provisions of this By-Law that apply to the conduct of elections apply to the conduct of by-elections, with all necessary modifications.

4.18.5 The term of office of an Elected Director acclaimed or elected in a by-election under subparagraph 4.18.2 or 4.18.3 will commence upon acclamation or election and continue until the term of office of the former Elected Director would have expired.

4.19 Supplementary Election Procedures.

4.19.1 If the Screening Committee fails to identify a sufficient number of applicants who are qualified as candidates for election by the deadline referred to in subparagraph 4.8.5, or if the number of eligible candidates is less than the number of Elected Directors to be elected, there shall be a supplementary election.

4.19.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.

4.19.3 The term of office of an Elected Director elected in a supplementary election under paragraph 4.19 will commence upon acclamation or election and continue until the end of the term of office that would have been held had an Elected Director been elected to that position on the Board in the applicable August election.

ARTICLE 5
BOARD MEETINGS

5.1 Meetings of the Board.

5.1.1 The Board shall hold at least four (4) regular meetings in the one (1)-year period following each annual August election of Elected Directors. The first regular Board meeting shall take place within ninety (90) days following the August election. The dates for the remaining regular Board meetings shall be set no later than the first regular Board meeting following the August election.

5.1.2 The Chair may call a special meeting of the Board at any time, provided that seven (7) days' notice is given to each Director, the Registrants and the public, specifying the purpose of the meeting. However, less than seven (7) days' notice may be given where all Directors consent to the meeting being held with the lesser notice.[1]

5.1.3 The College shall post on its website information regarding upcoming meetings of the Board, including:

(a) the dates of those meetings;

(b) matters to be discussed at those meetings; and

(c) information and documentation that will be provided to Directors for the purpose of those meetings, provided that information and documentation related to any meeting or part of a meeting from which the public is excluded by the Board shall not be posted; and if the Registrar anticipates that the Board will exclude the public from the meeting or part of the meeting, the grounds for doing so.

5.1.4 Subject to subparagraphs 5.1.2 and 5.1.3, notice of any special meeting of the Board shall be sufficient if provided to each Director at the Director's specified email address as shown in the records of the College.

5.1.5 The Chair or, in the Chair's absence or failure to act, the Vice-Chair, shall call a special meeting of the Board upon the written request of two-thirds of the Directors. In the event that the Chair or Vice- Chair are both unable, or fail, to call a meeting of the Board, two-thirds of the Directors may call a meeting upon

[1] The notice requirements contained in s. 7 of the Code must still be complied with even where the meeting is closed to the public.

their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraphs 5.1.2 to 5.1.4.

5.1.6 Meetings of the Board shall be held at the permanent office of the College, or at such other place or places as the Board may designate.

5.1.7 The quorum for the transaction of business at any meeting of the Board shall be a majority of Directors.

5.1.8 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Board shall be determined by a majority of votes of Directors present at the meeting and eligible to vote. In the event of a tie vote, the Chair shall break the tie with an additional vote.

5.1.9 At the regular meetings of the Board, the business shall include such matters as are set out in an agenda to be approved by the Board.

5.1.10 A Director may place any item that can properly be discussed by the Board on the Board agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing, seconded, and given to the Chair before being considered at a meeting of the Board on a day previous to the discussion or vote unless this requirement is dispensed with by a vote of at least two-thirds of all Directors present at the meeting and eligible to vote.

5.1.11 The Board may, from time to time, set or adopt Rules of Order to guide the conduct of Board meetings.

5.2 Meetings Held By Technological Means.

5.2.1 If two-thirds of all Directors, or of members of a Committee (as the case requires), who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, Directors or members of a Committee may participate in a meeting of, respectively, the Board or of a Committee, by means of such communications facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Director or member of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

5.2.2 At the outset of each meeting referred to in subparagraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, they shall adjourn the meeting to a predetermined date, time and place.

ARTICLE 6
REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

When they are on official College business, Directors and Committee members, and participants in working groups and task forces, other than Public Directors, will be paid and / or reimbursed for expenses in accordance with a policy made by a resolution of the Board.

ARTICLE 7
COMMITTEES OF THE COLLEGE

7.1 Statutory Committees under the Act.

7.1.1 Pursuant to the Act, the College shall have the following Committees:

(a) Executive Committee;

(b) Registration Committee;

(c) Inquiries, Complaints and Reports Committee;

(d) Discipline Committee;

(e) Fitness to Practise Committee;

(f) Quality Assurance Committee; and

(g) Patient Relations Committee.

7.1.2 Subject to subparagraph 7.1.3, the composition of the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g) shall be as set out in this By-Law and the duties shall be as set out in the Act and the By-Law.

7.1.3 Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 7 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), shall be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees, including, for example, provisions:

(a) establishing the composition of such Committees;

(b) establishing the qualifications, screening, appointment and terms of office of members of such Committees who are not Directors; and

(c) governing the relationship between such provisions and the By-Law.

7.2 Statutory Committee under the Pharmacy Act.

Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in this By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 Standing Committees.

In addition to the Statutory Committees, the College shall establish the following Standing Committees, the composition and duties of which are set out in this By-Law:

7.3.1 Finance and Audit Committee;

7.3.2 Screening Committee;

7.3.3 Governance Committee; and

7.3.4 Drug Preparation Premises Committee.

7.4 Appointment of Special Committees.

The Board may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 Reporting of Committees.

All Committees shall report at least annually to the Board.

ARTICLE 8
COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 Article Subject to RHPA Regulations.

Upon the proclamation of section 5(2) of Schedule 5 (*Regulated Health Professions Act, 1991*) to the *Protecting Patients Act* by the Lieutenant Governor, the provisions of this Article 8 as they relate to the Committees referred to in subparagraphs 7.1.1(a) to 7.1.1(g), will be subject to the provisions of the *RHPA Regulations*, if any, that relate to such Committees.

8.2 Composition of the Executive Committee.

The Executive Committee shall be composed of:

8.2.1 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.

8.3 Chair of the Executive Committee.

The Chair shall be the chair of the Executive Committee.

8.4 Duties of the Executive Committee.

The Executive Committee shall:

8.4.1 in accordance with section 12 (1) of the *Code*, exercise all the powers and duties of the Board between Board meetings that, in the Committee's opinion, require attention, other than the power to make, amend or revoke a regulation or By-Law;

8.4.2 recommend to the Board proposals for changes to applicable statutes, regulations, By-Laws, College policies and standards of practice;

8.4.3 receive findings and recommendations from the Governance Committee pursuant to subparagraph 4.8.7, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Board;

8.4.4 ensure that the policies of the Board are carried out;

8.4.5 report its activities, decisions and recommendations through the Chair at each meeting of the Board; and

8.4.6 have the following authorities with respect to staff compensation:

(a) annually, establish guidelines for the awarding of salary increases to staff;

(b) at least annually, review compensation for the Registrar; and

(c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.5 Composition of the Registration Committee.

The Registration Committee shall be composed of:

8.5.1 two (2) Public Directors;

8.5.2 five (5) or more Professional Committee Appointees;

8.5.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees;

8.5.4 one (1) Academic Director; and

8.5.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.6 Duties of the Registration Committee.

8.6.1 The Registration Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

8.6.2 The Registration Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning registration, examinations and in-service training required prior to registration.

8.7 Composition of the Inquiries, Complaints and Reports Committee.

The Inquiries, Complaints and Reports Committee shall be composed of:

8.7.1 all of the Public Directors;

8.7.2 ten (10) or more Professional Committee Appointees; and

8.7.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.8 Duties of the Inquiries, Complaints and Reports Committee.

8.8.1 The Inquiries, Complaints and Reports Committee shall perform such functions as are assigned to it by statute or regulation.

8.8.2 The Inquiries, Complaints and Reports Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning investigations, complaints and reports.

8.9 Composition of the Discipline Committee.

The Discipline Committee shall be composed of:

8.9.1 all of the Elected Directors;

8.9.2 all of the Public Directors except those who are on the Accreditation Committee;

8.9.3 ten (10) or more Professional Committee Appointees who are not on the Accreditation Committee; and

8.9.4 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees who are not on the Accreditation Committee.

8.10 Duties of the Discipline Committee.

8.10.1 The Discipline Committee shall perform such functions as are assigned to it by statute or regulation.

8.10.2 The Discipline Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning discipline.

8.11 Composition of the Fitness to Practise Committee.

The Fitness to Practise Committee shall be composed of:

8.11.1 two (2) Public Directors;

8.11.2 two (2) or more Professional Committee Appointees; and

8.11.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.12 Duties of the Fitness to Practise Committee.

8.12.1 The Fitness to Practise Committee shall perform such functions as are assigned to it by statute or regulation.

8.12.2 The Fitness to Practise Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning fitness to practise.

8.13 Composition of the Quality Assurance Committee.

The Quality Assurance Committee shall be composed of:

8.13.1 two (2) Public Directors;

8.13.2 five (5) or more Professional Committee Appointees; and

8.13.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.14 Duties of the Quality Assurance Committee.

8.14.1 The Quality Assurance Committee shall:

(a) perform such functions as are assigned to it by statute or regulation; and

(b) maintain a continuing review of the Quality Assurance Program.

8.14.2 The Quality Assurance Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning quality assurance.

8.15 Composition of the Patient Relations Committee.

The Patient Relations Committee shall be composed of:

8.15.1 one (1) or more Professional Committee Appointees so long as the number of Professional Committee Appointees are fewer than the number of Lay Committee Appointees other than when there are temporary vacancies; and

8.15.2 two (2) or more Lay Committee Appointees.

