



**MINUTES OF A  
BOARD OF DIRECTORS MEETING  
DECEMBER 8, 2025  
9:30 A.M. TO 5:00 P.M.**

### **OCP Board of Directors**

Jennifer Antunes

Simran Bal (virtual; present for the morning and portion of the afternoon only)

Simon Boulis

Douglas Brown (Chair)

Akil Dhirani

Lisa Dolovich

Andrea Edginton

Scott Ford

Jae-Yon Jung

Adrienne Katz

James Killingsworth

Elnora Magboo

Francis Michaud

Danny Paquette (virtual)

Ranjithkumar Paranivasagam

Siva Sivapalan (Vice-Chair)

Wilfred Steer

Alain Stintzi (virtual)

Cindy Wagg

Devinder Walia

Victor Wong

### **Regrets**

Stephen Molnar

Leyland Brown

Simran Bal (absent for a portion of the afternoon)

### **Management**

Jay O’Neill, Registrar and CEO

Susan James, Director, Registration and Quality

Thomas Custers, Director, Corporate Services

Angela Bates, Director, Conduct

Christian Guerette, General Counsel and Chief Privacy Officer

Todd Leach, Director, Communications, Policy and Knowledge Mobilization

### **Staff**

Nina Kang, Executive Assistant to Registrar and CEO

Saira Lallani, Medication Safety Lead

Jennifer Leung, Senior Strategic Policy Advisor

Allena Nguyen, Acting Administrator, Governance

Greg Purchase, Manager, Registration

Sharlene Rankin, Executive Assistant, Directors & Corporate Policy

Delia Sinclair Frigault, Manager, Equity and Strategic Policy

## 1. Welcome and Land Acknowledgement

- The meeting was called to order at 9:30 a.m.
- The Chair, Doug Brown, welcomed all Board Directors, staff and observers, and acknowledged members of the public in attendance. The Chair noted that the meeting was being recorded for the purposes of minutes only and would be deleted once the minutes are approved.
- Victor Wong provided the land acknowledgement as a demonstration of recognition and respect for the Indigenous peoples of Canada.
- The Chair introduced the OCP's new Registrar and CEO, Jay O'Neill, who provided introductory remarks.
- The Chair expressed gratitude to the individuals who provided strong interim leadership over the past year and a half: Susan James (Acting Registrar) and Thomas Custers (Acting CEO), who were presented with gifts.
- The Chair welcomed to the Board Ranjithkumar Paranivasagam as a new public director for a one-year term.
- The Chair also thanked Elnora Magboo for her service to the OCP Board, as her term as public director comes to an end. Ms. Magboo was presented with a gift in recognition of her service, and provided farewell remarks.
- The Chair updated the Board with new committee appointments. Since the September Board meeting, Megan Peck was appointed to the Fitness to Practise Committee and Max Yagchi was appointed to the Quality Assurance Committee.

## 2. 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 December 8, 2025 Board meeting as presented.

Moved by: Andrea Edginton

Seconded by: Devinder Walia

CARRIED

## 3. Declaration of Conflicts of Interest

- Andrea Edginton declared a conflict regarding Item 12 (Expanded Scope Regulations)
- Doug Brown declared conflict of interest re: agenda item 13 (Board Composition and Term Limits)

## 4. Minutes of Board Meetings – For Decision

### **MOTION:**

THAT the Board of Directors approves the draft minutes of the September 15-16, 2025 meeting of the Board of Directors as presented.

Moved by: Jennifer Antunes  
Seconded by: Jamie Killingsworth  
CARRIED

## **5. Chair's Report – For Information**

- Board Chair Doug Brown presented his report to the Board and provided highlights from the past quarter.

## **6. Registrar's Report – For Information**

- Past Acting Registrar, Susan James, presented her report to the Board, noting the following highlights from the last quarter.

## **7. Performance, Risk and Financial Management**

- Thomas Custers, Director, Corporate Services, presented a number of topics for the Board's information and in two cases, for decision.

