

Board of Directors Meeting Agenda

Monday, March 23, 2026

9:30 AM – 5:00 PM

[MEETING LINK](#)

Time	Topic
9:30am	<p>1. Welcome and Land Acknowledgement A Land Acknowledgement will be offered by Board Director, Jamie Killingsworth.</p> <p>2. Approval of Agenda The Board will be asked to approve the Board agenda.</p> <p>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.</p> <p>4. Consent Agenda – For Decision The Board uses a Consent Agenda to efficiently approve routine items that are not anticipated to require discussion or debate. Any item that requires further discussion will be removed and considered individually.</p> <ul style="list-style-type: none">4.1 Minutes of the Board Meeting – December 3, 20254.2 Minutes of the Board Meeting – December 8, 20254.3 Status of Board Action Items – September 2025 to March 2026 <p>Appendix: Resolutions Tracker</p>
9:45am	<p>5. Chair's Report and Executive Committee Report – For Information The Chair, Doug Brown, will report on activities, decisions, and initiatives undertaken on behalf of the Ontario College of Pharmacists and present an update on the Executive Committee's activities.</p> <p>The Board will be asked to appoint the 2026 Screening Committee and discuss feedback received on the impact of fees on registrants and a future analysis of the OCP's annual renewal and administrative fee structures.</p> <p>For Information:</p> <ul style="list-style-type: none">5.1 Chair's Report and Executive Committee Report <p>For Decision:</p> <ul style="list-style-type: none">5.2 Appointment of the 2026 Screening Committee5.3 Annual Renewal Fees



Time	Topic
10:05am	<p>6. Finance and Audit Committee Report Finance and Audit Committee Chair, Adrienne Katz, along with Director, Corporate Services, Thomas Custers, will present an update on the Committee’s activities and ask the Board to approve the revised Reserve Fund Policy and postponing the issuance of the RFP for audit services by one year.</p> <p>For Information: 6.1 Q4 Financial Reports</p> <p>For Decision: 6.2 Revised Reserve Policy 6.3 Audit Services Market Reviewing Timing</p>
10:25am	BREAK
10:40am	<p>7. Governance Committee Report Governance Committee Chair, Siva Sivapalan, will present an update on the Committee’s activities and will ask the Board for a decision on the proposal to increase the Board size and term limits.</p> <p>For Information: 7.1 Governance Committee – Activity Report 7.2 Board Competencies Survey Results</p> <p>For Decision: 7.3 Board Size and Term Limits</p>
11:15am	<p>8. 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.</p> <p>8.1 Registrar’s Update – December 2025 to March 2026 8.2 College Performance Dashboard – Key Performance Results for 2025</p>
11:30am	<p>9. 2026 College Dashboard Targets – For Decision Director, Corporate Services, Thomas Custers will present a progress update on strategic and operational activities, and the Board will be asked to approve targets for the 2026 College Dashboard.</p>
11:45am	<p>10. Strategic Plan Update – For Decision The Registrar/CEO will bring forward an outline of the scope and approach for refreshing the current strategic plan in 2026.</p>
12:00pm	LUNCH
1:00pm	<p>11. Code of Ethics Amendments – For Decision The Board will be asked to review proposed changes to the Code of Ethics.</p>
1:50 pm	BREAK



Time **Topic**

1:55 pm **12. Safety Measures for Expanded Scope – For Decision**

The Board will be asked to provide direction on safety measures that will be required to enable the expansion of scope of practice, [as proposed by the Ministry of Health](#).

12.1 Operational Safeguard Findings and Recommendations

12.2 Mandatory Learning for Sore Throat (acute pharyngitis), Swimmers' Ear (otitis externa), and Administration of Sublocade

12.3 Proposed Amendments to the Standards of Operation

3:15 pm **BREAK**

3:30 pm **13. In Camera**

Motion to go in camera pursuant to Health Professions Procedural Code, subsections 7(2)(c)(d) *personnel matters* for the Board to meet with the Registrar and CEO.

MEETING ADJOURNMENT



Accountability



Fairness



Collaboration

3/286



Judiciousness



Integrity



Transparency



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**MINUTES OF A
BOARD OF DIRECTORS MEETING
DECEMBER 3, 2025**

1:00 P.M. TO 2:30 P.M.

DRAFT

**WEDNESDAY, DECEMBER 3, 2025 – 1:00 P.M.
HELD VIA VIDEOCONFERENCE**

OCP Board of Directors

Jennifer Antunes
Simon Boulis
Douglas Brown (Chair)
Akil Dhirani
Lisa Dolovich
Scott Ford
Adrienne Katz
Jamie Killingsworth
Danny Paquette
Ranjithkumar Paranivasagam
Siva Sivapalan (Vice Chair)
Cindy Wagg
Devinder Walia
Victor Wong

Regrets

Simran Bal
Leyland Brown
Andrea Edginton
Jae-Yon Jung
Elnora Magboo
Francis Michaud
Stephen Molnar
Alain Stintzi
Wilfred Steer

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

Staff

Allena Nguyen, Executive Assistant, Temporary Assignment
Sharlene Rankin, Executive Assistant, Directors & Corporate Policy

The Chair called the meeting to order at 1:05 p.m.

1. Land Acknowledgement

The meeting began with a land acknowledgment led by Danny Paquette in recognition and respect for Indigenous peoples.

Following the Land Acknowledgement, the Chair welcomed new public director Ranjithkumar Paranivasagam to the Board of Directors.

2. Approval of Agenda

MOTION: THAT the Board of Directors approves the agenda for the December 3, 2025, meeting as presented.

Moved by Siva Sivapalan
Seconded by Devinder Walia

CARRIED.

3. Declaration of Conflict of Interest

The Chair asked the Board if anyone had any conflicts to declare. Siva Sivapalan noted his role as an examiner with the PEBC, but this was not confirmed to be a conflict.

4. Minutes of Board Meeting – For Decision

MOTION:

THAT the Board of Directors approve the minutes of the November 20, 2025, meeting as presented.

Moved by Devinder Walia
Seconded by Victor Wong

CARRIED.

5. Amending Regulation under the *Drug and Pharmacies Regulation Act, 1990* – For Decision

Susan James, Director, Registration and Quality attended to present a direction from the Ministry of Health (Ministry) to OCP to make regulatory amendments to support recent legislative changes for the expansion of “As of Right” rules which will apply to certain out-of-province health care professionals, effective January 1, 2026.

Ms. James noted that at a special Board meeting on November 20th, the Board approved for circulation a proposed regulation to amend General Regulation 264/16 under the Drug and Pharmacies Regulation Act, 1990 (DPRA) to define who is a “person prescribed by the regulations.”

As well, the Board passed a motion to request that the proposed amendments be exempt from the mandatory 60-day consultation, due to short timelines. The Chair submitted a letter to the Minister with this request and the Minister provided the requested exemption. Ms. James noted that as a result, the OCP has not proceeded to do any circulation, and nothing suggests a need to revise the regulation, which therefore remains unchanged at present.

The Board’s approval is being sought to proceed with submission of the regulation to the Ministry, while ensuring consistency with changes to the DPRA to include the other health professions that

interface with the pharmacy system and are to be included in the “As of Right” rules (chiropractors, midwives, dental hygienists, optometrists).

At the last meeting, the Board posed questions, including about applicants who have not yet completed the jurisprudence exam, how these individuals will bill the Ontario Drug Benefit (ODB) program for pharmacy services they deliver, and whether applicants can serve in the role of a designated manager or supervise other pharmacy personnel in community pharmacy.

Ms. James noted that answers to some of these questions are not fully clear yet, but nothing currently precludes applicants from acting as designated managers under “As of Right” rules. Risk is mitigated by processing their registration applications as quickly as possible during the 6-month “As of Right” eligibility period.

If an applicant is properly registered in another province, they are eligible to practise in Ontario under the Labour Mobility Act or “As of Right”. When an applicant relies on “As of Right” to move to Ontario, they are required to start the OCP registration process prior to commencing practice in Ontario and also file an attestation that they meet eligibility requirements for “As of Right. They must also maintain their registration in the other province during the 6-month eligibility period. Regarding any concerns about differing standards across provinces, Ms. James noted that standards are relatively consistent. Applicants need to practise in accordance with the Ontario standards and have the competence to practise within authorized scope in Ontario.

If registration with OCP is denied, Registration will immediately flag the issue, and the applicant can no longer practise under “As of Right” in Ontario. If an applicant fails to pass the jurisprudence exam, they may continue to practise under “As of Right” while rescheduling the exam.

Regarding prescribing for minor ailments under “As of Right” rules – a Board member noted that this scope varies from province to province and asked about whether there is a central source of information. It was noted that the OCP (and other PRAs) has a public register with key registrant information, and that during the OCP registration process, background checks are completed.

A Board member noted that aside from the concerns that have been raised, “As of Right” is government policy, and asked whether government will work with OCP to address these concerns. Ms. James indicated that it is important for OCP to monitor implementation. “As of Right” is not new to Ontario, as there are already four other professions under existing “As of Right” regulations, whose experience is that it has not been used. OCP has had 130 registrants under the Labour Mobility Act, and these numbers are now reducing. The general intent of government is to move practitioners into Ontario without restrictions.

A question was raised about whether the OCP register will note how a pharmacy professional came to practise in Ontario. It was noted that applicants entering under “As of Right” will not be noted on the public register. Staff are currently examining this issue.

After some discussion of possible alternative motions, the Board asked for the original motion to be tabled, followed by a motion newly tabled by a Board member.

MOTION:

That the Board of Directors approves for submission to the Ministry the proposed regulation, made under the authority of section 161(1) (v) of the *Drug and Pharmacies Regulation Act, 1990*, to amend General Regulation 264/16, by including the definitions of prescribed persons as set out in Appendix 3.

Moved by Siva Sivapalan
Seconded by Jennifer Antunes
CARRIED.

MOTION:

That the Board direct staff to:

1. Conduct an analysis of regulatory and policy options to ensure that individuals practising under As of Right are not registered in Ontario unless all registration requirements, including PEBC examination success, where applicable, are fully met, and to assess how risk is managed during the six-month As-of-Right period;
2. Provide options to enhance public-protection measures, including improved visibility of As-of-Right practitioners for employers and the public, strengthened designated manager safeguards, and approaches to maintain Ontario's competency standards amid evolving interprovincial mobility frameworks; and
3. Document these concerns and include them in the College's communication to the Ministry regarding implementation of the As-of-Right framework, and report back to the Board with findings and recommendations at a future meeting.

Moved by Siva Sivapalan
Seconded by Jennifer Antunes
CARRIED.

7. Adjournment

There being no further business, at 2:24 p.m. the meeting was adjourned.

Angela Bates
Director, Conduct

Doug Brown
Board Chair



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

DRAFT

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 Paraniwasagam 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

Action Items from Board Meetings (September 2025 to March 2026)

Purpose: To present summaries of action items from Board meetings held between September 2025 and March 2026.

Background: Below is a chronological summary of action items from previous Board meetings held between September 2025 and December 2025, listed from most recent to oldest. Completed items will remain on the tracker for one meeting cycle following their completion, after which they will be removed and archived.

Action items from the December 8, 2025, Board meeting will be finalized upon approval of minutes.

Summary of Action Items from the Board of Directors Meeting – December 8, 2025				
Meeting Item	Description	Responsible	Timeframe	Comments
Non-agenda item	Conduct follow-up email reminders and calls for non-responsive Board survey participants.	Board Chair	Complete	
6.2. Goal 1, Business Pressures Survey Report	<ul style="list-style-type: none"> Publish survey findings and highlights, January 2026 Review findings to inform Goal 1 activities and future discussions with the Board Identify adjustments to the survey tool for future deployment in 2026 Share learnings with other provinces and vice versa 	Susan	In Progress	
9. College Performance Dashboard Measures for 2026	<ul style="list-style-type: none"> 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 	Director, Corporate Services	In Progress	
12. Expanded Scope Regulations	<p><u>Mandatory Learning</u></p> <ul style="list-style-type: none"> “Staff were asked to perform further analysis, including risk analysis. Also input from public consultation and a jurisdictional scan.” An annual declaration process should be revisited two to three years from now. 	Director, Communications, Policy and Knowledge Mobilization	In Progress	

Summary of Action Items from the Board of Directors Meeting – December 8, 2025

Meeting Item	Description	Responsible	Timeframe	Comments
	<u>Standards of Operation</u> <ul style="list-style-type: none"> “Consider full review of standards of operation and code of ethics in 2027.” 			

No action items came from the November 20, 2025, and December 3, 2025, Special Meetings of the Board.

Summary of Action Items from the Board of Directors Meeting – September 15 and 16, 2025

Meeting Item	Description	Responsible	Timeframe	Comments
Non-agenda item	Conduct follow-up email reminders and calls for non-responsive Board survey participants.	Board Chair	Complete	
Non-agenda item	Develop a robust onboarding plan for the new Registrar and CEO.	Executive Team	Complete	Plan overview shared with Board Chair and Vice Chair, detailed plan shared with Registrar and CEO.
12.1 Registrar’s Update	Perform environmental scan of other Colleges’ practices regarding mitigation strategies for low voter engagement.	Director, Corporate Services	In Progress	
12.3 2025 Q2 College Performance Dashboard	Deliver a lunch and learn session on the College Performance Dashboard to the Board prior to the December Board meeting.	Director, Corporate Services	Complete	A lunch and learn session was provided on November 6th and link to recording was shared with all Board members.
17. Reducing the Costs of Processing Credit Card Fees	Consider convenience fee for credit card payments for accreditation renewal time in 2026, which is a couple of months past Registrant renewal.	Director, Corporate Services	In Progress	Implementation of a convenience fee for accreditation renewal deferred as the online payment option (for pharmacies to pay no additional fee) will not be in place due to RRS go-live priority and required RADAR changes.

Resolutions from Board Meetings (September to December 2025)

Purpose: To present summaries of resolutions from Board meetings held between September 2025 and December 2025:

- December 8, 2025
- December 3, 2025
- November 20, 2025
- September 15-16, 2025

Background: Below is a chronological summary of motions from previous Board meetings held between September 2025 and December 2025, listed from most recent to oldest. Completed items will remain on the tracker for one meeting cycle following their resolution, after which they will be removed and archived.

Summary of Motions from the Board of Directors Meeting – December 8, 2025		
Meeting Item	Description	Outcome
2. Approval of Agenda	MOTION: THAT the Board of Directors approves the agenda for the December 3, 2025, meeting as presented.	Carried
4. Minutes of Board Meeting	MOTION: THAT the Board of Directors approve the minutes of the September 15-16th meeting as presented (or as amended).	Carried
7.4. Safe Disclosure Policy	MOTION: THAT the Board approves the revised Safe Disclosure Policy (formerly the Whistleblower Policy), to explicitly exclude concerns regarding Board or 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 and Committee members.	Carried
7.5. Investment Policy: Designation of Long-Term Investments and Segregation of Reserve Funds	MOTION: THAT the Board of Directors approves the following actions: <ul style="list-style-type: none"> • 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. 	Carried
8. Strategic Plan (2024-2028) Check-In	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.	Carried
9. College Performance Dashboard Measures for 2026	MOTION: THAT the Board of Directors approves the 2026 OCP Board Dashboard.	Carried
10. 2026 Operating and Capital Budget	MOTION: THAT the Board of Directors approves the 2026 Operating and Capital Budget.	Carried

Summary of Motions from the Board of Directors Meeting – December 8, 2025

Meeting Item	Description	Outcome
11. AIMS and Supplemental Standards	MOTION: THAT the Board of Directors approves the supplemental Standard of Practice as amended (attached), with full implementation by January 1, 2027.	Carried
12. Expanded Scope Regulations	MOTION: THAT the Board of Directors approves the regulatory amendments in Appendix D for submission to the Minister of Health.	Carried
12. Expanded Scope Regulations	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.	Carried
12. Expanded Scope Regulations	MOTION: THAT the Board of Directors confirms the list of minor ailments and activities for which mandatory learning should be required.	Carried
12. Expanded Scope Regulations	MOTION: THAT the Board of Directors confirms that a one-time declaration of competency that considers prior learning meets this expectation.	Defeated
12. Expanded Scope Regulations	MOTION: THAT the Board of Directors confirms that annual declaration of competency that considers prior learning meets this expectation.	Carried
12. Expanded Scope Regulations	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.	Carried
12. Expanded Scope Regulations	MOTION: THAT the Board of Directors directs staff to compete 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	Carried
12. Expanded Scope Regulations	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.	Carried
12. Expanded Scope Regulations	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.	Carried
12. Expanded Scope Regulations	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.	Carried
12. Expanded Scope Regulations	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.	Defeated

Summary of Motions from the Board of Directors Meeting – December 8, 2025

Meeting Item	Description	Outcome
13. Board Composition and Term Limits	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.	Carried
14. 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.	Carried
	The Chair adjourned the meeting at the conclusion of the in-camera session.	

Summary of Motions from the Board of Directors Meeting – December 3, 2025

Meeting Item	Description	Outcome
2. Approval of Agenda	MOTION: THAT the Board approve the agenda for the December 3, 2025, Board meeting as presented.	Carried
4. Minutes of Board Meeting	MOTION: THAT the Board approve the minutes of the November 20 meeting as presented (or as amended).	Carried
5. Amending regulation under the Drug and Pharmacies Regulation Act, 1990	MOTION: That the Board approve for submission to the Ministry the proposed regulation, made under the authority of section 161(1) (v) of the <i>Drug and Pharmacies Regulation Act, 1990</i> , to amend General Regulation 264/16, by including the definitions of prescribed persons as set out in Appendix 3.	Carried
	<p>MOTION: That the Board direct staff to:</p> <ol style="list-style-type: none"> 1. Conduct an analysis of regulatory and policy options to ensure that individuals practising under As of Right are not registered in Ontario unless all registration requirements, including PEBC examination success, where applicable, are fully met, and to assess how risk is managed during the six-month As-of-Right period; 2. Provide options to enhance public-protection measures, including improved visibility of As-of-Right practitioners for employers and the public, strengthened designated manager safeguards, and approaches to maintain Ontario’s competency standards amid evolving interprovincial mobility frameworks; and 3. Document these concerns and include them in the College’s communication to the Ministry regarding implementation of the As-of-Right framework, and report back to the Board with findings and recommendations at a future meeting. 	Carried
7. Adjournment	The Chair adjourned the meeting at 2:24 pm.	

Summary of Motions from the Board of Directors Meeting – November 20, 2025

Meeting Item	Description	Outcome
2. Approval of Agenda	MOTION: THAT the Board of Directors approves the agenda for the November 20, 2025, meeting as presented.	Carried
4. Proposed Amendments to O. Reg 264/16 (General) under the Drug and Pharmacies Regulation Act, 1990	MOTION: THAT the Board approve for circulation a proposed regulation, made under the authority of section 161(1) (v) of the <i>Drug and Pharmacies Regulation Act, 1990</i> , to amend General Regulation 264/16, by including the definitions of prescribed persons as set out in Appendix 3.	Carried
	MOTION: THAT the Board seek an exemption from the 60-day circulation requirement under sections 161 (5) and (7) of the <i>Drug and Pharmacies Regulation Act, 1990</i> , by the Minister of Health.	Carried
5. Adjournment	MOTION: It was moved and seconded that the meeting be adjourned.	Carried

Summary of Motions from the Board of Directors Meeting – September 15 and 16, 2025

Meeting Item	Description	Outcome
2. Appointment of New Directors	MOTION: THAT the Board of Directors approves the appointment of Simran Bal, Akil Dhirani, Scott Ford, Lisa Dolovich, Andrea Edginton, and Alain Stinzi to the Board of Directors.	Carried
3. Approval of the Agenda	MOTION: THAT the Board of Directors approves the agenda for the September 15-16, 2025 Board meeting as presented.	Carried
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.	Carried
7. 2025-2026 Executive Committee Election	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.	Carried
	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.	Carried
	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.	Carried
9. Final Report of the Governance Review	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.	Carried
10. 2025-2026 Committee Slate	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.	Carried

Summary of Motions from the Board of Directors Meeting – September 15 and 16, 2025

Meeting Item	Description	Outcome
	MOTION: THAT the Board of Directors approves the addition of election engagement to the OCP Risk Register to support the identification of mitigation strategies.	Carried
15. 2026 Operational Plan	MOTION: THAT the Board of Directors approves the priorities and direction for the 2026 operational plan.	Carried
16. Appointment of Auditor for 2025	MOTION: THAT the Board of Directors appoint Tinkham LLP Chartered Professional Accountants as Auditor for 2025.	Carried
	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.	Carried
18. Expanded Scope of Practice	MOTION: The Board of Directors approves removal of items 14 and 18 from the agenda.	Carried
19. AIMS (Assurance and Improvement in Medication Safety) Program Updates	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.	Carried
20. Policy Refresh and Projected Practice Policy Reviews	MOTION: THAT the Board of Directors approves the draft Virtual Care Policy, to be effective September 30, 2025.	Carried
21. Update to Registration-Related Resolutions	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.”	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 <i>in camera</i> .	Carried
	The Chair adjourned the meeting at the conclusion of the in-camera session.	

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

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 Registrar and CEO, listed below are the meetings I attended on behalf of the College during the reporting period.

College and Other External Partner Meetings:

- Governance Committee Meeting – December 17
- New Board Director Orientation for Ranjithkumar Paranivasagam – January 7
- Discipline Panel Meeting – January 22
- Governance Committee Meeting – January 23
- Discipline Uncontested Hearing – January 30
- Governance Committee Meeting – February 27
- Executive Committee Meeting – March 2
- Finance and Audit Committee Meeting – March 2
- Governance Committee Meeting – March 11
- Bi-weekly meetings with the Vice-Chair and Registrar and CEO

December Board Meeting Evaluation

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

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.

17 of 21 attending Board Directors completed the evaluation survey, achieving an 81% response rate. Following the previous September 2025 Board meeting, which achieved a 100% response rate, Board Directors are reminded that every Director attending is expected to complete the evaluation following the meeting. Feedback from Board Directors after each meeting is pertinent for continuous improvement and good governance.

The Board Chair sent 2 follow up messages to directors that had not responded. Despite these two follow-up messages there remained 4 Directors who did not complete the survey. As a final reminder, Directors who do not respond even after reminders may be identified at the subsequent public meeting. It is hoped that we can achieve a 100% response rate for subsequent meetings.

Feedback from the most recent survey on the December 2025 meeting was particularly valuable in identifying challenges and frustrations with respect to the time allocated for presentations versus the time allocated for debate. Additionally, feedback on the Chair's role provided important commentary that will be used to better facilitate discussion. The results of the survey will be used to guide improvements to Board Meetings.

Updates

Board Chair Activity

Since the last Board meeting, I have focused on maintaining open communication with Board Directors and remaining available to support individual inquiries. This period was dedicated to monitoring the broader pharmacy environment and ensuring the Board stays informed of relevant emerging issues, ensuring the Board is well-positioned for our upcoming discussions.

Executive Committee

The Executive Committee met on March 2, 2026, and key areas of focus included reviewing the Registrar and CEO performance process and discussing the performance goals for 2026.

In addition, the Committee made a recommendation for the 2026 Screening Committee, to be presented to the Board for approval as well as approval for today's meeting agenda.

The Committee also discussed recent communications regarding fees. Resulting from this an update is being provided to the Board at today's meeting as part of this report to seek the Board's feedback and direction for staff.

Board Director Committee Activities (December 9, 2025–March 22, 2026)

The following chart provides an overview of the committee activities the Board Directors have participated in since the December 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	Mar 2 Jan 23; Feb 27
Simran Bal	Discipline	
Simon Boulis	Discipline Finance and Audit Special	Feb 26 Mar 2 Jan 19
Doug Brown *ex-officio	Discipline Executive Governance* Finance and Audit*	Jan 22, 30 Mar 2 Jan 23; Feb 27; Mar 11 Mar 2
Akil Dhirani	Discipline	
Scott Ford	Discipline	Mar 4
Siva Sivapalan	Discipline Executive Governance	Feb 3, 4, 9, 18; Mar 4 Mar 2 Jan 23; Feb 27; Mar 11
Wilf Steer	Discipline Finance and Audit	Mar 2
Victor Wong	Discipline Executive Finance and Audit Special	Mar 6, 9 Mar 2 Mar 2 Jan 19

Director	Committee(s)	Meetings/Hearings
Leyland Brown	Accred/DPP ICRC	Jan 16 Jan 13; Feb 12; Mar 10, 11
Jae-Yon Jung	Discipline Fitness to Practise ICRC	Jan 30 Jan 8; Feb 10
Adrienne Katz	Discipline Executive Finance and Audit ICRC	Jan 30 Mar 2 Mar 2 Jan 13, 28; Feb 25; Mar 12
James Killingsworth	Discipline ICRC Governance Special	Feb 9 Dec 9 Jan 23; Feb 27; Mar 11 Jan 19
Francis Michaud	Discipline Finance and Audit ICRC	Jan 30 Mar 2 Jan 27, Feb 11, 26
Stephen Molnar	Accred/DPP Governance ICRC Quality Assurance	Jan 16, 20; Feb 19; Mar 17 Jan 23; Feb 27; Mar 11 Jan 28 Mar 19
Danny Paquette	Discipline Fitness to Practise ICRC Registration Special	Jan 22; Feb 3, 4, 9, 18; Mar 4, 5, 6, 9, 10, 11, 12, 13 Feb 5, 25; Mar 19 Dec 19; Jan 20, 30 Jan 19
Ranjithkumar Paranivasagam	Discipline ICRC	Jan 30
Cindy Wagg	Discipline Executive Finance and Audit ICRC Quality Assurance	Dec 18; Jan 22; Feb 26; Mar 5, 10, 11, 12, 13 Mar 2 Dec 16; Jan 15; Feb 24 Feb 19
Devinder Walia	Discipline ICRC Registration	Feb 3, 4, 18, 25, 26; Mar 4, 6, 9 Dec 18; Jan 8, 29; Feb 11; Mar 3, 11, 12 Feb 27
Andrea Edginton	Registration	N/A
Lisa Dolovich	Registration	N/A
Alain Stintzi	Registration	N/A

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR INFORMATION

From: Douglas Brown, OCP Board Chair

Topic: December 2025 Board Meeting Evaluation

Background: In accordance with Board policy, following each Board meeting, Board Directors submit an evaluation. Following the December 2025 Board meeting, 17 of 21 attending Directors completed the meeting evaluation survey, achieving an 81% response rate.

Results: Overall, the meeting successfully fulfilled its fiduciary duties in the public interest, with all Directors agreeing that the Board accomplished its objectives. Directors noted strong engagement, respectful dialogue, and effective leadership from the Chair. However, time management emerged as a significant concern, with multiple Directors highlighting the need for better balance between presentation time and Board discussion.

Board Meeting

Adequacy of Background Information

While 94% of Directors felt that adequate background information was provided, several noted that the volume of presentation content during meetings sometimes overshadowed board discussion time. One Director emphasized that new materials should not be shared at the meeting if they were not distributed beforehand. Directors recommended that meetings focus more on discussion rather than extensive staff presentations, since background materials are already provided in advance. One specific suggestion was to bring motions forward first, followed by a summary, then discussion instead of lengthy presentations that repeat information already available in the Board package.

Proposed action: *None*

Board Conduct

94% of Directors felt Board members were respectful and considerate of each other and staff, fostering an engaging meeting with open dialogue. One Director specifically noted that diverse viewpoints were encouraged, listened to, and thoughtfully considered. Additionally, 94% of Directors felt comfortable and encouraged to discuss and share opinions candidly and that disagreements were handled openly, honestly, directly, and respectfully.

Proposed action: *None*

Was the Chair effective in allowing all views to be heard while bringing the matter to a decision?

82% of Directors reported that the Chair was effective in managing the meeting and allowing all views to be heard. Multiple Directors commended the Chair's listening skills and ability to guide the Board to fair and timely decisions, noting that considerable debate occurred and everyone was heard. However, some Directors suggested that a more facilitative and neutral approach during debates, rather than responding directly to

individual Directors, could better support inclusive dialogue. One Director noted that “there was a lot of interjections by the [Chair] that seemed to be in debate of a [Board] member’s views/comments while the time allocated for discussion was not enough for proper discussion.” Concerns were raised that the Chair’s interjections and opinions may have influenced discussions or created pressure to “hurry up”.

Proposed action: None

Were decisions that the Board made consistent with the College’s mandate to put public interest first?

All Directors (100%) 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

88% of Directors expressed that peer participants actively participated in the discussion. However, one Director raised concern that despite a very full and substantive agenda, several Directors did not engage at all during the meeting. Specifically, there were no questions, comments, or expressions of perspective. This raises concern about whether the current agenda structure, time allocation, and facilitation approach are creating sufficient space for all Directors to contribute meaningfully. Another Director noted that several recent Public Director appointees have remained quiet throughout meetings and suggested the Chair reach out to them individually to offer support.

Proposed action: None

The time spent on each agenda item was appropriate

Only 71% of Directors agreed that the time spent on each agenda item was appropriate, representing the lowest-rated aspect of the meeting and the most significant area of concern. Multiple Directors noted that the meeting ran approximately three hours without a break, making it difficult to maintain focus. Too much time was spent on presentations, with recommendations to bring motions forward first, followed by brief summaries and discussion, rather than lengthy staff presentations repeating material already in the Board package. Directors felt important items received insufficient time, leading to rushed decision-making at the end of the day, with one preferring to defer items instead of rushing through them.

Complex strategic items, such as the exploratory motions related to minor ailments implementation, would have benefited from additional time and structure, potentially through a two-day meeting format or dedicated working session. One Director noted that placing the Board composition and term limits discussion late in the agenda, after information items, represented a missed opportunity to prioritize a core governance responsibility. Despite these challenges, Directors acknowledged the Board’s commitment and perseverance in completing the agenda, with experienced Chair and staff ensuring efficient operation.

Proposed action: None

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

FOR DECISION

From: Executive Committee

Topic: Appointment of the 2026 Screening Committee

Issue/Description: The Board is being asked to approve the proposed slate for the 2026 Screening Committee. The role of the Screening Committee is to screen qualified candidates for the 2026 Board of Directors election based on requirements set out in by-law and Board directed competencies. Additionally, the committee recommends applicants for appointments as professional and lay committee appointees for the next board year.

Public interest rationale: Robust, transparent candidate-screening, supported by clear criteria, documented decision-making, and participation of independent members with governance expertise, reduces the risk of real or perceived bias, promotes merit-based appointments, and strengthens public confidence in the College's governance processes.

Background: Annually prior to the election cycle, the Board appoints a Screening Committee to assess applicants to run in the Board election and recommend candidates for lay or professional committee appointments. The activities of the Screening Committee are supported by an external consultant for election candidates, as well as staff with HR expertise at the College. As per By-Law 7, the Screening Committee is comprised of elected and public Board Directors, as well as at least two Lay Committee Appointees with an understanding of regulatory governance.

The composition of the Screening Committees is set out in By-Law (section 8.21) as follows:

- Chair of the Governance Committee;
- Two (2) additional Directors, one or more of whom shall be a Public Director; and
- Two (2) or more Lay Committee Appointees (LCAs).

Considerations:

The following were considered in proposing candidates and committee composition:

- Governance experience
- Human resources/employment equity experience
- Past or current service on committees, either at OCP or other organizations
- Availability and existing commitments (e.g., number of current OCP committee appointments)
- Proposed changes to the screening process may require additional resources to complete an increased number of interviews with potential candidates during summer months.
- Increasing the number of LCAs may support resourcing for additional interviews in 2026 and support succession planning for future Chair candidates.
- To serve as Chair, candidates must have served previously on the committee.
- Elected Directors are eligible to serve on the Screening Committee **unless**:
 - Their term is expiring and they intend to stand for re-election in 2026, or
 - They are a member of the Governance Committee, **except** for the Chair of Governance, who is cross-appointed under By-Law section 8.21.1.
- There may be less perceived bias or conflicts with public director appointees (e.g., fewer personal or professional connections to pharmacy professional candidates).

Lay Committee Appointees:

Alexander Lim

- **New appointee to this committee**
- Second-highest score in LCA application screening assessment in 2025; this would be his first OCP committee appointment

Biography:

Alexander Lim is a senior health system executive with more than a decade of leadership experience across hospitals, academic health sciences centres, provincial health agencies, and national research organizations. He currently serves as Program Director at the Population Health Research Institute (McMaster University).

Alex brings deep expertise in governance, quality and safety oversight, performance management, and system transformation, with prior senior roles at the Centre for Effective Practice, Hills of Headwaters Collaborative Ontario Health Team, Cancer Care Ontario, the Canadian Partnership Against Cancer, and Trillium Health Partners. He has previously served in board leadership roles, including as Chair of the Board of Directors for Rexdale Community Health Centre, chaired the Executive Committee, and supported quality, governance, and organizational sustainability.

Alex is a Certified Health Executive (Canadian College of Health Leaders) and Project Management Professional (Project Management Institute) and holds a Master of Public Health (University of Waterloo) degree and a Master of Laws (Osgoode Hall Law School) degree specializing in Health Law.