8.16 Duties of the Patient Relations Committee.

8.16.1 The Patient Relations Committee shall perform such functions as are assigned to it by statute or regulation.

8.16.2 The Patient Relations Committee may be required by the Board from time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning patient relations.

8.17 Composition of the Accreditation Committee.

The Accreditation Committee shall be composed of:

8.17.1 two (2) Public Directors;

8.17.2 three (3) or more Professional Committee Appointees; and

8.17.3 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.18 Duties of the Accreditation Committee.

8.18.1 The Accreditation Committee shall perform such functions as are assigned to it by statute or regulation.

8.18.2 The Accreditation Committee may be required by the Board from time to time in the Board's discretion to:

(a) recommend to the Board changes to applicable statutes, regulations, By-Laws, College policies and standards of practice; and

(b) provide guidance to the Board on matters concerning accreditation.

8.19 Composition of the Finance and Audit Committee.

The Finance and Audit Committee shall be composed of:

8.19.1 two (2) or more Elected Directors; and

8.19.2 at the discretion of the Governance Committee, two (2) or more Lay Committee Appointees; and

8.19.3 at the discretion of the Governance Committee, one or more Public Directors.

8.20 Duties of the Finance and Audit Committee.

The Finance and Audit Committee shall:

8.20.1 review and recommend to the Board, the annual operating and capital budget for the College;

8.20.2 maintain a rolling two (2) year operating budget;

8.20.3 review quarterly financial statements and report to the Board significant deviations from budget;

8.20.4 meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

8.20.5 review and report to the Board on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

8.20.6 make recommendations to the Board on the appointment or reappointment of the external auditor;

8.20.7 make recommendations to the Board regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

8.20.8 recommend to the Board changes to applicable By-Laws, College policies and standards of practice.

8.21 Composition of the Screening Committee.

The Screening Committee shall be composed of:

8.21.1 the chair of the Governance Committee;

8.21.2 two (2) additional Directors, one (1) or more of whom shall be a Public Director; and

8.21.3 two (2) or more Lay Committee Appointees.

8.22 Duties of the Screening Committee.

The Screening Committee shall:

8.22.1 administer the process for screening applicants to be qualified as candidates for the Board in accordance with paragraph 4.8; and

8.22.2 review applications and recommend applicants to be appointed as Professional Committee Appointees or Lay Committee Appointees.

8.23 Composition of the Governance Committee.

The Governance Committee shall be composed of:

8.23.1 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

8.23.2 at the discretion of the Governance Committee, one (1) or more Lay Committee Appointees.

8.24 Duties of the Governance Committee.

The Governance Committee shall:

8.24.1 assess the collective knowledge, skills and experience of the current Board in order to:

i) determine the competencies required in upcoming elections and develop the Director Profile; and

ii) consider and implement the succession strategy for the positions of Chair, Vice-Chair and member of the Executive Committee, in order to determine which Directors are qualified for the purpose of paragraph 11.1;

8.24.2 recommend a slate of appointees for Committees, including the chairs;

8.24.3 provide input to the processes for orientation of Directors and members of Committees;

8.24.4 provide input to the process for evaluating the performance of Committees, the Board as a whole, as well as individual Directors and Committee appointees;

8.24.5 identify and recommend opportunities for education, training, coaching and remediation of Directors and Committee members;

8.24.6 in the event of a dispute as set out in subparagraph 4.8.7, conduct an investigation and report findings and recommendations to the Executive Committee about whether a Registrant is eligible or qualified as a candidate for election; and

8.24.7 review and recommend By-Law amendments and Board policies for conformance with current legislative requirements and good governance best practices.

8.25 Composition of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The chair of the Accreditation Committee shall be the chair of the Drug Preparation Premises Committee.

8.26 Duties of the Drug Preparation Premises Committee.

The Drug Preparation Premises Committee shall:

8.26.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with the *Pharmacy Act Regulations*; and

8.26.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Board.

8.27 Panels and Quorum of the Drug Preparation Premises Committee.

8.27.1 A panel shall be selected by the chair of the Drug Preparation Premises Committee from among the members of the Committee to determine the outcome of drug preparation premises inspections pursuant to Part XV of Ontario Regulation 256/24 under the Pharmacy Act.

8.27.2 A panel shall be composed of at least three persons, one of whom shall be a Public Director.

8.27.3 Three members of the Drug Preparation Premises Committee constitute a quorum.

ARTICLE 9
DUTIES OF OFFICERS

9.1 Duties of the Chair and the Vice-Chair.

9.1.1 The Chair shall:

(a) preside as chair at all meetings of the Board; and

(b) make all necessary rulings as to the order of business, subject to an appeal to the Directors present.

9.1.2 The Vice- Chair shall, in the event of the absence or inability of the Chair to act, perform the duties of the Chair.

9.1.3 In the event of the absence or inability of both the Chair and the Vice- Chair to act, the Directors present at a meeting of the Board may appoint one (1) of the other Directors to preside at any meeting of the Board.

9.1.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the Chair or the Vice-Chair, the Board shall elect Directors to fill these vacancies according to the provisions of this By-Law for calling a meeting and electing the Chair and the Vice-Chair.

9.1.5 Where the Chair has lost the confidence of the Board, the Board may, on a notice of motion to that effect or at a special meeting of the Board, disqualify the Chair from office by a vote of at least two-thirds of the Directors present and eligible to vote.

ARTICLE 10
COMMITTEE APPOINTEES

10.1 Professional Committee Appointments.

10.1.1 The application form for appointment as a Professional Committee Appointee shall be made available on the College's website.

10.1.2 Subject to subparagraph 7.1.3, a Registrant is eligible for appointment to a Committee as a Professional Committee Appointee if the Registrant has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the Registrant holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;

(b) the Registrant either practises or resides in Ontario;

(c) the Registrant is not in default of payment of any fees prescribed in this By-Law;

(d) the Registrant has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee;

(e) the Registrant is not the subject of any disciplinary or incapacity proceeding;

(f) the Registrant is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the Registrant has not, in the opinion of the Screening Committee, engaged in conduct unbecoming a Committee member;

(h) the Registrant's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;

(i) the Registrant's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;

(j) the Registrant has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(k) the Registrant does not have a conflict of interest in respect of the Committee to which they seek to be appointed;

(l) the Registrant is not the Owner or Designated Manager of a pharmacy that, within the six (6) years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection; and

(m) the Registrant is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association. For greater certainty, nothing in this clause will prevent a Registrant who serves on an association or organization to which they have been appointed by the Board as a representative of the College, from becoming a Professional Committee Appointee.

10.2 Lay Committee Appointees

10.2.1 The application form for appointment as a Lay Committee Appointee shall be made available on the College's website.

10.2.2 An individual is eligible for appointment to a Committee as a Lay Committee Appointee if the individual has completed and submitted an application form to the Screening Committee and on the date of the appointment:

(a) the individual resides in Ontario;

(b) the individual has not been disqualified from serving on the Board or a Committee within the six (6) years immediately preceding the appointment;

(c) the individual has never been a Registrant;

(d) the individual has not been found to have committed an act of professional misconduct or to be incompetent by a panel of an adjudicatory committee of any profession;

(e) the individual is not the subject of any disciplinary or incapacity proceeding by a panel of an adjudicatory committee of any profession;

(f) the individual is not currently charged with nor has been found guilty of an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);

(g) the individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;

(h) the individual does not have a conflict of interest in respect of the Committee to which they seek to be appointed; and

(i) the individual is not, and has not within the three (3) years immediately preceding the election been, an employee, officer or director of a Professional Advocacy Association, or any professional advocacy association of any health profession under the Act. For greater certainty, nothing in this clause will prevent an individual who serves on an association or organization to which the individual has been appointed by the Board as a representative of the College, from becoming a Lay Committee Appointee.

ARTICLE 11
ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

11.1 Election of the Chair, Vice-Chair and Executive Committee.

11.1.1 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present a report of all eligible Directors who are willing to serve as and have been assessed by the Governance Committee to be qualified for the role of (a) Chair, (b) Vice-Chair, and (c) member of the Executive Committee.

11.1.2 The election of the Chair shall be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be Chair. One qualification is that the Chair shall have served on the Board during the previous year.

(b) Despite subparagraph 12.1.3, the chair of the Governance Committee shall not call for or permit the nomination of additional names from the floor.

(c) If there is more than one (1) candidate, an election shall be held using electronic voting methods.

(d) The candidate receiving the overall majority of votes cast will be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who

received the fewest votes will be removed from the ballot and the vote will be repeated until there are two (2) candidates remaining. The vote will then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result will be determined by lot by the outgoing Chair.

11.1.3 The procedure outlined in subparagraph 11.1.2 will then be repeated for the office of Vice- Chair. One qualification is that the Vice-Chair shall have served on the Board during the previous year.

11.1.4 The Board shall elect the remaining members of the Executive Committee, in accordance with the composition requirements in paragraph 8.2. The election will be conducted in the following manner:

(a) The chair of the Governance Committee shall announce those who are willing to serve as and are qualified to be on the Executive Committee.

(b) The chair of the Governance Committee shall call for further interest from the floor, and those additional Directors who are interested in running for open positions on the Executive Committee shall be added as candidates for election.