### **7.1 Q3 2025 Board Dashboard Results – For Information**

- Performance overview
  - There are a total 16 performance measures across three domains – just over half are on track and two priorities will be met in early 2026.
  - Key highlights were provided, with four measures off-track: practice policy review, Registrant Record System implementation, voluntary turnover; and completion of town hall sessions.
- Monitoring measures were presented, including a negative trend for open investigation cases at month-end; and a positive trend regarding financial health.

### **7.2 Financial Report - Q3 Results – For Information**

- The financial results for Q3 were presented, starting with revenue; affected by elimination of emergency class registration and over target for community pharmacy fees; lower than expected salary; some assumptions did not materialize. Some savings in IT and external Legal.
- Contingency reserve funds for Investigations/Legal and Business Continuity were noted as maintained.

### **7.3 Risk Management Report – For Information**

- An update on key risks and mitigation strategies was presented.
- Risk appetite statements established in 2022; consider renewal.
- Consolidated risk structure:
  - Corporate – strategic risks
  - Program/Projects – regulatory programs and projects
  - Operational: support functions
- Key risks persisting at year end include:
  - Cyberattacks

- Scope expansion misalignment with practice readiness and professional well-being
- Oversight gap in non-patient specific compounding practices
- AI use by registrants
- Pharmacy Technician shortages in parts of the province
- Pharmacy Technician program closures
- Discussion took place around informal resolutions in complaints, and use of AI in patient care; if the latter is brought forward as a policy matter, a fulsome discussion can be had then.

The Board Chair called for a break at 11:10 am. The meeting reconvened at 11:25 am.

#### **7.4 Safe Disclosure Policy – for Decision**

- The Director, Corporate Services, Thomas Custers presented the Safe Disclosure Policy, formerly known as the Whistleblower Policy.
- OCP has had 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 suspected violations of policy, law or regulations that govern OCP’s operations. These 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 should consider having a reporting line to an unbiased external party to ensure that employees are not discouraged from reporting possible fraud or errors.
- The revised policy allows staff to report misconduct or fraud safely and confidentially, supported by an independent hotline with Multiple Designated Officers.
- The revised policy includes roles and responsibilities, reporting lines and escalations when the complaint involves Board/Committee members or senior management.
- An annual anonymized report of complaints will be brought to the Board.
- The revised policy was presented, including:
  - 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.

- Discussion:
  - Concerns were raised that a complaint escalated to the Board Chair could trigger Policy 3.7, which has a specific process and is going to be reviewed. The focus of the policy should be on staff.

**MOTION:**

THAT the Board of Directors approves the revised Safe Disclosure Policy (formerly the Whistleblower Policy), to explicitly exclude concerns regarding Board and Committee members' conduct, which are outside the scope and must be immediately redirected to Policy 3.7. There should not be an intake mechanism for concerns relating to Board or Committee members.

Moved by: Devinder Walia

Second by: Cindy Wagg

CARRIED

**7.5 Investment Policy: Designation of Long-Term Investments and Segregation of Reserve Funds – For Decision**

- The Finance and Audit Committee recommended 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.

**MOTION:**

THAT the Board of Directors 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.

Moved by: Siva Sivapalan

Second by: Jennifer Antunes

CARRIED

**8. Strategic Plan (2024-2028) Check-In – For Decision**

- The Chair, Doug Brown, and Director, Corporate Services, Thomas Custers provided an update on OCP activities around each Strategic Goal and discuss the need to adjust the Strategic Plan priorities.
- The OCP is at the mid-point of the 2024-28 Strategic Plan

- Assess alignment of the strategic direction with emerging priorities and challenges facing the pharmacy profession, and with organizational objectives aimed at improving regulatory efficiency and effectiveness.
- The Chair also noted that a new Registrar and CEO is now onboarding.
- Progress against each Strategic Goal from the 2024-28 Strategic Plan was presented.

**MOTION:**

THAT the Registrar and CEO develop a proposal outlining a plan to revisit and refresh the Strategic Plan in 2026, for the Board to consider at its March 2026 meeting.