Jennifer Shin

- **Recommended for reappointment**
- Provided valuable analysis during committee meetings and will support continuity
- Note: has expressed limited availability beyond meetings; not pursuing Chair role

Biography:

Jennifer Shin served on the Screening Committee in 2025. She is currently the Manager, Tribunals at the Ontario College of Teachers and is responsible for strategic planning and operations of the Tribunals Unit. She manages Tribunals staff and provides Committee support. She formerly served as Legal Counsel for the Travel Industry Council of Ontario where she conducted pre-trials, case conferences and hearings. She served on OCP's Patient Relations Committee 2021-2025 and previously served as a member of the Elections Committee at the Ontario College of Social Workers and Social Service Workers which discussed methods and policies to ensure integrity of Council elections.

Audrey Wubbenhorst

- **New appointee to this committee**
- Experience with governance, human resources, equity, diversity and inclusion, board and CEO recruitment
- Currently serving on the Patient Relations Committee

Biography:

Audrey Wubbenhorst is a professor and board director. She currently teaches public relations and corporate communications at Humber College where she has received several research grants to research and write case studies on the impact of social media on business. Prior to joining Humber, Audrey spent over a dozen years at BMO Bank of Montreal. She worked in a wide variety of roles including communications, marketing, human resources and commercial banking. She has served on several boards including the National Diabetes Trust (NDT), Central LHIN, Build Toronto, Toronto Community Housing Corporation and Ernestine's Women's Shelter. Audrey has an MA in Communications as well as an MBA. She graduated with a BA (Hons) from McGill University and has a certificate in Corporate Social Responsibility from St. Michael's College (University of Toronto). She has also completed her ICD.D. designation with the Rotman School of Management.

Publicly Appointed Board Director:

Devinder Walia

- **New appointee to this committee**
- Has expressed interest to serve on this committee for past two years
- Currently serving on Discipline Committee, ICRC and Registration Committee

Biography:

Devinder Walia has been serving as a Board Director with OCP since 2020, having also served at the College of Dental Technologists and the College of Nurses. She brings a wealth of experience from the technology field and has held the position of Senior IT Network Analyst, responsible for the design, planning, and security of her organization's network and data communications both in Canada and internationally. She worked closely with the Network Architect and business teams to help them achieve their network goals.

Devinder led various IT projects aimed at improving network performance and integrating new technologies to support her organization's mission. Her contributions significantly enhanced the efficiency and security of the company's IT systems, supporting the organization's broader goals. A dedicated volunteer, Devinder has worked with the United Way since 1985 and has supported fundraising efforts for breast cancer research.

Elected Board Director:

Akil Dhirani

- **New appointee to this committee**
- Currently serving on Discipline Committee, selected to diversify appointments and balance workload of other elected directors; wide range of senior business experience; board term extends to 2028, which may support future succession planning; participating in governance training activities in March.
- Note: Victor Wong, who served in 2025, is not eligible for reappointment as he will stand for re-election in 2026.

Biography:

For more than 30 years, Akil Dhirani has served patients across hospital wards, community pharmacies, and, most recently, through five independent pharmacies across the GTA. From directing hospital pharmacy operations to chairing McKesson Canada's National Advisory Council, he has worked at every level of the profession. His career began as Director of Pharmacy at Hotel Dieu Grace Hospital in Windsor. He later founded the Dhirani Group of Pharmacies, growing it from a single storefront into a group of five independent pharmacies grounded in patient-centred clinical care.

Recommendation:

That the Board approves the following appointments to the 2026 Screening Committee:

- Governance Committee Chair, Siva Sivapalan (Committee Chair candidate; returning member)
- Lay Committee Appointee - Jennifer Shin (returning member)
- Lay Committee Appointee - Alexander Lim
- Lay Committee Appointee - Audrey Wubbenhorst
- Public Director - Devinder Walia
- Elected Director - Akil Dhirani

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

From: Jay O'Neill, Registrar & CEO via Executive Committee

Topic: Pharmacy Technician Registration Fees

Issue/Description: A petition launched in early February is calling on the Ontario College of Pharmacists (OCP) to reduce registration fees for pharmacy technicians, arguing the current costs are too high.

Public interest rationale: Ensuring that registration fees are set transparently and in proportion to the College's regulatory responsibilities supports the public interest. Registration fees enable the College to fulfill its mandate to protect patients through effective oversight of pharmacy practice. At the same time, fees should not create unnecessary barriers for qualified individuals seeking to enter or remain in any professional practice, as workforce availability is an important contributor to safe and accessible pharmacy care for Ontarians.

Strategic alignment, regulatory processes, and actions: Fee setting is governed by the College's by-laws and must follow established regulatory processes, including a 60-day public consultation before any Board decision.

Background:

- A petition submitted via anonymous email calls for a reduction in renewal fees and suspension of dues, arguing that fees are high relative to other regulated health professions, regressive relative to wages, misaligned with OCP's strong financial position, and higher than in other provinces and internationally.
- The petition has more than 2,600 signatures (which may include non-registrants), and the College has received approximately twenty letters of support for the arguments laid out in the petition.
- Following a response from the Board Chair, OCP issued a statement acknowledging these concerns and noting that fee levels cannot be changed for 2026. The statement also included a commitment to bring the matter forward to the March Board meeting for discussion.
- OCP operations are fully fee-funded. The College receive no government funding, and as result, registration, quality assurance, investigations, and system-driven initiatives rely on stable revenue through fees.
- For 2026, the projected revenue from registration fees will account for about 65% of the College's total \$32M revenue of which \$4M (13%) results from pharmacy technician registrations.
- The last fee increase was in 2020 resulting from a Board decision in 2018 to increase fees by 25% (spread over two years at 12.5%). That was the first increase since 2010.
- Since 2021, fees have been increased annually in line with the Consumer Price Index (CPI), as per the by-law change adopted in 2018.
- Fee changes require Board approval and a 60-day consultation before the annual December budget decision.

Analysis:

This section provides preliminary, high-level observations, not a full analysis. Its purpose is to support the Board in deciding whether staff should undertake a more robust review of pharmacy technician and/or other fees as part of the 2027 budget discussions.

Staff have heard the concerns raised through the petition. A mid-cycle fee adjustment is not possible under current by-laws and timelines. The question for the Board is whether the feedback warrants a more comprehensive analysis in the months ahead. Key early observations that may inform this decision include:

Ontario Comparators:

- OCP's pharmacy technician fee of \$605.13 + HST (\$683.80) sits within the range charged by Ontario regulators overseeing professions with comparable risk and regulatory responsibilities (\$340–\$1,017).

Inter-Provincial Comparisons:

- The Canadian Association of Pharmacy Technicians (CAPT) provided a summary of fees across Canadian jurisdictions as part of its public commentary. This comparison shows that Ontario's pharmacy technician fee is in the lower-to-mid range nationally (\$633–\$904).

Limitations of Comparisons

- While comparisons can provide a helpful signal, they have significant limitations. Fee levels differ for reasons including distinct legislative mandates, regulatory risk profile, registrant population size, complaint volumes, quality assurance models, and government expectations. Fee variations generally reflect unique regulatory environments rather than efficiency.
- However, the College recognizes that for pharmacy technicians, comparing fees as a proportion of income is more meaningful than comparing fee amounts across professions or jurisdictions. Feedback that particular fees, or approaches to fees, places a greater burden on lower-wage workers is important to consider as equity is an issue the College takes seriously. Although registration fees need to reflect regulatory costs, listening to these types of concerns and considering the feedback thoughtfully is an appropriate part of an overall analysis when setting or adjusting fees.

Financial Context

- The College is projecting a deficit in 2026, driven by inflation, increased regulatory demands, and operational realignments undertaken to support long-term sustainability. These measures will take time to show full effect. Fee changes must therefore be considered within the broader financial outlook.
- The Board is also considering a revised Reserve Funds Policy at this meeting. The proposed policy clarifies that reserves are not intended to offset ongoing operating deficits or long-term structural revenue shortfalls; these must be addressed through operational changes or fee structure adjustments. This is directly relevant to questions about using reserves to mitigate a reduction any in fees.

Revenue Impact, Reserves, and Risk

- Regarding the potential impact of fee reduction. For illustration only: a 10% reduction in pharmacy technician fees would decrease annual revenue by ~\$390K; a 20% reduction by ~\$760K.
- The College holds ~\$17M in reserves, of which ~\$11M is restricted (Investigations & Hearings and Operations (Contingencies) reserve funds) and ~\$6M is unrestricted.
- The reserve projections accompanying the proposed revised Reserve Funds Policy that will be discussed at the March Board meeting show that minimum required reserve levels are projected to rise from \$11.4M in 2026 to

\$12.6M by 2030, driven by both growing operating costs and the proposed new policy's introduction of a maximum reserve ceiling where none previously existed.

- Any consideration for reducing fees without offsetting savings or increased alternative revenue would create a structural deficit that reserves cannot sustainably absorb compromising the College's ability to meet its mandate.

Future Considerations:

Although immediate fee changes are not feasible – and early indicators suggest Ontario's fees are aligned with comparators – the feedback is significant and should be examined thoroughly before the next fee-setting process in late 2026.

If the Board agrees, staff can undertake a more thorough review, including:

- analysis of cost drivers and long-term financial sustainability;
- modelling alternative or tiered fee structures;
- updated comparator analysis;
- equity-based considerations related to wages;
- targeted engagement with pharmacy technician registrants.

Next Steps

- Staff will continue responding to pharmacy technician inquiries.
- A comprehensive analysis of fee structure options will be presented at the September Board meeting ahead of the 2027 budget process.

Motion:

THAT the Board receive the briefing note on pharmacy technician registration fees for information and direct staff to undertake a comprehensive review of pharmacy technician fees for report back to the Board in September 2026.

ONTARIO COLLEGE OF PHARMACISTS
Statement of Operations
For The Period Ending December 31, 2025

	Jan to Dec Budget	Jan to Dec Actual	Over (Under) Budget		% Actual to Budget	Jan to Dec Prior Year	% Actual to Prior Year	Full Year Budget	Full Year Projection	Over (Under) Budget	% Projection to Budget Year End
REVENUE											
Registrant fees											
Pharmacists	16,559,695	16,207,295	(352,400)	(1)	(2.17) %	15,574,671	104.06 %	16,559,695	16,177,106	(382,589)	97.69 %
Pharmacy Technician	3,781,245	3,765,647	(15,598)	(2)	(0.41) %	3,544,336	106.24 %	3,781,245	3,887,077	105,832	102.80 %
Community Pharmacy fees	7,408,302	7,521,210	112,908		1.50 %	7,215,038	104.24 %	7,408,302	7,482,155	73,854	101.00 %
Health Profession Corporation	241,863	257,080	15,217		5.92 %	225,962	113.77 %	241,863	218,668	(23,195)	90.41 %
DPP Inspection Fees	22,160	29,547	7,387		25.00 %	14,541	203.20 %	22,160	25,854	3,693	116.67 %
Hospital Pharmacy Fees	1,239,266	1,248,786	9,520		0.76 %	1,203,284	103.78 %	1,239,266	1,240,373	1,108	100.09 %
Registration Fees					0.00						
Pharmacists:					0.00						
Pre-registration Fees	63,255	77,958	14,703	(3)	18.86 %	77,668	100.37 %	63,255	62,055	(1,200)	98.10 %
Pharmacists Application Fees	88,325	80,659	(7,666)		(9.50) %	34,647	232.80 %	88,325	74,437	(13,888)	84.28 %
Studentship & Internship Application Fees	81,659	74,442	(7,216)		(9.69) %	107,933	68.97 %	81,659	72,805	(8,854)	89.16 %
Examination Fees	161,191	193,948	32,756	(4)	16.89 %	117,501	165.06 %	161,191	164,496	3,305	102.05 %
	<u>394,429</u>	<u>427,006</u>	<u>32,577</u>		<u>7.63 %</u>	<u>337,749</u>	<u>126.43 %</u>	<u>394,429</u>	<u>373,793</u>	<u>(20,637)</u>	<u>94.77 %</u>
Pharmacy Technicians:											
Pre-registration Fees	252,653	234,930	(17,723)		(7.54) %	248,663	94.48 %	252,653	221,625	(31,028)	87.72 %
PT Application Fees	119,988	99,549	(20,439)	(5)	(20.53) %	56,640	175.76 %	119,988	102,212	(17,776)	85.19 %
Examination Fees	120,000	144,998	24,998		17.24 %	83,572	173.50 %	120,000	121,920	1,920	101.60 %
	<u>492,641</u>	<u>479,477</u>	<u>(13,164)</u>		<u>(2.75) %</u>	<u>388,875</u>	<u>123.30 %</u>	<u>492,641</u>	<u>445,757</u>	<u>(46,884)</u>	<u>90.48 %</u>
Registration Fee to Lift Suspension	6,666	6,444	(222)		(3.45) %	6,780	95.05 %	6,666	6,666	0	100.00 %
PACE Reassessment Fee - Pharmacists	3,564	2,438	(1,126)		(46.16) %	4,653	52.40 %	3,564	1,256	(2,307)	35.25 %
Total Registration Fees and Income	<u>897,299</u>	<u>915,365</u>	<u>18,066</u>		<u>1.97 %</u>	<u>738,056</u>	<u>124.02 %</u>	<u>897,299</u>	<u>827,472</u>	<u>(69,827)</u>	<u>92.22 %</u>
Investment and Other Revenue											
Discipline Costs Recoveries	350,000	201,500	(148,500)	(6)	(73.70) %	469,500	42.92 %	350,000	270,000	(80,000)	77.14 %
Investment Income	568,831	917,529	348,698	(7)	38.00 %	1,522,491	60.26 %	568,831	813,141	244,310	142.95 %
	<u>918,831</u>	<u>1,119,029</u>	<u>200,198</u>		<u>17.89 %</u>	<u>1,991,991</u>	<u>56.18 %</u>	<u>918,831</u>	<u>1,083,141</u>	<u>164,310</u>	<u>117.88 %</u>
TOTAL REVENUE	<u>31,068,661</u>	<u>31,063,959</u>	<u>(4,703)</u>		<u>(0.02) %</u>	<u>30,507,878</u>	<u>101.82 %</u>	<u>31,068,661</u>	<u>30,941,845</u>	<u>(126,816)</u>	<u>99.59 %</u>

EXPENDITURES:

Board & Committee Expenses

Board	423,585	309,756	(113,829)	(8)	(36.75) %	335,148	92.42 %	423,585	291,589	(131,996)	68.84 %
Committees:					0.00						
Accreditation	7,105	7,540	435		5.77 %	4,958	152.07 %	7,105	8,483	1,378	119.39 %
Discipline	473,026	332,576	(140,450)	(9)	(42.23) %	360,876	92.16 %	473,026	411,988	(61,038)	87.10 %
Drug Preparation Premises	3,045	1,160	(1,885)		(162.50) %	1,518	76.44 %	3,045	2,393	(652)	78.59 %
Executive	84,360	80,135	(4,225)		(5.27) %	75,404	106.28 %	84,360	97,565	13,205	115.65 %
Finance & Audit	12,325	4,785	(7,540)		(157.58) %	14,495	33.01 %	12,325	8,338	(3,988)	67.65 %
Fitness to Practise	16,283	4,020	(12,263)	(10)	(305.09) %	7,553	53.22 %	16,283	5,125	(11,158)	31.47 %
Governance and Screening Committees	30,450	44,352	13,902	(11)	31.34 %	29,608	149.79 %	30,450	36,685	6,235	120.48 %
Inquiries, Complaints & Reports	105,558	90,795	(14,763)	(12)	(16.26) %	84,000	108.09 %	105,558	102,539	(3,019)	97.14 %
Patient Relations	27,565	13,675	(13,890)	(13)	(101.57) %	16,143	84.71 %	27,565	24,708	(2,858)	89.63 %
Quality Assurance	18,800	5,365	(13,435)	(14)	(250.42) %	6,153	87.20 %	18,800	12,865	(5,935)	68.43 %
Registration	25,085	16,603	(8,482)		(51.09) %	11,822	140.44 %	25,085	12,238	(12,847)	48.79 %
Total Committee	803,601	601,005	(202,595)		(33.71) %	612,530	98.12 %	803,601	722,926	(80,675)	89.96 %
					0.00						
Total Board and Committee	1,227,186	910,762	(316,424)		(34.74) %	947,679	96.10 %	1,227,186	1,014,515	(212,671)	82.67 %
Personnel											
Salaries	20,232,094	18,733,842	(1,498,252)	(15)	(8.00) %	18,769,056	99.81 %	20,232,094	18,824,275	(1,407,819)	93.04 %
Benefits	4,120,288	3,817,373	(302,915)	(16)	(7.94) %	3,624,779	105.31 %	4,120,288	3,619,629	(500,659)	87.85 %
Personnel - Other	638,299	410,940	(227,359)	(17)	(55.33) %	623,062	65.95 %	638,299	464,913	(173,386)	72.84 %
					0.00						
Total Personnel	24,990,681	22,962,155	(2,028,527)	(18)	(8.83) %	23,016,898	99.76 %	24,990,681	22,908,817	(2,081,864)	91.67 %
Regulatory Programs											
Association Fees - NAPRA	153,696	153,696	0		0.00 %	146,378	105.00 %	153,696	153,696	0	100.00 %
Communication Initiatives	70,000	54,026	(15,974)	(19)	(29.57) %	147,970	36.51 %	70,000	66,400	(3,600)	94.86 %
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	6,500	3,433	(3,067)		(89.33) %	7,627	45.01 %	6,500	6,500	0	100.00 %
Examinations, Certificates and Registrations	316,866	286,870	(29,996)	(20)	(10.46) %	271,610	105.62 %	316,866	311,615	(5,251)	98.34 %
Government Relations	0	0	0		0.00 %	0	0.00 %	0	0	0	0.00 %
HIP / Investigation / Intake	82,000	42,029	(39,971)	(21)	(95.10) %	24,718	170.04 %	82,000	76,188	(5,812)	92.91 %
Legal Conduct - External	1,335,000	1,063,511	(271,489)	(22)	(25.53) %	1,165,745	91.23 %	1,335,000	1,082,000	(253,000)	81.05 %
Legal - Regulatory	0	415	415		100.00 %	30,274	1.37 %	0	415	415	0.00 %
Practice Assessment of Competence at Entry	101,120	128,033	26,913	(23)	21.02 %	88,790	144.20 %	101,120	111,654	10,534	110.42 %
Practice Initiatives	129,810	33,802	(96,008)	(24)	(284.03) %	69,436	48.68 %	129,810	55,272	(74,538)	42.58 %
Medication Safety Programs	1,446,665	1,461,579	14,914		1.02 %	1,395,479	104.74 %	1,446,665	1,446,665	0	100.00 %
Professional Development / Remediation	3,400	2,484	(916)		(36.89) %	2,538	97.85 %	3,400	5,900	2,500	173.53 %
Professional Health Program	107,568	76,317	(31,251)	(25)	(40.95) %	80,932	94.30 %	107,568	80,127	(27,441)	74.49 %
Quality Assurance	182,094	166,617	(15,477)		(9.29) %	153,042	108.87 %	182,094	183,594	1,500	100.82 %
					0.00						
Total Regulatory Programs	3,934,719	3,472,813	(461,907)		(13.30) %	3,584,540	96.88 %	3,934,719	3,580,026	(354,693)	90.99 %

Operations										
Association Fees - General	20,000	19,485	(515)	(2.64) %	17,450	111.66 %	20,000	12,787	(7,213)	63.94 %
Audit	30,135	39,975	9,840	24.62 %	28,150	142.01 %	30,135	32,000	1,865	106.19 %
Bank / Credit Card Charges	669,300	645,112	(24,188)	(3.75) %	642,508	100.41 %	669,300	651,615	(17,685)	97.36 %
Consulting - Operations	168,000	47,015	(120,985)	(26) (257.33) %	410,616	11.45 %	168,000	56,725	(111,275)	33.76 %
Courier / Delivery	7,625	2,607	(5,018)	(192.47) %	4,674	55.78 %	7,625	2,848	(4,777)	37.36 %
Donations & Contributions - Other	0	0	0	0.00 %	0	0.00 %	0	0	0	0.00 %
Information Systems Leasing and Maintenance	968,406	693,915	(274,491)	(27) (39.56) %	739,253	93.87 %	968,406	554,382	(414,024)	57.25 %
Insurance - E & O	59,000	55,160	(3,840)	(6.96) %	7,808	706.42 %	59,000	49,771	(9,229)	84.36 %
Legal - Operations	10,000	68,680	58,680	(28) 85.44 %	14,038	489.26 %	10,000	45,935	35,935	459.35 %
Niagara Apothecary								0		
Expenses	56,190	59,731	3,541	5.93 %	57,552	103.79 %	56,190	59,572	3,382	106.02 %
Sales, Grants and Donations	(27,000)	(24,167)	2,833	(11.72) %	(23,237)	104.01 %	(27,000)	(22,787)	4,213	84.40 %
Office Services - Equipment Leasing & Maintenance	15,000	10,861	(4,139)	(38.10) %	13,351	81.35 %	15,000	14,104	(896)	94.03 %
Postage	4,100	2,232	(1,868)	(83.72) %	1,223	182.54 %	4,100	3,032	(1,068)	73.96 %
Property								0		
Expenses	272,063	247,074	(24,989)	(10.11) %	251,356	98.30 %	272,063	249,014	(23,049)	91.53 %
Rental Income	0	(680)	(680)	100.00 %	0	0.00 %	0	0	0	0.00 %
Publications (Annual Report & Pharmacy Connection)	11,000	7,591	(3,409)	(44.90) %	8,087	93.88 %	11,000	10,043	(957)	91.30 %
Subscriptions	68,953	66,431	(2,523)	(3.80) %	68,154	97.47 %	68,953	74,097	5,144	107.46 %
Supplies and stationery	22,086	23,066	980	4.25 %	15,456	149.23 %	22,086	29,948	7,862	135.60 %
Telecommunications	272,701	212,549	(60,152)	(29) (28.30) %	214,444	99.12 %	272,701	240,648	(32,053)	88.25 %
Travel	364,212	321,440	(42,771)	(30) (13.31) %	340,585	94.38 %	364,212	333,831	(30,380)	91.66 %
					0.00			0		
Total Operations	2,991,771	2,498,078	(493,694)	(19.76) %	2,811,468	88.85 %	2,991,771	2,397,567	(594,204)	80.14 %
								0		
TOTAL CASH EXPENDITURES	33,144,358	29,843,806	(3,300,551)	(11.06) %	30,360,584	98.30 %	33,144,358	29,900,925	(3,243,432)	90.21 %
EXCESS OF REVENUE OVER EXPENSES BEFORE CAPITAL EXPENDITURES	(2,075,697)	1,220,152	3,295,849	270.12 %	147,294	828.38 %	(2,075,697)	1,040,920	3,116,617	(50.15) %
<i>Deduct: Capital Expenditures</i>	(1,101,900)	(1,036,627)	65,273	(31) (6.30) %	(891,518)	116.28 %	(1,101,900)	(1,022,400)	79,500	92.79 %
EXCESS OF REVENUE OVER EXPENSES AFTER CAPITAL EXPENDITURES	(3,177,597)	183,526	3,361,122	1,831.42 %	(744,224)	-24.66 %	(3,177,597)	18,520	3,196,117	(0.58) %
EXCESS OF REVENUE OVER EXPENSES BEFORE AMORTIZATION		1,220,152			147,294	828.38 %		1,040,920		
<i>Deduct: Amortization</i>		(216,753)			(193,100)	112.25 %				
EXCESS OF REVENUE OVER EXPENSES AFTER AMORTIZATION*		1,003,399			(45,806)	-2,190.55 %		1,040,920		
<i>Add: Proceeds of Disposition of Capital Expenditures</i>		0			0			0		
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR		1,003,399			(45,806)			1,040,920		

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 Dec Budget	Jan to Dec Actual	Over/ (Under) Budget	Note	Comments
	\$	\$	\$		
REVENUE					
Registrant fees					
Pharmacists	16,497,100	16,154,914	(352,400)	(1)	Unfavourable variance is mainly due to Emergency Assignment pharmacists that chose not to register after completion of program
Pharmacy Technician	3,781,245	3,765,647	(15,598)	(2)	Unfavourable variance is mainly due to Emergency Assignment pharmacists that chose not to register after completion of program, offset with an increase from Part A to Part B Fees
Pre-registration Fees	63,255	77,958	14,703	(3)	Variance due to CPI adjustment for Initial Filing Fees for Pharmacists
Examination Fees	161,191	193,948	32,756	(4)	Favourable results due to increase in Pharmacist Jurisprudence Examination; more than anticipated
PT Application Fees	119,988	99,549	(20,439)	(5)	Unfavourable variance is mainly due to Emergency Assignment pharmacists that chose not to register after completion of program - waive application
Discipline Costs Recoveries	350,000	201,500	(148,500)	(6)	Unfavourable variance is mostly due to bulk of hearings being uncontested, resulting in lower cost awards
Investment Income	568,831	917,529	348,698	(7)	More investment income earned on higher cash balances as a result of renewals and savings in and timing of operations expenditures
EXPENDITURES:					
Board & Committee Expenses					
Board	423,585	309,756	(113,829)	(8)	Variance due to decrease in anticipated meeting preparation time claims and deferred risk training
Committees:					
Discipline	473,026	332,576	(140,450)	(9)	Variance is due to cost savings achieved by assigning lower-rate Independent Legal Counsel (ILC) team members to uncontested hearings
Fitness to Practise	16,283	4,020	(12,263)	(10)	Variance is due to no contested hearings and no Panel convened for consent orders
Governance and Screening Committees					
Inquiries, Complaints & Reports	105,558	90,795	(14,763)	(12)	Favourable variance due to a combination of fewer committee meetings and using internal counsel for training
Patient Relations	27,565	13,675	(13,890)	(13)	Variance due to lower expenditures related to voluntary, patient-led funding for therapy program
Quality Assurance	18,800	5,365	(13,435)	(14)	Favourable results due to savings on Legal Cost
Personnel					
Salaries	20,232,094	18,733,842	(1,498,252)	(15)	Favourable variance is mainly due to savings in salaries required YTD
Benefits	4,120,288	3,817,373	(302,915)	(16)	Favourable variance in benefits reflective of savings in salaries required YTD
Personnel - Other	638,299	410,940	(227,359)	(17)	Variance due to fewer employees attending conferences and professional development activities
Total Personnel	24,990,681	22,962,155	(2,028,527)	(18)	Favourable variance is mainly due to savings in salaries required YTD
Regulatory Programs					
Communication Initiatives	70,000	54,026	(15,974)	(19)	Variance is mainly due to no town halls, as other key issues took precedence - business pressures, expanded scope, AIMS
Examinations, Certificates and Registrations	316,866	286,870	(29,996)	(20)	Favourable variance due to savings with Prometric on fees - "seat blocking fees"
HIP / Investigation / Intake	82,000	42,029	(39,971)	(21)	Variance due to costs being deferred to 2026 or having been redirected to an alternative investigation route
Legal Conduct - External	1,335,000	1,063,511	(271,489)	(22)	Favourable variance due to increase in efforts made by the in-house legal team to handle more work internally rather than engaging external firms
Practice Assessment of Competence at Entry	101,120	128,033	26,913	(23)	Unfavourable variance due to a shortage of PACE Assessors for Pharmacy applicants, which required additional training to meet program requirements
Practice Initiatives	129,810	33,802	(96,008)	(24)	Favourable variance due to lower legal cost associated with regulation with a combination of cost coming in 2026
Professional Health Program	107,568	76,317	(31,251)	(25)	Variance is due to fewer then anticipated registrants in the Program
Operations					
Consulting - Operations	168,000	47,015	(120,985)	(26)	Variance is mainly due to a delay in Go-Live support for RRS following implementation
Information Systems Leasing and Maintenance	968,406	693,915	(274,491)	(27)	Favorable variance is due to the non-renewal of the legacy system's annual subscription, resulting in cost savings
Legal - Operations	10,000	68,680	58,680	(28)	Variance is due to unforeseen need for additional legal support related to HR matters
Telecommunications	272,701	212,549	(60,152)	(29)	Fewer employee expense submissions along with switch to a lower cost internet provider
Travel	364,212	321,440	(42,771)	(30)	Favourable savings due to reduction in travel expenditure
Capital Expenditures	(1,101,900)	(1,036,627)	65,273	(31)	Favourable savings due to savings on building and computer equipment

Investments as of December 31, 2025																							
Date Invested	Original Investment	Maturity Date	Balance as of 2024-12-31	Q1 New Investment	Q1 Full/Partial Redemption to Cash	Q1-Q4 Matured GIC to Cash	Q1-Q2 Gain / (Loss) in Market value	Q2 New Investment	Q2 Full/Partial Redemption to Cash	Q3 Gain / (Loss) in Market value	Q3 Full/Partial Redemption to Cash	Q3 Change in Market value	Q4 New Investment	Q4 Full/Partial Redemption to Cash	Q4 Gain / (Loss) in Market value	Q4 Matured GIC to Cash	Balance as of 2025-12-31	Purpose					
Business Premium Savings Account (BPSA)			1,591,613																	2,523,082	Fund to cover operating expenses in the current fiscal year		
Short term investment 365 days @5.12%, redeemable before maturity	2024-02-13	4,000,000	2025-02-11	4,000,000					-4,000,000											0			
Short term investment 365 days @4.96%, redeemable before maturity	2024-03-14	9,900,000	2025-03-13	4,400,000					-4,400,000											0			
Short term investment 12 months @3.55%, not redeemable before maturity	2024-12-17	5,000,000	2025-12-17	5,000,000					-5,000,000											0	Short-term investments for Reserve Funds		
Short term investment 365 days @2.90%, redeemable before maturity	2024-12-17	2,000,000	2025-12-16	2,000,000					-2,000,000											0			
Short term investment 365 days @2.60%, redeemable before maturity	2025-02-13	7,000,000	2026-02-12	0	7,000,000					-7,000,000											0		
Short term investment 365 days @2.60%, redeemable before maturity	2025-03-13	16,000,000	2026-03-12	0	16,000,000					-6,000,000											10,000,000		
Short term investment 365 days @2.20%, redeemable before maturity	2025-12-23	5,000,000	2026-12-22	0																5,000,000			
Managed investments (Cash, short-term, fixed income, and equities)	2024-01-06	3,000,000	N/A	3,207,627					60,719	3,207,627					61,045					19,839	3,349,230	Short and long-term investments for Reserve Funds	
Total				20,199,240	23,000,000	0	-28,400,000	60,719	0	0	61,045	0	0	5,000,000	0	19,839	0	20,872,312					

Reserve Funds as of December 31, 2025				Balance as of 2025-12-31	Policy Expectation
Investigations and Hearings Reserve Fund	Description	Balance as of 2024-12-31			
	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	Description	Balance as of 2024-12-31			
	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	

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

From: Adrienne Katz, Finance and Audit Committee Chair

Topic: Revised Reserve Funds Policy

Issue/Description: Board approval is requested for the updated Reserve Funds Policy, which introduces clearly defined reserve targets, enhanced governance structures, and expanded reporting requirements. The Finance and Audit Committee (FAC) has reviewed and recommends the policy for Board approval.

Public interest rationale: Well-structured and well-governed reserve funds ensure the College can fulfill its mandate under the *Regulated Health Professions Act* (RHPA) without disruption, even during extraordinary events or unexpected financial pressures. The updated policy strengthens financial stability, supports operational continuity, and enhances transparency and accountability related to how restricted funds are governed and reported.

Strategic alignment, regulatory processes, and actions: The revised policy strengthens OCP's financial governance framework by establishing clearer reserve targets, introducing formal replenishment rules, updating delegated authority and notification requirements, and enhancing quarterly and annual reporting.

Background:

- The Finance and Audit Committee (FAC) oversees the College's reserve adequacy, targets, and policy updates and has reviewed the proposed revisions in detail.
- The current policy lacks clear target ranges, replenishment rules, delegated authorities, and comprehensive reporting requirements.
- Staff conducted a comprehensive review, including liquidity projections, reserve adequacy analysis, environmental scan, and consultation with the College's auditor as part of the update.
- FAC recommends that the Board approve the revised policy.

Analysis:

1. Reserve Structure and Targets

The policy introduces clearer and more practical target ranges for the College's two existing reserve funds:

- *Investigations and Hearings Reserve Fund (IHRF):*

The IHRF now has a defined target range of 1.0x–1.5x annual external legal costs, replacing the previous approach, in which the balance was recalculated annually without a defined methodology. This change increases transparency and predictability. The existing access conditions are retained.

- *Operations (Contingency) Reserves Fund:*

The Operations Reserve is now set at a target range of 4–6-months of operating expenses, replacing the former single minimum requirement of four months. This establishes a more prudent financial buffer while maintaining the existing minimum.

The policy also includes a provision allowing the Board to establish additional time-limited or purpose-specific reserve funds where needed.