(c) Should there be a sufficient number of candidates so that there would only be a total of two (2) Elected Directors or a total of two (2) Public Directors on the Executive Committee, such candidate(s) shall be declared appointed.

(d) Should the number of filled positions on the Executive Committee for either Elected Directors or Public Directors be less than two (2), elections shall be held, if necessary, so that there are two (2) filled positions in each category.

(e) Should there be more than one (1) remaining candidate for the fifth and last position on the Executive Committee an election shall be held.

(f) For any elections under this subparagraph 12.1.4, Directors shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who receives the fewest votes will then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Directors may only cast one (1) vote per candidate on each ballot.

ARTICLE 12
APPOINTMENTS TO COMMITTEES

12.1 Appointments to Statutory and Standing Committees.

12.1.1 All Statutory Committee and Standing Committee appointments, with the exception of the Executive Committee and the Screening Committee, shall be made by the Board in accordance with this paragraph 12.1 at the first regular meeting of the Board after each annual August election, and shall be for a term that expires at the first regular meeting of the Board after the following election or at such longer time as it takes for the Board to approve the slate described in subparagraph 12.1.3.

12.1.2 At the first regular meeting of the Board after each annual August election, the Governance Committee shall present to the Board a slate of candidates, including recommendation for Committee chairs, for all Committees, other than the Executive Committee and the Screening Committee.

12.1.3 For each Committee to be formed at the first regular meeting of the Board after each annual August election except for the Executive Committee, the Board shall pass a resolution approving the slate, subject to any amendments by Board resolution. Once approved, each candidate on the slate shall be deemed to have been appointed to that Committee

12.2 Appointment of Screening Committee.

12.2.1 The Screening Committee for the election to the Board each year shall be appointed by the Board at the Board Meeting held in March in the year of the election. The members of the Screening Committee shall hold office for a term that expires at the first Board meeting following the election.

ARTICLE 13
COMMITTEE PROCEDURES

13.1 Disqualification, Vacancies and Term Limits of Committee Members.

13.1.1 A member of a Committee who is a Registrant is disqualified from sitting on the Committee if the member:

(a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or

(b) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee.

13.1.2 The Board may disqualify a member of a Committee from sitting on the Committee if the member:

(a) fails, without cause, to attend the orientation of members of Committees or three (3) consecutive meetings of the Committee or of a subcommittee of which they are a member;

(b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which they were appointed;

(c) repeatedly fails to make themself available to participate in meetings or panels of a Committee or Committees on which the member sits;

(d) ceases to either practise or reside in Ontario;

(e) is in default of payment of any fees prescribed in the By-Laws;

(f) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee will not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);

(g) engages in conduct or an omission that is reasonably regarded by the Board as being disgraceful, dishonourable, unprofessional or unbecoming a member of a Committee including material breaches of the provisions of the By-Laws, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time;

(h) in the case of a Director who sits on a Committee, ceases to be a Director;

(i) in the case of a Professional Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.1.2; or

(j) in the case of a Lay Committee Appointee, no longer meets the eligibility requirements specified in subparagraph 10.2.2.

13.1.3 A person who is disqualified under subparagraph 13.1.1 or 13.1.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 13.1.5, the Chair shall appoint a successor as soon after the disqualification as is feasible.

13.1.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 13.1.3 will commence upon the appointment and continue until the term of office of the member of the Committee who is being replaced would have expired.

13.1.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the Chair. In the case of a vacancy in the membership of

a Committee, the Chair shall consult with the chair of the Committee before making the appointment.

13.1.6 Nothing in paragraph 13.1 prevents the Board, or the Executive Committee acting on its behalf, from adding members to or substituting members on a Committee at any time where one (1) or more members of the Committee cannot fulfill their role.

13.2 Quorum.

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

13.3 Voting.

Unless specifically provided for otherwise under the Act, the *Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations made under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

13.4 Committee Vacancies.

Where this By-Law requires a Committee to have a minimum number of persons by using the phrase "or more" or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number will not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 14
BUSINESS OF THE COLLEGE

14.1 Seal.

The seal shall be the seal of the College.

14.2 Execution of Documents.

14.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the "instruments") may be signed on behalf of the College by the Chair or Vice-Chair and any one (1) of the Registrar, the Deputy Registrar, and the persons holding the positions of director of conduct, director of corporate services, or director of quality, or their equivalent, provided that such instruments have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further

authorization or formality. In addition, the Board may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

14.2.2 Certificates of Registration, Certificates of Authorization and Certificates of Accreditation shall be signed by the Chair and the Registrar.

14.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

14.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Board.

14.3 Banking and Finance.

14.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions as may, from time to time, be designated by or under the authority of the Board on recommendation of the Finance and Audit Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one (1) or more officers and/or other persons as the Board may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

14.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, by any two (2) of the Registrar, the Deputy Registrar and the persons holding the positions of director of conduct, director of corporate services, and director of quality, or their equivalent, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one (1) capacity.

14.4 Financial Year and Audit.

14.4.1 The financial year of the College is the calendar year ending December 31.

14.4.2 The Board shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Board meeting in the year for which the books are to be audited.

14.5 Inspectors.

The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Board at the next regular meeting following the appointment. Inspectors so appointed will have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

14.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises.

The Registrar may appoint inspectors for the purposes of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Pharmacy Act Regulations*.

14.7 Grants.

14.7.1 The Board shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

14.7.2 The Board shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in the profession.

14.8 Funds.

14.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by the Board for the fiscal year upon the recommendation of the Finance and Audit Committee. Funds not authorized under the budget shall be disbursed only after approval by the Board.

14.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by the Board on the recommendation of the Finance and Audit Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one (1) or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

14.9 College Membership.

The College may be a member of a national organization of bodies with similar functions.

14.10 Delegation of Powers and Duties.

14.10.1 The Registrar may, by written delegation, delegate any of the Registrar's powers and/or duties to any employee or officer of the College.

14.10.2 The Deputy Registrar is vested with and may exercise all the powers and perform all the duties of:

(a) the Registrar in the event the Registrar is absent or is unable to act with the exception of those powers or duties, if any, that have been delegated by the Registrar in accordance with subparagraph 14.10.1; and

(b) a delegate of the Registrar in the event that such delegate is absent or unable to act in respect of any powers or duties delegated to them by the Registrar in accordance with subparagraph 14.10.1.

ARTICLE 15
THE REGISTER

15.1 Registrant's Name.

A Registrant's name in the Register shall be:

15.1.1 the Registrant's name as provided in the documentary evidence used to support the Registrant's initial registration with any other given name commonly used by the Registrant, or such other name as is acceptable to the Registrar; or

15.1.2 a name other than as provided in subparagraph 15.1.1 where a written request is made by the Registrant and the Registrar is satisfied that the Registrant has legally changed their name and that the use of the name is not for an improper purpose,

and the Register may also include such other name that the Registrant commonly uses, as is acceptable to the Registrar.

15.2 Business Address and Telephone Number.

15.2.1 A Registrant's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Registrant practises in Ontario or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the address and telephone number of each agency or other person or business for or through which the Registrant provides such services.

15.2.2 Where a Registrant does not practise in Ontario, the Registrant's business address and business telephone number in the Register shall be, respectively, the address designated by the Registrant as the Registrant's business address and the telephone number associated with that business address.

15.3 Information Regarding a Result.

When any provision of this Article 15 requires information regarding a "result" to be included in the Register, the term "result" shall have the same meaning as provided to it in the Code. Specifically, "result" when used in reference to:

15.3.1 a disciplinary proceeding, means the panel's finding that the Registrant committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made; and

15.3.2 an incapacity proceeding, means the panel's finding that the Registrant is incapacitated and the order made by the panel.

15.4 Publication Ban.

Notwithstanding any other provision herein, no action shall be taken under this Article 15 which violates a publication ban, and nothing in this Article 15 requires or authorizes the violation of a publication ban.

15.5 Disclosure of Information.

Notwithstanding any other provision herein, nothing in this Article 15 shall require or authorize the disclosure of information, including personal health information (as defined by subsection 23(10) of the *Code*) where such disclosure would lead to a violation of the *Code*, including subsections 23(8), 23(9) or 23(11) of the *Code*.

15.6 Information to be kept in Register by the Code - Registrants.

Under subsection 23(2) of the *Code*, but subject to the remaining subsections of section 23 of the *Code*, the following information must be contained in the Register and must be available to the public:

15.6.1 Each Registrant's name, business address and business telephone number, and, if applicable, the name of every Health Profession Corporation of which the Registrant is a shareholder.

15.6.2 Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known.

15.6.3 The name, business address and business telephone number of every Health Profession Corporation.

15.6.4 The names of the shareholders of each Health Profession Corporation who are Registrants.

15.6.5 Each Registrant's class of registration and specialist status (specialist status not applicable to the College).

15.6.6 The terms, conditions and limitations that are in effect on each Certificate of Registration.

15.6.7 A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26(1) of the *Code*, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26(1) of the *Code*.

15.6.8 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

15.6.9 A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and that has not been finally resolved.

15.6.10 The result of every disciplinary and incapacity proceeding.

15.6.11 A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect.

15.6.12 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal.