Moved by: Francis Michaud

Seconded by: Scott Ford

CARRIED

**9. College Performance Dashboard Measures for 2026 – For Decision**

- Director, Corporate Services, Thomas Custers asked the Board to approve the 2026 Performance Dashboard Measures.
- Next steps:
  - Devise targets for each measure, to present in March 2026
  - Begin quarterly reports to the Board in June 2026
  - Explore public trust or patient experience measures for 2027.
  - Enhanced reporting from committees to complement dashboard insights.

**MOTION:**

THAT the Board of Directors approves the 2026 OCP Board Dashboard.

Moved by: Elnora Magboo

Seconded by: Wilf Steer

CARRIED

**10. 2026 Operating and Capital Budget – For Decision**

- Finance and Audit Committee Chair, Adrienne Katz, along with Director, Corporate Services, Thomas Custers presented the proposed 2026 budget to the Board for approval.
- 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.

**MOTION:**

THAT the Board of Directors approves the 2026 Operating and Capital Budget.

Moved by: Jamie Killingsworth

Seconded by: Victor Wong

CARRIED

The Chair called for a lunch break at 12:41 pm. The meeting resumed at 1:33 pm.

**11. AIMS Supplemental Standards – For Decision**

- At the September 2025 Board meeting, 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 were analyzed and presented to the Board for review and decision regarding approval of the proposed changes by AIMS Lead, Saira Lallani.
- An evaluation of the program resulted in three main themes: program structure/use of a reporting platform in general; administrative burden; and impact on pharmacists' flexibility and autonomy
- Ontario is unique in covering the costs of the platform.
- Pharmacies can now choose their own platform; within the pharmacy, all pharmacy professionals should have access to the system to report incidents.
- It was noted that OCP can do more to support pharmacies and enhance the program's value.
- No further changes to the supplemental Standard of Practice are required.
- Discussion:
  - What about unique log-ins? Most pharmacies have a single log-on; more engaged pharmacies are likely to have more. Idea is to have access to a platform to report. What about relief/occasional staff? Can be in the DM's discretion how to manage reports involving occasional staff.
  - Safety culture should drive reporting.

**MOTION:**

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

Moved by: Simon Boulis

Seconded by: Devinder Walia

CARRIED

**12. Expanded Scope Regulations – For Decision**

- Andrea Edginton recused herself for this agenda item.
- Todd Leach, Director, Communications, Policy and Knowledge Mobilization; Delia Sinclair Frigault, Manager, Equity and Strategic Policy; and Jennifer Leung, Senior Strategic Policy Advisor attended to present the Board with the findings from the open consultation on expanded scope, to ask for approval of the final regulatory amendments for timely submission to the Minister of Health. The Board was also be presented with

and asked to provide direction on recommendations related to safeguards that will support implementation.

- In September 2025, the Minister of Health sent a letter of request 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. A record number of responses were received. 170 respondents felt positively about the changes; 66 agreed with the changes but had some concerns; and 163 respondents did not want the changes.
- Feedback themes related to individual pharmacy professionals and to the working environment. System partner feedback was overall supportive of expanded scope.
- The Board was asked to approve the regulation amendments for submission to the Minister.

**MOTION:**

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

Moved by: Jennifer Antunes

Seconded by: Victor Wong

**DEBATE:**

- It is a challenge to effect changed scope via lists.

The motion was then voted on.

Appointed Members: 9 (none against)

Elected Members: 9 (none against)

The motion was CARRIED.

Safeguards to Support Implementation

- Next, the discussion turned to a request to the Board for approval on identified safeguards to support implementation.
- There was strong support from the Board in December 2024 to require all Pharmacy Technicians administering vaccines to have CPR and First Aid training. Only injection-trained Pharmacy Technicians need to complete CPR and First Aid training. Add to the Declaration of Completion on annual renewal. Open consultation on this new requirement was recommended.

**MOTION:**

That the Board of Directors 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.

Moved by: Lisa Dolovich

Seconded by: Adrienne Katz

**DEBATE**

- Pharmacy Technicians always work with Pharmacists, who have CPR and First Aid training except in certain circumstances that could result in no one on premises having the requisite training.
- The Pharmacist is not necessarily in the same room as the Pharmacy Technician when the latter are injecting. This requirement would better protect patients.
- It was noted that CPR can only be conducted for approximately two minutes at a time by one person. The new requirement is basic.