2. Governance and Delegated Authority

- The updated policy clarifies delegated authority for the Operations Reserve Fund. The Registrar & CEO may access the reserve with advance notification to FAC, and a documented record of the notification must be reported to FAC at its next meeting. Withdrawals are limited to:
 - extraordinary expenses outside approved budgets, or
 - planned drawdowns approved through the annual budget; and
 - must be necessary to maintain operations or meet statutory obligations
- Any withdrawal that may materially affect liquidity or financial sustainability requires FAC pre-approval.
- All withdrawals must be reported to the Board with justification, impact analysis, and a replenishment plan.

3. Funding, Replenishment, and Maximum Thresholds

The revised policy includes:

- A structured surplus allocation framework, prioritizing restoration of minimum reserve levels.
- Replenishment requirements if reserves fall below minimum targets for two consecutive years.
- A maximum threshold: the College must review potential revenue or spending adjustments if unrestricted net assets exceed 12 months of operating expenses for two consecutive years.

4. Enhanced Reporting

- Quarterly reporting to FAC on reserve balances, investment compliance, and progress toward target attainment.
- Annual reporting to the Board on target calculations and replenishment efforts.
- A three-year review cycle to ensure continued relevance and alignment with best practices.

Motion:

THAT the Board of Directors approve the revised Reserve Funds Policy, including the updated reserve targets, surplus allocation framework, and delegated authorities.

Appendices:

- Appendix A – Comparison of Current vs. Proposed Policy
- Appendix B – Reserve Projections & Assumptions

Attachments:

- Attachment 6.2a – Current Reserve Funds Policy
- Attachment 6.2b – Proposed Revised Reserve Funds Policy

Appendix A – Comparison of Current vs. Proposed Policy

Topic	Current Policy	Proposed Updates	Rationale for Change
Purpose of Reserves	Reserves cover variable/unforeseen costs, including investigations, hearings and extraordinary expenses.	Expanded to include regulatory obligations, operational stability, revenue volatility, extreme circumstances, and CRA expectations.	Clarifies the broader regulatory and operational context; aligns with best practices for public-interest regulators.
Types of Reserve Funds	Two types: Investigations & Hearings Reserve Fund (IHRF), and Operations (Contingency). Board may create others.	Three types defined: IHRF, Operations, and additional reserve funds with required parameters.	Adds structure to creation and management of purpose-specific reserves.
Target Levels	IHRF: calculated annually without a defined formula. Operations: minimum 4 months operating expenses; no maximum.	IHRF: defined 1.0x–1.5x external legal cost target. Operations: 4–6 months target range.	Creates clear, transparent targets and introduces an upper boundary for prudent planning.
Use of Funds / Access Conditions	IHRF: only if costs exceed budget and College has an operating deficit. Operations: extraordinary events or extreme circumstances; typically requires Board approval unless otherwise delegated.	IHRF: defined access with delegated process. Operations: withdrawals allowed only for extraordinary or budget-planned drawdowns AND necessary to maintain operations; includes documentation notification, and mandatory reporting. FAC pre-approval required if liquidity or sustainability may be materially affected.	Provides clarity, improves transparency and governance; clarifies roles; ensures consistent application and auditability.
Authority for Transfers	All transfers to/from reserves must be approved by the Board upon FAC recommendation.	Registrar & CEO delegated authority for certain withdrawals with advance FAC notification and documentation; FAC pre-approval required when impact is material. Board maintains oversight through mandatory reporting. Board notified of all withdrawals.	Improves agility while maintaining appropriate oversight and accountability.

Topic	Current Policy	Proposed Updates	Rationale for Change
Funding & Replenishment	No replenishment rules; no priority order for surplus allocation.	Structured surplus-allocation hierarchy; replenishment obligations when reserves fall below minimums; provisions for rebuilding over time.	Strengthens financial sustainability and ensures reserves return to adequate levels.
Maximum Reserve Thresholds	No defined numeric threshold. FAC reviews reserves annually and may recommend revenue or spending adjustments to the Board.	Introduces a maximum threshold: if unrestricted net assets exceed 12 months operating expenses for two years, FAC must assess revenue/spending adjustments.	Ensures reserves remain reasonable under CRA guidance and prevents over-accumulation of unrestricted assets.
Accounting Treatment	Reserves exist but no explicit accounting classification guidance.	Reserves classified as internally restricted; tracked separately;	Improves clarity for financial statements, and audit transparency.
Reporting Requirements	Minimal reporting requirements; annual recalculation implied.	Introduces quarterly reporting to FAC, annual reporting to Board, and detailed external reporting; documented withdrawal reporting requirement.	Enhances oversight and transparency; ensures regularly monitoring.
Review Cycle	No formal review interval specified.	Policy to be reviewed at least every three years, with external auditor consultation for substantive updates.	Ensures the policy remains current with regulatory, financial, and operational needs .

Appendix B - Reserve Projections & Assumptions

Note: Projections are based on current Reserve Fund Policy

	Year 1	Year 2	Year 3	Year 4	Year 5	
2025	2026	2027	2028	2029	2030	
Actual	Projected	Projected	Projected	Projected	Projected	
REVENUE - "Schedule E"	31,063,959	31,922,849	33,205,189	34,507,904	35,866,377	37,283,118
EXPENDITURES						
Schedule "A" - Board & Committee Expenses	910,762	1,269,907	1,295,305	1,321,211	1,347,635	1,374,588
Schedule "B" - Personnel	22,962,155	24,657,718	25,348,609	26,108,107	26,890,386	27,696,129
Schedule "C" - Regulatory Programs	3,472,813	2,680,602	2,772,414	2,991,562	3,146,876	3,115,347
Schedule "D" - Operations	2,468,078	2,897,260	2,893,833	2,969,863	3,048,391	3,129,517
TOTAL EXPENDITURES	29,813,806	31,505,486	32,310,161	33,390,743	34,433,288	35,315,581
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	1,250,152	417,362	895,027	1,117,161	1,433,089	1,967,537
Capital Expenditures	(1,036,627)	(876,004)	(268,181)	(332,365)	(280,612)	(286,224)
SURPLUS (DEFICIT) AFTER CAPITAL EXPENDITURES	213,526	(458,642)	626,846	784,796	1,152,477	1,681,312
GAIN ON DISPOSAL OF PROPERTY AND EQUIPMENT (NET)	213,526	(458,642)	626,846	784,796	1,152,477	1,681,312
AMORTIZATION	216,753	250,000	415,000	415,000	415,000	415,000
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	1,033,399	167,362	480,027	702,161	1,018,089	1,552,537
BEGINNING NET ASSETS - UNRESTRICTED	5,245,094	6,578,493	6,045,856	6,325,883	6,628,044	7,346,133
TOTAL NET ASSETS - UNRESTRICTED	6,278,493	6,745,856	6,525,883	7,028,044	7,646,133	8,898,670
TRANSFER TO RESTRICTED NET ASSETS	300,000	(700,000)	(200,000)	(400,000)	(300,000)	(300,000)
ENDING NET ASSETS - UNRESTRICTED	6,578,493	6,045,856	6,325,883	6,628,044	7,346,133	8,598,670
BEGINNING RESERVE BALANCE	11,000,000	10,700,000	11,400,000	11,600,000	12,000,000	12,300,000
REQUIRED RESERVE	10,700,000	11,400,000	11,600,000	12,000,000	12,300,000	12,600,000
REQUIRED REPLENISHMENT	(300,000)	700,000	200,000	400,000	300,000	300,000
TRANSFER FROM UNRESTRICTED NET ASSETS	(300,000)	700,000	200,000	400,000	300,000	300,000
ENDING RESERVE BALANCE	10,700,000	11,400,000	11,600,000	12,000,000	12,300,000	12,600,000
Total Reserve balance	17,278,493	17,445,856	17,925,883	18,628,044	19,646,133	21,198,670
SURPLUS/DEFICIT	6,578,493	6,045,856	6,325,883	6,628,044	7,346,133	8,598,670

*Required reserve includes Operations (Contingency) and Investigations and Hearings reserve funds:

Year	Investigations and Hearings	Operations	Total
2025	1,100,000	9,600,000	10,700,000
2026	1,300,000	10,100,000	11,400,000
2027	1,300,000	10,300,000	11,600,000

Year	Investigations and Hearings	Operations	Total
2028	1,300,000	10,700,000	12,000,000
2029	1,300,000	11,000,000	12,300,000
2030	1,300,000	11,300,000	12,600,000

Assumptions		
Average CPI rate after year 1	2.00%	
CPI rate based on Monetary policy report mpr-2024-07-24.pdf (bankofcanada.ca)		
Practice initiatives will be replaced with others at similar expense		
Cost order net of recoveries, same as projected in 2024		
Net increase in # of pharmacist renewals	2%	<i>Based on average trend</i>
Net increase in # of pharmacy technician renewals	4%	<i>Based on average trend</i>
Net increase in # of community pharmacies	2%	<i>Based on average trend</i>
Revenue fee increase	0%	
No major capital repairs, average spend in following years		
Salary increase after year 1	3.00%	

***Note:** Projections are subject to change; the College will in particular closely monitor whether the 4% increase in pharmacy technician renewals will be correct moving forward recognizing recent concerns about potential program closures.

Finance and Audit Committee Policy: Reserve Funds

Policy Statement:

The College shall establish and maintain reserve funds in order to cover variable and/or unforeseen costs and expenses.

Policy Date: February 2014; Reviewed 2018; Revised 2021

Procedure:

1. The College shall establish and maintain the following reserve funds: Investigations and Hearings Reserve Fund, Contingency Reserve Fund, and any other reserve funds as deemed appropriate by the Board of Directors.
2. All transfers to and from the reserve funds shall be approved by the Board of Directors upon the recommendation of the Finance and Audit Committee, unless otherwise specified.
3. The details of the funds are as follows:
 - i. Investigations and Hearings Reserve Fund
 - a) The Investigations and Hearings Reserve Fund is designated to cover costs that exceed annual budget provisions for activities relating to external legal costs for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals.
 - b) The amount to be maintained in this fund is to be calculated each year for inclusion in the audited finance statements.
 - c) In any fiscal year in which the costs of the activities set out in paragraph 3(a) exceed budget and the College runs an operating deficit for that year, funds may be transferred from this fund to cover the cost overrun.
 - ii. Contingency Reserve Fund
 - a) The Contingency Reserve 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 of Directors including in the event that the College ceases to exist as a statutory corporate body.
 - b) The amount to be maintained in this fund is not less than four (4) months operating expenses or such greater amount as may be determined by the Board of Directors.
 - c) In the event of dissolution of the Board of Directors, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.
4. Maximum Aggregate Value of Reserve Funds: The Finance and Audit Committee will review the reserve funds annually to consider whether to recommend to the Board of Directors means for reducing or augmenting revenues through the annual budget process.

Policy	Finance and Audit Committee Policy: Reserve Funds
Date Created	February 2026 [DRAFT]
Date Last Revised	
Next Review Date	

1. Purpose

The College establishes and maintains reserve funds in accordance with sound governance and financial stewardship principles to achieve operational stability and regulatory obligations under the *Regulated Health Professions Act, 1991*, and to respond to extraordinary or unforeseen circumstances.

Reserve funds support the College’s ability to:

- meet statutory, legal, and regulatory obligations;
- manage variability in legal costs associated with conducting inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals;
- maintain operational stability during periods of revenue volatility or unexpected financial pressure;
- support strategic initiatives approved by the Board that advance the College’s mandate; and
- meet obligations in extreme circumstances, including potential wind-down scenarios.

Reserve funds are not intended to address ongoing operating deficits or long-term structural revenue shortfalls, which must be addressed through operational adjustments or fee structure changes. Reserves must be reasonable and justified in accordance with not-for-profit standards and Canadian Revenue Agency (CRA) expectations.

2. Types of Reserve Funds

The College may establish and/or administer reserve funds for the following purposes:

1. **Investigations and Hearings Reserve Fund** (variable regulatory and legal proceeding costs)
2. **Operations (Contingency) Reserve Fund** (operational resilience, extraordinary events, extreme circumstances)
3. **Additional Reserve Funds** (time-limited or purpose-specific reserves established by the Board)

3. Fund Details

3.1 Investigations and Hearings Reserve Fund

Purpose

Covering costs that exceed annual budget provisions for activities relating to:

- inquiries and investigations;
- discipline hearings and fitness to practice hearings;
- appeals and judicial reviews; and
- external legal costs related to the above proceedings.

Target Level

The required balance of the Investigations and Hearings Reserve Fund shall be set at a fixed multiple of the annual external legal costs budget associated with investigations, hearings, fitness to practice matters, appeals, and judicial reviews. The target level shall be maintained within a range of 1.0× to 1.5× the approved external legal costs budget for the upcoming year.

Use of Funds

If, in any fiscal year, the costs of covered activities exceed budget **and** the College incurs an operating deficit, funds may be withdrawn from this reserve to cover the shortfall. Such withdrawals require approval in accordance with the delegated authority schedule in Section 6 of this policy.

3.2 Operations Reserve Fund

Purpose

To provide funding for extraordinary expenses that exceed or fall outside the provisions of the College's operating budget and are not otherwise covered by the Investigations and Hearings Reserve Fund, and to fund the College's obligations in extreme circumstances.

Target Level

The Operations Reserve Fund shall seek to maintain a balance between four (4) and six (6) months of operating expenses, based on the prior year audited financial statements, excluding amortization and one-time extraordinary items.

Use of Funds

Withdrawals require approval under the delegated authority schedule in Section 6.

3.3 Additional Reserve Funds

The Board may establish additional reserve funds as required to support new mandates or priorities. New reserves must include:

- Defined purpose and rationale
- Minimum and maximum target levels
- Criteria for access and use
- Review cycle and any applicable sunset or retirement provisions

4. Accounting for Reserves

- Reserve funds will be recorded in the financial statements as Internally Restricted Reserves.
- Reserve funds must be tracked separately for management and reporting purposes.

5. Funding of Reserves

5.1 Annual Funding Sources

Reserve funds are funded through annual operating surpluses.

The Board may also designate particular revenue allocations. Additions and reductions to / from Reserve funds are recorded as transfers to / from unrestricted net assets.

Allocations occur at financial year-end and require Board approval following FAC recommendation.

5.2 Replenishment Requirements

If reserves fall below minimum targets:

- Management proposes a replenishment plan to the FAC.
- If the Operations Reserve remains below 100% of minimum target for two consecutive years, the Board must approve budgets that rebuild the reserve within a defined period.

5.3 Maximum Reserve

If aggregate internally restricted and unrestricted net assets exceed 12 months of operating expenses for two consecutive years, the FAC must assess whether to recommend to the Board means for reducing revenues or for increasing spending in support of public protection, unless the higher net-asset level is justified by documented risks or designated obligations.

5.4 Surplus Allocation

When annual operating surpluses are available after all operating obligations are met, funds shall be allocated in the following priority order:

- First Priority: Restore the Investigations and Hearings Reserve Fund to within its approved target range.
- Second Priority: Restore the Operations Reserve Fund to its minimum target level (4 months of operating expenses) if below minimum.
- Third Priority: Fund any Board-approved Additional Reserve Funds to their approved target levels.
- Fourth Priority: If the Operations Reserve Fund is between its minimum (4 months) and maximum (6 months) target, allocate up to 50% of remaining surplus toward gradually building this reserve to its maximum target.
- Fifth Priority: Remaining surplus may be retained as unrestricted net assets for operational flexibility.

5.5 Investment of Reserve Balances

Management must report quarterly on:

- Liquid versus invested components of the Operations Reserve;
- Compliance with IPS constraints; and
- Any market impacts that could jeopardize the liquidity floor.

6. Use of Reserve Funds

6.1 Delegated Authority Schedule

a) Investigations and Hearings Reserve Funds

Authority for use of this reserve is delegated to the Registrar and CEO, with advance notification to the FAC, provided that:

- The costs of covered activities exceed the annual budget allocation, AND
- The College is running an operating deficit for that year.

All withdrawals must be reported to the FAC at its next scheduled meeting and to the Board at its next scheduled meeting.

b) Operations Reserve Fund

Authority for use of this reserve is delegated to the Registrar and CEO, with advance notification to the FAC. A record of the notification shall be documented and reported to the full Committee at its next meeting.

Given the extraordinary nature of this reserve, withdrawals should only occur when:

- Extraordinary expenses arise that exceed or fall outside the operating and capital budget provisions; or
- A planned drawdown has been approved as part of the annual budget; and
- The expenditure is necessary to maintain operations or meet statutory obligations

The Registrar and CEO must seek pre-approval from the FAC before any withdrawal that may materially affect the liquidity or financial sustainability of the Operations Reserve Fund.

All withdrawals must be reported to the Board at its next scheduled meeting with full justification, impact analysis, and replenishment plan.

c) Additional Reserve Funds

Access to additional reserve funds requires Board approval upon recommendation of the FAC, unless specific delegation is established when the reserve is created.

6.2 Access Requirements

Management must:

- Document the need and circumstances;
- Assess impact on reserve adequacy;
- Develop a replenishment plan if needed; and
- Submit a recommendation to the appropriate approval authority.

7. Reporting Requirements

7.1 Quarterly (to FAC)

- Reserve balances and % of target levels
- Variances requiring action

7.2 Annually (to Board)

- Comprehensive reserve analysis
- Updated target calculations

- Progress on replenishment

7.3 External Reporting

Audited financial statements must disclose:

- nature/purpose of each reserve
- changes during the year
- classification as internally restricted assets

Policy Review

FAC will review this policy at least every three years or sooner if warranted. The external auditor will be consulted for substantive changes.

DRAFT

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

From: Adrienne Katz, Finance and Audit Committee Chair

Topic: Audit Services Market Review Timing

Issue: The Finance and Audit Committee (FAC) recommends that the Board defer the audit services Request for Proposals (RFP) by one year to 2027.

Public interest rationale: The College must undergo an independent audit to assure the Board and the public that financial statements are accurate and that the College is managing its resources responsibly in accordance with Canadian accounting standards for not-for-profit organizations. Deferring the RFP aligns the timing with significant operational priorities and ensures prudent allocation of resources, while a performance evaluation provides continued assurance regarding audit quality, independence, and accountability during the extended engagement.

Strategic alignment, regulatory processes, and actions: The proposed approach is consistent with the spirit of the Board's direction to maintain rigorous oversight of the College's financial reporting processes. By evaluating the auditor's performance in a year when an RFP is deferred, the College continues to act transparently and responsibly while positioning itself for a stronger and better-informed procurement process in 2027.

Background:

- Tinkham LLP has served as the College's auditor since 2017. Their engagement was reaffirmed following a competitive RFP process in 2021, in which five firms with regulatory experience participated. The Finance and Audit Committee recommended Tinkham LLP based on value, experience, and overall service quality.
- In September 2023, the Board approved a motion to conduct a market review of audit services every five years, consistent with recommendations from the Chartered Professional Accountants of Canada.

Analysis:

- FAC has considered the timing of the RFP and recommends a one-year deferral to 2027 for the following reasons:
 - **Organizational capacity:** Conducting a full RFP this year would place significant demands on staff at a time when the accounting team is focused on stabilizing and strengthening financial controls, processes, and systems. A 2027 timeline allows the College to run a more thorough and effective procurement.
 - **Governance continuity:** The deferral fulfills the spirit of the Board's 2023 motion. In lieu of an RFP, FAC will conduct a structured performance evaluation of the College's current auditor to document audit quality, independence, and responsiveness – maintaining active oversight during an extended engagement.
 - **Stronger future procurement:** Insights from the evaluation will directly inform the 2027 RFP, enabling the College to develop better evaluation criteria and more targeted requirements.

Motion:

THAT the Board of Directors approve deferring the audit services Request for Proposals to 2027, and that a performance evaluation of the College's current auditor be conducted during the 2025 audit cycle to inform the future RFP process.

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

FOR INFORMATION

From: Siva Sivapalan, Governance Committee Chair

Topic: Governance Committee – Quarterly Report

Issue/Description: This is an update report to the Board from the Governance Committee regarding its activities in Q2 (December 2025 – February 2026).

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

Strategic alignment, regulatory processes, and actions: Effective governance is an essential building block for all OCP regulatory initiatives, as well as the Board's fiduciary and legislated duties. The Governance Committee has a broad range of responsibilities relating to Board competencies, elections, orientation, training, committees, and evaluation of Directors and the Board. The Committee also takes on *ad hoc* responsibilities, such as implementation of the recommendations of the governance review.

Background:

As a reminder, Committee members include Siva Sivapalan (Chair), Jennifer Antunes, Stephen Molnar, John Halligan, Jamie Killingsworth, Christine Henderson, Sylvia Moustacalis and Doug Brown (ex officio).

Committee Performance and Outcomes

The Governance Committee continues to support the Board in strengthening governance practices and advancing the implementation of recommendations arising from the Governance Review.

Specifically, during this quarter, the Committee fulfilled its responsibilities under the By-Law, advancing work related to Board competencies, elections, training, and proposed By-Law amendments (regarding Board size, composition and term limits), as well as policy work.

The Committee also assumed new responsibilities. In September 2025, the Board directed the Committee to oversee implementation of the recommendations of the Report of the Governance Review (Governance Review) conducted by the independent consultancy, the Institute on Governance (IOG). As well, at the same meeting, the Board considered the issue of low election engagement and directed that this item be included in the OCP's Risk Register.

Topics Discussed by Governance Committee:

Board Elections – Board Competencies Survey

- The Committee received an information update respecting the Board Competencies Survey, including the purposes of the annual competencies survey:
 - to inform the Board Director Profile for the 2026 election (including targeted competencies for nomination outreach), and
 - to inform Board training/development opportunities.
- The Committee agreed to use the existing survey this cycle to meet election timelines and enable comparison to last year's profile, noting that a broader competency review may occur later in the year.
- The Committee subsequently reviewed the results of the Board Competencies Survey to determine the focus of recruitment for the 2026 elections as presented. It was also noted that more realistic expectations for time commitment would be communicated, particularly to build capacity for the Discipline Committee.

Training and Development

- The Committee approved individual Director education opportunities that align with continued skills development practices.
- In connection with the recommendations of the Governance Review, the Committee identified additional training and development for the Board including a Governance Leadership workshop, to be held on March 24 for select participants.
- As well, the IOG will administer psychometric testing for several individuals and will support team and individual coaching over the spring and summer.
- The Governance Committee has noted that the orientation process should include an increased focus on strategic priorities, role clarity and alignment with serving the public interest mandate in the upcoming year.

Board Policy Booklet

- The Committee received an information update at its January meeting on this topic. The Committee had previously made several recommendations to amend processes within Policy 3.7, and also initiated a targeted review of policies within *Section 3: Policies and Processes Supporting Good Governance*.
- Policies in progress include:
 - Policy 3.6 - Registrar & CEO performance evaluation process
 - Policy 3.7 - Director conduct-related policy and associated Code of Conduct identified as requiring significant reform.
- This work will be a key focus of the Committee's 2025–2026 workplan.

Governance Review – Implementation of Recommendations (See Progress Report at Appendix A)

- Following completion of the Governance Review directed by the Board in September 2024, the IOG submitted its final report, which was considered by the Board at the September 2025 meeting. The Board directed the Governance Committee to oversee implementation of the recommendations of the Report.
- The IOG was again retained by OCP to support the Governance Committee's implementation work.
- In December 2025, the Governance Committee prioritized the Governance Review's recommendations, based on a scale of 1 (most urgent) to 3 (least urgent).
- OCP staff and the IOG have worked with the Governance Committee to support implementation of the following recommendations, which were among those prioritized by the Governance Committee for early implementation.
 - *Develop a Revised Registrar/CEO Performance Evaluation Process*
 - The updated process was reviewed with the Governance Committee at its February meeting with the understanding that approval was deferred to the Executive Committee.
 - *Develop a Statement of Principles re: Collective Governance and Expected Norms*
 - The IOG concluded in the Governance Review that the OCP should develop a statement of principles re: collective governance and expected norms to address identified concerns.
 - At its January 23, 2026 meeting, the Governance Committee provided input on this subject to the IOG during a structured, facilitated discussion. Input from this discussion highlighted several themes.
 - At its February meeting, the Committee reviewed a draft statement of principles regarding collective governance and expected norms, presented by IOG. The Committee provided feedback and requested that IOG return a revised statement, which is anticipated to be tabled for Board consideration for adoption at its June meeting.

- *Develop a Decision Framework/Delegation of Authority model to define roles of Board, Executive Committee, Chair, Vice-Chair and Registrar/CEO*
- *Develop Executive Committee Scope Guidance Document to Recalibrate Scope*
 - In the Governance Review, IOG recommended that the OCP develop a decision framework/delegation of authority model to define the respective roles of the Board, the Executive Committee, the Chair and Vice-Chair, and the Registrar/CEO. As well, IOG recommended a recalibration of the Executive Committee's scope.
 - At its February meeting, after reviewing OCP Bylaw 7 and the Board Policy Booklet, and a series of questions, the Committee provided preliminary input to IOG regarding these recommendations.
 - IOG will provide the Committee with draft documentation relating to these recommendations at an upcoming meeting.
- The Governance Committee will provide briefing notes relating to each of these recommendations to the Board for its discussion and decision at an upcoming meeting (expected to be June 2026).
- In relation to board culture and leadership development, IOG is preparing to administer the following activities with select Board and standing committee members, as well as staff, beginning in March:
 - Psychometric Assessments (beginning in March/April 2026)
 - Governance Leadership Workshop (March 24, 2026, in-person, 16 participants)
 - Team Coaching (3 half-day sessions)
 - Individual Coaching (8 participants, 2 sessions each)

Election Engagement

- The 2025 election scrutineers submitted a briefing note to the OCP Board, which was considered at the September 2025 Board meeting noting low election engagement scores from 2021 – 2025, which they identified as a potential risk to the OCP.
- The Board made a motion to approve the addition of election engagement to the OCP Risk Register to support the identification of mitigation strategies. Following that discussion, this risk was incorporated into the OCP's risk register and reported to the December 2025 Board.
- The issue was presented for discussion to the Governance Committee at its January 23, 2026 meeting, to better define and scope the risk associated with low election engagement.
- The Committee indicated that low turnout may reflect registrant lack of interest or misunderstanding of the Board's role and the College's public protection mandate (including confusion between regulation vs advocacy).
- Potential impacts discussed:
 - Perceived legitimacy concerns
 - Potential for increased influence of small, organized voting blocs
 - Reduced representativeness
 - Broader registrant engagement challenges across consultations
- The Committee concluded that while low election engagement is a concern, it currently represents a low-level governance risk. It recommended that staff assemble a list of activities relevant to this assessment and that these activities be managed through existing registrant engagement and governance literacy initiatives rather than as a standalone risk requiring separate mitigation planning.

Board Size and Term Limits

- The Committee has reviewed this issue at length and is proposing a direction for the Board's decision.

- Please see the briefing note regarding this topic.

Attachments:

Appendix A – Governance Review Implementation – Progress Report

Next Steps:

- Looking ahead to the next quarter, in accordance with its work plan, the Governance Committee will be focused on:
 - o Additional work with the IOG and OCP staff on the Governance Review implementation of recommendations including preparation of relevant materials for the June Board meeting
 - o Finalized recommendation re: Board size and term limits
 - o Board competencies discussion
 - o Election engagement plan for review
 - o Review of call for interest re: appointments for lay committee and professional committee appointments
 - o Discussion of succession planning for Board
 - o Review of Policy 3.7 and Code of Conduct
 - o Review of policies re: Board meeting agendas and minutes, and Board meeting rules of order

Appendix A
Governance Review Implementation – Progress Report

Legend: x = Governance Committee Discussion																
	2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2027	Status	Notes
A. Governance Review Implementation - Recommendations																
1. Prioritization of recommendations	x															Complete
2. Registrar/CEO Performance (Policy 3.6)	x	x	x													On track
3. Statement of Governance Principles and Expected Norms		x	x													On track
4. Decision authority framework – Board, Executive Committee, Chair, Vice-Chair and Registrar			x		x	x										On track
5. Executive Committee: role clarity, decision-making/scope guidance document			x		x											On track
6. Executive Committee: amendment to By-Law 7 to add word “immediate”					x											On track
7. Conflict of interest protocols – advice (Policy 3.9)					x		x									
8. In camera policy (Policy 3.14)							x		x							
9. Culture work, onboarding, templates, (into 2027)														TBD		
10. Draft updates Board Competency Profile, Board Succession Planning/Election options – support (into 2027)														TBD		
11. Draft Committee Terms of Reference (into 2027)														TBD		
12. External Board evaluation support (into 2027)														TBD		
Board Culture and Leadership Development – Activity Scheduling																
Psychometric Assessments (online)																
Governance Leadership Workshop (in person – 16 ppl.)																
Team Coaching (3 half-day sessions; between meeting cycles)																
Individual Coaching (8 ppl. 2 sessions each)																

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

FOR INFORMATION

From: Siva Sivapalan, Chair, Governance Committee

Topic: 2026 Board Competencies Survey Results

Issue/Description: The results of the 2026 Board Competencies Survey are being provided to the Board of Directors for information only; no action is required.

Public interest rationale: The annual Board Competencies Survey provides an objective assessment of the collective skills and experience of Board Directors, measured against the competencies established in the College [By-Law](#). The survey highlights opportunities to strengthen the Board through targeted recruitment of elected and appointed members, as well as through tailored training and development.

The results provide insight into how the Board's current strengths support its mandate to provide oversight and set strategic direction for the College. This process helps ensure that the public can have confidence that the Board, as a whole, possesses the skills, experience, and competencies necessary to govern effectively and act in the public interest when making policy and strategic decisions.

Strategic alignment, regulatory processes, and actions: A competency-based model supports the selection, development, and continuous improvement of a Board with the combined skills, experience, and competencies required to fulfill the College's public interest mandate and advance the mission outlined in the College's strategic plan.

Background:

- From 2018 to 2020, the Board of Directors conducted a review of the College's [governance structure](#), which ultimately resulted in the adoption of a new By-Law ratified in March 2020.
- A key change was the adoption of a competency-based Board model, replacing the regionally based structure to reinforce that registrants elected to the Board serve the public interest rather than represent regional constituencies.
- As part of the election nomination process, the Board established key competencies and experiences required for qualification and instituted a more robust screening process.
- In 2020, to assess the Board's proficiency and identify gaps in skills, experience and competencies, the College initiated an annual Board Competencies Survey (previously referred to as the "skills inventory" and "skills attributes matrix").
- The purpose and process for the annual competencies survey are outlined in Policy 1.4: *Board Competencies, Skills, and Experience Inventory* (attached).
- The survey results inform the strategy for upcoming elections, which is outlined in the Director Profile (e.g., recruitment of candidates with remote northern experience or financial oversight expertise).
- As per the By-Law, the **Director Profile** is defined as:
 - 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.
- In March 2024, the Board revisited and updated the competencies.

Analysis:

2026 Results

- A summary of the 2026 Board Competencies Survey results is attached for information.
- The Board collectively reflects all competencies, though several are currently concentrated among a handful of Directors. Gradually widening the spread of these competencies, through recruitment and development efforts, would further support balanced discussions.
- Professional practice experience across a range of pharmacy practice environments also contributes valuable insight into emerging practice issues and support informed decision-making in the public interest.
- The Governance Committee reviewed the survey results, the core competencies, and areas of practice where additional skills are required.
- The Committee noted the requirement for members to be available *no less than* one to three days per month to support Board and committee responsibilities. It further highlighted that service on the Discipline Committee may involve contested hearings scheduled over 3–5 consecutive days.
- The Governance Committee considered the various factors influencing the election process and agreed not to reserve seats for specific competencies this year. Instead, it will emphasize the additional strengths required on the Board based on the Director Profile.
- The College will also communicate this information to the Public Appointments Unit for consideration in future Board appointments.
- Information gathered from the survey will be used to identify training and development opportunities for the Board.

Next steps:

- The 2026 Director Profile, incorporating the Governance Committee recommendations, will be used in the 2026 Board election cycle.
- A full Board Competencies Survey report will be shared with the Board.

Attachments:

Attachment 7.2a – Policy 1.4 - *Board Competencies, Skills, and Experience Inventory*

Attachment 7.2b – 2026 Board Competencies Survey Results Summary

Attachment 7.2c – 2026 Director Profile

Policy 1.4 Board Competencies, Skills and Experience Inventory

Purpose:

The Governance Committee will use a skills and practice environment inventory to determine the gaps for recruitment and to identify opportunities for additional training and development.

Application:

This process applies to:

- **Board Directors.**
- **The Screening and Governance Committees** who will use identified skills-gaps to inform the recruitment and selection/appointment processes and training/development programs.

Process:

Annually the Governance Committee will circulate the Board Member skills matrix tool to each outgoing and returning Board Director.

The inventory of skills¹ gathered will be used to evaluate the current and future gaps in the competencies and practice experience required to round out the Board. Annually this information will be used to create the Board Director Profile for the election and will also be used in the consideration of long range plans for the Board and for training opportunities.

The Governance Committee will also use the results of the inventory to assist in building Board member and Board capacity in governance or other areas, as identified by the Board from time to time.