15.6.13 A notation of every revocation or suspension of a Certificate of Registration.

15.6.14 A notation of every revocation or suspension of a Certificate of Authorization.

15.6.15 Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

15.6.16 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.6.17 Where, during or as a result of a proceeding under section 25 of the *Code*, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

15.6.18 The outcomes of any inspections undertaken by an inspection program of the College established under subsection 95(1)(h) or (h.1) of the *Code*, including inspections of the nature referred to in subparagraph 15.10.1.

15.6.19 Information that is required to be kept in the Register in accordance with the By-Laws.

15.6.20 Information that is required to be kept in the Register in accordance with the *RHPA Regulations*.

15.7 Information to be kept in Register by RHPA Regulations - Registrants.

Under the *RHPA Regulations*, specifically, Ontario Regulation 261/18, subject to any exceptions or restrictions contained therein, the following information shall be contained in the Register, if known to the College, and must be available to the public:

15.7.1 If there has been a finding of guilt against a Registrant under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subparagraph 15.7.6 have been satisfied:

(a) a brief summary of the finding;

(b) a brief summary of the sentence; and

(c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

15.7.2 With respect to a Registrant, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.

15.7.3 If a Registrant has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and the charge is outstanding:

(a) the fact and content of the charge; and

(b) the date and place of the charge.

15.7.4 If a Registrant has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction:

(a) the fact of the finding;

(b) the date of the finding;

(c) the jurisdiction in which the finding was made; and

(d) the existence and status of any appeal.

15.7.5 If a Registrant is currently licensed or registered to practise another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.

15.7.6 The conditions referred to in paragraph 15.7.1 are the following:

(a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;

(b) a pardon in respect of the conviction has been obtained; and

(c) the conviction has been overturned on appeal.

15.7.7 Nothing in this paragraph 15.7 shall be interpreted as authorizing the disclosure of identifying information about an individual other than a Registrant.

15.7.8 For the purposes of this paragraph 15.7, "identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

15.8 Additional Information to be kept in Register - Registrants.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following additional information referable to Registrants will be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.8.1 Any changes to each Registrant's name which have been made in the Register since the Registrant was first issued a Certificate of Registration.

15.8.2 Each Registrant's gender and registration number.

15.8.3 The date when each Registrant's Certificate of Registration was first issued or, if the Registrant was licensed under Part VI of the *Health Disciplines Act*, the date when the Registrant was first issued a licence by the College.

15.8.4 Where a person ceased to be a Registrant as a result of the person's resignation or death, the last calendar year during which the person was a Registrant.

15.8.5 Where a Registrant holds a Certificate of Registration as a pharmacist, pharmacy technician, pharmacist (emergency assignment), pharmacy technician (emergency assignment), intern or intern technician, the name and location of the university or college from which the Registrant received their degree in pharmacy or completed their pharmacy technician or intern technician program (as the case may be) and the year in which the degree was obtained or the program was completed.

15.8.6 The classes of Certificate of Registration held or previously held by each Registrant, the date on which each was issued and, if applicable, the termination or expiration date of each.

15.8.7 Where a Registrant holds a Certificate of Registration as a pharmacist or pharmacy technician, a notation as to whether the Registrant is listed in Part A or Part B of the Register.

15.8.8 Whether the Registrant has completed the necessary injection training requirements approved by the College.

15.8.9 Where a Registrant is an officer or director of a Health Profession Corporation which holds a Certificate of Authorization, the name of the Health Profession Corporation and what position or title the Registrant holds with that corporation.

15.8.10 Where a Registrant is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Registrant holds with that corporation.

15.8.11 Where a Registrant is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Registrant holds that designation.

15.8.12 Where applicable, a summary of any restriction on a Registrant's right to practise:

(a) resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary shall include a description of the restriction, the date on which the restriction was imposed, the jurisdiction in which the restriction was made, and the existence and status of any appeal.

15.8.13 Without affecting the requirement of paragraph 15.7, where there has been a charge or finding of guilt against a Registrant of which the College is aware in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction, that the Registrar believes is relevant to the Registrant's suitability to practise:

(a) a brief summary of the charge or finding, as the case may be;

(b) the date of the charge or finding, as the case may be;

(c) the jurisdiction in which the charge was brought or finding of guilt was made; and

(d) in the case of a finding of guilt, the existence and status of any appeal, unless, in the case of a finding of guilt the relevant legal authority has: (i) ordered a record suspension in respect of the conviction; (ii) issued a pardon in respect of the conviction; or (iii) the conviction has been overturned on appeal, in which case the information described in subparagraph 15.8.13 will no longer be required.

15.8.14 Without affecting the requirement of subparagraph 15.7.2, a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of a federal, provincial and/or state offence in Canada or any other jurisdiction of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise.

15.8.15 Without affecting the requirement of subparagraph 15.7.5, where the College is aware that a Registrant is currently licensed or registered to practise: (i) the profession in another jurisdiction; or (ii) another profession in Ontario or any other jurisdiction, with respect to such licence or registration:

(a) the existence of the licence or registration;

(b) the name of the granting organization; and

(c) the jurisdiction in which it was granted;

15.8.16 Where a Registrant's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.

15.8.17 Without affecting the requirement of subparagraph 15.6.13, where a Registrant's Certificate of Registration is suspended by the Registrar, the date upon which the suspension or revocation took effect and, for greater certainty, the reason for such suspension.

15.8.18 Without affecting the requirement of subparagraph 15.6.6, where a Registrant has any terms, conditions or limitations in effect on the Registrant's Certificate of Registration, the effective date of those terms, conditions and limitations.

15.8.19 Where terms, conditions or limitations on a Registrant's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

15.8.20 Where a suspension of a Registrant's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.

15.8.21 Where a Registrant's Certificate of Registration is reinstated, the effective date of the reinstatement.

15.8.22 Where the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the Act, the fact that the Registrant is under investigation.

15.8.23 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned:

(a) a notation of that fact;

(b) a summary of the caution;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.24 Where a complaint has been filed or an investigator has been appointed under subsection 75(1)(a) or subsection 75(1)(b) of the *Code*, and a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program:

(a) a notation of that fact;

(b) a summary of the continuing education or remediation program;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

15.8.25 Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee, where a Registrant has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding:

(a) the date of the referral;

(b) a brief summary of each specified allegation;

(c) the notice of hearing;

(d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;

(e) if the hearing is awaiting scheduling, a statement of that fact; and

(f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

15.8.26 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

15.8.27 A summary of any reprimand given to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Code*.

15.8.28 Without affecting the requirement of subparagraph 15.6.15, where the question of a Registrant's capacity has been referred to the Fitness to Practise Committee and is outstanding,

(a) a notation of that fact; and

(b) the date of the referral.

15.8.29 Without affecting the requirement of subparagraph 15.7.4, where the College is aware that a finding of professional misconduct or incompetence has been made against a Registrant outside of Ontario in respect of any profession:

(a) a notation of that fact;

(b) the date of the finding and the name of the governing body that made the finding;

(c) a brief summary of the facts on which the finding was based;

(d) the penalty; and

(e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

15.8.30 Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included after December 31, 1999:

(a) a notation of that fact; and

(b) identification of, a link to, or a copy of the specific publication containing that decision.

15.8.31 The language(s) in which the Registrant can provide professional services as reported by the Registrant.

15.8.32 Any other information not otherwise referred to in subparagraph 15.6.20, which the College and the Registrant have agreed shall be available to the public.

15.9 Former Registrants.

15.9.1 The term "Former Registrant" means those individuals whose registration with the College is revoked, suspended or rescinded (in which case, recognizing that such individual is deemed to have never held registration with the College) by the College or is otherwise resigned or terminated.

15.9.2 Where the College is aware of such information, the information described in subparagraphs 15.6.12, 15.7.1 to 15.7.4, 15.8.13 to 15.8.15 and 15.8.29 in respect of Former Registrants shall be kept in the Register and is designated as public pursuant to subsection 23(5) of the *Code*.

15.10 Information to be kept in Register – Drug Preparation Premises.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.10.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under the *Pharmacy Act Regulations*, including the relevant date.

15.10.2 A summary of the details of a Change of Control of a Drug Preparation Premises received by the College in accordance with Article 17.

15.10.3 Any other information which the College and a designated Registrant for the Drug Preparation Premises have agreed shall be available to the public.

15.11 Information to be Kept in Register – Health Profession Corporations.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to Health Profession Corporations

shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.11.1 The Certificate of Authorization number of the Health Profession Corporation and the date upon which that Certificate was first issued.

15.11.2 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

15.11.3 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the Health Profession Corporation, a notation of that fact and the date when that occurred.

15.11.4 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the Health Profession Corporation who are Registrants and the title or office, if any, held by each.

For greater certainty, the information required by this paragraph shall not affect the requirement of subparagraph 15.6.3.

15.12 Information to be Kept in Register - Pharmacies.

For the purposes of paragraph 20 of subsection 23(2) of the *Code*, and subject to paragraphs 15.13 and 15.14, the following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the *Code*:

15.12.1 The pharmacy's name, address, telephone and fax number.

15.12.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

15.12.3 The date the pharmacy opened.

15.12.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

15.12.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.

15.12.6 Any terms, conditions and limitations on the Certificate of Accreditation.

15.12.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.

15.12.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.

15.12.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.

15.12.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.

15.12.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, including:

(a) the date of the referral;

(b) a brief summary of each specified allegation; and

(c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.

15.12.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.

15.12.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

15.12.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the *Code*.