The motion was then voted on and CARRIED.

Mandatory Learning

- Next, the discussion turned to mandatory learning for certain expanded scope activities.
- In December 2024, the question of whether mandatory education and training were required was discussed. Staff were asked to perform further analysis, including risk analysis. Also input from public consultation and a jurisdictional scan.
- Four specific areas identified as requiring mandatory training: three involving minor ailments (sore throat, swimmer's ear, and shingles), and one for administration of Sublocade (certification because of potentially fatal consequences).

**MOTION:**

THAT the Board of Directors confirms the list of minor ailments and activities for which mandatory learning should be required.

Moved by: Adrienne Katz

Seconded by: Jennifer Antunes

**DEBATE:**

- Right-touch regulation does not necessarily mean the minimal requirements. There is potential harm when managing these clinically-complex conditions.
- There was a risk assessment of each minor ailment; these four were rated as the highest risk.
- We need a competency framework. We should not start with the authority and then decide on details.
- There is a risk that pharmacy professionals may opt out of providing a given service if it is not likely to be provided very often, and the learning requirement is perceived as onerous, and would.

- May not make sense to manage this requirement one-by-one for each minor ailment.
- Are there any examples of jurisdictions that do not require mandatory training for minor ailments? That data is not available.
- A question arose about how quality would be assured on an ongoing basis.
- The public would expect that their pharmacist has been trained on whichever minor ailment they are prescribing for.
- Maybe move forward with this motion – but evaluate ongoing need for mandatory training over time.
- CPSO does not use attestations, but instead each registrant is required to practise only in those areas where they have competence.

The motion was voted on and CARRIED.

**MOTION:**

THAT the Board of Directors confirms that a one-time declaration of competency that considers prior learning meets this expectation.

Moved by: Victor Wong

Seconded by: Lisa Dolovich

**DEBATE:**

- What happens if many years pass after a one-time declaration? Should be an ongoing declaration.
- Should be an annual declaration?

The motion was voted on and DEFEATED. A new motion was tabled.

**MOTION:**

THAT the Board of Directors confirms that annual declaration of competency that considers prior learning meets this expectation.

Moved by: Siva Sivapalan

Seconded by: Jennifer Antunes

**DEBATE:**

- Annual declaration process should be revisited 2-3 years from now (ACTION ITEM)

The motion was voted on and CARRIED.

**MOTION:**

THAT the Board of Directors directs staff to move forward with validating the learning objectives, to bring back for final approval at the March 2026 meeting.

Moved by: Scott Ford

Seconded by: Elnora Magboo

DEBATE:

- What does validating the learning objectives mean? Do this to ensure due diligence.

The motion was voted on and CARRIED.

Standards of Operation

- The discussion turned to standards of operation for pharmacies. What safeguards need to be in place?
- Business pressures: strengthening accountability of pharmacies in protecting the ability of registrants to meet their practice and ethical obligations as healthcare professionals.
- AIMS data supports the importance of environmental factors in dispensing incidents.
- Consider full review of standards of operation and code of ethics in 2027.

**MOTION:**

THAT the Board of Directors directs staff to complete a review of, and propose draft amendments to the standards of practice 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

Moved by: Scott Ford

Seconded by: Jennifer Antunes

The motion was voted on and CARRIED.

Clinical Viewers

- The next item relates to proposed changes related to clinical viewers.
- Strong support at December 2024 meeting to mandate clinical viewers; but recognition of onboarding challenges.
- The consolidation of provincial clinical viewers is in progress.
- Ontario Health notes that a near-term mandate may not be realistic given competing priorities; willing to explore a mandate with MOH and OCP in future once new system is in place.

**MOTION:**

The Board of Directors directs staff to explore ways the College can further specify the existing operational requirement that pharmacists have access to patient health information that support pharmacy professionals in meeting the standards of practice.