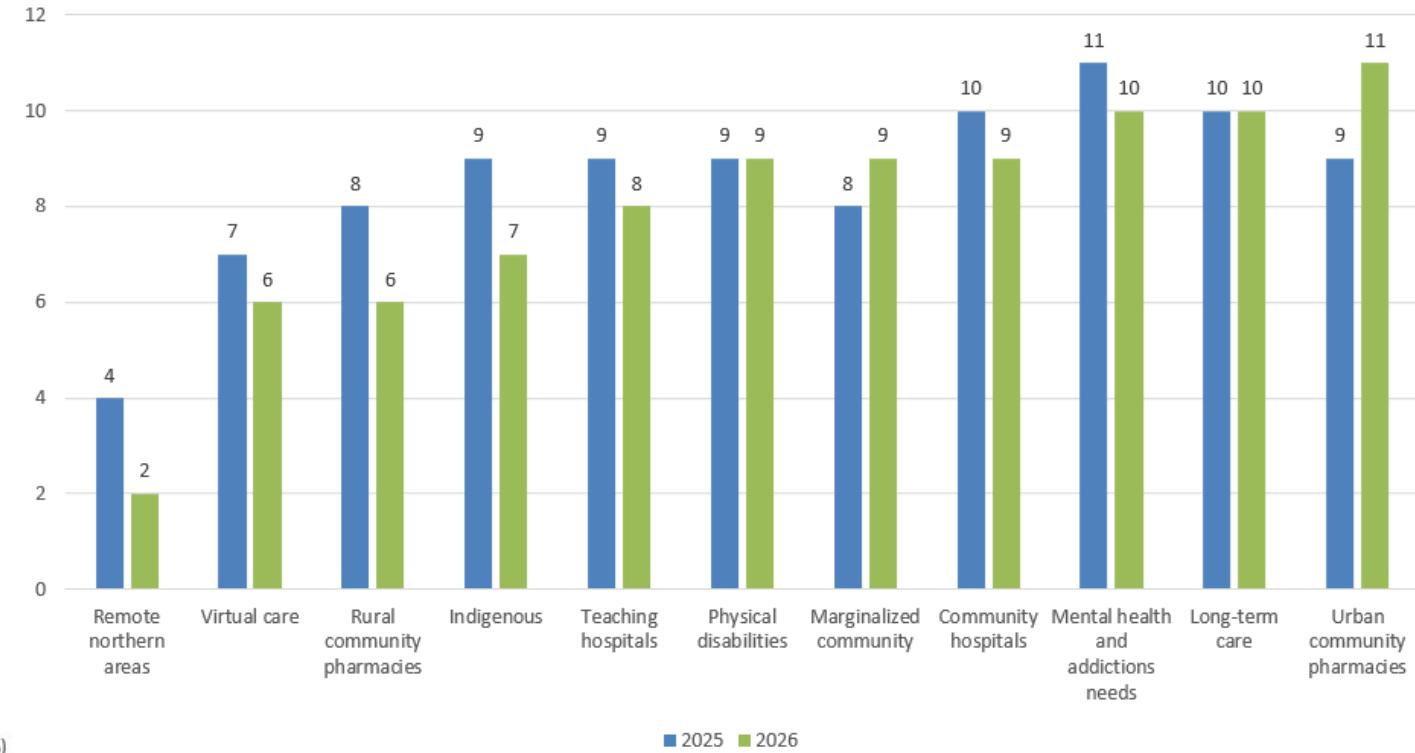
Amendment: The Board may amend this policy.
Approval Date: December 7, 2020
Last Review: December 7, 2020
Last Revision: December 7, 2020
Next Review Date: TBD

¹ *The Skills Inventory is not a public document*

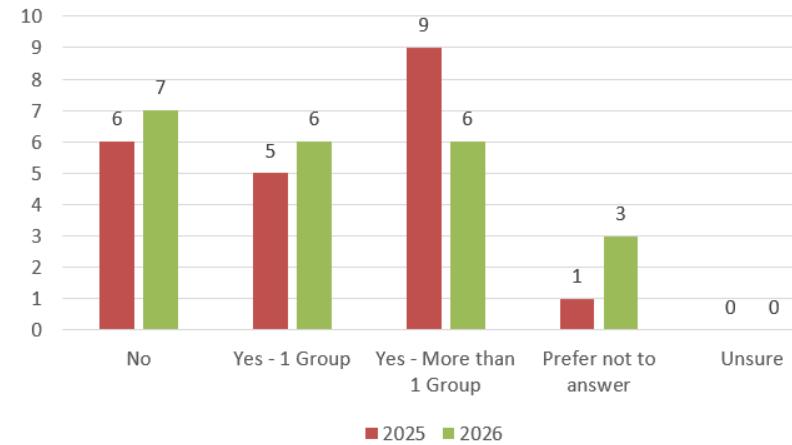
2026 Board of Director Competencies (weighted)¹



Fields of Practice/Patient Populations



Composition of the Board - Diversity



I identify as someone who is a member of a protected group under the Ontario Human Rights Code (age, ancestry/color/race, citizenship, ethnic origin, place of origin, creed, disability, gender identity/gender expression, sex, and sexual orientation).

¹. "Weighted" score radar graph shows, in a more pronounced way, the gaps or rather, the concentration of skills in only one or two people (e.g., legal experience 15%).

2026 Director Profile

The Governance Committee of the College has conducted a thorough assessment of the skills and practice environment inventory of the current Board.

This information informed the development of the Board Director Profile. A competency-based selection process ensures that the Board includes a diverse mix of knowledge, skills, experience, and attributes. The Screening Committee will review applications with consideration to the specific competencies and practice experience required to round out the Board.

The College is seeking applicants with the following practice experience (in order of priority):

- serving patients in northern or remote areas
- virtual care
- experience in rural community pharmacy settings
- patients who identify as Indigenous
- teaching hospital environments
- patients with physical disabilities
- patients who may identify as part of a marginalized community (e.g., at-risk youth, women, LGBTQ2S+ individuals, minority groups, refugees, asylum seekers, and displaced persons)
- experience in community hospital settings
- experience supporting patients with mental health and addictions needs
- patients in long-term care
- serving patients in urban community pharmacies

For the 2026/2027 Board Year the College is particularly encouraging applicants who:

- Have availability of *no less than one to three days* a month (Note: Discipline Committee matters may involve contested hearings that may run for 3-5 consecutive days)
- Have professional experience, knowledge and skills that **support strong, public-interest decision-making** (e.g., gained through leadership roles or board/committee experience, or other means)
- Have **business acumen** (e.g., compliance and risk management, and/or senior leadership experience)
- Are from **diverse populations, marginalized groups, or are individuals with disabilities, or have experience working with diverse populations**
- Embody and actively uphold the College's strategic values of **accountability, transparency, integrity and collaboration**

The Board does not necessarily need to be comprised of individuals who have all or many of the competencies but instead a competency-based process endeavors to ensure the Board is made up of a collection of individuals who bring different strengths to the table.

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

From: Siva Sivapalan, Chair, Governance Committee

Topic: Board Size and Term Limits

Issue: The Board is being asked to determine whether increasing the Board size and/or extending term limits is the appropriate response to address concerns regarding leadership development, committee capacity (particularly for Discipline panels) and maintaining Board constitution.

If these changes are deemed appropriate, the Board needs to decide if the proposed by-law changes will meet the desired objective, and if changes are to be effective immediately, to enable implementation in advance of the 2026 election cycle.

Public Interest Rationale: Good governance provides the framework for effective Board oversight of College operations by clarifying the respective roles of the Board and staff, establishing sound policies and processes, and supporting compliance with legal and ethical obligations. It promotes structured decision-making, accountability, and stewardship in support of the College's mandate to serve and protect the public.

Consideration of Board composition and term limits is an important aspect of governance design, as these features can influence the Board's capacity, continuity, effectiveness, and ability to respond to the College's evolving needs in the public interest.

Strategic Alignment: A strong governance framework, supported by ongoing review and evaluation, promotes continuous quality improvement and helps the Board effectively advance the College's strategic priorities and regulatory mandate.

Regular review of governance structures, policies, and by-laws is an important component of good governance practice. The Governance Committee supports this work by reviewing governance matters and, where appropriate, bringing forward recommendations to the Board to ensure alignment with the College's mandate and evolving governance best practices.

Background:

- In March 2020 the Board approved by-law changes, initiating a process to decrease Board size (reducing elected directors to the legislated minimum) and director term limits (from nine years to six). These changes, initiated in 2017 in collaboration with other health regulators, were made with a view to strengthening public trust in regulatory institutions through governance modernization and best practice in professional regulation.
- Based on concerns regarding leadership development, committee capacity (particularly for Discipline), and maintaining Board constitution, raised by the Governance Committee and supported by the Board at the June 2025 meeting, staff were directed to prepare a report on the implications of recently reduced Board size and term limits, including a policy and legal analysis, environmental scan and draft by-law changes.
- To support approval of any necessary by-law changes before the 2026 election cycle, in December 2025 the Board approved pre-circulation of draft bylaw changes so that consultation feedback could be considered along with the policy analysis report at the March 2026 meeting.
- Legal authority (see attachment) for the draft by-law changes was confirmed previously, as noted in the June 2025 Board Succession Planning Briefing Note, and attached (7.3.a).

Environmental Scan:

- A jurisdictional scan representing 8 professional regulators in Ontario and 2 provincial pharmacy regulators in Canada, was completed to understand how peer regulators address governance concerns related to board size, committee capacity, term limits and constitution risk management and revealed diverse governance practices with clear patterns.
- Four regulators recently reduced or are reducing their board size, zero increased it, and several are moving to statutory minimums, citing efficiency and effectiveness as rationale.
- Peer evidence indicates both 6 and 9-year term limits can be effective depending on investment in training and development. Regulators with shorter terms compensate through intensive professional development, formal mentorship programs, and systematic succession planning, while those with longer terms cite additional time as valuable for leadership development, particularly for complex adjudicative roles. The critical factor appears to be using a systematic approach to development, rather than term length alone.
- None of these regulators address committee capacity challenges through increased board size. Instead, all employ structural solutions such as using non-board committee members, external or experienced adjudicators, Health Profession Discipline Tribunal participation, and separation of board governance from committee operations.
- The environmental scan provides evidence of different models, suggesting multiple viable paths rather than a single best structure. It reveals that other regulators often prioritize defined outcomes such as efficiency and strategic focus, succession depth and committee capacity, or renewal and diversity.

Capacity for Discipline Hearings:

- The Hearings Office provided data and information regarding past experience establishing discipline panels for contested and non-contested hearings. The Discipline Committee Chair also provided a written submission outlining his experience appointing hearing panels and describing operational challenges related to panel formation, director availability, and leadership succession.
- Data provided by the Hearings Office and operational experience reported by the Discipline Committee Chair indicate that only a limited number of Directors have been able to commit the time required to participate in hearings, particularly contested hearings, which now account for most of the scheduled hearing days.
- Key barriers include scheduling conflicts, conflicts of interest and a limited pool of experience panel chairs.
- Capacity challenges have been long standing and are multifaceted, and it is unlikely that the proposed by-law changes alone would fully resolve them
- Additional measures that may support capacity include formalized participation expectations and targeted recruitment while maintaining mechanisms to safeguard diverse professional representation.

Leadership Attainment and Tenure:

- Over the last six years the average time for an elected director to attain the role as Board chair has been 5.7 years and 4.6 years for the Vice-chair role.
- Leadership for the Governance Committee has been achieved within a range of 1 to 7 years tenure and within a range of 2 to 4 years for the Finance Committee Chair.
- Executive Committee positions have been filled by elected directors most frequently within their second year of tenure, ranging up to 5 years.

Consultation Feedback:

- A 60-day open consultation on the proposed by-law changes was posted on the College website on January 6, 2026, and closed on March 6th. Notice of the consultation was included in routine College communications throughout the consultation period.
- Minimal feedback was received, with a total of 22 individual responses (21 pharmacists, 1 pharmacy technician), and one system partner response, from the Canadian Society of Healthcare-Systems Pharmacy - Ontario Branch (CSHP-OB). The consultation summary (7.3.e) provides details of the responses.
- Support for the addition of more directors was evenly split with those who opposed (10 respondents each) and 3 respondents did not indicate a preference.
- Only 3 respondents were in favour of adding 1 pharmacist and 1 pharmacy technician as proposed. Ten other comments suggest different composition including adding 3 directors (2 pharmacy technicians to reflect the

percentage of registrants), increasing hospital representation, only adding public directors, and proportional representation by practice settings.

- Increased term limits were supported by 7 respondents and opposed by 14. Two respondents did not indicate a preference.
- Respondents opposing the changes suggested several alternative approaches including focus on better governance practices, improved recruitment and selection processes, use of other resources for discipline committee, and robust orientation and mentoring.
- While the consultation provided useful perspectives, the number of responses represents a small proportion of the College's over 25,000 registrants. This may reflect the broader challenge of engaging busy healthcare professionals in governance consultations. The feedback highlights an opportunity for the College to consider more strategic approaches to registrant and stakeholder engagement in governance matters.

Committee Consideration

- The Committee discussed the statutory and governance context established by the Regulated Health Professions Act (RHPA), noting that the legislative framework is designed to ensure fairness, accountability, and defensible decision-making in the regulation of health professions. Members observed that the RHPA contains a number of procedural safeguards intended to support careful and transparent adjudication in matters involving professional misconduct and competence.
- In discussing the environmental scan findings, the Committee noted that some regulators have moved toward smaller boards with a focus on governance efficiency. Members considered how these trends align with the RHPA framework and discussed the importance of balancing operational efficiency with the College's statutory responsibilities.
- The Committee also noted that several large health regulators in Ontario, such as the College of Nurses of Ontario (CNO), the Royal College of Dental Surgeons of Ontario (RCDSO), and the College of Physicians and Surgeons of Ontario (CPSO), operate with larger board compositions than the College. Members discussed how board size and composition may influence the availability of directors to support committee work and adjudicative functions.
- The Committee also discussed the RHPA's public interest mandate and noted that regulatory bodies must exercise deliberative judgment when balancing patient safety, professional accountability, and procedural fairness. Members discussed how the complexity of professional conduct matters requires knowledgeable decision-makers who are able to carefully assess evidence, interpret professional standards, and render well-reasoned decisions that may be subject to judicial review.
- Members further discussed the layered procedural safeguards within the RHPA, including statutory panel composition requirements, quorum provisions, and appellate oversight. The Committee noted that while operational efficiency is an important consideration, the statutory framework places significant emphasis on transparency, fairness, and defensible decision-making.
- Within this context, the Committee discussed governance capacity and board composition. Members noted that the Pharmacy Act establishes a range for council composition and that the College currently operates at the lowest end of this range. The Committee considered how board composition may influence the availability of directors to support committee work, particularly adjudicative functions such as Discipline.
- The Committee also discussed additional measures that may support governance and adjudicative capacity, including clearer expectations regarding director participation in committee work, enhanced adjudicative training, and strengthened succession planning for panel chair roles.

Analysis:

Three core problems have been identified: succession planning and leadership development, committee capacity (particularly discipline hearing panels), and maintaining Board constitution. To address these problems, two key solutions have been proposed: increase the Board size (by adding two elected directors) and increase elected Board director term limits (from six years to nine years based on three-year terms, dependent on re-election).

Drawing from the environmental scan, internal data review and consultation feedback, the chart below summarizes the governance advantages, risks/trade-offs and additional or alternative approaches for each problem and solution.

Governance Advantage		
Problem/Issue	Increase Board Size	Increase Director Terms
Succession Planning and Leadership Development	No notable impact	Extends runway for leadership development, reduces disruption of turnover frequency, provides historical memory
Committee Capacity (particularly discipline hearing panels)	Increases eligible directors and committee capacity	Increases runway for skill development
Maintain Board Constitution	Reduces vulnerability, improves resiliency	No notable impact
Risks/Trade Offs		
Problem/Issue	Increase Board Size	Increase Director Terms
Succession Planning and Leadership Development	Not aligned with prevailing practices, decreases access to leadership positions, increased demand on resources (training, mentoring)	Decreases opportunity to fill competency gaps
Committee Capacity (particularly discipline hearing panels)	Partial solution only, other root causes remain	May reduce diversity, potential increase on COI for panels
Maintain Board Constitution	Likelihood of resignations is low, not aligned with prevailing practices	No notable impact
Additional or Alternative Options		
Succession Planning and Leadership Development	Formal mentoring, succession planning, director development plans, recruit for competency gaps, optional extra year for leadership roles	
Committee Capacity (particularly discipline hearing panels)	Increase non-board positions, targeted recruitment, formalized expectations, use of adjudicators, decision editors	
Maintain Board Constitution	Establish clarity on interim governance authority/executive committee role	

If a decision to increase the Board size is endorsed, the question of specific composition for these added directors remains. Insufficient feedback was received during the consultation to sufficiently inform this decision, with three respondents in favour of the proposed solution, and most others not specifying.

Given there are multiple viable options to address the identified problems, rather than a single best structure, the decision on how to move forward is dependent on the governance objectives and priorities of the organization. Consideration of the following questions may provide further guidance.

Questions to consider:

1. What evidence or operational experience suggests that changes to board size and/or term limits could help address the challenges identified, and how do these options compare with alternative structural or operational approaches?
2. What potential governance benefits and risks might arise from increasing board size or extending term limits, including impacts on board effectiveness, committee capacity, and leadership development?
3. Which specific challenges are the proposed changes intended to address, and what indicators could be used to evaluate whether these changes are successful over time?
4. How do the proposed changes align with the Board’s broader governance enhancement initiatives and the College’s statutory responsibilities under the RHPA?
5. How does the College’s governance and adjudicative context compare with peer regulators, and what factors may explain differences in how capacity challenges are addressed?
6. What considerations should inform the timing of any governance changes, including whether structural changes should be implemented prior to the 2026 election cycle or complemented by additional non-structural measures such as director development, recruitment strategies, or other supports?

Recommendation:

Based on the analysis and the Governance Committee's consideration of the environmental scan, consultation feedback, and operational considerations related to discipline hearing capacity, the Committee noted that each proposed governance option presents trade-offs.

While the environmental scan indicates that some regulators have moved toward smaller boards, it also demonstrates that there is no single prevailing best practice with respect to board size or director term limits. Governance approaches vary depending on organizational context, statutory responsibilities, and operational needs.

Having considered the College's specific governance and adjudicative responsibilities, including the capacity challenges associated with constituting Discipline hearing panels, increasing the number of elected directors may help expand the pool of directors available for committee participation and leadership development.

It is therefore recommended that the Board approve the proposed by-law amendments to increase the number of elected board directors by two, consisting of one additional pharmacist and one additional pharmacy technician, and to extend the maximum term limits for elected board directors from six to nine years, based on the ability to complete three consecutive three-year terms.

It is further recommended that these by-law changes take effect immediately to enable implementation for the 2026 election of board directors.

Motion(s):

THAT the Board approves the proposed by-law amendments as circulated, to increase the number of elected board directors by two, consisting of one additional pharmacist and one additional pharmacy technician.

THAT the Board approves the proposed by-law amendments as circulated, to extend the maximum term limits for elected board directors from six to nine years, based on the ability to complete three consecutive three-year terms.

THAT the Board approves the above changes to the by-laws to take effect immediately to enable implementation for the 2026 election cycle.

Next Steps:

Pending approval of the motion, staff will communicate the by-law changes through normal channels and make the necessary process changes for implementation within the 2026 election cycle.

Along with other governance improvement activities, the Governance Committee will consider implementing additional mechanisms to address board and committee recruitment, leadership development and committee capacity challenges.

For example, the Governance Committee has recommended changes to the election application materials for 2026 to clearly communicate the minimum time commitment expected of directors on the application form (i.e., Have availability of *no less than one to three days* a month (Note: Discipline Committee matters may involve contested hearings that may run for 3-5 consecutive days). Additional tactics to promote a realistic understanding of the time needed to fulfill the board director's role are being explored.

Attachments:

- 7.3.a – Legislative Authority for Board Composition and Term Limits
- 7.3.b – Jurisdictional Scan Report
- 7.3.c – Discipline Panel Data Report
- 7.3.d – Feedback – Discipline Committee Chair
- 7.3.e – Consultation Feedback Summary
- 7.3.f – Proposed By-law Amendments, (with strike-through of changes)

Legislative Authority for Board Composition and Term Limits

The *Regulated Health Professions Act, 1991 (RHPA)* and *Pharmacy Act, 1991* establishes thresholds for Board Composition (minimum and maximum number of directors by category) 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:

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 Composition under the Pharmacy Act:

Currently, there are 9 elected Directors (7 pharmacists and 2 pharmacy technicians) and 9 public Directors on OCP's Board (this represents the minimum required for quorum).

There are also 3 academic Directors from the 3 Schools of Pharmacy in Ontario from the University of Toronto, the University of Waterloo, and the 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* 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 51/49 split of elected Directors and public appointees on the Board.

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.

Our 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 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.

Ontario College of Pharmacy – Jurisdictional Scan on Governance Approaches among Ontario and Canadian Regulators

BACKGROUND:

In January 2026, the Ontario College of Pharmacists (OCP) commissioned a jurisdictional scan of Canadian pharmacy regulators and Ontario health regulators. The purpose was to understand how peer regulators address governance concerns related to board size, committee capacity, term limits, and constitution risk management.

This environmental scan focuses on the practices and experiences of Canadian health and pharmacy regulators regarding governance structures, recent changes, and lessons learned. The findings reflect the range of current practices and reported experiences rather than conclusions on optimal governance structures. This approach recognizes that regulatory organizations operate in varied contexts with different priorities, and that effective governance may be achieved through multiple approaches.

METHODOLOGY

This environmental scan examined governance practices and experiences among health profession regulators to inform OCP's consideration of potential board structure changes.

Survey Development and Distribution: With the support of staff, an initial set of questions was developed and refined that focused on OCP's key areas of inquiry. This includes board size and composition, term limits, committee capacity, succession planning, and governance modernization approaches.

An initial email was sent to approximately 36 regulators inviting participation. Respondents indicating interest received the survey questions and were offered the option of a face-to-face interview to discuss their responses in greater depth. Respondents included a mix of Ontario health regulators and pharmacy regulators from across Canada, providing both provincial and national perspectives on governance practices.

Response and Analysis: Of the 18 regulators who responded to the initial invitation a total of 11 responses were received and reviewed. All responses underwent thematic analysis to identify common approaches, and lessons learned relevant to OCP's key questions. Responses were analyzed to understand:

- Current governance structures and recent changes
- Rationales for governance decisions
- Benefits and challenges experienced

- Solutions implemented to address capacity, succession, and related challenges
- Diverse approaches and their reported effectiveness

Environmental scan report format: The findings are organized under headings that correspond to the Board's key areas of inquiry, with analysis connecting regulators experiences to OCP's specific governance questions.

ANALYSIS

This analysis is based on the proposed changes being considered by OCP. The environmental scan reveals clear patterns in how other regulators are addressing governance challenges. These patterns provide the context for assessing OCP's proposed changes.

Board Size Trends

The nine respondents show a clear trend in direction. Four have recently reduced or are currently reducing board size. For example, from 35-39 members down to 12, from 8 to 6 elected positions, from 12 to 10 elected members, and one eliminated elections entirely in favour of a smaller appointed board. Not a single regulator reported increasing board size. Several have deliberately moved to their statutory minimums, citing efficiency and effectiveness as primary drivers.

The regulators who downsized report consistent benefits. They note better discussions, fuller participation by all members, stronger working relationships, more efficient decision-making, and easier administration. One noted this allows for "meaningful dialogue, quicker decision-making". Importantly, concerns raised before these reductions, like a potential loss of the professions' voice and the risks of mid-term resignations leaving boards unconstituted, largely failed to materialize.

This trend conflicts with OCP's proposal to increase from 21 to 23 members. While OCP's rationale includes succession planning, committee capacity, and the risk of becoming unconstituted, other regulators experiencing these same pressures have moved in the opposite direction.

Committee Capacity Solutions

The scan reveals that no regulator identifies increasing board size as the solution to committee capacity challenges. Instead, all respondents facing capacity pressures use structural approaches that separate the question of board size from committee capacity.

These solutions include the use of non-board committee members noted by several regulators. There is also the use of external or experienced adjudicators for discipline and fitness-to-practice hearings. Some participate or are exploring the use of the Health Professions Discipline Tribunal (HPDT). This focusses on a deliberate separation of board governance from committee operations. One regulator stated explicitly: "The best mitigation was our recent reduction of the number of board directors on committees to the statutory minimum and increased the number of non-board committee members." Another noted "committee capacity is not directly tied to board size".

This represents the opposite of OCP's proposed approach. Rather than expanding boards to populate committees, other regulators are reducing board involvement in committees while

expanding non-board participation. This approach sees board governance and committee capacity as distinct issues requiring different solutions.

Constitution Risk Management

While OCP's current consultation identifies the risk of becoming unconstituted as a concern, the environmental scan evidence suggests this risk is manageable without board size increases. Few regulators reported experiencing this situation. Those who came close managed through Executive Committee processes without difficulty. Despite this possible risk, it hasn't deterred multiple regulators from moving to statutory minimums. One regulator operating at minimum stated they "did not think it was necessary" to maintain a buffer above the required number.

Term Limits

Unlike board size, term limit practices show more diversity in approach. Multiple regulators maintain 9-year maximums (three consecutive 3-year terms). One recently moved from four consecutive two-year terms (an eight-year maximum) to three consecutive three-year terms, resulting in a nine-year term limit specifically to "support succession planning and leadership" and "provide continuity and expertise that comes with experience." These regulators note: "It routinely takes the first term (3 years) for members to be competent enough to assume a leadership role and so years 6 to 9 are typically the most productive."

However, other regulators use 6-year terms successfully. One recently reduced from 9 to 6 years as part of governance modernization. Another implemented 6-year limits when moving to an appointed model in 2024. A regulator using 6 years stated: "We are not concerned with succession planning due to shorter terms. We provide yearly training and professional development to board and committee members that allow them to develop the skills needed to take on a leadership role."

The important conclusion is that both models appear to work. It appears that success depends less on term length than on organizational investment in development. Regulators with 9-year terms cite additional time as valuable for leadership development, with members typically ready for leadership at 3-4 years. Regulators with 6-year terms invest heavily in training to increase effectiveness and build leadership capacity broadly across all members. Vice-chair and mentorship programs appear important regardless of either term length.

Of particular note, one regulator noted that "election losses have left us without an experienced member to take on the role of president twice" in 10 years. This suggests the challenge may be election related (the unpredictability of who stands for election and who wins), rather than term limits themselves.

Defining Governance Objectives

The environmental scan reveals that other regulators pursuing different governance structures often articulate different underlying objectives. Some prioritize efficiency and modernization while others emphasize succession and committee capacity. Still others focus on renewal and diversity. These different objectives lead logically to different structural choices.

OCP's consultation identifies several concerns including succession planning, committee capacity and constitution risk. These are challenges rather than objectives. Before determining whether proposed changes address these challenges, OCP might benefit from articulating what governance outcomes it is seeking to achieve.

Potential governance objectives based on other regulator's work include:

- Optimize board effectiveness for strategic governance.
This objective would help prioritize board efficiency, quality of discussions, strengthen relationships, and clarity of the board's governance role as distinct from operational or committee work. Evidence from other regulators suggests smaller boards often perform better on these dimensions.
- Ensure adequate committee capacity through appropriate structures.
This objective focuses on having sufficient skilled people to conduct statutory committee work effectively and efficiently. The scan evidence suggests solutions like non-board committee members, external adjudicators, and the HPDT participation can be helpful rather than board size increases.
- Develop systematic leadership succession.
This objective focuses on intentional leadership development through formal processes. It can include mentorship, competency frameworks, and succession planning rather than relying on longer terms or larger boards to naturally produce leaders. Scan evidence indicated this works at both 6 and 9-year term limits.
- Balance renewal with continuity.
This objective recognizes the trade-offs between fresh perspectives and institutional knowledge. Different balances may be appropriate depending on organizational context. Scan evidence shows both approaches can be successful.
- Support public protection mandate efficiently.
This objective focuses on whether governance structures enable effective regulatory work without unnecessary resource expenditure. Scan evidence suggests there are efficiency gains from smaller boards and structural solutions are available that could address committee capacity.

It might help OCP if they articulated which objectives matter the most in its context. The use of objectives might make the structural choices desired clearer. For example, a regulator prioritizing efficiency and strategic focus might choose different objectives than one prioritizing committee capacity depth or one prioritizing rapid board composition change.

Alternative Approaches from Regulators' Experience

Other regulators address succession planning, committee capacity, and constitution concerns through various approaches beyond adjusting board size or term limits.

Non-Board Committee Participation

Some responding regulators make significant use of non-board members on committees. One reported over 45 non-elected appointments across all committees. At least two have committees with no board members at all where legislation permits.

This approach directly addresses committee capacity by expanding the pool available for committee work without increasing board size. It allows boards to focus on governance while committees have dedicated capacity. One regulator noted non-board members "gain experience on committees and often run for Council once they have served a year;". This creates a potential board member development pipeline. Implementation of additional capacity requires robust recruitment, competency frameworks for appointments, clear role definition, and training. This would be no different than what is required by elected and appointed members. Some regulators now recruit public non-board members specifically for the enhanced public perspective.

External Adjudicators and HPDT

Multiple regulators have moved toward experienced adjudicators to chair discipline and fitness-to-practice hearings. Several have joined or are considering joining the HPDT.

This directly addresses discipline committee capacity by bringing in professional adjudicative expertise without requiring board member development in this specialized area. It reduces pressure on board succession planning for adjudicative roles, which require longer development time. Several regulators report this as successful in addressing both capacity and expertise gaps. Implementation may require by-law amendments and has cost implications but represents a cultural shift from member-led to professionally executed adjudication that many regulators view as positive.

Enhanced Training and Development

Regulators with shorter term limits try to compensate with intensive training and development. The training approaches between regulators vary but share common elements. Most regulators provide yearly professional development for all board and committee members. Chairs receive specialized training in facilitation and adjudicative skills, often supplemented by coaching before and after meetings. Many organizations have formal mentorship programs with multiple tracks, vice-chair development pathways, and graduated responsibility programs that build skills incrementally.

This approach tends to accelerate the time it takes to become an effective leader. This potentially makes 6-year terms sufficient for leadership development. It's clear that better trained members perform more effectively in committee roles. One regulator noted this approach "builds everyone's leadership capacity," while also supporting equity, diversity and inclusion goals. Implementation requires dedicated resources, staff support, systematic approaches, tracking, and an organizational commitment to committee development.

Formal Succession Planning

Some regulators have implemented formal Succession Planning Policies that specify leadership term limits and development pathways. These policies often include competency frameworks and skills matrices to guide development. Vice-chair roles are also seen to serve as a way to deliberately develop leadership positions. The regular use of gap analyses helps identify needed skills and inform recruitment. Mentorship pairs current leaders with emerging ones to transfer knowledge and build capacity.

This approach addresses succession challenges through systematic planning rather than relying on longer terms to create development time. It ensures intentional leadership development rather than hoping it happens organically. Implementation requires governance committees to focus on capacity, clear competency frameworks, and some predictability in committee transitions. It is understood that this can be challenging if elections are a factor.

Staggered Terms and Strategic Role Definition

Several regulators use staggered terms to ensure all members don't turn over simultaneously. One implemented board size reduction through a phased approach over two years as terms naturally expire, which "creates a predictable schedule for election and succession planning."

Others emphasize clearly separating board governance from operational committee work. This allows boards to focus on strategic oversight while committees and staff handle operational delivery. This reframes committee capacity as less directly dependent on the size of the board. One regulator noted: "The board understands its strategic role, that they can't do it all, and that there are many reasons why they shouldn't do it all."

CONSIDERATIONS

Board Size

Smaller boards including OCP's current 21 members offer enhanced efficiency, fuller participation by each member, stronger working relationships, and alignment with modernization trends. Potential downsides include less succession depth and smaller buffer above minimum requirements.

Larger boards including the proposed 23 members provide more succession depth and larger buffer. However, the scan experience indicates reduced individual participation, less efficient decision-making, increased administrative burden, and movement away from prevailing governance trends.

Term Limit

Having shorter 6-year terms enable more frequent renewal, bring fresh perspectives faster, allow quicker board composition changes, and support diversity goals. They require significant investment because of the need for more training and development programs to continually build effective leadership capacity.

Having longer 9-year terms provide more runway for leadership development, enable deeper expertise particularly for complex adjudicative work, and reduce frequency of recruiting and onboarding. They slow renewal rates and may create entrenchment concerns.

Committee Capacity

Models where Board members populate committees create direct board engagement but affect capacity. Non-board member models expand capacity and bring specialized expertise but require robust recruitment and training infrastructure. Professional adjudicator models address expertise gaps and capacity challenges but represent a perceived shift away from member-led oversight and may have cost implications.

Overall Effect

Implementing both proposed changes of going from 21 to 23 members and 6 to 9-year terms would take OCP in the opposite direction of most regulators regarding board size while aligning with some but not all practices on term limits. The combination creates a larger board with longer-serving members and is contrary to the governance modernization trend toward smaller, more frequently refreshed boards. It would maximize continuity and succession planning depth while potentially sacrificing benefits smaller boards report and reducing the ability for more frequent board renewal.