15.12.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

15.12.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or

corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

15.12.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

(a) resulting from an undertaking given to the College or an agreement entered into with the College; or

(b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

15.12.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

(a) the date the order was made;

(b) a summary of the order; and

(c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

(a) the date the finding was made;

(b) a summary of the finding of the court;

(c) the sentence that the court imposed; and

(d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

15.12.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

15.12.21 Where a person has permanently or temporarily (for a period exceeding three (3) days on which the pharmacy would ordinarily be open) closed the pharmacy, a notation of that fact and the date the pharmacy was permanently or temporarily closed.

15.12.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

15.13 Deletion of Information.

15.13.1 Unless otherwise indicated, where the information described in paragraphs 15.6 to 15.12 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

15.13.2 Despite paragraphs 15.8 to 15.12, and subject to subparagraphs 15.13.3, 15.13.4 and 15.13.5, the College is not required to maintain and may delete from the Register information about a Registrant, a Drug Preparation Premises, a Health Profession Corporation, or a pharmacy once three (3) years have passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

15.13.3 Despite subparagraphs 15.13.2 and 15.13.5 and the *Code*, the College shall maintain on the Register all of the information about a Registrant and a pharmacy where the Register contains information about the Registrant, resulting from a direction or order of a Committee or resulting from an offence proceeding.

15.13.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.12, 15.8.32, 15.12.17, 15.12.22 and 15.13.3 where the Registrar is satisfied that the information is no longer relevant for the public to know.

15.13.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 15.8.23 and/or 15.8.24 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

15.14 Disclosure.

All of the information referred to in paragraphs 15.6 to 15.12 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the *Code*, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 16
FILING OF INFORMATION BY REGISTRANTS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

16.1 Filing of Information by Registrants.

16.1.1 The College shall forward to each Registrant who holds a Certificate of Registration as a pharmacist or pharmacy technician each year, and may forward to any Registrant at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

(a) the Registrant's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Registrant or, if the Registrant does not have a residence in Ontario, the Registrant's principal residence and, where available, the Registrant's e-mail address;

(b) where a Registrant is engaged in the practice of the profession, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Registrant engages in the practice or, in the case of a Registrant whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Registrant provides such services;

(c) the Registrant's preferred address, preferred telephone number and where applicable, the Registrant's preferred e-mail address for communications from the College;

(d) in the case of a Registrant who is required to possess personal professional liability insurance in accordance with Article 2, information respecting the Registrant's personal professional liability insurance;

(e) information respecting the Registrant's participation in the Quality Assurance Program;

(f) information required to be contained in the Register pursuant to the *Code* and the By-Laws;

(g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations made under any of those Acts;

(h) information that relates to the professional characteristics and activities of the Registrant that may assist the College in carrying out its objects;

(i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and

(j) any other information that the College deems may assist it in carrying out its objects.

16.1.2 Each Registrant shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Registrant.

16.1.3 Where any information that a Registrant has provided to the College in response to a request under subparagraph 16.1.1 has changed, the Registrant shall notify the College of the change within thirty (30) days of its effective date.

16.1.4 In addition to the requirements in subparagraphs 16.1.2 and 16.1.3, a Registrant shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Registrant is required to provide to the College, pursuant to the *Code* or the By-Laws.

16.2 Filing of Information by Applicants for a Certificate of Accreditation.

16.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least thirty (30) days before the date on which the applicant proposes to commence operation of the pharmacy:

(a) the full name of the applicant and, where the applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the applicant is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy will be known to the public;

(d) the location of the pharmacy;

(e) the proposed date of the opening of the pharmacy;

(f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act* Regulations; and

(g) any other information that the College deems may assist it in carrying out its objects.

16.2.2 Every applicant for a Certificate of Accreditation shall provide such additional information as the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

16.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

16.2.4 Where any of the information that an applicant has provided to the College under subparagraph 16.2.1, 16.2.2 or 16.2.3 has changed, the applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3 Filing of Information by Pharmacies.

16.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

(a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;

(b) where the Owner is:

(i) a corporation or partnership, the business address of the corporation or partnership; or

(ii) an individual, the home address of the individual;

(c) the name by which the pharmacy is known to the public;

(d) the location of the pharmacy;

(e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and

(f) any other information that the College deems may assist it in carrying out its objects.

16.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 16.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within thirty (30) days of its effective date.

16.3.3 In addition to the requirements in subparagraphs 16.3.1 and 16.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

16.4 Filing of Information for Closing Pharmacies – Permanent Closures.

16.4.1 Subject to subparagraph 16.4.2, every person who permanently closes a pharmacy, shall, within seven (7) days of closing the pharmacy, notify the Registrar of the closing and within thirty (30) days of the closing shall file with the Registrar a signed statement setting out:

(a) the date of closing;

(b) the disposition of the drugs in stock in the pharmacy at the time of closing;

(c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and

(d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

16.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 16.4.1 need only set out the information in subparagraph 16.4.1(a) and (d).

16.5 Filing of Information for Closing Pharmacies – Temporary Closures.

16.5.1 Every person who intends to temporarily close a pharmacy or does close a pharmacy for a period exceeding three (3) days on which the pharmacy would ordinarily be open, shall notify the Registrar of the date of the temporary closure

as soon as the temporary closure becomes known and the anticipated re-opening date.

16.5.2 Every person who provides notice in accordance with subparagraph 16.5.1 shall notify the Registrar if the anticipated re-opening date changes, promptly following the change becoming known, and if the anticipated re-opening date will be later than the initial anticipated re-opening date, the notice must include information demonstrating that drugs in stock in the pharmacy and that prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations* are being securely maintained.

16.5.3 Temporary closures may not exceed three (3) months, unless otherwise approved by the Registrar. Any person who intends to temporarily close a pharmacy for greater than three (3) months, or who is extending a temporary closure for a period that will, in total, exceed three (3) months, shall notify the Registrar, and may be directed to complete the process described in paragraph 16.4.

16.6 Filing of Information by Health Profession Corporations.

16.6.1 The College shall forward to each Health Profession Corporation each year, in a form approved by the Registrar, a request for such information as the Health Profession Corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

16.6.2 Every Health Profession Corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the tenth day of March next following the forwarding of the request for information to the Health Profession Corporation.

16.6.3 Where any information that a Health Profession Corporation has provided to the College in response to a request under subparagraph 16.6.1 has changed, the Health Profession Corporation shall notify the College of the change within thirty (30) days of its effective date.

16.6.4 Despite subparagraph 16.6.3, a Health Profession Corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

16.6.5 In addition to the requirements in subparagraphs 16.6.2, 16.6.3 and 16.6.4, a Health Profession Corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the Health Profession Corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 17
CHANGE OF CONTROL

17.1 Change of Control.

17.1.1 In the event that a Registrant engages in or supervises drug preparation activities at or in connection with a Drug Preparation Premises, the Registrant must notify the College in the event that the Registrant becomes aware that a Change of Control has occurred in respect of such Drug Preparation Premises.

17.1.2 When used herein, the term "Change of Control" in respect of a Drug Preparation Premises means:

(a) any transfer of all or substantially all of the assets of the owner of the Drug Preparation Premises;

(b) any transfer of all or substantially all of the assets used in the operation of the Drug Preparation Premises;

(c) any change in ownership of more than fifty percent (50%) of the shares of the owner of the Drug Preparation Premises;

(d) any amalgamation, merger or consolidation of the owner of the Drug Preparation Premises with another entity;

(e) any governance reorganization causing a change in fifty percent (50%) or more of the members of the board of directors of the owner of the Drug Preparation Premises; and

(f) any dissolution, liquidation or winding-up of the owner of the Drug Preparation Premises,

in each case, by way of one (1) or a series of related transactions.

ARTICLE 18
REGISTRANT FEES

18.1 Application and Issuance Fees

18.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee due and payable immediately upon the College opening a registration file for such person.

18.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee, due and payable upon the applicant submitting their completed application to the Registrar.

18.1.3 Every successful applicant for a Certificate of Registration shall pay an issuance fee which is the applicable annual fee.

18.2 Examination Fee.

An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee.

18.3 Annual Fees.

18.3.1 Every person who holds a Certificate of Registration as a pharmacist or pharmacy technician shall pay an annual fee, except that in the year in which the person is first registered as a pharmacist or pharmacy technician, if the Certificate of Registration is issued on or after September 1, the fee will be fifty percent (50%) of the annual fee for that year.

18.3.2 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

18.3.3 No later than thirty (30) days before the annual fee is due, the Registrar shall notify the Registrant of the amount of the fee and the day on which the fee is due.

18.3.4 A Registrant who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee.

18.3.5 In addition to the amounts set out in sections 18.3.1 and 18.3.2, and notwithstanding 18.3.3, any outstanding balance owing to the College in respect of any decision made by a committee and any fees payable under this bylaw, must be paid in addition to the annual fees, and failure to pay such amounts shall be treated as failure to pay the annual fees.

18.4 Fee to Lift Suspension or for Reinstatement.

18.4.1 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to section 24 of the *Code* for failing to pay a required fee, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(2) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the fee the Registrant failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (c) a penalty.

18.4.2 Where a Registrant's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Registrant shall pay for the lifting of the suspension in accordance with section 35(1) of Ontario Regulation 256/24 under the Pharmacy Act shall be: (a) the annual fee

for the year in which the suspension is to be lifted, if the Registrant has not already paid it; and (b) a penalty.