Moved by: Scott Ford

Seconded by: Akil Dhirani

**DEBATE:**

- One comment that a Board member would rather have more information about the landscape of health information systems in Ontario before making this decision.
- Another Board member asked about Clinical Connect versus any other platform.
- Another member stated that clinical viewers are key to providing good care for minor ailments.

The motion was voted on and CARRIED.

**MOTION:**

THAT the standards of operation for pharmacies be reviewed with a view to making draft amendments that reflect this operational requirement and that any drafted revisions to the standards of operation for pharmacies be brought to the Board of Directors in March 2026 for consideration.

Moved by: Jennifer Antunes

Seconded by: Elnora Magboo

The motion was then voted on and CARRIED.

Physical Space Requirements

- In December 2024, Mina Tadros addressed the Board re: minor ailments.
- Patient experience showed support for accessing this kind of care, but with concerns about patient privacy.
- Current norm of acoustically private space as part of operational assessments; may not be sufficient to protect privacy for new minor ailments; may need visual privacy as well.
- Significant impact to some pharmacies; Board indicated that a time frame would need to be provided for pharmacies to come into compliance.
- Subsequent analysis has been completed.

**MOTION:**

THAT the Board of Directors directs staff to complete a review of existing standards of operation and expectations re 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 meeting.

Moved by: Jamie Killingsworth

Seconded by: Akil Dhirani

**DEBATE:**

- Consider owners of smaller pharmacies.
- Direct communication to the public to stand back from the dispensary.

The motion was then voted on and CARRIED.

**MOTION:**

THAT the Board of Directors directs staff 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, for consideration at the March 2026 Board meeting.

Moved by: Devinder Walia

Seconded by: Francis Michaud

**DEBATE:**

- Not clear that adding more signage to the dispensary will help patients.
- Could include this wording in an existing sign such as the time-delayed safe signage.
- One public director commented on being asked private questions within earshot of other patients; and did not realize there was a right to a private space.
- What about using ads instead?

The motion was voted on and DEFEATED.

**13. Board Composition and Term Limits – For Decision**

- Adrienne Katz assumed the Chair as Doug Brown left the room following his declaration of a conflict. Cindy Wagg assumed the Vice-Chair role for the discussion.
- Governance Committee Chair, Siva Sivapalan introduced the briefing note asking 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.
- The Board was asked whether it supports completing a pre-consultation on the 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.

**MOTION:**

THAT the Board of Directors 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.

**QUESTIONS:**

- Has the risk of being unconstituted ever materialised? Yes.
- Eleven elected directors – how many public directors? Aim for 51%-49% balance.

- There were a number of reasons for reducing the number of Board members during previous governance reform. A jurisdictional scan will be conducted on both size of boards and term limits.
- A question was posed about the efficiency of a larger Board.
- A newer Board member agreed that onboarding takes time, and a six-year term is insufficient.

Moved by: Francis Michaud  
Seconded by: Devinder Walia

The motion was voted on and CARRIED.

#### **14. Governance Committee Progress Update on Implementation of Governance Review Recommendations – For Information**

- Governance Committee Chair, Siva Sivapalan, introduced a briefing note updating the Board regarding progress on implementation of the recommendations from the Institute on Governance's Governance Review Report.
- It was noted that the Governance Committee reviewed the recommendations from the Institute on Governance's Governance Review Report, and has classified each as being priority 1 (most) to 3 (least).
- Each recommendation may involve new policy, multiple projects and activities. A phased approach is required.
- The Governance Committee agreed that all recommendations should be implemented.
- The Governance Committee has identified seven recommendations as priority 1, as noted in the materials. with work on each to be commenced in Q2. The timing of recommendations ranked as priority 2 or 3 will be determined later.

#### **15. In camera**

##### **MOTION:**

THAT pursuant to Health Professions Procedural Code s 7 (2)(d) and (e), the Board of Directors ends the public session to go in camera.

Moved by: Jennifer Antunes  
Seconded by: Devinder Walia  
CARRIED

The public portion of the meeting was adjourned at 5:05 pm.

**Angela Bates**  
Director, Conduct

**Doug Brown**  
Board Chair