OCP Context

Several factors may influence how other regulator's experiences apply to OCP's situation.

- **Dual Professional Groups**
The OCP regulates both pharmacists and pharmacy technicians. The proposal to add one seat for each profession may reflect representation considerations beyond pure governance efficiency questions. Other regulators typically regulate single professions, making their board size decisions less complicated by the need for representation balance.
- **Committee Workload**
The OCP's current consultation references "capacity pressures on standing and statutory committees." Understanding whether pressures stem from increased volume due to external factors (regulatory scope expansion, increased complaints), increased complexity of cases, availability of current members, or other factors would inform which peer solutions are most applicable. If primarily discipline-related, experienced adjudicator and HPDT approaches seem to address this directly. If this issue is for committees more broadly, then non-board member expansion may be most relevant.
- **Election Dynamics**
OCP uses elections for professional members. Several regulators noted that election uncertainty creates succession planning challenges distinct from term limit issues. Solutions may need to account for unpredictability of election outcomes. For example, who chooses to run, who wins, and when experienced members lose elections.

- Modernization

Since OCP has relatively recently modernized its governance by moving to a smaller board and shorter terms, the current challenges might reflect inadequate time to develop supporting systems (training programs, non-board appointment processes, external adjudicator relationships) rather than structural problems. Regulators who reduced board size invested heavily in these supporting systems.

Governance Modernization Context

This consultation occurs within a broader governance modernization movement across health profession regulation. The environmental scan reveals several clear trends in governance modernization. Boards are becoming smaller and potentially more efficient. Governance functions are increasingly separated from operational work. Professional expertise comes through external adjudicators rather than requiring board members to develop specialized skills. Some jurisdictions have moved toward competency-based appointments rather than elections. Training and development systems have become more sophisticated. Non-board committee members play increasingly strategic roles.

OCP's proposal to increase board size and extend term limits is contrary to several of these trends. This doesn't mean the proposal is inappropriate because OCP's context may warrant different choices. It does however, position OCP differently from where many regulators are heading.

The question becomes one of direction. Should OCP adjust its recent modernization by increasing board size and extending terms? Or should it more fully implement the modernization model through supporting systems that regulators report as effective such as enhanced training, expanded non-board appointments, and external adjudicators?

CONCLUSION

The environmental scan of nine Ontario health regulators and two Canadian pharmacy regulators reveals diverse governance practices with clear patterns. Four regulators have recently reduced or are reducing board size, zero have increased it, and several have moved to statutory minimums citing efficiency and effectiveness. This represents a strong trend away from larger boards. Term limit practices show more diversity, with both 6-year and 9-year maximums (depending on organizational objective and priorities) being used successfully.

Most significantly, no regulators address committee capacity challenges through increased board size. Instead, all employ structural solutions such as non-board committee members, external or experienced adjudicators, HPDT participation, and separation of board governance from committee operations. Multiple regulators explicitly noted reducing board involvement in committees while expanding non-board participation as their primary capacity solution.

Regarding succession planning, peer evidence indicates both 6-year and 9-year term limits can be effective depending on organizational investment in training and development. Regulators with shorter terms compensate through intensive professional development, formal mentorship

programs, and systematic succession planning. Those with longer terms cite additional time as valuable for leadership development, particularly for complex adjudicative roles. The critical factor appears to be systematic approach to development rather than term length alone.

OCP's proposed changes to increase board size from 21 to 23 and extend term limits from 6 to 9 years would be contrary to prevailing practices on board size while aligning with some but not all peer practices on term limits. Alternative approaches identified in the scan like expanded non-board committee members, experienced adjudicator models, and enhanced training and development systems, represent the primary methods used to address the challenges identified by OCP.

Before determining optimal structural changes, OCP might benefit from articulating clear governance objectives. Other regulators pursuing different structures often prioritize different outcomes: some emphasize efficiency and strategic focus, others prioritize succession depth and committee capacity, still others focus on renewal and diversity. Different objectives lead to different structural choices. This environmental scan provides evidence of different models, suggesting multiple viable paths rather than a single best structure. However, an important qualification is that many regulatory governance changes are recent, with several implemented within the past two to three years. While regulators report early positive experiences, the long-term effectiveness of these changes especially once experienced through complete board renewal cycles will remain to be demonstrated.

The decision on how to move forward ultimately depends on OCP's specific context and priorities, and a clarification of which governance outcomes matter most. This will lead to a decision on which approaches best serve its public protection mandate.

ENVIRONMENTAL SCAN RESPONDENTS

College of Physiotherapists of Ontario

College of Registered Psychotherapists of Ontario

College of Veterinarians of Ontario

College of Occupational Therapists of Ontario

National Association of Pharmacy Regulatory Authorities

College of Dietitians of Ontario

Royal College of Dental Surgeons of Ontario

College of Massage Therapists of Ontario

College of Dental Technologists of Ontario

College of Nurses of Ontario

Nova Scotia Pharmacy Regulator

College of Pharmacists of British Columbia



TO:	Governance Committee
DATE:	February 20, 2026
FROM:	Genevieve Plummer, Manager, Hearings Office
RE:	Board Size, Composition and Term Limits

Executive Summary

The proposed by-law changes would create a larger pool of Committee members (“members”) to sit on panels and would provide a longer period of time to develop adjudicative competency; however, they are insufficient to address the longstanding and multifaceted challenges the Discipline Committee faces when constituting panels for hearings. In particular, these changes on their own will not solve the underlying issue of having enough qualified and available Directors to sit on increasingly complex, multiday contested hearings and to chair panels. Without additional changes, the Discipline Committee is at risk of delayed hearings, which impacts public protection and procedural fairness.

Hearing panels must comply with composition and quorum requirements¹, and must include a panel chair. The Committee currently relies on a small pool of members who are willing and able to chair panels, which is a risk given the volume of hearings held, particularly contested hearings which span months, and even years.

The Core Constraint: Availability

The degree to which a larger Board would help to address the challenges depends on whether the Directors are available to sit on long contested hearing panels. Recent data² shows that only a small percentage of Directors can commit the necessary time for hearings, particularly for contested hearings which now account for most of the scheduled hearing days³. Key barriers include:

- **Scheduling Conflicts:** Members must attend all the scheduled hearing dates. When dates are rescheduled or additional dates are required, scheduling conflicts can result in delays in completing hearings.
- **Conflicts:** Conflicts arise primarily from prior involvement with the registrant at the ICRC or Discipline Committee and further reduce the pool of available members for any given case.
- **Chair Shortage:** Few members have the necessary adjudicative competence (knowledge, skills, experience) and availability for the challenging and time-consuming role of panel chair which involves conducting the hearing, leading panel deliberations and decision drafting. Due to the complexity of the role, it takes years to develop the necessary competencies.

Extended terms would provide a longer period to develop expertise, but do not address the underlying challenges if the Directors are unavailable to sit on panels to gain experience and to move into the panel chair role.

Additional Changes to Consider Beyond By-Law Changes

- **Formalize Participation Standards:** Establish clear minimum availability expectations and accountability mechanisms into the eligibility/nomination process so expanded Board size results in actual hearing availability.
- **Targeted Recruitment:** Prioritize committee candidates (elected or appointed) with legal or adjudicative expertise to increase the pool of potential panel chairs.
- **Explore Professional Support:** Evaluate the use of professional decision editors or adjudicators to alleviate the burden on panel chairs without compromising decision-making authority.
- **Diversity Safeguards:** Ensure participation requirements do not inadvertently impact on diversity.

¹ Section 38 of the Health Professions Procedural Code, sets out the composition and quorum requirements for Discipline Committee hearing panels.

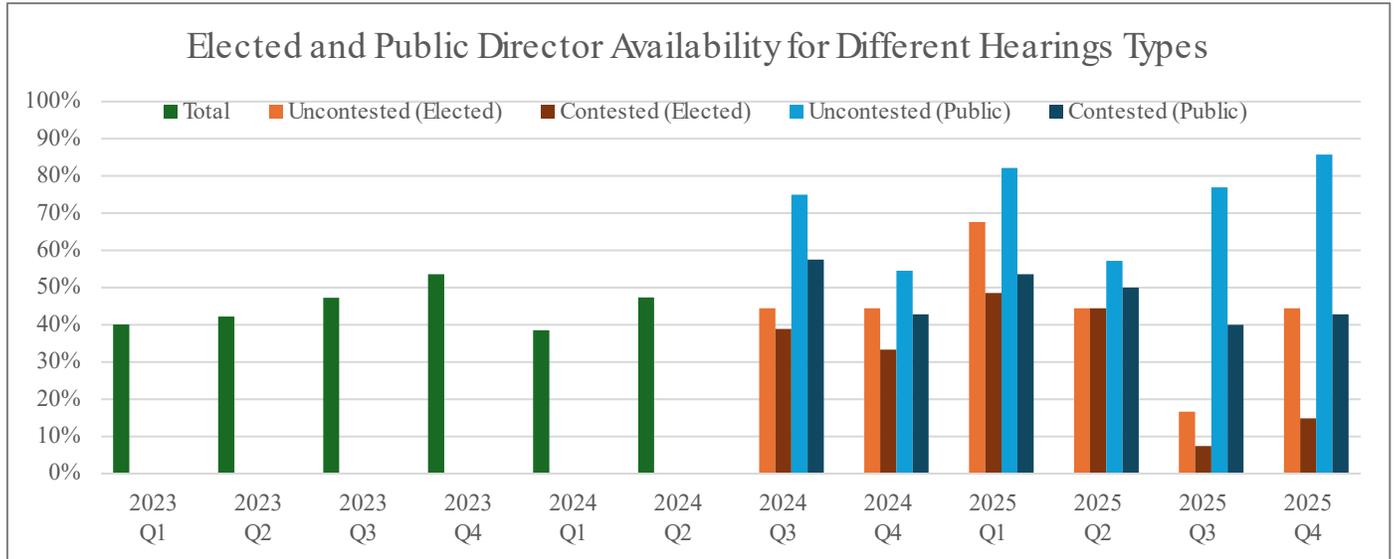
² See **Appendix A** for data related to availability of Directors for hearings from 2023 to 2025.

³ See **Appendix B** for data related to number of hearing days by hearing type.



Appendix A

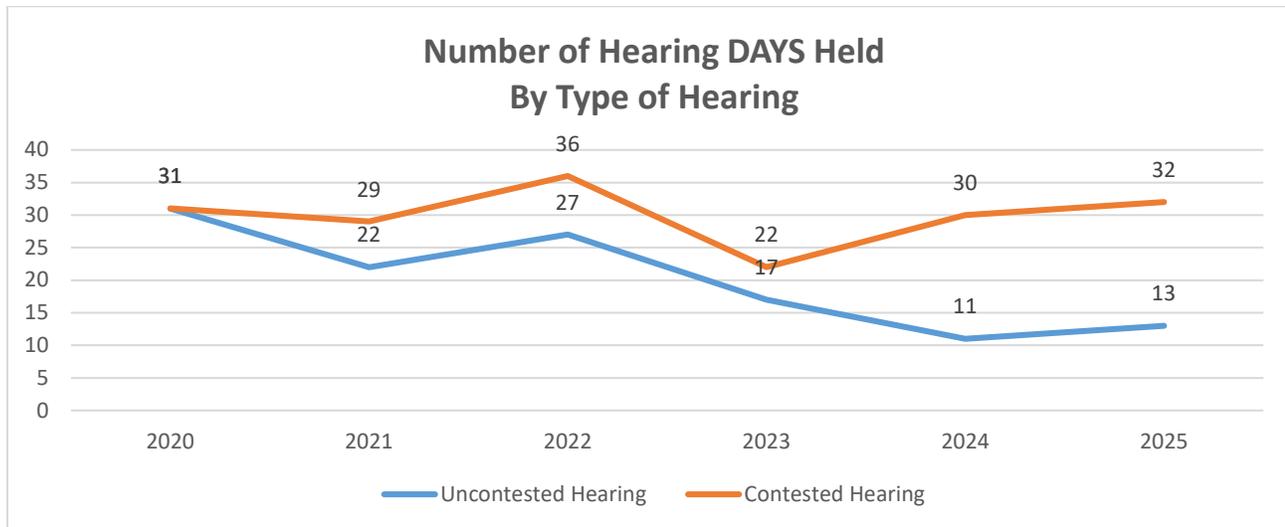
Director availability separated by Director type and hearing type.⁴ Recent trends indicate that regardless of hearing type, Elected Directors have less availability than Public Directors; however, this could change as availability issues relate more to the individual Directors than to the category of Directors.



Note: Until 2024 Q2, the data was not broken down by Director or hearing type. Delineation starts in 2024 Q3.

Availability calculation = $\frac{[Available\ Number\ of\ Directors]}{[Eligible\ Number\ of\ Directors]}$

Appendix B



⁴ **Available:** The Director must indicate they are available on all scheduled hearing dates. Conflicts of interest are not a factor.

Eligible: The total number of Directors that are appointed to the Committee at the time members are polled for availability.

Quarter: The data is recorded based on the quarter the canvassing poll is sent out and not the quarter the hearing occurs in.

Chris Aljawhiri
Chair, Discipline Committee
Ontario College of Pharmacists
February 25, 2026

Re: Response to the Public Consultation on Board Composition and Term Limits

Dear Ms. Susan James and Members of the Governance Committee,

I am providing this feedback in my capacity as Chair of the Discipline Committee (“DC”). I have served as a member of the DC since 2016 and have held the role of Chair since 2024. As a DC Panel Chair, I am responsible for conducting pre-hearing conferences (“PHCs”), complex contested hearings, and uncontested hearings along with drafting well-reasoned decisions that may be subject to judicial review and appeal by the Courts. As DC Chair, I work closely with the Ontario College of Pharmacists Hearings Office staff and am responsible for overseeing DC’s educational meetings and selecting and appointing Panels.

My comments reflect both my long-standing experience with the DC and my direct involvement in leadership development, succession planning, and the operational challenges currently facing the Committee.

I. Materials Reviewed

In preparing this response, I reviewed the following materials:

- Board of Directors meeting materials dated June 9, 2025, including the Governance Committee briefing note on the proposed changes to Board composition and term limits (pages 307-312 of 437);¹
- Board of Directors meeting materials dated December 8, 2025, including the Governance Committee briefing note on the proposed by-law amendments related to Board composition and term limits (pages 273-276 of 440);² and
- Section 38 of the *Health Professions Procedural Code* (“Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991* (“RHPA”), which governs the DC Panel composition and quorum requirements.³

¹ [June 9, 2025 - Board meeting agenda materials](#)

² [Board Meeting Materials - December 8 2025](#)

³ [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 | ontario.ca](#)

II. DC as an Expert Tribunal

The DC is recognized by the Courts as an expert tribunal adjudicating allegations of professional misconduct and incompetence within the profession of pharmacy. Courts have consistently given deference to the DC on matters within its specialized expertise.

Under the *RHPA* and the Code, the DC has been created to adjudicate a narrow, specialized subject matter - professional misconduct and incompetence within the pharmacy profession. DC Panels are composed of Professional and Public Board Directors and Committee Appointees.

Statutory Composition and Quorum Requirements

Section 38 of the Code currently requires that a DC Panel consist of at least three and no more than five members, at least two of whom must be appointed to Council by the Lieutenant Governor in Council (“Public Directors”), and at least one of whom must be both a member of the College and a member of Council (“Professional Directors”). Additionally, s. 38(5) sets out the quorum requirements: three members of a Panel, at least one of whom must be a Public Director. These statutory composition and quorum requirements create operational constraints, particularly when multiple contested matters proceed concurrently.

It is important to note that while experienced DC members may continue to serve the DC as Committee Appointees, such appointees do not satisfy the statutory requirement for a Professional Director or a Public Director. This means that a smaller sized elected Professional Director pool directly constrains the ability to constitute Panels in compliance with the Code, particularly in high-volume periods.

Roles of Professional and Public Directors

Professional Directors play a critical role on DC Panels. They bring practical knowledge of professional standards, the realities of pharmacy practice, and understand what a competent registrant would have done in the same circumstances. They also understand the impact of a disciplinary penalty on a registrant’s ability to practise. This expertise assists Panels in assessing evidence efficiently, evaluating credibility, and crafting proportionate and fair penalties. For these reasons, the appointment of Professional Directors to DC Panels is essential not only from an operational perspective, but also to the College’s public protection mandate.

Public Directors play a complementary and equally critical role. They provide an independent, non-professional perspective that reinforces public confidence in the disciplinary process and ensure that decisions are grounded in the public interest. Public Directors contribute to transparency, accountability, and fairness by ensuring that decisions remain focused on patient safety and public protection.

III. The DC's Current Challenges

Over the past several years, and particularly during my tenure as Chair, the DC has experienced a significant increase in the volume and complexity of hearings. There are more contested hearings, hearings are longer in duration, and matters frequently involve multiple complex motions and challenging counsel. These developments necessitate Panels composed of knowledgeable, skilled, and experienced DC members.

i) Professional Director Availability and Panel Composition

The DC is currently experiencing challenges in constituting Panels, particularly for contested matters. On several occasions, Professional Directors have not been available at the time Panels were required to be constituted, limiting my ability to form Panels in a timely manner. Difficulties in constituting Panels in a timely manner can lead to delays in adjudicating serious allegations of misconduct, which has implications for both registrant fairness and public protection.

I note that Professional Directors are practicing registrants with significant professional responsibilities and obligations outside of the DC. As a result, multi-day contested hearings present challenges, as they require directors to take extended time away from their professional practice, which is not always feasible.

Professional Director availability is also impacted by conflicts of interest, which may arise from prior involvement in proceedings involving a registrant, overlapping professional networks, or prior professional relationships with the registrant or with their counsel.

These factors have impacted my ability to constitute Panels in a timely and efficient manner, particularly for contested matters.

ii) Succession and Training – Panel and PHC Chair Roles

There is a need to develop Committee members with the skill, knowledge, judgement, and experience to sit on complex contested matters. Currently, DC members are generally not ready to adjudicate complex contested hearings without prior hearing experience, which limits opportunities for skill development.

Separately, the DC faces challenges related to succession planning and the development of future Panel Chairs and PHC Chairs. PHC Chairs are currently selected from among professional members of the Committee who possess significant experience and subject-matter expertise, which limits the pool of eligible candidates. Similarly, Panel Chairs are drawn from a small group of highly experienced Committee members.

These constraints create ongoing challenges in building adjudicative capacity and in sustaining a sufficiently broad and qualified pool of Chairs to meet the DC’s current and anticipated workload.

IV. Impact of Proposed Changes to Board Composition and Term Limits

In my view, the proposed changes to Board composition and term limits - specifically, the addition of two Professional Directors who will be eligible for appointment to the DC, together with an extension of the maximum term limit from six to nine years—will materially assist in addressing the challenges the DC currently faces with respect to Professional Director availability, Panel composition, and succession planning and training.

I have outlined below how each of these proposed changes would support the DC, and assist me, as Chair, in fulfilling my statutory responsibility for the selection and constitution of Panels.

Advantages of Increasing Board Size and Adding Professional Directors from the DC Perspective

i) Greater Flexibility in Panel Formation

An increase in the number of Professional Directors would significantly enhance flexibility in forming DC Panels, which is critical to the College’s mandate to protect the public by resolving discipline matters efficiently and fairly.

Complex contested hearings frequently require multi-day sittings, which can be difficult to accommodate given the professional obligations of Professional Directors. Expanding

the pool of Professional Directors would make it easier to assemble Panels that meet statutory composition requirements, reduce the risk of adjournments, and mitigate situations where Panels cannot be constituted due to director unavailability. This flexibility is essential to ensure that matters proceed without undue delay, thereby protecting the public and upholding procedural fairness.

ii) Increased Capacity for Complex and Concurrent Hearings

Discipline matters often involve nuanced clinical, ethical, and technical practice issues. Complex contested hearings require DC Panel members with a high level of knowledge, skill, judgement and experience. A larger pool of Professional Directors would expand the range of expertise available for Panel composition and allow multiple hearings to proceed concurrently where necessary. This increased capacity would enable me to better align Panel composition with the complexity of each case, improving both efficiency and decision quality.

iii) Reduced Over-reliance on the Same Directors

Increasing the number of Professional Directors would support more equitable workload distribution across the DC. A limited pool of eligible directors increases the likelihood that the same directors are repeatedly appointed to Panels, particularly for complex matters. Expanding the pool would reduce the risk of fatigue and burnout, support long-term sustainability, and allow for more effective scheduling from an operational perspective.

iv) Improved Management of Conflicts of Interest

Expanding the pool of Professional Directors would provide greater flexibility in managing conflicts of interest by excluding conflicted directors from particular Panels, while maintaining the ability to ensure Panel composition meets statutory requirements, including the requirement that at least one Panel member be a Professional Director.

v) Continuity and Succession Planning

An expanded pool of Professional Directors would provide greater opportunities for DC members to gain the experience necessary to progress into Panel Chair and PHC Chair roles, strengthening succession planning and long-term Committee capacity.

Advantages of Increasing Board Term Limits from the DC Perspective

i) Developing Adjudicative Expertise

Extending term limits would support the development of adjudicative expertise by providing Professional Directors with the time required to acquire the skill, knowledge, judgement, and experience required to sit on complex contested matters. Given that effective onboarding and procedural learning can take up to two to three years, the current six-year term limit means that a substantial portion of a director's tenure is devoted to developing foundational competency, leaving limited opportunity to apply that experience at the highest level.

While experienced Professional Directors may continue to serve the DC as Professional Committee Appointees, this does not address the statutory Panel composition requirements, which require the appointment of at least one Professional Director to a Panel. Extending term limits is therefore essential to ensuring a sufficient pool of experienced Professional Directors available to sit on complex contested matters.

Furthermore, extended term limits would strengthen the development of qualified Panel Chairs and PHC Chairs by allowing directors to accumulate substantial and sustained experience. At present, appointment as a PHC Chair requires both subject-matter expertise and significant experience on the Committee. PHC Chairs, who are always experienced DC members, and members of the profession must be capable of providing informed guidance to parties, identifying procedural issues, and exploring resolution opportunities, competencies that develop through prolonged participation in a wide range of uncontested and contested hearings. Longer terms provide directors with the time necessary to acquire this depth of experience and to perform the PHC Chair role effectively. Similarly, appointment as a Panel Chair requires both subject-matter expertise and significant experience on the Committee.

ii) Reduced training demands and onboarding churn

Extending term limits would reduce the need for frequent onboarding and training of new directors, minimizing disruption and associated costs while preserving institutional knowledge while supporting Committee stability.

V. Concluding Remarks

From the perspective of the DC, I support the current proposal of increasing the number of elected Professional Directors by one pharmacist and one pharmacy technician, and

extending the maximum term limit for elected directors from six to nine consecutive years. However, the current proposal should be considered a first step toward sustainable DC capacity, with consideration given to additional director appointments in future election cycles should hearing demand persist.

I recognize that no single measure will resolve all the challenges currently facing the DC. Factors such as directors' availability and time commitment, experience and training, re-election considerations, and remuneration also affect the Committee's functioning. Moreover, directors require time to progressively develop the skill, knowledge, judgement and experience necessary to function effectively as adjudicators; this development occurs progressively, not immediately upon appointment or election.

Notwithstanding these factors, the addition of Professional Directors and the extension of term limits represent practical and meaningful steps toward addressing the capacity, continuity, and succession challenges currently facing the DC. Equally important, these changes are necessary to ensure the DC can fulfill its statutory obligations to constitute discipline Panels capable of adjudicating allegations of professional misconduct and incompetence efficiently and fairly.

I would like to thank the Governance Committee and the Board of Directors for the trust placed in me through the opportunity to serve as Chair of the DC. The work of the DC is central to the College's public protection mandate, and I am deeply grateful for the dedication, professionalism, and commitment of those who serve on the Committee. Their contributions are essential to the effective functioning and success of the DC.

Thank you for the opportunity to contribute to this important consultation.

Sincerely,

Chris Aljawhiri
Chair, Discipline Committee

Consultation Feedback Summary

Support

Opposed

Add Directors

Would address challenges with composing discipline panels with experienced professionals and increasing representation. Increasing Board size is essential to reflect the full diverse spectrum of pharmacy professionals.

This decision needs more informed opinions regarding organizational structure of the College and division of work among Board and Committee members. Suggest videoconferencing as a solution to capacity/attendance issues (meeting flexibility), especially for those outside of Toronto. Recommends better division of work among Board and Committee members.

View expansion as a "direct and proportionate" way to handle quorum and workload. Focusing on proportionality ensures pharmacy technicians maintain a consistent voice as the Board grows.

Board is already significantly larger than average (compared to other regulators in other provinces); suggest process improvement. Large boards can slow down policy implementation and strategic focus. Focus on better governance instead of increased Board size.

Ensuring composition of the Board appropriately represents all types of pharmacy practice and demonstrates proportional representation is crucial.

21 members is already very large; this Board size risks decreased efficiency.

Provides a buffer to avoid becoming unconstituted.

Focus on the type of seats rather than number; Board composition should reflect actual practice areas of pharmacists and pharmacy technicians for adequate representation.

Increase hospital and public sector representation.

Adding additional board members does not guarantee function. If there are capacity pressures, look internally at Board Directors' time commitments and manage unprofessional behaviour within the Board structure, not adding resources. Implement lower quorum by-laws for mid-term vacancies and by-laws to replace non-contributing directors in year 3-4. Audit records to identify skill gaps and hire operational staff to support Board/Committee work.

Only prudent solution to create buffer above statutory minimums. Operating near minimums creates single point of failure where illness/resignation threatens legal capacity to function. Amending Pharmacy Act is slow/uncertain; by-law change is practical.

Increasing Board size does not align with international best governance practices, which favour smaller boards. Proposal is premature without evidence showing necessity or appropriateness. Mid-term resignations happen infrequently and rarely prevent business. Explore alternative options before deciding.

Support

Increasing Elected Directors addresses governance vulnerability from resignations, strengthens continuity, reduces risk of becoming unconstituted, and improves committee capacity.

Add 2-3 Board positions to address increased workload from committees (Discipline, ICRC, and QA), complexity of contested hearings, and pressure on members balancing Board work with day jobs, which has led to resignations.

Adding elected directors addresses risks of becoming unconstituted and capacity pressures on committees and improves representation across diverse practice environments (community vs. healthcare-system), which have substantive differences in governance, funding, interprofessional accountability, and patient care pathways. (CSHP)

Key Themes: Eases resource constraint for discipline panels, provides quorum buffer, enables better representation for hospital practice or others

Opposed

Effectiveness is driven by engagement, competence, and accountability (not headcount), and expanding Board size without addressing underlying engagement or structural inefficiencies may compound rather than solve problems. Consider adopting tribunal model to adjudicate Discipline matters, which would free up Board members to focus on governance rather than writing discipline decisions.

Increased Board size dilutes responsibilities.

Increasing professional directors without a corresponding increase in public members risks shifting the balance between professional expertise and independent public oversight that underpins credible self-regulation and public confidence.

Key Themes: Larger than peer regulators, dilutes strategic focus, slows policy implementation, doesn't address underlying governance and structural issues, conflates competence with headcount, alternative risk controls for quorum

Number and Composition

Maintain current ratio (e.g., 12 total with 3 pharmacy technicians) or match the membership percentage.

Specifically, hospital practitioners to match their ~40% membership base. Standards often lack practicality because hospital perspectives are misunderstood or missing.

Add 2 (1 pharmacist and 1 pharmacy technician). Recommend hospital sector focus for additions.

Did not specify a numbers or types but opposes increases elected professional directors due to concerns about maintaining appropriate balance between professional and public representation.

If additional Directors are added, prioritize identified skill mix gaps (adjudicative expertise, governance leadership, financial oversight) and increasing public representation to enhance credibility and reinforce the public-interest mandate.

Reinstate dedicated hospital positions, if adding. General elections favour community sector due to sheer volume of registrants.

Support

Opposed

Call for better representation of the hospital and public sector.

Only add public/community members, no more professionals. Instead of adding pharmacy professionals who lack requisite skills, add public members who can contribute meaningfully to Board needs.

Add one pharmacist and one pharmacy technician for legal safety margin. Don't conflate Board size with committee capacity. Achieve diverse clinical expertise through non-Board committee appointments, not Board expansion.

Reinstate dedicated hospital positions. General elections favour community sector due to sheer volume of registrants. Current lack of hospital representation leads to impractical programs (e.g. PACE) that don't reflect hospital realities.

Did not specify exact numbers or types but encourages attention to representation across practice settings (community and hospital pharmacy).

Add one (preferably two) hospital pharmacists and one pharmacy technician to ensure representation across practice settings (community and hospital) and enhance input from pharmacy technicians as their roles expand.

Add two elected directors (one pharmacist and one pharmacy technician) to remain proportionate and balanced while actively ensuring the Board reflects diversity of practice settings given that healthcare-system pharmacists and pharmacy technicians represent approximately 40% of the regulated workforce. (CSHP)

Key Themes: Increase hospital representation, reflect proportional representation of registrants – hospital, community and technicians and reflect in standards

Key Themes: Maintain public and professional ratio, reflect registrant representation

Support

Opposed

Increase Term Limit

Crucial for the Discipline Committee, where the learning curve is steep.

6 years is sufficient; 9 years reduces ability to adapt to the rapid technological transformation the healthcare sector is undergoing. If succession isn't working in 6 years, the training/selection is likely broken. Improve selection and better manage appointment expiry dates.

Extending to 9 years is appropriate.

Extension to 9 years could impede diverse perspectives. Advocate for competency-based selection and robust orientation rather than relying on longer tenure as a fix for succession gaps.

3x3 model allows for 1/3 turnover per year (ensures leadership continuity).

9 years risks "stale" directors; 6 years is plenty of time to learn.

9-year maximum, but as lifetime limit (not per term). Consecutive or non-consecutive service should be capped at 9 total years to prevent "old guard" from serving multiple terms (e.g., 9 years, leave, return for another 9). This ensures board turnover and refreshes skills, competencies, and perspectives.

Time in role should not be conflated with effectiveness.

No benefit to stricter limits than RHPA. 9 years balances renewal with institutional memory. 6 years forces exit just as directors gain expertise. Aligning with RHPA ensures succession planning without legislation.

9-year term is excessive. Staggered terms would ensure institutional knowledge, not longer individual tenures.

Supports maintaining six-year terms but suggests optional three-year extensions for specific skill retention, a distinct four-year Executive Committee term (in addition to the six-year Board term) for Chair-elect succession training, and moving away from member elections to a nominations committee process based on identified Board skill needs.

Extending to 9 years rewards ineffective Board Directors who aren't getting work done. If a director cannot develop necessary competence within 6 years, 9 years won't meaningfully change the outcome. Prefer 4-year terms with reelection based on actual work. Focus on attracting qualified directors, robust orientation, and effective Board composition rather than extending terms

Extending term limits to nine years helps to develop expertise and supports continuity, mentorship, succession planning, and leadership development for complex statutory functions, provided extensions are accompanied by staggered turnover and diversity of experience across the Board. (CSHP)

9 years is excessive. Pushing for 9 years is a push by private sector interests ...to push for more control.

Support

Opposed

Six-years aligns with best practices and extension risks governance stagnation, entrenchment of power, groupthink and diminished public confidence. Governance challenges like succession planning should be addressed through improved systems (e.g. recruitment, onboarding, and mentoring) rather than longer tenures. Any term limit changes must apply prospectively only, not retroactively to current Board members.

Oppose extending term limits to nine consecutive years as a general policy, it risks reducing renewal and limiting broader member engagement.

Time in role should not be conflated with competence and that extension risks entrenched underperformance and weakened accountability when boards must remain agile and responsive.

9-year term is a slow turnover rate

Six years provides sufficient time for directors to develop expertise and that regular renewal introduces new perspectives, strengthens oversight, and prevents entrenchment of governance practices.

Key Themes: Preserves institutional memory, aligns with legislation, balances renewal and expertise, enables learning for complex roles

Key Themes: Creates stagnation, groupthink, and entrenchment, reduces public confidence, limits engagement

Total Number of Respondents	Respondent Type			Q1: Add Directors? (Capacity/Risk)			Q2: How Many & Type?			Q3: Term Limits (9 Years)?		
	Pharmacists	Pharmacy Technicians	System Partner	Support (2 neutral)	Oppose (1 neutral)	Did Not Respond	As proposed	Other composition	Did Not Respond	Support (1 neutral)	Oppose	Did Not Respond
23*	21	1	1	10 (43.5%)	10 (43.5%)	3 (13%)	3 (13%)	10 (43.5%)	10 (43.5%)	7 (30%)	14 (61%)	2 (9%)

* Three comments were not published due to violation of posting guidelines but have been included in the results. One respondent submitted twice and is counted as one.

ONTARIO COLLEGE OF PHARMACISTS

Effective [●], 2025⁴

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

Version 7A – 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~~

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~~ (119) Elected Directors, of whom ~~three~~ (32) shall be pharmacy technicians.