18.4.3 A Registrant shall pay a reinstatement fee for the reinstatement of the Registrant's Certificate of Registration.

18.5 Other Fees.

18.5.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

18.5.2 Where, pursuant to the *Pharmacy Act Regulations*, a Registrant:

(a) has undertaken remediation by order of the Quality Assurance Committee and is required to undergo an assessment by an assessor appointed by the Quality Assurance Committee thereafter; and/or

(b) after the above assessment is found by the Quality Assurance Committee to continue to have a deficiency in the Registrant's knowledge, skills or judgment that requires correction and is ordered by the Quality Assurance Committee to undertake a further remediation and a further assessment by an assessor after the further remediation,

the Registrant shall pay a fee for each such assessment by an assessor appointed by the Quality Assurance Committee, and for any additional assessments that the Registrant undertakes thereafter.

18.5.3 An applicant or a Registrant required to undertake the Practice Assessment of Competence at Entry (PACE), a practice assessment or a knowledge assessment shall pay any applicable fee(s) as set out in the Fee Schedule.

18.5.4 Registrants who engage in, or supervise, drug preparation activities at a Drug Preparation Premises shall, jointly and severally, be required to pay a fee for the inspection of the Drug Preparation Premises pursuant to the *Pharmacy Act Regulations*, including all activities related to the inspection.

18.5.5 A Registrant shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further practice assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

ARTICLE 19
PHARMACY TRANSACTION FEES

19.1 Application Fee.

19.1.1 Subject to subparagraph 19.1.2, an applicant for a Certificate of Accreditation to establish and operate a pharmacy of the community pharmacy class or hospital pharmacy class shall pay an application fee, due and payable upon the applicant submitting a completed application to the Registrar.

19.1.2 Where an applicant who has acquired two (2) or more existing pharmacies of the community pharmacy class or hospital pharmacy class, applies for Certificates of Accreditation to establish and operate the pharmacies, the applicant shall pay an application fee for the first application and for each additional application.

19.2 Issuance Fee.

19.2.1 Every successful applicant for a Certificate of Accreditation of the community pharmacy class and the hospital pharmacy class shall pay an issuance fee.

19.2.2 Every successful applicant for a Certificate of Accreditation to establish and operate a community pharmacy that permits the operation of remote dispensing locations shall pay an issuance fee. The fee will apply for each remote dispensing location to be operated, except that there will be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an applicant who has acquired or relocated an existing community pharmacy that permits the operation of remote dispensing locations.

19.2.3 An applicant who has acquired or relocated an existing pharmacy shall pay an issuance fee for a Certificate of Accreditation to establish and operate a pharmacy.

19.3 Fee for Amended Certificates - Remote Dispensing Locations.

19.3.1 Every person who seeks to amend a Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an application fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.2 Every successful applicant for an amended Certificate of Accreditation to permit the operation of remote dispensing locations or additional remote dispensing location(s) shall pay an issuance fee for each remote dispensing location or additional remote dispensing location that is to be operated.

19.3.3 For greater certainty, subparagraphs 19.3.1 and 19.3.2 will only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

19.4 Renewal Fee.

Every person who holds a Certificate of Accreditation of the community pharmacy class or a Certificate of Accreditation of the hospital pharmacy class shall pay the applicable renewal fee on or before May 10 each year.

19.5 Additional Renewal Fee.

An additional renewal fee will apply, and be due and payable on or before May 10 each year, for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection. The additional renewal fee will apply for each re-inspection but will not apply where the re-inspection was pursuant to an order of the Discipline Committee.

19.6 Other Pharmacy-Related Fees.

19.6.1 An applicant for or holder of, as applicable, a Certificate of Accreditation shall pay a cancellation fee/missed appointment fee for any cancellation or missing of a second or further pharmacy operations assessment within less than six weeks of the scheduled assessment date without a reason acceptable by the Registrar.

19.6.2 Every person who holds a Certificate of Accreditation shall be required to pay a fee for any re-inspection (compliance audit) performed by an inspector appointed under paragraph 14.5.

ARTICLE 20
CERTIFICATE OF AUTHORIZATION FEES

20.1 Application Fee.

An applicant for a Certificate of Authorization for a Health Profession Corporation shall pay an application fee.

20.2 Renewal Fee.

20.2.1 Every Health Profession Corporation that holds a Certificate of Authorization shall pay the applicable renewal fee each year.

20.2.2 The renewal fee for a Certificate of Authorization must be paid on or before March 10 each year.

20.2.3 No later than thirty (30) days before the annual renewal fee is due, the Registrar shall notify the Health Profession Corporation of the amount of the fee and the day on which it is due.

ARTICLE 21
APPLICATION OF FEES

21.1 Application of Fees

21.1.1 Unless otherwise indicated, the fees and penalties set out in Article 18, Article 19, Article 20 and Schedule B shall be effective as of the date set out in Schedule B.

21.1.2 The fees and penalties prescribed in Article 18, Article 19 and Article 20 are set out in Schedule B. All fees and penalties are subject to applicable taxes, which are payable in addition to the fees and penalties.

21.1.3 On January 1 of each year, each fee prescribed in Article 18, Article 19, and Article 20, and listed in Schedule B, will be increased by the percentage increase, if any, in the consumer price index for goods and services in Canada as published by Statistics Canada or any successor organization.

ARTICLE 22
CODE OF ETHICS

22.1 Code of Ethics.

There shall be a Code of Ethics for Registrants, which is Schedule A to this By-Law.

ARTICLE 23
MAKING, AMENDING AND REVOKING BY-LAWS

23.1 Requirements.

23.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all Directors present at a meeting of the Board and eligible to vote.

23.1.2 Amendments may be proposed by not fewer than three (3) Directors or by the Executive Committee.

23.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the Directors.

23.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all Directors of the proposed amendments

23.2 Transition to Amended By-Laws.

23.2.1 Where the By-Laws are amended, the changes should be interpreted in accordance with the following principles:

(a) The amendments shall not affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such amendments;

(b) The amendments shall be interpreted as forward looking altering the way in which the College shall conduct its affairs after the amendments are effective;

(c) The amendments shall be deemed not to alter the composition of the Board or any Committee as constituted under the previous version of the By-Laws until their composition is changed to bring them into compliance with the amendments; and

(d) A panel of any Committee as constituted at the time of the amendment may complete any pending matter before it despite not being properly constituted under the amendments and despite a new Committee being appointed in accordance with the amendments.

23.3 Effective Date and Interpretation.

This By-Law, namely By-Law 7A, shall come into force and effect on the date that it is approved by the Board. Upon this By-Law coming into force and effect, all previous by-laws~~By-Law No. 6~~ shall hereby be repealed. The principles of interpretation in subparagraph 23.2.1 with respect to amendments shall apply, *mutatis mutandis*, to the repeal of all previous By-Laws and the replacement of them by ~~By-Law 6 and the replacement of it by~~ this By-Law.

23.4 Conflict.

If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it will, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Board, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by the Board and sealed with the corporate seal of the College the _____, _____.

_____

Chair
(Corporate Seal)

_____

Vice-Chair

SCHEDULE A

Ontario College of Pharmacists
Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2*, *Health Professions Procedural Code* is to "develop, establish and maintain standards of professional ethics for members" of the profession.

The role and purpose of OCP's Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College's mandate to serve and protect the public by putting patients first.

Specifically, OCP's Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all registrants of the College, in accordance with their scope of practice, including registered pharmacists, interns, intern technicians, pharmacy technicians, pharmacists (emergency assignment) and pharmacy technicians (emergency assignment). The Code of Ethics is also relevant to all those who aspire to be registrants of the College.

The Code of Ethics is applicable in all professional practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

All registrants are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.

Compliance with the Code of Ethics

The Standards listed in OCP's Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of registrants. Registrants do not justify

unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.

The College holds registrants accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All registrants of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit*. Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a "*social contract with society*".

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to serve and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit our patients. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to serve and protect the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of "Respect for Persons" and "Justice" which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients' vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of "Justice" requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity). Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all registrants of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of "Beneficence" refers to the healthcare professional's obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and pharmacy technicians serve and benefit the patient and society's best interests.

Standards

1.1 Registrants ensure that their primary focus at all times is the well-being and best interests of the patient.

1.2 Registrants utilize their knowledge, skills and judgment to actively make decisions that provide patient- centred care and optimize health outcomes for patients.

1.3 Registrants apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.

1.4 Registrants seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.

1.5 Registrants ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.

1.6 Registrants provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.

1.7 Registrants ensure that information provided to patients is current and consistent with the standards of practice of the profession and best available evidence.

1.8 Registrants consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.

1.9 Registrants prioritize care and services and provide adequate time to ensure that complex patients receive the care they need.

1.10 Registrants participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.

1.11 Registrants make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.

1.12 Registrants participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.

1.13 Registrants strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, intern technicians, pharmacists (emergency assignment), pharmacy technicians (emergency assignment), pharmacists and pharmacy technicians.

1.14 Registrants, within their roles and expertise, strive to conduct, participate in or promote appropriate research practices that advance pharmacy knowledge and practice.

1.15 Registrants ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.

1.16 Registrants strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of the profession.

2. Principle of Non Maleficence

The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

Application

Pharmacists and pharmacy technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

2.1 Registrants refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.

2.2 Registrants practise only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient's needs.

2.3 Registrants disclose medical errors and "near misses" and share information appropriately to manage risk of future occurrences.