4.1.2 In the event that the number of Public Directors exceeds ~~eleven~~ (119), 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 ~~ninesix (96)~~ consecutive years.

~~4.4.34.4.2~~ ~~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).~~

~~4.4.44.4.3~~ 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;

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 [1.1.14.4.2](#) and [4.4.24.4.3](#), 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 themselves available, without cause, to attend three (3) consecutive meetings of the Board;
- (b) fails, or does not make themselves 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 themselves 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.

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.

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

FOR INFORMATION

From: Jay O’Neill, Registrar and CEO

Topic: Registrar’s Update, December 9, 2025, to March 22, 2026

REGULATORY ACTIVITY

Regulations Update

Attached is the table summarizing the status of OCP’s outstanding and recently approved regulation amendments (Attachment 8.1a).

As of Right

As previously reported, legislative changes were established by Bill 56, *Building a More Competitive Economy Act, 2025*, which received Royal Assent on November 3, 2025, and allowed for the enactment of the expanded “As of Right” rules to 16 additional regulated health professions, including pharmacists and pharmacy technicians. The expansion of the “As of Right” rules included legislative changes to the *Regulated Health Professions Act, 1991*, the *Pharmacy Act, 1991* and the *Drug and Pharmacies Regulation Act, 1990* and these all came into effect on January 1, 2026.

As of March 2, 2026, there are 25 out of province practitioners practicing in Ontario under the “As of Right” rules, including 24 pharmacists and 1 pharmacy technician. Most of these practitioners are registered in the eastern provinces, (New Brunswick -7, Nova Scotia -5, Prince Edward Island -5). College staff are actively working with these individuals to complete registration in Ontario as quickly as possible, including successful completion of the Jurisprudence, Ethics, and Professionalism exam. Of note, 3 of these individuals have already passed this exam and another 16 have written the exam and are awaiting results.

Practice, Engagement and Knowledge Mobilization

In March 2024, the Board approved mandatory training for non-sterile compounding supervisors in response to operational assessment data indicating that some pharmacies were not fully meeting non-sterile compounding standards, in part due to insufficient training. The non-sterile compounding supervisor training and accompanying risk assessment resources were subsequently launched in early 2026. This significant initiative reflects extensive collaboration across multiple College program areas, including the Practice, Engagement and Knowledge Mobilization team and the Pharmacy Operations team.

SYSTEM PARTNER ENGAGEMENT: DECEMBER 9 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 Registrar or delegate where necessary:

- Board Meetings – December 15, 2025 and February 26, 2026.
- Board Bi-Weekly Meetings – December 9, January 6, January 20, February 3, February 17, and March 3, 2026.

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 Registrar attended since the last report:

- PRA Roundtable & Emerging Issues – December 16, January 13, February 10, March 10
- NAPRA Orientation for Board Members – January 19, 2026
- NAPRA Board Meeting – January 27, 2026

Other NAPRA Staff Activity

- NAPRA Emerging Technologies Information Sharing Group – February 26 (attended by Angela Bates)
- NAPRA-PRA-Health Canada, Review of Controlled Substances Regulation changes - March 2 (attended by Susan James and Melanie Zebawa)
- NAPRA Quality Assurance Information Sharing Group – March 3 (attended by Kristin Reid, Lap Chan and Saira Lallani)
- NAPRA launched two related consultations in January, which close in March: Components for PRA Approach to Compounding Competence and Model Documents for PRA Use – Non-sterile and Sterile Compounding Standards. Consultation input will be presented to the NAPRA Board and following final approval of these documents, the College will need to determine how to apply these expectations within our jurisdiction. More information will be provided as it becomes available.

Other meetings involving the Registrar

- Ministry of Health Quarterly Meeting – December 9, 2025
- PBEC meeting with Acting Registrar/CEO - December 19, 2026
- National Association of Boards of Pharmacy (NABP) meeting – January 12, 2026
- College of Midwives of Ontario with Registrar - meeting – January 22, 2026
- Neighbourhood Pharmacies Association of Canada with CEO - meeting – January 26, 2026
- Ontario Pharmacy Association with CEO - meeting – January 26, 2026
- Centennial College with Faculty member - Pharmacy Technician Program – meeting – February 5, 2026
- University of Toronto Leslie Dan Faculty of Pharmacy visit – February 9, 2026
- Joint meeting with Nova Scotia Pharmacy Regulator & Consultants re: StaffWISE program – February 24, 2026
- Attended a Hospital Pharmacy Assessment – February 25, 2026
- Canadian Association of Pharmacy Technicians (CAPT) with President – meeting - February 27, 2026
- Attended a Community Pharmacy Assessment – March 4, 2026
- **Planning is underway for a series of regional engagement meetings as was outlined in the annual plan. Meetings are expected to take place through late spring and into the summer period.*

Other Staff / System Partner Activity

Policy Team

- HPRO EDI Network – Jacq Hixson-Vulpe
- HPRO Citizen’s Advisory Group Committee – Delia Sinclair Frigault
- Ontario Health Digital Services Branch – Jennifer Leung, Delia Sinclair Frigault
- Ontario Pharmacists Association Practice and Policy bi-monthly – Delia Sinclair Frigault, Jane McKaig
- Canadian Pharmacists Association clinical resources updates – Jennifer Leung, Delia Sinclair Frigault
- Ministry of Health/Ministry of Finance – Delia Sinclair Frigault, Todd Leach, Johanna Geraci

Practice, Engagement and Knowledge Mobilization Team:

- Supported multiple educational partner meetings alongside the policy team to inform consultation activities related to mandatory learning requirements for expanded scope of practice.
- Participated in monthly meetings with the HPRO Practice Advisors Working Group to collaboratively develop a joint submission to the Office of the Chief Coroner’s DVDRC committee regarding their recommendations to regulatory health profession colleges. Planning for future collaborative initiatives is underway.
- Continued to build and strengthen relationships with community and hospital pharmacy system partners to address operational processes affecting patient care and medication management.
- Re-engaged with the Ontario Association of Chiefs of Police (OACP) to support and identify future collaboration opportunities pertaining to the College’s pharmacy safety initiative.

OCP External Presentations

Date	Presentation Topic	Primary Audience	Requesting/Host Organization
January 8, 2026	Hospital Oversight	Pharmacy Students PHM371 class	Leslie Dan Faculty of Pharmacy
January 8, 2026	CCAPP Q&A	Students	CTS College
January 29, 2026	CCAPP Q&A	Students	CTS College
February 18, 2026	CCAPP Q&A	Students	Centennial College
February 23, 2026	CCAPP Q&A	Students	Lambton College
March 4, 2026	AIMS Overview	Pharmacy Students	University of Ottawa

HORIZON SCAN

- Leadership changes at the Pharmacy Examining Board of Canada (PEBC): It was announced that following an extensive search, Richard Piticco has been appointed as PEBC’s new CEO as of March 9th, 2026. It was subsequently shared that after having capably served as the Acting Registrar-Treasurer and Deputy Registrar, Mahmoud Suleiman announced that he will be departing from PEBC. Mahmoud has been an integral part of PEBC for many years and we wish him well in his next chapter.
- Artificial Intelligence (AI) continues to be a topic of interest not only for the College’s own operations but also from a regulatory perspective. The College has made some focused investments in training for staff to help inform its future plans. Although more work needs to be done, the education and work to date of an internal project team will support effective planning through the planned strategic plan refresh in 2026.
- The number of pharmacy technicians available in the workforce now and into the foreseeable future has been raised in a number of discussions across a variety of stakeholders. Generally stated, the

concerns relate to workforce composition in an environment of change. As noted below, the volume of new registrations is relatively stable. Further inquiry into this will determine whether additional focus may be required later in the year.

OPERATIONS

AIMS Transition

The AIMS transition year is on track. The Board-approved changes from December have been communicated through the [updated Supplemental Standard of Practice](#) (effective 2027), supported by a dedicated [AIMS changes webpage](#) and transition resources. Updated e-learning modules are currently in development to strengthen registrants' understanding of their responsibilities under the AIMS Program and to reinforce the program's value and importance in advancing medication safety. Work related to the medication incident platforms and supporting the inclusion of Ontario data in the national database is also progressing well.

Annual Renewals

The College's Annual pharmacist and pharmacy technician certificate of registration renewal season is well underway. All pharmacists and pharmacy technicians must renew their certificate of registration by March 10 of each year.

As of March 3, 2026, 14,039 registrants have renewed. This is similar to the 2025 renewal cycle where, as of March 3, 2025, 14,048 registrants renewed. It is expected that over 18,700 pharmacists and 6,300 technicians will renew their certificates in 2026. There have been no technology issues affecting the process this year, and beyond comments related to fees, no negative feedback about the annual renewal process.

PACE for Pharmacy Technicians

As previously reported, College staff continue to engage with system partners, particularly hospital partners, related to the PACE program for pharmacy technician applicants. Staff continue to work with individual hospital directors and hospital pharmacy staff members to resolve potential barriers to implementation of the PACE program on an individual hospital level and are engaging with hospital directors through the Ontario Hospital Pharmacy Directors Forum to address any system-wide implementation issues. College staff are also working internally on refinements to the program to address potential barriers to access.

Since the introduction of the PACE for pharmacy technicians' registration requirement in October 2024, 357 assessments have been conducted on pharmacy technician candidates, 37 of which have been conducted in a hospital setting. College staff have also trained a total of 216 assessors (including 57 in hospital settings) across 82 communities in Ontario and continue to recruit and train assessors across as many communities and practice sites as possible.

For further context, the number of pharmacy technicians that have been added to the register in the past three calendar years (immediately before and after the introduction of the PACE program in October 2024) are shown in the table below:

Calendar Year	# of Technicians Registered
2023	401
2024	486*
2025	404

* Increased volume likely due to the sunsetting of the Structured Practical Training program in Fall 2024.

Registrant Records System (RRS)

The RRS project continues to advance across major workstreams. While system configuration, portal development, and change management activities remain active and progressing, the overall project timeline is now at risk due to delays in the data migration workstream. Based on the most recent results and pending vendor remediation requirements, the June 1, 2026, go live date will likely need to be adjusted.

The project team is working closely with the vendor to confirm the revised plan, including updated timelines and any associated cost implications. A revised go live timeline will be brought forward once the vendor's remediation proposal is received and assessed. At the time of writing work is ongoing to assess the full scope of remediation, and any revised timeline will reflect a more complete picture of outstanding risks.

An updated project governance structure was implemented in January to support effective monitoring and evaluation of organizational readiness for launch. This structure will remain in place to surface and mitigate risk associated with launch of the system.

Key Risk - Data Migration

The project team, in collaboration with the vendor recently completed a test migration involving approximately 100,000 records. The overall migration achieved close to 90% accuracy, which indicates that the core migration scripts are fundamentally sound. The remaining discrepancies, however, require additional remediation work by the vendor before a full production migration can occur. The vendor has advised that some of this work may fall outside the original scope and will be submitting a remediation plan with updated timelines and potential cost implications.

Current Priorities

- **System Readiness** – Refining system configurations based on business input and validating alignment with operational processes.
- **Portal Readiness** – Continuing enhancements to ensure registrant usability and positive registrant experience.
- **Report Development** – Continue building Word and Email templates, reports and other correspondence tools
- **Change Management and Communications:**
 - Ongoing internal communication through biweekly all staff updates.
 - “PRIME 101” virtual drop-in sessions launched to build early familiarity with key system concepts.
 - End-user training materials and guides are being developed in collaboration with business SMEs.
 - External change management planning is underway, with outreach to registrants and partners expected closer to launch.

KPMG Support Engagement

KPMG has been engaged to support configuration and deployment activities, providing additional expertise as the College prepares for implementation. They will also provide post-go live hyper care to assist with complex issues and help stabilize the system during the transition period.

Risk Summary

Risks	Health Check	Comments
Budget	Y	<ul style="list-style-type: none"> The 2026 budget includes a \$300,000 allocation for potential change requests. The vendor’s forthcoming remediation plan will determine whether and to what extent these funds are required. A budget update will be provided once the proposal is evaluated. Ongoing system configurations and testing continues to surface refinements that may require additional change requests. The impact of these will be assessed based on what can be done internally versus external support.
Schedule	R	<ul style="list-style-type: none"> The June 1 go-live date will likely need to be adjusted due to data migration delays. A revised timeline will be presented following review of the vendor’s remediation plan. All other workstreams continue to progress.
Resources	Y	<ul style="list-style-type: none"> Additional OCP staff involvement may be needed to support accelerated data migration activities and maintain readiness efforts, creating capacity pressures alongside other commitments.
Change Adoption	Y	<ul style="list-style-type: none"> As training and testing progress, some system issues have affected staff confidence and highlight the need for continued support to ensure workflow readiness. The project team and the Executive Team are closely monitoring these concerns and adjusting change management, training, and communication activities to maintain engagement and prepare staff for implementation. In parallel, the vendor and IT team are addressing configuration and functional issues that, if not resolved, could impact staff ability to perform certain critical activities.

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 March 6, 2026)

Act/Regulation	Primary purpose for the proposed amendment	Date of Submission to MOH	Current Status	Next Steps	Other Comments
Outstanding Submissions					
Pharmacy Act, General Regulation (256/24) Expanded Scope	Minister of Health sent a letter (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 submitted the proposed regulation amendments to the Minister of Health on December 10, 2025.	The College is awaiting direction on which proposed expanded scope activities that Ministry will authorize.	The Board is providing staff direction on the safety measures that have been discussed, with further options being presented for discussion and direction at the March 2026 Board meeting	
Recently Approved					
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 submitted the proposed regulation to amend O. Reg 264/16 to the Minister of Health on December 5, 2025	The Board reviewed the proposed regulation and provided their final approval at a special meeting that occurred December 4, 2025.	Staff are receiving and processing applications under As of Right legislation.	There have been 24 pharmacists and 1 pharmacy technician that are currently practicing in Ontario, As of Right
Pharmacy Act, General regulation (202/94) - Registration and Quality Assurance sections	Registration – to add a pharmacy technician intern class and eliminate the student pharmacist class and language revisions to reflect modernization of regulatory approach.	February 2018	Approved June 2024	Effective as of Oct 1, 2024	Board approved the updated Supervision of Pharmacy Personnel policy at the September meeting. Policy has been in effect since Oct 1, 2024.

	<p>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</p>				
<p>Pharmacy Act, General regulation (202)94 – Controlled Acts</p>	<p>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).</p>	<p>August 31, 2023</p>	<p>Approved December 12, 2023</p>	<p>Effective as of December 12, 2023: -Part A pharmacists, registered pharmacy students, interns and pharmacy technicians are authorized to administer the RSV vaccine to patients five years of age and older. -Part A pharmacists are authorized to prescribe Oseltamivir (Tamiflu). -the current authority for pharmacists to prescribe Paxlovid transitioned from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94). -The authority for pharmacists and pharmacy technicians to</p>	<p>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.</p>

				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	

FOR INFORMATION

- From:** Thomas Custers, Director, Corporate Services
- Topic:** College Performance Dashboard – Key performance year-end results for 2025
- Issue:** To provide the Board with year-end results 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 public accountability for the College’s performance against its 2025 goals.

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

Background:

- The 2025 Dashboard was approved at the December 9, 2024, Board meeting, with performance targets finalized on March 24, 2025.
- The 2025 Dashboard covers four domains – Regulatory Competence, Strategic Priorities, Capacity, and Risk Management – and includes two types of measures:
 - Performance measures: Specific targets and one-time milestones aligned to strategic and operational goals.
 - Monitoring measures: Contextual insights without targets, used to identify trends and inform future planning.

Analysis:

The College met or completed 10 of 16 performance measures and milestones in 2025, with 6 not met. Notable results include meaningful improvements in complaint and Registrar’s Inquiry disposition times, strong performance on staff engagement, and full system uptime. The six unmet targets primarily reflect initiatives where work advanced but full completion extended beyond 2025 (corporate pressure deliverables and Registrant Record System implementation), a target that will be recalibrated against a sector benchmark (voluntary turnover), scheduling constraints (practice policy reviews and a registrant townhall), and other emerging priorities that required the College’s attention (CPMF standards).

1. Performance Overview

The table below summarizes year-end results by domain. Full results are provided in Attachment 8.2a.

Domain	Measures / Milestones	Met / Completed	Not Met / Not Completed
Regulatory Competence	5	4	1
Strategic Priorities	4	2	2
Organizational Capacity	7	4	3
Total	16	10	6

1.1 Performance Measures Met / Milestones Completed

Regulatory Competence

- **High and moderate risk Complaints disposed of within 150 days**
 - Target: 30% | Year-end result: 50%.
- **High and moderate risk Registrar's Inquiries are disposed of within 365 days**
 - Target: 50% | Year-end result: 74%
- **% Health Professions Appeal & Review Board (HPARB) complaint decisions confirmed**
 - Target vs Result: Target 90%; Year-end result 91%
- **Mandatory training program for non-sterile compounding supervisors launched**
 - Completed: The program is mandatory for all new compounding supervisors and supervisors in pharmacies where standards are not being met.

Strategic Priorities

- **Website renewal launched to strengthen communications (Strategic Goal 2)**
 - Completed
- **% of trained staff reporting confidence in applying EDI principles (Strategic Goal 4)**
 - Target 80% | Year-end results: 90%.

Organizational Capacity

- **% of staff engagement (overall)**
 - Target: 63% | Result: 75%.
- **% of staff engagement (inclusion)**
 - Target: 78% | Result: 91%.
- **% of up-time of business-critical information systems**
 - Target: 99.9% | Year-end result: 100%.
- **Microsoft Secure Score**
 - Target: 80% | Year-end result: 81%.

1.2 Performance Measures Not Met / Milestones Not Completed

Regulatory Competence

- **% of out-of-date practice policies that have been reviewed**
 - Target: 26% | Result: 7%. Of 61 total outdated policies, 4 were reviewed (3 in Q1, 1 in Q3). The policy review process and scope are being re-evaluated and will resume in 2026.

Strategic Priorities

- **Completion of two virtual townhall sessions with registrants and system partners (Strategic Goals 1 &2)**
 - Townhall #1 (PACE for Pharmacy Technicians) was completed July 17, 2025. Townhall # 2 was not scheduled.
- **Completion of three 2025 deliverables to help reduce corporate pressures (Strategic Goal 1)**
 - Progress was made on all four deliverables in 2025, with work continuing into 2026:
 - Deliverable 1 – Operational Assessment Changes: Pilot launched in 2025; primary data collection and iterative revisions underway; will continue in 2026.
 - Deliverable 2 – Practice Assessment Changes: Criteria identified and internal data analysis started; will continue in 2026.
 - Deliverable 3 – Pharmacy professional experience survey Report: Pharmacy Professional Experience Survey Report: Survey completed in September 2025; Report to be published on the OCP website in March 2026.
 - Deliverable 4 – Policy Changes: Information-gathering completed in 2025. StaffWISE feasibility study is a 2026 priority: policy changes anticipated in 2027.

Organizational Capacity

- **Voluntary Turnover Rate**
 - Target: 3.8%; Year-end result: 7.1%. The 2025 target was based on past performance rather than an industry benchmark. For context, 2025 Korn Ferry Compensation & Benefits Report benchmarks public sector turnover at up to 8%, meaning the College’s result falls within the sector norm. The target will be recalibrated against this benchmark for 2026. As of early 2026, there have been no voluntary departures.
- **Registrant Records System (RRS) Implementation**
 - The RRS project was initially planned to go live in 2025, but due to project complexities identified in earlier updates, the timeline was revised to June 2026.
 - While core workstreams continue to progress, delays in the data-migration workstream mean that the June 2026 go-live date will likely need to be changed; a revised timeline will be brought forward once the vendor’s remediation plan has been fully assessed.
- **% of CPMF standards fully met**
 - Target: 80%; year-end result: 75%. The target was based on being compliant in 3 out of 4 standards not in compliance. One we were able to achieve compliance and 2 remaining are in progress.

2. Monitoring Measures

Of the 18 monitoring measures, 8 show no change in trend, and 1 is trending negatively. The remaining 9 have insufficient data for trend analysis – either because the required minimum of eight data points has not yet been reached, or because the relevant activity did not occur in 2025.

Domain	Monitoring Measures	Trending Positive	No Change in Trend	Trending Negative	Not Enough Data
Regulatory Competence	11	-	8	1	2
Organizational Capacity	7	-	-	-	7
Total	18	-	8	1	9

2.1 No Change in Trend

Eight Regulatory Competence measures remain stable at year end:

- Registrar decisions within 30 days: 100%
- Community pharmacists passing reassessment after coaching: 77%
- Average cycle time for highest-risk pharmacy assessments: 410 days
- Average processing time for high/moderate-risk complaints: 236 days
- Complaints resolved through informal processing: 30%
- Registrar’s Reports resolved through informal processing: 34%
- Registrants passing post-ICRC remediation assessment: 94%
- Positive media sentiment: 47% (year-end); Q4 result was 29%, reflecting a notable drop driven largely by opinion pieces related to preferred pharmacy networks (PPNs) and business pressures.

2.2 Trending Negative

- Open investigation cases at month-end: 884 (YTD). The College has continued to prioritize medium and high-risk files while deprioritizing low-risk files and is streamlining records of investigation to improve processing times. However, these measures do not address the overall volume problem. Capacity at the disposition stage – where decisions are written – is at maximum, and as volumes increase, the risk of backlogs grows. Senior management did not request additional resources in 2025; this will be monitored closely in 2026.

2.3 Insufficient Data for Trend Analysis

- **Two Regulatory Competence monitoring measures lack sufficient data:**
 - % of pharmacists (community) passing practice assessment after Quality Assurance Committee (QAC) directed remediation: 40% (YTD). Only 5 assessments completed in 2025.
 - % of pharmacists (hospital & community) passing knowledge assessment after QAC-directed remediation: No assessments completed in 2025.
- **Seven Organizational Capacity monitoring measures lack sufficient data. They indicate the College is in a sound financial position:**
 - Working Capital Ratio of 2.1 (YTD) – The College has two dollars in short-term assets for every dollar of short-term obligations, reflecting acceptable liquidity.

- Reserve balance: 31% above the required minimum reserve balance, providing cushion against unforeseen risks.
- Months of Spending Ratio of 7 (YTD) – the College could operate for 7 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 devoted to personnel-related costs (salaries, benefits, and related expenses).
- External-to-total costs ratio: 3.8% - most operations are managed in-house.
- Staff completing professional development activities: 10% in Q4 (39% YTD).

Attachments:

- Attachment 8.2a – 2025 College Dashboard Report – Year-End Results
- Attachment 8.2b – 2025 College Dashboard Measures Definitions



Ontario College
of Pharmacists

Putting patients first since 1871

Attachment 8.2a

2025 College Performance Dashboard Report
(Year-End Results)

Content

Item	Slide #
Section 1 – Background	4
Section 2 – Dashboard Summary	6,7
Section 3 – Results Performance Measures	8-17
Section 4 – Results Monitoring Measures	18-28
Appendix – How to Read the Graphs	29

Section 1 – Background

2025 Board Dashboard Domains

Regulatory Competence

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

Strategic Priorities

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

Organizational Capacity

Does the College have the necessary resources, capabilities, and infrastructure to effectively execute its mandate now and in the future while maintaining compliance with applicable policies, law, and regulations?

Risk Management

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

Section 1 – Background

2025 Board Dashboard Sub-Domains

Domain	Sub-Domains	
Regulatory Competence	<ul style="list-style-type: none">• Registration• Quality• Conduct	<ul style="list-style-type: none">• Regulatory Policies• Public Trust
Strategic Priorities	<ul style="list-style-type: none">• Strategic Plan Execution• Government-Directed Change	<ul style="list-style-type: none">• System Partnerships
Organizational Capacity	<ul style="list-style-type: none">• Human Resources• Financial Health• Efficiency	<ul style="list-style-type: none">• 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 for non-sterile compounding supervisors established & launched						100%	Dec-2025	complete					
Conduct							YTD 2024	Q1	Q2	Q3	Q4	YTD	target	status
2	% High and moderate risk complaints disposed of within 150 days						31%	13%	67%	53%	55%	50%	30%	●
3	% High and moderate risk Registrar’s Inquiries are disposed of within 365 days						32%	67%	57%	83%	71%	74%	50%	●
4	% HPARB complaint decisions confirmed						100%	80%	100%	100%	100%	91%	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 (SG’s #1 & #2)						100%	Dec-2025	1 complete					
8	Launched website renewal to strengthen effective communications (Strategic Goal #2)						100%	Sep-2025	complete					
9	% of trained staff reporting confidence in applying EDI principles (Strategic Goal #4)						90%	80%	●					
Organizational Capacity														
Human Resources							YTD 2024	Q1	Q2	Q3	Q4	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%	1.2%	7.1%	3.8%	●
Technology							YTD 2024	Q1	Q2	Q3	Q4	YTD	target	status
13	% of up-time of business-critical information systems						100%	100%	100%	100%	100%	100%	99.9%	●
14	Microsoft Secure Score						75%	79%	81%	82%	81%	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%	75%	80%	●				

LEGEND
 ● Met Target / Completed
 ● Not Met / Not completed

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

Section 2 – Dashboard Summary (Monitoring Measures)

Regulatory Competence									
Registration			YTD 2024	Q1	Q2	Q3	Q4	YTD	trend analysis
17	% of Registrar decisions made within 30 days after receiving the completed application		100%	100%	100%	100%	100%	100%	●
Quality - Registrants			YTD 2024	Q2	Q3	Q4	YTD	trend analysis	
18	% of community pharmacists who pass practice reassessments after coaching		89%	71%	89%	72%	71%	77%	●
19	% of community pharmacists who pass practice assessment after QAC remediation		20%	-	0%	-	67%	40%	-
20	% of all pharmacists who pass knowledge assessment after QAC remediation		100%	-	-	-	-	-	-
Quality - Pharmacies			YTD 2024	Q1	Q2	Q3	Q4	YTD	trend analysis
21	Average days cycle time for high risk assessments		388	441	458	404	338	410	●
Conduct			YTD 2024	Q1	Q2	Q3	Q4	YTD	trend analysis
22	Open investigation cases at month end (YTD)		412	-	-	-	-	884	●
23	Average processing time for high and moderate risk Complaints (days)		228	236	203	235	274	236	●
24	% of Complaints resolved through informal processing		22%	37%	25%	29%	27%	30%	●
25	% of Registrar's Reports resolved through informal processing		21%	28%	11%	44%	27%	34%	●
26	% of registrants who pass the post-ICRC remediation assessment		90%	100%	94%	95%	88%	94%	●
Public Trust			YTD 2024	Q1	Q2	Q3	Q4	YTD	trend analysis
27	% Positive Media Sentiment		41%	100%	45%	55%	29%	47%	●
Organizational Capacity									
Human Resources				Q1	Q1	Q3	Q4	YTD	trend analysis
28	% of staff completing professional development activities			16	8%	5%	9%	38%	-
Financial Health							Q4 YTD	trend analysis	
29	Working capital ratio (YTD)						2.1	-	
30	Months of spending ratio (YTD)						7	-	
31	% Budget-to-actual variance (YTD)						-10%	-	
32	% above/below required reserve balance (YTD)						31%	-	
Efficiency							Q4 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 December results.

Section 3 – Year End Performance Results

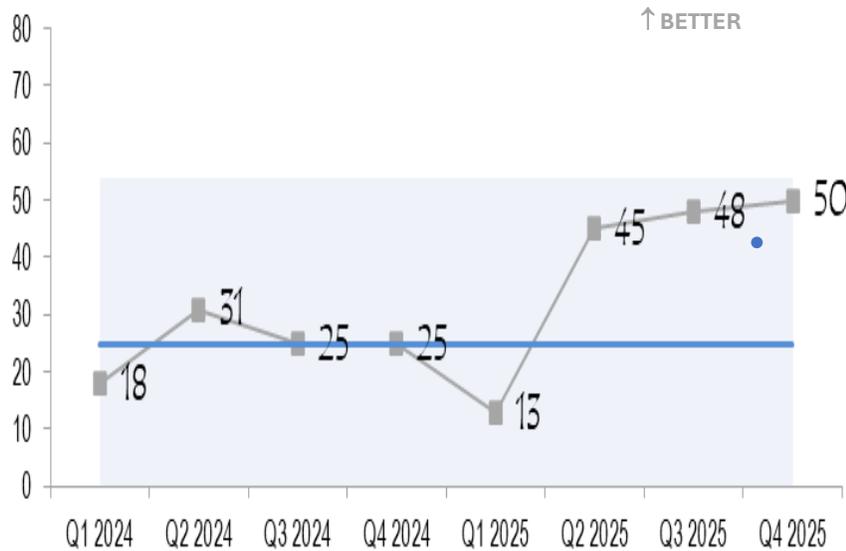
Regulatory Competence

Milestone	Cause / Key Points	Comments / Next Steps
Quality		
 Mandatory training program for non-sterile compounding supervisors established and launched (2025 Operational Plan Priority)	Key Points: <ul style="list-style-type: none">The training program for non-sterile compounding has been established and launched	Next Steps for 2026: <ul style="list-style-type: none">OCP website containing the training course is available as of Feb 5, 2026.The training is mandatory to all NEW compounding supervisors and supervisors in pharmacies where standards are not being met.A certificate of completion is given to registrants after completing the final exam.

Section 3 – Year End Performance Results

Regulatory Competence

Performance Measures		Q4	YTD	Target	Status	Comments / Next Steps
Conduct						
●	% High and moderate risk complaints disposed of within 150 days	55%	50%	30%	Target Met	<ul style="list-style-type: none"> Continue to prioritize moderate and high-risk files - various initiatives to move low risk files. Low risk files are being resolved early in the process which is allowing staff to focus on med and high-risk files. Administrative procedures for complaints officers has been reassigned to give more time to focus on complaints. ICRC panel meeting have been increased allowing for additional files to be disposed. In 2025, 380 complaint decisions were issued. Of these, 159 were low risk, 215 moderate risk and 6 high risk. A new system and increased volumes could negatively impact this target in 2026.



Section 3 – Year End Performance Results

Regulatory Competence

Performance Measures		Q4	YTD	Target	Status	Comments / Next Steps																		
Conduct																								
<ul style="list-style-type: none"> ● % High and moderate risk Registrar's Inquiries are disposed of within 365 days 	<p>↑ BETTER</p> <table border="1"> <caption>Registrar's Inquiries Disposed of within 365 days</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1 2024</td> <td>35</td> </tr> <tr> <td>Q2 2024</td> <td>38</td> </tr> <tr> <td>Q3 2024</td> <td>38</td> </tr> <tr> <td>Q4 2024</td> <td>45</td> </tr> <tr> <td>Q1 2025</td> <td>67</td> </tr> <tr> <td>Q2 2025</td> <td>64</td> </tr> <tr> <td>Q3 2025</td> <td>75</td> </tr> <tr> <td>Q4 2025</td> <td>74</td> </tr> </tbody> </table>	Quarter	Percentage	Q1 2024	35	Q2 2024	38	Q3 2024	38	Q4 2024	45	Q1 2025	67	Q2 2025	64	Q3 2025	75	Q4 2025	74	71%	74%	50%	Target Met	<ul style="list-style-type: none"> • Overall, the College was able to maximize internal processing of files to enable quicker turn around time.
Quarter	Percentage																							
Q1 2024	35																							
Q2 2024	38																							
Q3 2024	38																							
Q4 2024	45																							
Q1 2025	67																							
Q2 2025	64																							
Q3 2025	75																							
Q4 2025	74																							

Section 3 – Year End Performance Results

Conduct & Regulatory Competence

Performance Measures			Q4	YTD	Target	Status	Comments / Next Steps																		
Conduct																									
●	% HPARB complaint decisions confirmed	<table border="1"> <caption>% HPARB complaint decisions confirmed</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q2 2024</td><td>100</td></tr> <tr><td>Q3 2024</td><td>100</td></tr> <tr><td>Q4 2024</td><td>100</td></tr> <tr><td>Q1 2025</td><td>80</td></tr> <tr><td>Q2 2025</td><td>88</td></tr> <tr><td>Q3 2025</td><td>90</td></tr> <tr><td>Q4 2025</td><td>91</td></tr> </tbody> </table>	Quarter	Value	Q1 2024	100	Q2 2024	100	Q3 2024	100	Q4 2024	100	Q1 2025	80	Q2 2025	88	Q3 2025	90	Q4 2025	91	100%	91%	90%	Target Met	<ul style="list-style-type: none"> There was one decision in Q4 confirmed by HPARB.
Quarter	Value																								
Q1 2024	100																								
Q2 2024	100																								
Q3 2024	100																								
Q4 2024	100																								
Q1 2025	80																								
Q2 2025	88																								
Q3 2025	90																								
Q4 2025	91																								
Regulatory Policies						Status	Response																		
●	% of out-of-date practice policies that have been reviewed (2025 Operational Plan Priority)	<p>Total # of outdated policies: 61 2025 target: 16</p> <table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td># Completed</td> <td>3</td> <td>0</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	# Completed	3	0	1	0	-	7%	26%	Target Not Met	<ul style="list-style-type: none"> Policy review process including the original scope of the refresh initiative undergoing re-evaluation and will resume in 2026. 								
	Q1	Q2	Q3	Q4																					
# Completed	3	0	1	0																					

Section 3 – Year End Performance Results

Strategic Priorities

Milestone	Cause / Key Points	Comments / Next Steps
2024 – 2028 Strategic Plan Execution		
<ul style="list-style-type: none"> ● 	<p>Completion of 2025 deliverables to reduce corporate pressures completed (Strategic Goal #1 – 2025 Operational Plan Priority)</p>	<ul style="list-style-type: none"> • Deliverable 1: Operational Assessment Changes <ul style="list-style-type: none"> ○ Pilot was successfully launched in 2025. • Deliverable 2: Practice Assessment Changes <ul style="list-style-type: none"> ○ Criteria identified; internal data analysis started in 2025 • Deliverable 3: Pharmacy Professional Experience Survey Report <ul style="list-style-type: none"> ○ Survey was completed in Sept 2025. • Deliverable 4: Policy Changes <ul style="list-style-type: none"> ○ Gathering information in 2025 to enable future policy changes.
<p>Next Steps for 2026:</p> <ul style="list-style-type: none"> • Deliverable 1: <ul style="list-style-type: none"> ○ Pilot continues; preliminary data collection and iterative revisions underway. • Deliverable 2: <ul style="list-style-type: none"> ○ Continue data analysis; finalize risk-based selection criteria. • Deliverable 3: <ul style="list-style-type: none"> ○ A report will be published to OCP website in March. • Deliverable 4: <ul style="list-style-type: none"> ○ StaffWISE Feasibility study is a 2026 Priority. ○ Policy changes are anticipated in 2027. 		

Section 3 – Year End 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: <ul style="list-style-type: none"> Townhall #1: PACE for Pharmacy Technicians: Completed July 17th, 2025 Townhall #2: This townhall was not scheduled and did not proceed due to timing and other operational considerations.
		Next Steps for 2026: <ul style="list-style-type: none"> Future engagement sessions with registrants are planned via in-person regional meetings.

*2025 Operational Plan Priority

Section 3 – Year End Performance Results

Strategic Priorities

Performance Measures					Q4	YTD	Target	Status	Comment or Next Steps	
2024 – 2028 Strategic Plan Execution										
●	% of trained staff reporting confidence in applying EDI principles*						-	90%	80%	<ul style="list-style-type: none"> The target was met for all trained staff in 2025.
		YTD Results	Q1	Q2	Q3	Q4				
		# Confident	n/a	9/10	n/a	18/20				
<p>Next Steps for 2026:</p> <ul style="list-style-type: none"> Evaluation complete; Pilot successful. Quick reference resources developed on mitigating bias for trainees to use “on the job”. Expanding to additional staff across departments. 										

*2025 Operational Plan Priority

Section 3 – Q4 Performance Results

Organizational Capacity

Performance Measures		Q4	YTD	Target	Status	Response																			
Human Resources																									
●	Voluntary turnover rate	<table border="1"> <caption>Voluntary Turnover Rate Data</caption> <thead> <tr> <th>Quarter</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>1.2</td></tr> <tr><td>Q2 2024</td><td>2.4</td></tr> <tr><td>Q3 2024</td><td>3.5</td></tr> <tr><td>Q4 2024</td><td>4.1</td></tr> <tr><td>Q1 2025</td><td>3.5</td></tr> <tr><td>Q2 2025</td><td>4.7</td></tr> <tr><td>Q3 2025</td><td>5.9</td></tr> <tr><td>Q4 2025</td><td>7.1</td></tr> </tbody> </table>	Quarter	Rate (%)	Q1 2024	1.2	Q2 2024	2.4	Q3 2024	3.5	Q4 2024	4.1	Q1 2025	3.5	Q2 2025	4.7	Q3 2025	5.9	Q4 2025	7.1	1.2%	7.1%	3.8%	<ul style="list-style-type: none"> As of the first 2 months of 2026, we have had no voluntary departures. 	<ul style="list-style-type: none"> Target was based on past performance as opposed to industry benchmark. Our sector 2025 Korn Ferry Compensation & Benefits Report for Canada benchmarks turnover up to 8%.
Quarter	Rate (%)																								
Q1 2024	1.2																								
Q2 2024	2.4																								
Q3 2024	3.5																								
Q4 2024	4.1																								
Q1 2025	3.5																								
Q2 2025	4.7																								
Q3 2025	5.9																								
Q4 2025	7.1																								

Section 3 – Year End Performance Results

Organizational Capacity

Performance Measures			Q4	YTD	Target	Status	Comments or Next Steps																		
Information Infrastructure																									
●	% of up-time of business-critical information systems	<table border="1" style="display: none;"> <caption>% of up-time of business-critical information systems</caption> <thead> <tr> <th>Quarter</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>100.0</td></tr> <tr><td>Q2 2024</td><td>100.0</td></tr> <tr><td>Q3 2024</td><td>100.0</td></tr> <tr><td>Q4 2024</td><td>100.0</td></tr> <tr><td>Q1 2025</td><td>100.0</td></tr> <tr><td>Q2 2025</td><td>100.0</td></tr> <tr><td>Q3 2025</td><td>100.0</td></tr> <tr><td>Q4 2025</td><td>99.9</td></tr> </tbody> </table>	Quarter	Value (%)	Q1 2024	100.0	Q2 2024	100.0	Q3 2024	100.0	Q4 2024	100.0	Q1 2025	100.0	Q2 2025	100.0	Q3 2025	100.0	Q4 2025	99.9	100%	100%	99.9%	<ul style="list-style-type: none"> The target was met. 	<ul style="list-style-type: none"> Server room re-design included power systems upgrades featuring new UPC batteries and best practice redundancy configurations.
Quarter	Value (%)																								
Q1 2024	100.0																								
Q2 2024	100.0																								
Q3 2024	100.0																								
Q4 2024	100.0																								
Q1 2025	100.0																								
Q2 2025	100.0																								
Q3 2025	100.0																								
Q4 2025	99.9																								
●	Microsoft Secure Score	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Result</td> <td>78.5%</td> <td>80%</td> <td>82%</td> <td>81%</td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	Result	78.5%	80%	82%	81%	81%	81%	80%	<ul style="list-style-type: none"> The target was met. 	<ul style="list-style-type: none"> With our preventative measures in training and security protocols, we anticipate maintaining a safe score. As we move away from legacy internal systems, we should see a positive rise in the secure score. 								
	Q1	Q2	Q3	Q4																					
Result	78.5%	80%	82%	81%																					

Section 3 – Year End Performance Results

Organizational Capacity

2025 Operational Goals		Cause/Key Points	Comments or Next Steps						
Information Infrastructure									
●	<p>Implement Registrant Records System (RRS) <i>(2025 Operational Plan Priority)</i></p>	<p>Key Points (see for details the Registrar’s Report)</p> <ul style="list-style-type: none"> The RRS project was initially planned to go live in 2025, but due to project complexities identified in earlier updates, the timeline was revised to June 2026. While core workstreams continue to progress, delays in the data-migration workstream mean that the June 2026 go-live date is no longer feasible, and a revised timeline will be brought forward once the vendor’s remediation plan has been fully assessed. 	<p>Next Steps for 2026:</p> <ul style="list-style-type: none"> Maintain progress on internal streams to meet the June 2026 Go-Live. 						
●	<p>% of CPMF standards fully met</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th>YTD 2024</th> <th>YTD 2025</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">67%</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">80%</td> </tr> </tbody> </table>	YTD 2024	YTD 2025	Target	67%	75%	80%	<ul style="list-style-type: none"> We did not meet three standards, of which two are in progress of compliance (11.1b 90% of public inquiries within 5 business days and 13.1a disclosure information policy).
YTD 2024	YTD 2025	Target							
67%	75%	80%							

Section 4 – Year End Monitoring Results

Regulatory Competence

Monitoring Measures		Q4	YTD	Comments																				
Registration																								
<ul style="list-style-type: none"> • % of Registrar decisions made within 30 days after receiving the completed application. 	<table border="1"> <caption>Registrar Decisions Performance</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q4 2023</td><td>100</td></tr> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q2 2024</td><td>100</td></tr> <tr><td>Q3 2024</td><td>100</td></tr> <tr><td>Q4 2024</td><td>100</td></tr> <tr><td>Q1 2025</td><td>100</td></tr> <tr><td>Q2 2025</td><td>100</td></tr> <tr><td>Q3 2025</td><td>100</td></tr> <tr><td>Q4 2025</td><td>100</td></tr> </tbody> </table>	Quarter	Percentage	Q4 2023	100	Q1 2024	100	Q2 2024	100	Q3 2024	100	Q4 2024	100	Q1 2025	100	Q2 2025	100	Q3 2025	100	Q4 2025	100	100%	100%	<ul style="list-style-type: none"> • Decisions are consistently completed in 30 days or less.
Quarter	Percentage																							
Q4 2023	100																							
Q1 2024	100																							
Q2 2024	100																							
Q3 2024	100																							
Q4 2024	100																							
Q1 2025	100																							
Q2 2025	100																							
Q3 2025	100																							
Q4 2025	100																							
<ul style="list-style-type: none"> • % of community pharmacists who successfully passed their practice reassessments following coaching 	<table border="1"> <caption>Community Pharmacists Practice Reassessments</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>96</td></tr> <tr><td>Q2 2024</td><td>77</td></tr> <tr><td>Q3 2024</td><td>89</td></tr> <tr><td>Q4 2024</td><td>69</td></tr> <tr><td>Q1 2025</td><td>71</td></tr> <tr><td>Q2 2025</td><td>89</td></tr> <tr><td>Q3 2025</td><td>72</td></tr> <tr><td>Q4 2025</td><td>77</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2024	96	Q2 2024	77	Q3 2024	89	Q4 2024	69	Q1 2025	71	Q2 2025	89	Q3 2025	72	Q4 2025	77	71%	77%	<ul style="list-style-type: none"> • Out of 38 pharmacists assessed in Q4, 27 passed. • 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. 		
Quarter	Percentage																							
Q1 2024	96																							
Q2 2024	77																							
Q3 2024	89																							
Q4 2024	69																							
Q1 2025	71																							
Q2 2025	89																							
Q3 2025	72																							
Q4 2025	77																							

Section 4 – Year End Monitoring Results

Regulatory Competence

Monitoring Measures		Q4	YTD	Comments																					
Quality																									
-	% of community pharmacists who passing practice assessment following QAC-directed remediation	<table border="1"> <thead> <tr> <th></th> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td># of Pharmacists</td> <td>6</td> <td>10</td> <td>5</td> <td>5</td> </tr> <tr> <td># Passed Assessment</td> <td>6</td> <td>6</td> <td>1</td> <td>2</td> </tr> <tr> <td>Result</td> <td>100%</td> <td>60%</td> <td>20%</td> <td>40%</td> </tr> </tbody> </table>		2022	2023	2024	2025	# of Pharmacists	6	10	5	5	# Passed Assessment	6	6	1	2	Result	100%	60%	20%	40%	67%	40%	<ul style="list-style-type: none"> • There were 5 completed YTD. Three 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.
	2022	2023	2024	2025																					
# of Pharmacists	6	10	5	5																					
# Passed Assessment	6	6	1	2																					
Result	100%	60%	20%	40%																					
-	% of pharmacists (hospital & community) passing knowledge assessment following QAC-directed remediation	<table border="1"> <thead> <tr> <th></th> <th>2021</th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <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> </tbody> </table>		2021	2022	2023	2024	# of Pharmacists	2	1	7	6	# Completed	2	1	7	6	Result	100%	100%	100%	100%	-	-	<ul style="list-style-type: none"> • No data available because there were no assessments completed in 2025. • These assessments are ordered by the QAC (Quality Assurance Committee) and only occur based on demand.
	2021	2022	2023	2024																					
# of Pharmacists	2	1	7	6																					
# Completed	2	1	7	6																					
Result	100%	100%	100%	100%																					

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Year End Monitoring Results

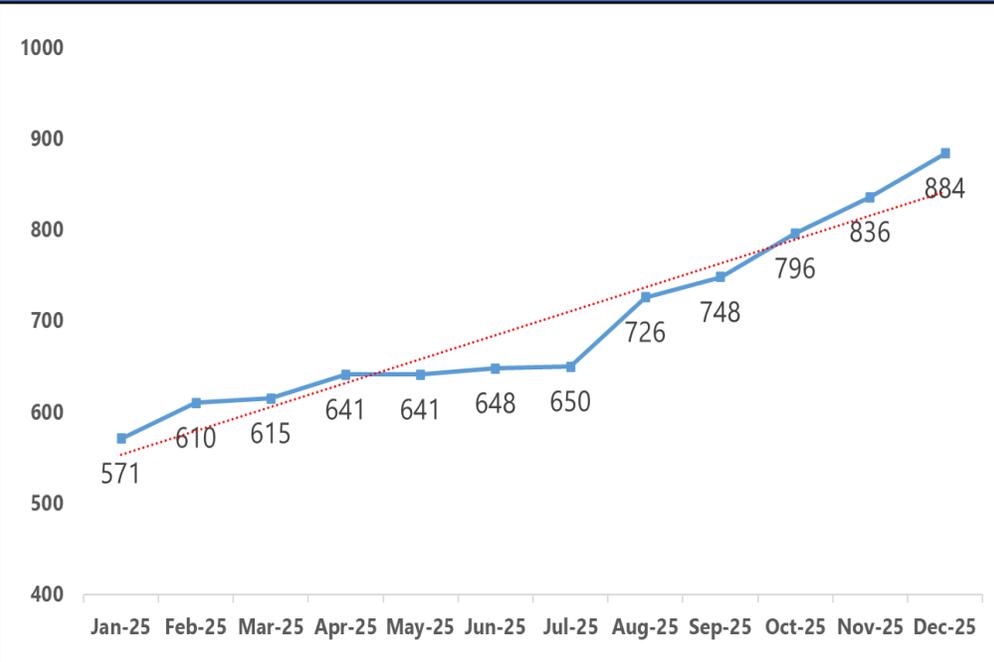
Regulatory Competence

Monitoring Measures		Q4	YTD	Comments																		
Quality																						
<ul style="list-style-type: none"> • Average cycle time (calendar days) between assessments for community pharmacies in highest risk category 	<table border="1"> <caption>Average Cycle Time Data</caption> <thead> <tr> <th>Quarter</th> <th>Cycle Time (Calendar Days)</th> </tr> </thead> <tbody> <tr> <td>Q1 2024</td> <td>393</td> </tr> <tr> <td>Q2 2024</td> <td>384</td> </tr> <tr> <td>Q3 2024</td> <td>405</td> </tr> <tr> <td>Q4 2024</td> <td>462</td> </tr> <tr> <td>Q1 2025</td> <td>441</td> </tr> <tr> <td>Q2 2025</td> <td>450</td> </tr> <tr> <td>Q3 2025</td> <td>434</td> </tr> <tr> <td>Q4 2025</td> <td>410</td> </tr> </tbody> </table>	Quarter	Cycle Time (Calendar Days)	Q1 2024	393	Q2 2024	384	Q3 2024	405	Q4 2024	462	Q1 2025	441	Q2 2025	450	Q3 2025	434	Q4 2025	410	338	410	<ul style="list-style-type: none"> • Intent remains to assess at ~12-month intervals, with exact timing varying based on logistical considerations such as regional travel coordination and resource optimization. • Some scheduling adjustments were required due to availability of key pharmacy staff. • Some pharmacies were assessed as lower risk, allowing for slightly extended intervals.
Quarter	Cycle Time (Calendar Days)																					
Q1 2024	393																					
Q2 2024	384																					
Q3 2024	405																					
Q4 2024	462																					
Q1 2025	441																					
Q2 2025	450																					
Q3 2025	434																					
Q4 2025	410																					

Section 4 – Year End Monitoring Results

Regulatory Competence

Monitoring Measures		Q4	YTD	Comments
Conduct				
●	Open investigation cases at month end	-	884	<ul style="list-style-type: none"> Senior leadership did not request for additional resources; we have continued to prioritize medium and high-risk files and low files are deprioritized. We are streamlining record of investigation to allow for faster processing times. This however does not solve the volume problem for the system as a whole. There are several stages where case files sit. Disposition is one of the largest stages. Capacities at disposition where decisions are written are at maximum capacity. As volumes increase so does the risk of a backlog at the disposition stage.



Section 4 – Year End Monitoring Results

Regulatory Competence

Monitoring Measures		Q4	YTD	Comments																		
Conduct																						
<ul style="list-style-type: none"> • Average processing times for high and moderate risk Complaints 	<table border="1"> <caption>Average processing times for high and moderate risk Complaints</caption> <thead> <tr> <th>Quarter</th> <th>Processing Time (Days)</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>245</td></tr> <tr><td>Q2 2024</td><td>211</td></tr> <tr><td>Q3 2024</td><td>240</td></tr> <tr><td>Q4 2024</td><td>240</td></tr> <tr><td>Q1 2025</td><td>236</td></tr> <tr><td>Q2 2025</td><td>216</td></tr> <tr><td>Q3 2025</td><td>224</td></tr> <tr><td>Q4 2025</td><td>236</td></tr> </tbody> </table>	Quarter	Processing Time (Days)	Q1 2024	245	Q2 2024	211	Q3 2024	240	Q4 2024	240	Q1 2025	236	Q2 2025	216	Q3 2025	224	Q4 2025	236	274	236	<ul style="list-style-type: none"> • No meaningful change from the previous quarter. • There were 56 cases disposed in this quarter, the longest was 660 calendar days, the shortest was 136 calendar days.
Quarter	Processing Time (Days)																					
Q1 2024	245																					
Q2 2024	211																					
Q3 2024	240																					
Q4 2024	240																					
Q1 2025	236																					
Q2 2025	216																					
Q3 2025	224																					
Q4 2025	236																					
<ul style="list-style-type: none"> • % of Complaints resolved through informal processing 	<table border="1"> <caption>% of Complaints resolved through informal processing</caption> <thead> <tr> <th>Quarter</th> <th>% Resolved</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>19</td></tr> <tr><td>Q2 2024</td><td>26</td></tr> <tr><td>Q3 2024</td><td>24</td></tr> <tr><td>Q4 2024</td><td>17</td></tr> <tr><td>Q1 2025</td><td>37</td></tr> <tr><td>Q2 2025</td><td>32</td></tr> <tr><td>Q3 2025</td><td>37</td></tr> <tr><td>Q4 2025</td><td>30</td></tr> </tbody> </table>	Quarter	% Resolved	Q1 2024	19	Q2 2024	26	Q3 2024	24	Q4 2024	17	Q1 2025	37	Q2 2025	32	Q3 2025	37	Q4 2025	30	27%	30%	<ul style="list-style-type: none"> • No meaningful change from the previous quarter. • We informally processed 167 complaints out of 555 complaint inquiries in 2025.
Quarter	% Resolved																					
Q1 2024	19																					
Q2 2024	26																					
Q3 2024	24																					
Q4 2024	17																					
Q1 2025	37																					
Q2 2025	32																					
Q3 2025	37																					
Q4 2025	30																					

Section 4 – Year End Monitoring Results

Regulatory Competence

Monitoring Measures		Q4	YTD	Comments																		
Conduct																						
<ul style="list-style-type: none"> ● % of Registrar's Reports resolved through informal processing 	<table border="1"> <caption>% of Registrar's Reports resolved through informal processing</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>16</td></tr> <tr><td>Q2 2024</td><td>17</td></tr> <tr><td>Q3 2024</td><td>0</td></tr> <tr><td>Q4 2024</td><td>78</td></tr> <tr><td>Q1 2025</td><td>28</td></tr> <tr><td>Q2 2025</td><td>24</td></tr> <tr><td>Q3 2025</td><td>37</td></tr> <tr><td>Q4 2025</td><td>34</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2024	16	Q2 2024	17	Q3 2024	0	Q4 2024	78	Q1 2025	28	Q2 2025	24	Q3 2025	37	Q4 2025	34	27%	34%	<ul style="list-style-type: none"> • No meaningful change from the previous quarter. • We informally processed 52 reports out of 153 report inquiries. These cases were avoided from becoming a formal investigation.
Quarter	Percentage																					
Q1 2024	16																					
Q2 2024	17																					
Q3 2024	0																					
Q4 2024	78																					
Q1 2025	28																					
Q2 2025	24																					
Q3 2025	37																					
Q4 2025	34																					
<ul style="list-style-type: none"> ● % of registrants who successfully passed the post-ICRC remediation assessment 	<table border="1"> <caption>% of registrants who successfully passed the post-ICRC remediation assessment</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>100</td></tr> <tr><td>Q2 2024</td><td>84</td></tr> <tr><td>Q3 2024</td><td>95</td></tr> <tr><td>Q4 2024</td><td>84</td></tr> <tr><td>Q1 2025</td><td>100</td></tr> <tr><td>Q2 2025</td><td>97</td></tr> <tr><td>Q3 2025</td><td>96</td></tr> <tr><td>Q4 2025</td><td>94</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2024	100	Q2 2024	84	Q3 2024	95	Q4 2024	84	Q1 2025	100	Q2 2025	97	Q3 2025	96	Q4 2025	94	90%	94%	<ul style="list-style-type: none"> • No meaningful change from previous quarter. • Three out of 31 registrants did not pass their post remediation assessment in Q4.
Quarter	Percentage																					
Q1 2024	100																					
Q2 2024	84																					
Q3 2024	95																					
Q4 2024	84																					
Q1 2025	100																					
Q2 2025	97																					
Q3 2025	96																					
Q4 2025	94																					

Section 4 – Year End Monitoring Results

Regulatory Competence

Performance Measures		Q4	YTD	Comments																			
Public Trust																							
●	% Positive Media Sentiment	<table border="1"> <caption>% Positive Media Sentiment Data</caption> <thead> <tr> <th>Quarter</th> <th>% Positive Media Sentiment</th> </tr> </thead> <tbody> <tr> <td>Q1 2024</td> <td>44</td> </tr> <tr> <td>Q2 2024</td> <td>38</td> </tr> <tr> <td>Q3 2024</td> <td>25</td> </tr> <tr> <td>Q4 2024</td> <td>25</td> </tr> <tr> <td>Q1 2025</td> <td>100</td> </tr> <tr> <td>Q2 2025</td> <td>50</td> </tr> <tr> <td>Q3 2025</td> <td>52</td> </tr> <tr> <td>Q4 2025</td> <td>47</td> </tr> </tbody> </table>	Quarter	% Positive Media Sentiment	Q1 2024	44	Q2 2024	38	Q3 2024	25	Q4 2024	25	Q1 2025	100	Q2 2025	50	Q3 2025	52	Q4 2025	47	29%	47%	<ul style="list-style-type: none"> The percentage of positive media stories remained fairly consistent with previous two quarters. Negative media was largely the result of published opinion pieces related to PPNs and business pressures.
Quarter	% Positive Media Sentiment																						
Q1 2024	44																						
Q2 2024	38																						
Q3 2024	25																						
Q4 2024	25																						
Q1 2025	100																						
Q2 2025	50																						
Q3 2025	52																						
Q4 2025	47																						

Section 4 – Year End Monitoring Results

Organizational Capacity

Monitoring Measures				Q4	YTD	Comments														
Human Resources																				
-	% of staff completing professional development activities	<table border="1"> <thead> <tr> <th></th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td># Completed</td> <td>25</td> <td>13</td> <td>8</td> <td>17</td> </tr> <tr> <td>Result</td> <td>16%</td> <td>8%</td> <td>5%</td> <td>10%</td> </tr> </tbody> </table>		Q1	Q2	Q3	Q4	# Completed	25	13	8	17	Result	16%	8%	5%	10%	10%	39%	<ul style="list-style-type: none"> 17 staff completed one or more professional development activities in Q4. There were a total of 63 staff YTD. This includes LinkedIn Learning training of completed courses along with Professional Development requests
	Q1	Q2	Q3	Q4																
# Completed	25	13	8	17																
Result	16%	8%	5%	10%																
Financial Health																				
-	Working Capital Ratio	<table border="1"> <thead> <tr> <th></th> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td>Current Liabilities</td> <td>\$6.7M</td> <td>\$8.0M</td> <td>\$8.0M</td> <td>\$8.6M</td> </tr> <tr> <td>Result</td> <td>4.9</td> <td>4.0</td> <td>4.0</td> <td>2.1</td> </tr> </tbody> </table>		Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	Current Liabilities	\$6.7M	\$8.0M	\$8.0M	\$8.6M	Result	4.9	4.0	4.0	2.1	-	2.1	<ul style="list-style-type: none"> The working-capital ratio of 2.1 shows that the College has more than enough short-term assets to cover its short-term obligations. This level of liquidity is considered healthy for not-for-profit organizations, which generally aim for a current ratio of at least 1.5. The decline from earlier quarters is expected because the College receives most of its annual revenue in the first four months of the year. As those funds are used throughout the year, the ratio naturally moves toward a more typical level while remaining within a healthy range.
	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																
Current Liabilities	\$6.7M	\$8.0M	\$8.0M	\$8.6M																
Result	4.9	4.0	4.0	2.1																

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Year End Monitoring Results

Organizational Capacity

Monitoring Measures					Q4	YTD	Comments																
Financial Health																							
-	Months of Spending Ratio	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Results</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> <td style="text-align: center;">11</td> <td style="text-align: center;">7</td> </tr> </tbody> </table>					Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	Results	10	10	11	7	-	7	<ul style="list-style-type: none"> A Months of Spending Ratio of 7 means the College could continue operating for seven months without any new revenue, using only its available unrestricted reserves. This level of reserve provides strong financial stability while remaining within a reasonable range for a not-for-profit regulator. 					
	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																			
Results	10	10	11	7																			
-	Budget-to-Actual Variance	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>2023</th> <th>2024</th> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Results</td> <td style="text-align: center;">-2%</td> <td style="text-align: center;">-6%</td> <td style="text-align: center;">-6%</td> <td style="text-align: center;">-8%</td> <td style="text-align: center;">-10%</td> <td style="text-align: center;">-10%</td> </tr> </tbody> </table>						2023	2024	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	Results	-2%	-6%	-6%	-8%	-10%	-10%	-	(10%)	<ul style="list-style-type: none"> The year-to-date budget-to-actual variance of –10% indicates that actual spending is below budget. Several factors contributed to this favourable variance. The College budgeted conservatively to account for several potential cost pressures and operational risks. These did not materialize to the extent expected. In addition salary savings were a significant contributor. Caseload volumes and complexity within Investigations and Discipline were lower than anticipated, and post-implementation support needs for the RRS system were less significant than forecast. Collectively, these factors led to lower actual expenditures than the budget.”
	2023	2024	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																	
Results	-2%	-6%	-6%	-8%	-10%	-10%																	

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Year End Monitoring Results

Organizational Capacity

Monitoring Measures			Q4	YTD	Comments																		
Financial Health																							
-	% above/ below required reserve balance	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">2023</th> <th rowspan="2">2024</th> <th colspan="4">2025</th> </tr> <tr> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td>Results</td> <td>52%</td> <td>48%</td> <td>31%</td> <td>31%</td> <td>31%</td> <td>31%</td> </tr> </tbody> </table>		2023	2024	2025				Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	Results	52%	48%	31%	31%	31%	31%	-	31%	<ul style="list-style-type: none"> The College’s reserve balance is 31% above the required minimum. This indicates that actual reserve levels are tracking ahead of expectations, providing a healthy financial cushion and reinforcing the College’s ability to respond to unexpected events or funding pressures.
	2023	2024				2025																	
			Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																	
Results	52%	48%	31%	31%	31%	31%																	

LEGEND

- Trend can not be determined (not enough data)

Section 4 – Year End Monitoring Results

Organizational Capacity

Monitoring Measures					Q4	YTD	Comments																
Efficiency																							
-	Staff Cost Ratio	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td>Staff Cost</td> <td>\$5.5M</td> <td>\$11.5M</td> <td>\$16.9M</td> <td>\$22.9M</td> </tr> <tr> <td>Results</td> <td>74%</td> <td>75%</td> <td>77%</td> <td>77%</td> </tr> </tbody> </table>					Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	Staff Cost	\$5.5M	\$11.5M	\$16.9M	\$22.9M	Results	74%	75%	77%	77%	-	77%	<ul style="list-style-type: none"> A Staff-to-Cost Ratio of 77% shows that just over three-quarters of the College’s total year-to-date expenditures are related to personnel, including salaries, benefits, and related staffing costs. This level is consistent with a people-driven regulatory organization, where most work is delivered directly by internal staff. It also reinforces the importance of ongoing workforce planning and careful management of personnel-related expenditures.
	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																			
Staff Cost	\$5.5M	\$11.5M	\$16.9M	\$22.9M																			
Results	74%	75%	77%	77%																			
-	External-to-total cost Ratio	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YTD</th> <th>Q1 (YTD)</th> <th>Q2 (YTD)</th> <th>Q3 (YTD)</th> <th>Q4 (YTD)</th> </tr> </thead> <tbody> <tr> <td>External Costs</td> <td>\$302,165</td> <td>\$658,319</td> <td>\$826,861</td> <td>\$1.1M</td> </tr> <tr> <td>Results</td> <td>4.0%</td> <td>4.0%</td> <td>3.8%</td> <td>3.8%</td> </tr> </tbody> </table>				YTD	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)	External Costs	\$302,165	\$658,319	\$826,861	\$1.1M	Results	4.0%	4.0%	3.8%	3.8%	-	3.8%	<ul style="list-style-type: none"> An External-to-Total Cost Ratio of 3.8% indicates that only a small share of total expenditures has been directed toward external services. These costs typically relate to specialized consulting or external expertise used when needed. The low ratio reflects that the majority of the College’s operations continue to be carried out in-house, supporting both cost-effectiveness and organizational self-sufficiency.
YTD	Q1 (YTD)	Q2 (YTD)	Q3 (YTD)	Q4 (YTD)																			
External Costs	\$302,165	\$658,319	\$826,861	\$1.1M																			
Results	4.0%	4.0%	3.8%	3.8%																			

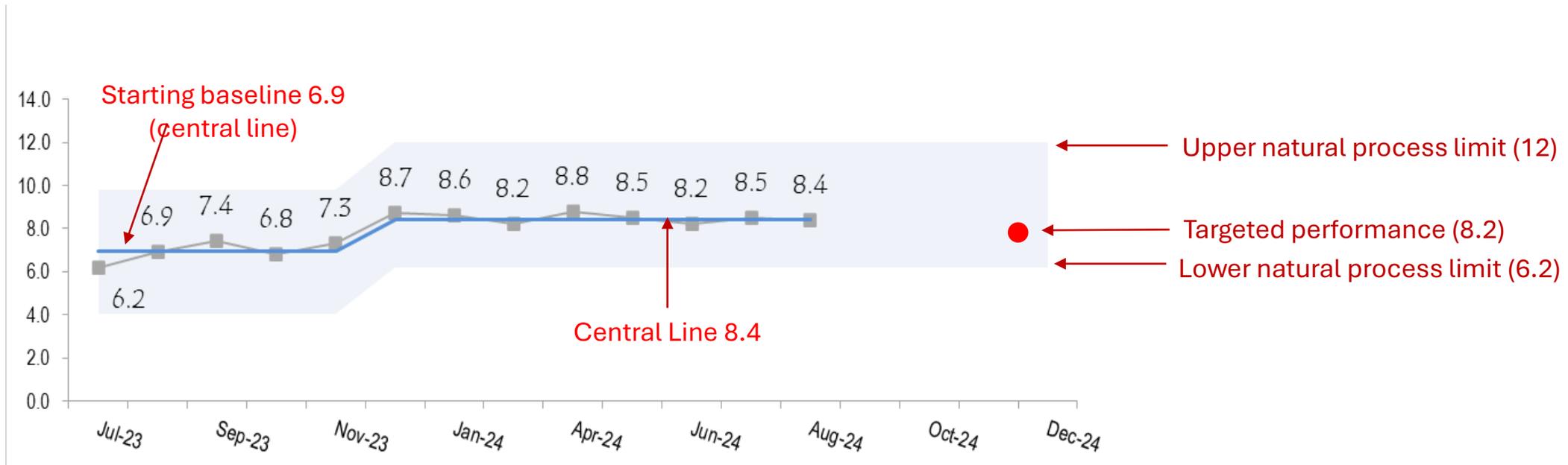
LEGEND

- Trend can not be determined (not enough data)

Appendix

How to Read the Xm 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, average 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”.