2.4 Registrants act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.

2.5 Registrants challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.

2.6 Registrants provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.

2.7 Registrants ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.

2.8 Registrants provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.

2.9 Registrants respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.

2.10 Registrants ensure that the healthcare professional/patient relationship is not exploited by the registrant for any personal, physical, emotional, financial, social or sexual gain.

2.11 Registrants do not under any circumstances participate in sexual behaviour including, but not limited to:

(i) Sexual intercourse or other forms of sexual relations between the registrant and the patient;

(ii) Touching of a sexual nature, of the patient by the registrant; or

(iii) Behaviour or remarks of a sexual nature, by the registrant towards the patient.

2.12 Registrants do not under any circumstances participate in any form of harassment including, but not limited to:

(i) Bullying or intimidating;

(ii) Offensive jokes or innuendos;

(iii) Displaying or circulating offensive images or materials; or

(iv) Offensive or intimidating communications (phone calls, emails, text messages, etc.).

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 directly convey 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.

2.14 Registrants may only consider ending the professional/patient relationship when the registrant has met the following conditions:

(i) In the Registrant's judgement the professional/patient relationship is compromised and/or issues cannot be resolved;

(ii) Considers the condition of the patient;

(iii) Considers the availability of alternative services; and

(iv) Provides the patient with notice and sufficient opportunity to arrange alternate services.

2.15 Registrants assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.

2.16 Registrants in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.

2.17 Registrants maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of the profession and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.

2.18 Registrants raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.

2.19 Registrants assign tasks only to those individuals who are competent and trained to do them.

2.20 Registrants ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and pharmacy technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

3.1 Registrants recognize and respect the vulnerability of patients.

3.2 Registrants respect and value the autonomy and dignity of patients.

3.3 Registrants practise patient-centred care and treat patients with sensitivity, caring, consideration and respect.

3.4 Registrants listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.

3.5 Registrants respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.

3.6 Registrants respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the patient or the public.

3.7 Registrants seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.

3.8 respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.

3.9 Registrants respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.

3.10 Registrants obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.

3.11 Registrants respect the right of a competent minor to provide informed consent and make decisions about their healthcare.

3.12 Registrants recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.

3.13 Registrants recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.

3.14 Registrants ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.

3.15 Registrants recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.

3.16 Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.

3.17 Registrants advocate for the fair treatment and fair distribution of resources for those in their care.

3.18 Registrants make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and pharmacy technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

A. Registrants practise within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.

B. Registrants refrain from participating in unethical business practices.

C. Registrants avoid conflict of interest.

Standards

A. General Responsibilities

4.1 Registrants abide by the spirit of this Code which applies to the practice of the profession and the operation of pharmacies.

4.2 Registrants conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.

4.3 Registrants ensure that they only practise when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.

4.4 Registrants assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.

4.5 Registrants do not perform controlled acts under their scope of practice for an unethical or illegal purpose.

4.6 Registrants ensure that all professional documentation is accurately maintained in accordance with practice standards.

4.7 Registrants maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.

4.8 Registrants understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.

4.9 Registrants must be diligent in identifying and responding to red flag situations that present in practice.

4.10 Registrants report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.

4.11 Registrants take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.

4.12 Registrants do not practise under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.

4.13 Registrants participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.

4.14 Registrants ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.

4.15 Registrants co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abide by any undertakings or restrictions placed on their practice as result of an investigation.

4.16 Registrants recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each registrant individually and the profession as a whole.

B. Participate in Ethical Business Practices

4.17 Registrants recognize that their patient's best interests must always override their own interests or the interests of the business which the registrant owns, has a financial interest in or is employed by.

4.18 Registrants only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.

4.19 Registrants shall not provide pharmacy services, care or products where there is no potential benefit to the patient.

4.20 Registrants do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.

4.21 Registrants shall not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.

4.22 Registrants are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.

4.23 Registrants are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.

4.24 Registrants do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.

4.25 Registrants do not participate in any practice that involves falsifying patient health records or registrant practice records.

4.26 Registrants must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

Registrants need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

4.27 Registrants avoid situations that are or may reasonably be perceived to construe a conflict of interest.

4.28 Registrants avoid dual relationships and other situations which may present a conflict of interest and potentially affect the registrant's ability to be impartial and unbiased in their decision-making.

4.29 Registrants declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.

4.30 Registrants involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.

4.31 Registrants enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.

4.32 Registrants do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.

4.33 Registrants do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.

4.34 Registrants ensure that they do not participate in referral programs with other Registrants or with members of other healthcare professions for the expressed purpose of benefiting financially.

4.35 Registrants limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

SCHEDULE B

SCHEDULE OF FEES

[See attached]

Ontario College of Pharmacists
Putting patients first since 1871

BOARD BRIEFING NOTE

MEETING DATE: December 8, 2025

FOR INFORMATION

From: Siva Sivapalan, Governance Committee Chair

Topic: Proposed Prioritization of Governance Review Recommendations

Issue/Description: This is an update report to the Board from the Governance Committee regarding implementation of the recommendations set out in the Institute on Governance's ("IOG's") *Governance Review of the Ontario College of Pharmacists Final Report*, *August 17, 2025* ("IOG's Governance Review Report").

Background:

- In September 2024, the Board directed an independent third-party governance review of the College be undertaken, guided by a committee that the Board specially appointed for that purpose, namely, the Governance Review Committee.
- The Governance Review Committee's terms of reference specified that the governance review should result in a report that addresses two issues:
    1. 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.
    2. The report shall include recommendations that will inform and enhance the Board in its duty to manage and administer the College's affairs, including its duty to provide the College with its overall policy and strategic direction, and College's duty to regulate the profession of pharmacy and carry out its statutory objects in the public interest.
- The Governance Review Committee began its work in November 2024, meeting with IOG and College staff one or more times a month throughout 2024 and 2025, with monthly updates on progress provided to the Governance Committee.
- In August, 2025, IOG's Final Report, including its key findings and recommendations, was received by the Governance Review Committee and provided to the Governance Committee (attached).
- As scheduled, IOG's Governance Review Report was ready for presentation to the Board at its September 2025 Board meeting.
- IOG members attended the meeting and summarized key aspects of the Report in a presentation to the Board, who considered the report and made the following motion:

    THAT the Board of Directors direct the Governance Committee to oversee implementation of the recommendations of the Institute on Governance's final report of the governance review.

Analysis:

- While there is strong enthusiasm to move quickly and set clear, ambitious timelines to implement all of the report's recommendations, the complexity and strategic importance of this work requires a thoughtful and phased approach to ensure successful implementation.
- The first step then is to prioritize the recommendations related to the four major themes set out in the Conclusion and Recommendations section in the report, which are:
    1. *Clarify Roles and Decision-Making Boundaries*
    2. *Strengthen Oversight and Evaluation*
    3. *Enhance Board Culture and Governance Capacity*
    4. *Improve Transparency and Accountability*

- It is important to note that under each of the four major themes set out above, there are 3 to 5 separate recommendations. Each one may require a new policy, a work specific project, the development of educational programs, etc.
- In other words, each recommendation may involve multiple actions, and specific work projects and resources to fully implement.
- Prioritizing the recommendations will help to determine which recommendations should be addressed first and will allow a thoughtful analysis of both resource requirements and alignment with existing committee commitments (e.g., policy review and election cycles).

Discussion:

- At its November 19, 2025 meeting, the Governance Committee considered the following questions:
    1. Whether the OCP should address all recommendations outlined in the Governance Review Report
    2. The priority ranking of the recommendations, with 1 = given the highest priority, and 3 = lowest priority
    3. The proposed start times for initiating action/project planning (e.g., should a priority 1 recommendation begin in Q2 of the Board year: Dec–2025 - Feb 2026)
- The Governance Committee agreed that all recommendations in the IOG's Governance Review Report should be implemented.
- The Governance Committee concluded that work on the most highly prioritized recommendations (rated as priority #1) should commence in Q2 of the Board year.
- The Governance Committee also noted the intent to engage the services of an appropriate independent consultant to support the Committee during planning and implementation activities.
- The Governance Committee identified the following recommendations from the Governance Review Report as having the highest priority, organized by theme:

Clarify Roles and Decision-Making Boundaries

- Develop a Framework Policy to clarify the roles and decision-making parameters of Board, Executive Committee, Chair, Vice-Chair and Registrar/CEO
- Draft By-Law 7 revision (insert "immediate")
- Clarify and reinforce collective governance norms and limits of individual authority
- Recalibrate the Executive Committee's scope to ensure alignment with shared governance principles and reduce exclusionary practices

Strengthen Oversight and Evaluation

- Introduce a structured, inclusive performance management cycle for the Registrar/CEO tied to strategic outcomes, 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

Enhance Board Culture and Governance Capacity

- Invest in psychological safety and conflict resolution through facilitated sessions, updated Codes of Conduct and strong leadership modelling

Improve Transparency and Accountability

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

PROPOSED NEXT STEPS:

- The Governance Committee will engage the services of an appropriate independent consultant to support the Committee's planning and implementation activities over the upcoming year, in relation to the recommendations of the Governance Review Report.
- The Governance Committee will develop plans for the recommendations it has identified as having priority #1 beginning in Q2 (and considering resource implications), and undertake implementation activities as soon as practicable.
- The Governance Committee will report on its progress to the Board at the March 2026 meeting.

Attachments:

- IOG's Governance Review Report, August 17, 2025
- Draft Workplans to Implement the Governance Review Report's Recommendations

Institute on Governance | Institut sur la gouvernance

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

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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.

[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 COMMITTEE - DRAFT WORKPLAN TO IMPLEMENT GOVERNANCE REVIEW RECOMMENDATIONS (V4.4)

NOTE: Governance Committee Year: Q1 = Sep - Nov 2025/Q2 = Dec 2025 - Feb 2026/Q3 = Mar - May 2026; Q4 = Jun - Aug 2026

PRIORITY #1: CLARIFY ROLES AND DECISION-MAKING BOUNDARIES

Theme (from Report)	Recommendation	Implement Recommendation?	Priority (1 = most to 3 = least)	Timeline (Start)	Status	Responsibility	Notes
1. Clarify Roles and Decision-Making Boundaries	Develop a Framework Policy re: decision-making parameters of Board, Executive Committee, Chair, Vice-Chair and Registrar/CEO	Yes	1	Q2	Not yet started	GC	Need is urgent but some work required to determine respective roles and authority
	Recalibrate Executive Committee's scope to ensure alignment with shared governance principles and reduce exclusionary practices	Yes	1	Q2	Not yet started	Board/GC	IOG highlighted EC's scope as a central governance concern + recommended recalibration to reinforce collective decision-making. Work with IOG to clarify EC's decision-making boundaries and document them in a short guidance note or policy update for Board. Staff input will be key to confirm current practices + procedural implications
	Draft Bylaw 7 revision (insert "immediate")	Yes	1	Q2	Not yet started	GC/Legal	Board has identified as high-priority to be brought forward ASAP; flagged by IOG as foundational reform + key step to reinforce collective governance + prevent EC overreach; quick, high-impact deliverable = early progress on implementing recommendations
	Clarify and reinforce collective governance norms and limits of individual authority	Yes	1	Q2	Not yet started	Board/GC	IOG identified culture, authority boundaries + interpersonal norms as central to effective governance; need to formalize expectations for respectful governance + shared accountability, consistent with IOG's recommendations. GC can work with IOG to shape into a deliverable - e.g., "Board Norms + Conduct Framework" or annual culture check-in process
	Ensure committee mandates + appointments are transparent, merit-based and aligned with strategic needs	Yes	2	TBD	Not yet started	GC + Committee Chairs	IOG emphasized need for consistency + transparency across all standing committees, including clear Board oversight of appointments + mandates. GC should focus on a transparent appointment framework + review process, and staff can support by refining administrative tools (e.g., expressions of interest + competency tracking)
	Adopt a formal policy for in-camera sessions to define appropriate use, entry/exit protocols and transparency expectations	Yes	2	TBD	Not yet started	GC	IOG identified inconsistent in-camera processes as barrier to transparency + recommended that Board adopt a clear policy to guide appropriate use; a discrete, achievable governance deliverable to demonstrate progress on implementation. IOG can assist by benchmarking other regulators' in-camera policies + providing a draft for GC review

GOVERNANCE COMMITTEE - DRAFT WORKPLAN TO IMPLEMENT GOVERNANCE REVIEW RECOMMENDATIONS (V4.2)

NOTE: Governance Committee Year: Q1 = Sep - Nov 2025/Q2 = Dec 2025 - Feb 2026/Q3 = Mar - May 2026; Q4 = Jun - Aug 2026

PRIORITY #2: STRENGTHEN OVERSIGHT AND EVALUATION

Theme (from Report)	Recommendation	Implement Recommendation?	Priority (1 = most to 3 = least)	Timeline (Start)	Status	Responsibility	Notes
2. Strengthen Oversight and Evaluation	Introduce a structured, inclusive performance management cycle for the Registrar/CEO tied to strategic outcomes, 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	Yes	1	Q2	Not yet started	Board/EC Ext. HR + IOG	IOG identified absence of structured Registrar performance cycle as significant governance gap; Board has endorsed as an early implementation priority; intent is to align evaluation with OCP's strategic outcomes + strengthen transparent oversight. Board can engage external HR consultant to work with IOG to design framework + support EC through first cycle; maintains neutrality + meets best practices; with new Registrar, begin goal-setting discussion immediately
	Conduct regular, externally-facilitated Board evaluations and peer assessments	Yes	3	TBD	Not yet started	GC with external facilitator	IOG recommended that the Board develop an external evaluation process including peer feedback to support continuous improvement + reinforce trust in governance; flag for new Registrar early so he is aware + can consider how best to support this work with GC
	Develop and Implement a formal Board succession planning framework using a Board Competency Profile to guide recruitment and renewal	Yes	2	TBD	Discussions underway + Director Profile exists	GC with IOG	IOG identified succession planning as a key governance gap; Board reaffirmed its own desire for Board reform (e.g., size of Board, term lengths) as priority in June + GC has begun preliminary discussions. Director Profile already exists - consider revision. Improve transparency in election process.

GOVERNANCE COMMITTEE - DRAFT WORKPLAN TO IMPLEMENT GOVERNANCE REVIEW RECOMMENDATIONS (V4.3)

NOTE: Governance Committee Year: Q1 = Sep - Nov 2025/Q2 = Dec 2025 - Feb 2026/Q3 = Mar - May 2026; Q4 = Jun - Aug 2026

PRIORITY #3: ENHANCE BOARD CULTURE AND GOVERNANCE CAPACITY

Theme (from Report)	Recommendation	Implement Recommendation?	Priority (1 = most to 3 = least)	Timeline (Start)	Status	Responsibility	Notes
3. Enhance Board Culture and Governance Capacity	Invest in psychological safety + conflict resolution through facilitated sessions, updated Codes of Conduct + strong leadership modelling	Yes	1	Q2	Not yet started	GC with external facilitator (IOG or IOG recommendation)	IOG specifically underscored the importance of psychological safety as foundational to effective Board culture + decision-making. This remains a high priority for GC + can also serve as an early opportunity for the new Registrar + Board to set a constructive tone for collaboration
	Encourage psychologically safe dialogue by equipping Board + Committee leads with facilitation tools + leadership coaching	Yes	2	TBD	Not yet started	GC	See above
	Improve onboarding (especially for elected directors) by emphasizing the public interest mandate, COI management	Yes	2	TBD	Underway	GC	Already underway with October 27 Orientation Day; need to include new Director orientation that happens with new appointees. Current new Board member orientation follows module closely. Mentors are already appointed.
	Embed goveranance education as a standing priority with structured learning opportunities and peer mentoring	Yes	2	TBD	Not yet started	GC, Registrar, Director, Comms	IOG emphasized importance of ongoing, structured governance education as a way to strengthen decision-making + reinforce shared understanding between Board, Committee Chairs + staff. Move beyond one-time orientation to a continuous learning model. IOG can assist in designing program to reflect real governance scenarios relevant to OCP. Integrate into existing Board meetings or retreats.
	Standardize Board meeting practices to promote strategic dialogue, outcome-focused agendas and accessible materials	Yes	3	TBD	Not yet started	GC, Registrar, IOG	Make Board + Committee materials more strategic + outcome-focused, to strengthen governance-level dialogue. IOG can provide examples to help refine our approach. Focus on what the Board needs for strategic oversight, rather than the operational "how". Collaboration between GC, Registrar + staff to directly support shared goal of efficient + high-quality governance discussions.

GOVERNANCE COMMITTEE - DRAFT WORKPLAN TO IMPLEMENT GOVERNANCE REVIEW RECOMMENDATIONS (V4.4)

NOTE: Governance Committee Year: Q1 = Sep - Nov 2025/Q2 = Dec 2025 - Feb 2026/Q3 = Mar - May 2026; Q4 = Jun - Aug 2026

PRIORITY #4: IMPROVE TRANSPARENCY AND ACCOUNTABILITY

Theme (from Report)	Recommendation	Implement Recommendation?	Priority (1 = most to 3 = least)	Timeline (Start)	Status	Responsibility	Notes
4. Improve Transparency and Accountability	Embed conflict of interest (COI) protocols into onboarding, annual declarations, and regular reviews, with legal guidance to support compliance	Yes	1	Q2	Underway	GC with Legal, IOG	Build on October 27 Orientation Day session. IOG emphasized that COI management should be a continuous governance practice, not only a component of onboarding. Formalize a cycle of annual declarations with regular reinforcement of COI protocols at Board + Committee meetings to demonstrate accountability + transparency in a visible, practical way. IOG can provide examples
	Develop a clear policy governing in-camera sessions to prevent misuse and reinforce transparency	Yes - see Theme 1 - Clarify Roles and Decision-Making Bouondaries	2	TBD	Not yet started	GC with IOG	IOG identified inconsistent in-camera processes as barrier to transparency + recommended that Board adopt a clear policy to guide appropriate use; a discrete, achievable governance deliverable to demonstrate progress on implementation. IOG can assist by benchmarking other regulators' in-camera policies + providing a draft for GC review
	Require every standing committee to operate under approved terms of reference and annual work plan aligned with College priorities	Yes - see Theme 1 - Clarify Roles and Decision-Making Boundaries	2	TBD	Not yet started	GC + Committee Chairs	IOG emphasized need for consistency + transparency across all standing committees, including clear Board oversight of appointments + mandates. GC should focus on a transparent appointment framework + review process, and staff can support by refining administrative tools (e.g., expressions of interest + competency tracking)