Ontario College
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Attachment 8.2b

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	<ul style="list-style-type: none"> Mandatory training program is implemented. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> According to the <i>Regulated Health Professions Act, 1991 (RHPA)</i>, 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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		
<p>Completion of 2025 deliverables to reduce corporate pressures completed (Strategic Goal #1)</p>	<ul style="list-style-type: none"> Three new initiatives aimed at reducing corporate pressures have been implemented or are ready for Board decisions. 	<ul style="list-style-type: none"> In addition to incorporating addressing corporate pressures into core work, the 2025 Operational Plan includes three new initiatives to reduce corporate pressures: <ol style="list-style-type: none"> 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 Pharmacy professional experience survey on workplace practices and public reporting Policy changes to reduce corporate pressures This metric demonstrates progress in implementing the three initiatives.
<p>Completion of two virtual townhall sessions with registrants and system partners (Strategic Goal #1 and #2)</p>	<ul style="list-style-type: none"> This deliverable will engage participants and strengthen communication and transparency. 	<ul style="list-style-type: none"> 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.
<p>Launched website renewal to strengthen effective communications (Strategic Goal #2)</p>	<ul style="list-style-type: none"> This project's goal is to successfully update the College website and strengthen interactive communication with the public and registrants. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Dividing the number of trained staff who report confidence by the total number of trained staff, and then multiplying the result by 100 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The regulatory framework and guidance for pharmacy professionals (if, applicable) for expanding scope of practice, is ready for Board decision. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> The number of staff who left OCP voluntarily divided by the average number of employees for that quarter of the year multiplied by 100. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> The new Registrant Records System is live. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Divide the number of CPMF standards the College met at the end of 2025 by the total number of CPMF standards multiplied by 100. 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Number of applications completed within 30 days or less out of the total applications completed. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Percentage of community pharmacists that passed a practice reassessment following OCP administered coaching activity. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Measures the percentage of community pharmacists that passed a practice assessment following QAC-directed remediation. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Measures the percentage of community & hospital pharmacists that passed a knowledge assessment following QAC-directed remediation. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Average number of days between current calendar assessment date to the previous assessment date for sterile compounding pharmacies classified as "high risk". 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> This metric takes the average number of calendar days to dispose of a complaint classified as high and moderate risk. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The % positive media sentiment is calculated by dividing the total number of positive media stories published by the number of relevant media stories published. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Measures the % of staff that have completed a professional development training course approved by HR. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Dividing the College's current liabilities from its current assets. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> This metric is calculated by dividing the total reserve balance by the required reserve balance. Then, subtract one from the result. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Dividing the quarterly staff costs by the quarterly operating expenses and then multiplying the result by 100. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Dividing the adjustable external costs by the total adjustable costs. Adjustable external costs are the costs that the College can potentially manage in-house. 	<ul style="list-style-type: none"> 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.

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

From: Thomas Custers, Director, Corporate Services

Topic: 2026 College Performance Dashboard Targets

Issue/Description: Seek Board approval of proposed targets for 2026 College Performance Dashboard.

Public interest rationale: To support the Board in its responsibility for oversight and public accountability for the College's performance.

Strategic alignment, regulatory processes, and actions: Defining and reporting on the College's progress towards these targets supports the Board's oversight role and strengthens public trust and confidence in the College's capacity to execute its mandate and strategic direction.

Background:

- The Board approved the 2026 College Dashboard at its December 8th, 2025, meeting, which tracks the College's progress against its 2024-2028 strategic plan, 2026 operational goals, and organizational capacity and the College's broader performance.
- The 2026 College Dashboard includes two types of measures:
 - **Performance measures:** Measures with a defined target that the College aims to achieve.
 - **Monitoring measures:** Measures that provide context and inform the Board about performance in areas not included in the strategic or annual operational plan to support future planning. No targets are set for these.
- Targets for the performance measures are set by analyzing historical data trends, industry benchmarks (where possible), and planned College activities for 2026.
- Beginning at the June Board meeting, staff will provide quarterly updates on progress toward 2026 targets, along with insights from monitoring measures to inform future strategic and operational planning.

Analysis:

The 2026 College Dashboard includes 11 performance measures with targets and 11 monitoring measures. Three observations are notable:

- **Several targets are set below recent performance levels.** For complaints and Registrar's Inquiries (RI), recent performance has improved meaningfully – complaints averaging 48% over the last nine months vs. a two-year average of 26%; RIs averaging 70% over the last 12 months vs. 58%. Targets have been set conservatively at 30% and 55%, respectively, reflecting the possibility that these positive shifts may not yet be fully sustained. Staff will monitor whether a higher target is appropriate for 2027.
- **Staff engagement targets are set at the industry benchmark rather than current performance.** The College currently exceeds the McLean benchmark on both overall engagement (74.5% vs. 63%) and

inclusion (91% vs. 81%). Targets are set at the benchmark level to reflect methodological variability across survey cycles; performance above target remains the expectation.

- **Accounting and operational targets are largely maintenance oriented.** Most financial targets are set to hold 2025 performance levels, reflecting a stable operating environment and no significant planned changes to the cost structure.

Motion:

THAT the Board approves the 2026 College Dashboard targets as presented.

Attachments:

9.1a – Rationale for 2026 College Dashboard Targets

Appendix 1: 2026 College Performance Dashboard – Summary of Proposed Targets

Domain	Performance Measure	Past Performance	2026 Target
Public Protection – Conduct	% High and moderate risk complaints disposed of within 150 calendar days	26% (2-yr avg.)	30%
	% High and moderate risk Registrar’s inquiries are disposed of within 365 calendar days	58% (2-yr avg.)	55%
	% HPARB complaint decisions confirmed	94% (2-yr avg.)	90%
Organizational Capacity – Human Resources	% of staff engagement (overall)	75.4% (3-yr avg.)	64%
	% of staff engagement (inclusion driver)	89.7% (3-yr avg.)	81%
Organizational Capacity - Accounting	% budget-to-actual variance (YTD)	-6% to -10% (2022 – 2025)	Within +/- 5%
	% above/below required reserve balance (YTD)	17% to 31% (2022 – 2025)	0% with an acceptable range of +5% to +15%
	Staff cost ratio (YTD)	77% (2025)	77%
	External-to-total cost ratio (YTD)	4% (2025)	4%
Strategic Progress	% of community pharmacists indicating no changes made to address business pressures	61% (2025 survey)	61%
Annual Operational Plan	% of 2026 Operational priorities “On Track”	No prior baseline	100%

* Past performance reflects the period most relevant to target-setting, which varies by measure. Full trend data is provided in Attachment [9.1]



Ontario College
of Pharmacists

Putting patients first since 1871

Attachment 9.1a

Rationale for Proposed 2026 College Dashboard Targets

Rationale for Proposed Targets

Measure	Past Performance	Target	Target Justification																		
DOMAIN: PUBLIC PROTECTION																					
CONDUCT																					
<p>% High and moderate risk complaints disposed of within 150 calendar days</p>	<table border="1"> <caption>Complaints Disposed Within 150 Days</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>18</td></tr> <tr><td>Q2 2024</td><td>31</td></tr> <tr><td>Q3 2024</td><td>25</td></tr> <tr><td>Q4 2024</td><td>25</td></tr> <tr><td>Q1 2025</td><td>15</td></tr> <tr><td>Q2 2025</td><td>45</td></tr> <tr><td>Q3 2025</td><td>48</td></tr> <tr><td>Q4 2025</td><td>50</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2024	18	Q2 2024	31	Q3 2024	25	Q4 2024	25	Q1 2025	15	Q2 2025	45	Q3 2025	48	Q4 2025	50	<p>30%</p>	<ul style="list-style-type: none"> Under the RHPA, complaints must be resolved within 150 days of filing, though this period can be extended. In 2025, the College received 380 formal complaints: 6 high-risk, 215 moderate-risk, and 159 low-risk. The College prioritizes high and moderate-risk complaints to meet the 150-day timeline. Factors that can cause delays include case volume and complexity, difficulty obtaining information, reply delays from parties, and concurrent proceedings in other forums (e.g., criminal cases). The two-year central line average is 26%, though the most recent nine months average 48%, suggesting a positive performance shift that may not yet be fully sustained. The target of 30% is set conservatively based on available resources and these factors. Measured from case filing to decision mailing.
Quarter	Percentage																				
Q1 2024	18																				
Q2 2024	31																				
Q3 2024	25																				
Q4 2024	25																				
Q1 2025	15																				
Q2 2025	45																				
Q3 2025	48																				
Q4 2025	50																				
<p>% High and moderate risk Registrar's inquiries are disposed of within 365 calendar days</p>	<table border="1"> <caption>Registrar's Inquiries Disposed Within 365 Days</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Q1 2024</td><td>55</td></tr> <tr><td>Q2 2024</td><td>58</td></tr> <tr><td>Q3 2024</td><td>58</td></tr> <tr><td>Q4 2024</td><td>45</td></tr> <tr><td>Q1 2025</td><td>67</td></tr> <tr><td>Q2 2025</td><td>64</td></tr> <tr><td>Q3 2025</td><td>75</td></tr> <tr><td>Q4 2025</td><td>74</td></tr> </tbody> </table>	Quarter	Percentage	Q1 2024	55	Q2 2024	58	Q3 2024	58	Q4 2024	45	Q1 2025	67	Q2 2025	64	Q3 2025	75	Q4 2025	74	<p>55%</p>	<ul style="list-style-type: none"> Registrar's Inquiries are significantly more complex than complaints and subject to similar external delays (case complexity, reply delays, and concurrent proceedings). In 2025, the College had 98 RIs: 3 high-risk, 92 moderate-risk, and 3 low-risk. The two-year central line average is 58%, with the last 12 months averaging 70%, likely reflecting a positive performance shift that may not yet be fully sustained. The 55% target is set conservatively based on available resources. Measured from the date of appointment to the decision mailing.
Quarter	Percentage																				
Q1 2024	55																				
Q2 2024	58																				
Q3 2024	58																				
Q4 2024	45																				
Q1 2025	67																				
Q2 2025	64																				
Q3 2025	75																				
Q4 2025	74																				

Rationale for Proposed Targets

Measure	Past Performance	Target	Target Justification																		
DOMAIN: PUBLIC PROTECTION																					
CONDUCT																					
% HPARB complaint decisions confirmed	<table border="1"> <caption>Line Chart Data: % HPARB complaint decisions confirmed</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1 2024</td> <td>100</td> </tr> <tr> <td>Q2 2024</td> <td>100</td> </tr> <tr> <td>Q3 2024</td> <td>100</td> </tr> <tr> <td>Q4 2024</td> <td>100</td> </tr> <tr> <td>Q1 2025</td> <td>80</td> </tr> <tr> <td>Q2 2025</td> <td>88</td> </tr> <tr> <td>Q3 2025</td> <td>90</td> </tr> <tr> <td>Q4 2025</td> <td>91</td> </tr> </tbody> </table>	Quarter	Percentage	Q1 2024	100	Q2 2024	100	Q3 2024	100	Q4 2024	100	Q1 2025	80	Q2 2025	88	Q3 2025	90	Q4 2025	91	90%	<ul style="list-style-type: none"> The Health Professions Appeal and Review Board (HPARB) has the authority to review the outcomes of ICRC decisions. That authority, though, is limited to considering, in its review, the adequacy of the committee's investigation or, the reasonableness of its decision or both. Last year, 10 out of 11 OCP's ICRC decisions, which the HPARB reviewed at the request of either party to the complaints process, were confirmed in the College's favour. In 2024, all 29 decisions (100%) have been confirmed. The average performance over the last 2 years is 94%. The College aims to maintain 90%.
Quarter	Percentage																				
Q1 2024	100																				
Q2 2024	100																				
Q3 2024	100																				
Q4 2024	100																				
Q1 2025	80																				
Q2 2025	88																				
Q3 2025	90																				
Q4 2025	91																				

Rationale for Proposed Targets *(Cont'd)*

Measure	Past Performance	Target	Target Justification						
DOMAIN: ORGANIZATIONAL CAPACITY									
HUMAN RESOURCES									
% of staff engagement (overall)	<table border="1"> <thead> <tr> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>76.4%</td> <td>75.3%</td> <td>74.5%</td> </tr> </tbody> </table>	2023	2024	2025	76.4%	75.3%	74.5%	64%	<ul style="list-style-type: none"> Staff engagement has remained above the McLean industry benchmark for multiple years (74.5% in 2025 vs. 64% benchmark). The 2026 target is set at the current benchmark level to reflect realistic expectations and methodological variation across survey cycles. Performance above target is a positive outcome.
	2023	2024	2025						
76.4%	75.3%	74.5%							
% of staff engagement (inclusion)	<table border="1"> <thead> <tr> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>88%</td> <td>90%</td> <td>91%</td> </tr> </tbody> </table>	2023	2024	2025	88%	90%	91%	81%	<ul style="list-style-type: none"> Inclusion scores have improved steadily over three years (88% → 90% → 91%). The 2026 target is set at the McLean industry benchmark (81%) for the same reasons as the overall engagement measure. Any score above the target represents strong performance.
	2023	2024	2025						
88%	90%	91%							

Rationale for Proposed Targets *(Cont'd)*

Measure	Past Performance	Target	Target Justification							
DOMAIN: ORGANIZATIONAL CAPACITY										
ACCOUNTING										
% Budget-to-actual variance	<table border="1"> <thead> <tr> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>-6%</td> <td>-2%</td> <td>-6%</td> <td>-10%</td> </tr> </tbody> </table>	2022	2023	2024	2025	-6%	-2%	-6%	-10%	<p>Within +/- 5%</p> <ul style="list-style-type: none"> A year-end variance target of $\pm 5\%$ reflects the College's continued commitment to disciplined financial planning and improved forecasting accuracy. As operational uncertainties stabilize and major initiatives such as the RRS transition mature, the College is positioned to budget again with greater precision, reducing the need for conservative assumptions that previously widened variances.
2022	2023	2024	2025							
-6%	-2%	-6%	-10%							
% above/below required reserve balance	<table border="1"> <thead> <tr> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>17%</td> <td>52%</td> <td>48%</td> <td>31%</td> </tr> </tbody> </table>	2022	2023	2024	2025	17%	52%	48%	31%	<p>0% with an acceptable range of +5% to +15%</p> <ul style="list-style-type: none"> A target range of +5% to +15% above the required reserve minimum reflects prudent financial stewardship while avoiding the accumulation of excess reserves (based on current policy not the proposed updated one that is being brought forward to the Board) This range provides a reasonable buffer for normal operating variability and emerging risks, while ensuring that reserve levels remain aligned with policy and appropriate for a public-sector regulator.
2022	2023	2024	2025							
17%	52%	48%	31%							

Rationale for Proposed Targets *(Cont'd)*

Measure	Past Performance	Target	Target Justification
DOMAIN: ORGANIZATIONAL CAPACITY			
ACCOUNTING			
Staff cost ratio*	2025: 77%	77%	<ul style="list-style-type: none"> Target based on Board approved staff costs in 2026 budget
External-to-total cost ratio (YTD)	2025: 4%	4%	<ul style="list-style-type: none"> Target based on Board approved external vendor costs in 2026 budget

*Salaries, benefits, professional development, professional membership fees

Rationale for Proposed Targets

Measure	Past Performance	Target	Target Justification
DOMAIN: STRATEGIC PRIORITIES			
2024-2028 STRATEGIC PLAN EXECUTION			
<p>% of community pharmacists indicating no changes made to address business pressures</p>	<ul style="list-style-type: none"> The Business Pressure survey conducted in 2025 resulted in 61% 	<p>61%</p>	<ul style="list-style-type: none"> Absent significant sector-wide changes, the proportion of pharmacies not making adjustments to reduce business is not expected to improve materiality. The target maintains 2025 performance as a baseline for monitoring performance over time.

Rationale for Proposed Targets *(Cont'd)*

Measure	Past Performance	Target	Target Justification
DOMAIN: ANNUAL OPERATIONAL PLAN			
2026 PRIORITIES			
<p>% of 2026 Operational priorities "On Track"</p>	<ul style="list-style-type: none"> • There is no past performance that can be used to determine a target value. • This measure is the roll-up of 11 priorities (projects) based on a status of "On track" as determined by the project Lead. 	<p>100%</p>	<p>This measure aggregates the status of 11 operational priorities (one is tracked separately as a standalone dashboard measure). Each is assessed as "On Track," "At Risk," or "Off Track" based on schedule and task completion. The 100% target reflects the expectation that all priorities begin the year healthy; deviations will be flagged in quarterly reporting.</p>

FOR DECISION

From: Jay O’Neill, Registrar & CEO

Topic: Proposed Approach to the Strategic Plan Refresh

Issue/Description:

In December 2025, the Board asked that an approach to refreshing the strategic plan in 2026 be brought forward at this meeting.

Public interest rationale:

Maintaining a current and relevant strategic guiding document is a critical part of aligning and prioritizing its work to meet its public protection mandate.

Strategic alignment, regulatory processes, and actions:

The College’s current 2024-2028 Strategic Plan continues to be reported on and is halfway through its original intended timeframe. Reviewing at this juncture of changes in current environment and in recent board and staff leadership is an appropriate step to keep the plan current and relevant into 2028.

Background:

The current strategic plan was developed in 2023 and covers the period between 2024-2028. This plan was developed over the course of approximately nine months and included stages for more data gathering and external trend analysis. This process included reviewing and adopting a set of values and regulatory principles along with four strategic goals. This plan was adopted in late 2023 and staff worked on building plans for operationalizing these goals.

Over the course of 2024 and 2025 work has continued to advance strategic goals and progress has been reported on during this time. This period has also been one of significant challenge and change for the College. This includes evolving context in the practice for pharmacy professionals including changes and issues related to scope of practice and the pharmacy business landscape among others. It has also been a period of change among members of the Board and its leadership, and executive leadership for the staff of the College. Other environmental changes during this time are many and include those in the legislative and regulatory environment at both the provincial and national levels, evolving professional and societal expectations of regulators, and emergence of technology disruptors.

Combined, these events and factors have impacted the progress against some aspects of the original strategic plan and the context in which the College operates. Importantly, several environmental changes, including legislative change related to Goal 1, have taken place since the original drafting of the strategic plan, and the College’s approach to advancing has had to adapt.

In the final quarter of 2025, important milestones were crossed: the completion of the Governance Review and the selection and appointment of a new Registrar & CEO.

In view of this context, the Board discussed whether it should revisit the currency of the existing strategic plan in 2026 given that the College is mid-way through the plan, and in view of the context changes described above. At its December 2025 meeting, the Board asked the Registrar & CEO to bring back a proposed approach to refreshing the

strategic plan in 2026.

Current Status & Proposed Approach:

To inform thinking about what would be an appropriate approach, the Registrar & CEO reviewed the original strategic plan development materials, incorporated strategic assessment into on-boarding activities, and had informal discussions with select staff and board members, and with a few external consultants on ways to approach a mid-plan update. It is important to note that a typical strategic planning process involves several stages that would include broad environmental scanning and stakeholder engagement that requires both time and resources to complete properly. In the operating plan for 2026 a “full” strategic planning process was not contemplated from either a budget or staff capacity perspective.

In view of this context, the proposed approach is to take a relatively focused ‘refresh’ approach to a strategic plan update in 2026 which is outlined below.

Objectives & Outputs:

The scope of the strategic plan refresh is defined by the following five objectives. Collectively, these objectives are intended to strengthen the clarity and coherence of the College’s strategic narrative (objective #1) – this is how the College articulates its priorities, the outcomes those priorities are intended to influence, and the regulatory approaches used to achieve them – while improving alignment between strategy and operations.

1. Strengthen and clarify the College’s strategic narrative
2. Assess and enhance strategic alignment with operational plans
3. Refine strategy and priorities as necessary to reflect current regulatory and environmental conditions
4. Explore and clarify the role of risk, evidence, and outcomes in shaping future regulatory strategy
5. Examine how the College can make proportionate and effective use of its full range of regulatory tools — including enforcement and structured, collaborative approaches — to influence outcomes

Completion of this work is intended to produce the following outputs:

- A refreshed articulation of the strategic priorities/goals, as appropriate
- A concise strategic plan summary reflecting those priorities
- An underlying operational outline supporting the strategic priorities for the remaining two years of the plan’s lifecycle

Taking this approach would mean that we will focus only on the strategic goals section of the current plan and not revisit any of the values or regulatory principles development work completed with the current plan. Not only are these less affected by temporal environmental changes, but they are well articulated and appropriate to maintain. Narrowing our field of review helps to manage the scope to a ‘refresh’ rather than a ‘re-plan’.

The five objectives reflect observations to date about how the College can strengthen its strategic focus and operational alignment for the balance of the current plan timeframe but also incorporate some foundational building blocks for the future.

Timeline & Phases Overview:

The proposed approach is structured around existing Board meetings and two dedicated strategic planning sessions allowing for focused discussion while maintaining Board ownership of strategic direction. Below is a high-level outline of the key activities by phase.

Phase 1: Board Direction of Approach/Scope Confirmation (this meeting)

- Confirm the objectives and scope of the strategic plan refresh; endorse the proposed approach and timeline.
- Determine whether to proceed with an optional Working Group of the Board should be established (see outline below)

Phase 2: Current State Assessment & Environmental Feedback (March – May)

- Undertake targeted environmental feedback and assessment related to the strategic priorities, including a focus on Strategic Goal 1 and its related activities
- Includes operational assessment of alignment to support current and any emerging priorities, and with regulatory principles
- Identify key themes, pressures, and areas requiring prioritization
- Note – this work will largely be completed by staff and supported by the Working Group of the Board (if determined to proceed).
- An external consultant will be engaged during this phase to support any distillation of the information required as part of the preparation for the facilitated session in June.

Phase 3: Strategic Planning Session (June 16)

- Full Board participation in a facilitated session to explore environmental insights, test strategic assumptions, and provide direction on priority areas and trade-offs.

Phase 4: Refinement & Synthesis (June – July)

- Refine the articulation of the strategic priorities and associated operational considerations based on the direction from the first facilitated session.
- Prepare a draft set of materials for further discussion and refinement.

Phase 5: Strategic Planning Session (August 5)

- Use this session to test understanding and alignment on the three outputs expected out of this refresh process (Articulation of the strategic priorities/goals; Concise strategic plan summary; Operational outline for the last two years of the current plan timeframe).
- With the support of the external resource, the goal of this session will be to confirm the refined priorities and identify any gaps or risks ahead of finalizing the refreshed plan.

Phase 6: Refreshed Plan for Board Consideration (September board meeting)

- Present the refreshed plan summary and supporting operational outline for Board review and final approval.

Risks & Considerations of this overall refresh approach:

Completing this work within this timeframe is ambitious in view of it being on top of other priorities already established for 2026. Keeping a relatively focused approach should help mitigate this, but it will be important for everyone to participate with this lens.

Despite any mitigation activities we include for engaging stakeholders, there are risks associated with taking a focused approach that limits external engagement and narrows the environmental scanning stages of a robust strategic planning process. Risks include (but are not limited to) having too narrow a field of view when setting priorities and less stakeholder buy-in to the plan.

Despite risks associated with a more condensed re-refresh process, this approach captures an opportunity to strengthen alignment around current priorities and the roadmap ahead for the next two years and an opportunity to remain

current on a nimbler basis. Deferring until 2027 where a more complete process could be planned may result in sustained ambiguity and lower relevance of the current plan.

The approach outlined is intended to achieve a balance of risk and opportunity. If the goals can be achieved it is expected that strengthened alignment and improved execution through 2028 will result from this process.

Optional Supplement for a Board Working Group:

Although the typical approach is for staff to support development of the strategic plan, and for the Board to set the strategic direction through review and approval of the plan, there is an opportunity for greater collaboration through this process.

This opportunity is present by acknowledging that for several reasons there have been some challenges in aligning Board strategic direction and ability to advance those priorities. This has not only created some strains on the alignment both among some stakeholders and within the College. This is particularly true as it relates to the current Goal 1.

Using the authorities of the Board to strike a Working Group, there is potential within the strategic planning process to take advantage of an opportunity to not only strengthen alignment around priorities but also around OCP’s strategic and operational approaches to advancing them. Using a Working Group to support Phases 2 through 5 outlined above provides an opportunity to broaden the input on the current practice environment, improve connections between priorities and how those are translated into an operational approach for execution. A by-product of doing so may be improved alignment and clarity for a shared vision of priorities and how they are accomplished.

Proposed Working Group Approach (If desired):

Composition: 5 Board Members – 3 professional members, 2 public appointees. The Working Group would need to be struck formally by the Board, and will be supported by staff.

Scope: Detailed Terms of Reference could be developed subsequently by the Working Group and shared with the Board for transparency, but given the short time for starting this initiative the Board can establish the Working Group today with the understanding that its scope of work will be defined as:

- Support the strategic plan refresh by:
 - Working with staff in the development of current state assessment and environmental update for inclusion in Board materials for the facilitated session (Objectives 1 and 2 for the refresh)
 - Have a particular focus on Goal 1 progress and challenges, and support staff with developing options going forward as part of this work (Objectives 1 and 2 for the refresh)
 - Help inform future structured engagement (Objective 5) in particular; and
 - Provide guidance and support to staff and the external consultant on the approach for the facilitated sessions, and acting as a resource between facilitated board meetings to support effective refinement of the output content to help meet overall timelines and objectives of the process.
- The Working Group would convene on a regular ‘as needed’ basis until Phase 6 at which point it would be dissolved.

- The Working Group would not make decisions or take any actions that would replace full Board deliberation of any strategic considerations. Rather, the Working Group plays a role to enable optimal use of the full Board’s attention on matters of strategic direction and alignment.

To facilitate an efficient and effective process for member selection at the Board meeting, an email will be sent to all Board Members *in advance of the meeting* asking for interest for participating as a member of the Working Group should the Board decide to stand it up to support this initiative. This solicitation of interest will enable us to have a group of nominees for selection if proceeding. If there is more interest than spaces in the desired composition, a voting procedure will be in place to select from among those who have volunteered to participate.

Considerations:

- Although this work was not specifically included in the workplan and budget for 2026, staff believe that the work can be achieved without adjustment to other work already committed to and within the existing budget by shifting some of the other work around and managing scope and costs for other planned initiatives.
- The Board is being asked to consider the overall approach to a Strategic Plan refresh. Considerations include:
 - Is the proposed ‘refresh’ scope appropriate?
 - Does the proposed approach appropriately balance risks and opportunities that result (as opposed to deferring until a full strategic plan revisit can be executed)?
 - Are the objectives and outcomes sufficiently clear?
 - Is the approach and timeline realistic and reflect activities that will achieve the intended objectives? Are there any ‘guardrails’ the Board feels are necessary before commencing this project?
- As part of the approach, the Board is also being asked to consider whether it wishes to establish a Working Group to support the process. Considerations include:
 - Does striking a Working Group support the objectives for the plan refresh?
 - Is a Working Group an appropriate approach considering the boundaries of governance and staff roles related to a strategic plan refresh?
 - Are there any additional clarifications required related to the Working Group’s scope? Are there any ‘guardrails’ the Board feels are necessary to include when striking this group?
 - Is the proposed composition appropriate?

Next Steps:

Pending approval of the motion, the College will:

- Establish a staff project team to proceed with the refresh plan as outlined. This will include commencing engagement with the Working Group (if established), and seeking to engage an external resource to support the relevant portions of the plan as outlined.
- Confirm the dates for the planning sessions and secure the relevant logistics for all Board members.
- Support the Working Group with a finalized Terms of Reference that can be made available to the Board for reference.

Motion(s):

THAT the Board approves the Strategic Plan Refresh approach and scope as outlined in these materials.

THAT the Board approves the striking of a Strategic Plan Working Group with the scope as outlined in these materials. Members will include: TBD

FOR DECISION

From: Todd Leach, Director, Communications, Policy and Knowledge Mobilization

Topic: Amendments to the Code of Ethics

ISSUE/DESCRIPTION:

Proposed amendments to the Code of Ethics were originally drafted for presentation to the Board in March 2025. An updated version of the amendments intended to clarify and strengthen the College's expectations for ethical conduct in relation to participation in preferred provider networks (PPNs) and similar payer-directed care models involving Ontario pharmacies is included with the current package. This additional review was conducted considering the recent legislative amendments to the *Insurance Act* brought forward under Bill 68, which received Royal Assent in November 2025 and will come into force on a date that is yet to be determined.

PUBLIC INTEREST RATIONALE:

The public trusts pharmacy professionals to act in the best interests of their patients and in accordance with all relevant laws, regulations, standards and the Code of Ethics. As the government moves forward with an 'Any Willing Provider' legislative framework relevant to PPNs in Ontario, there is room for the College to complement and operationalize this direction by updating its Code of Ethics. Doing so will clarify expectations and maintain safeguards for the ethical delivery of pharmacy care focused on patient autonomy, consent and continuity of care.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES, AND ACTIONS:

Adjusting the Code of Ethics to help address some of the issues created by payer-directed care is aligned with two of the College's four Strategic Goals that deal specifically with ethical and equitable practice/care:

- *Strategic Goal #1: "Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics."*
- *Strategic Goal #4: The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice*

BACKGROUND:

- In March 2025, the Board was presented with draft amendments to the Code of Ethics for consideration and approval in response to sustained concerns revolving around closed PPNs and payer-directed care models. This was part of an effort to operationalize Board direction that was first established in July 2024 and reaffirmed by the Executive Committee in early 2025. For more on this subject, please see the original briefing note and related materials in the appendices.
- The drafted amendments were part of a broader set of options for the Board to consider in framing a regulatory response to established patient care concerns associated with closed PPNs and other models that are seen to: a) restrict patient autonomy, b) raise issues surrounding consent and c) have potentially negative impacts on continuity of care.

- In March 2025, the Board made a deliberate decision to pause advancement of the amendments pending greater clarity on government direction as part of a phased and prudent regulatory approach. It was anticipated, based on discussions with government at that time, that dissemination of information on the outcome of its original consultation on PPNs conducted in late summer 2024 was imminent.
- In May 2025, the government moved forward with a second consultation on potential legislative frameworks on PPNs, with a focus on two specific models: Any Able and Willing Provider (AAWP), and Standardized Mandatory Exemptions (SME). A facilitated discussion at the June 2025 Board meeting on the consultation's proposals concluded that based on the information contained in the consultation, neither model may go far enough to fully address the concerns expressed by the Board without a better focus on patient care safeguards that address established concerns expressed by the College.
- In anticipation that the College would need to respond to PPN related concerns following confirmation of the government's final decision on its approach, the 2026 operational plan approved by the Board included regulatory response to PPNs as an operational priority.

ANALYSIS:

- The AWP-related legislative changes to the *Insurance Act* found in Bill 68 received Royal Assent on November 27, 2025, but are not yet in force pending proclamation at a later date and the articulation of specific regulations and rules to be established by the Ministry of Finance.
- The AWP framework achieves an outcome of moving away from problematic closed PPN arrangements; however, some unknowns remain despite the amendments to the *Insurance Act*. This is because regulatory details are not yet available on items such as possible future Financial Services Regulatory Authority (FSRA) 'authority rule' (legally binding rule(s) that FSRA has authority to create) creation under s. 299 of the *Insurance Act*, and the exemption process for excluded pharmacies under the new amendments. Amending the Code of Ethics would be complementary to the AWP legislative framework and proceeding with amendments may be considered as an appropriate step for the College to take at this time.
- The draft amendments to the Code of Ethics originally prepared in March 2025 were not finalized, consulted on, approved or implemented. The updated version of suggested amendments to the Code of Ethics, which is attached to this briefing note, can be viewed as one step within a broader review of regulatory measures that might be considered to complement the implementation of the new legislation to adequately address the patient care concerns that have been the focus of the College over the past several years.
- Approval of the Code of Ethics amendments will strengthen the regulatory scheme to align it with modern realities and help signal expectations to registrants in the context of the AWP framework which is important for both regulatory decision making and enforcement.
- As the Board contemplates the current amendments to the Code of Ethics, consideration should be given to two other items:
 - Conducting a future broader review of the Code of Ethics to ensure it is keeping pace with the existing realities of the profession in the context of the ongoing evolution in Ontario's healthcare system.
 - Completing a future broader review of the Standards of Practice and the Standards of Operation. This will help to assure the public that these regulatory instruments remain reliable tools that are vital to promoting quality, safe and ethical pharmacy practice.

- Completing these proposed reviews would formally recognize the College's broader commitment to being responsive and adaptive in the face of the overall practice and regulatory landscape and not just acting on any singular issue. These have been flagged as a potential operational priority for 2027 subject to Board direction.
- For the current changes, it is recommended that we proceed with a public consultation process. Public consultation was not previously completed and although adjustment to the Code of Ethics is a change to a schedule of the by-law that does not legally require a public consultation, it is reasonable to consider doing so. In the context of past convention of consulting on changes to the Code and other similar instruments, and recognizing that it affects all registrants, a consultation process is a prudent step.

MOTION: THAT the Board of Directors approve the draft amendments to the Code of Ethics and direct College staff to proceed with an open consultation, with a view to bringing back a final amended Code of Ethics for Board approval in June 2026 and immediate implementation.

NEXT STEPS:

Subject to Board approval, College staff will promptly proceed to circulate the amendments for open consultation for a period of 60 days.

Attachments:

- Attachment 11a – Code of Ethics Amendments tracker
- Attachment 11b – Briefing Note and materials from March 2025 Board meeting

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS: March 2026

The table below is a summary of the changes being proposed to the College’s Code of Ethics (November 2022). Text in red with a strike through (e.g. ✖) is proposed to be deleted. Text in blue and underlined (e.g. X) is proposed to be added.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	CHANGE TO STANDARD or NEW STANDARD	RATIONALE FOR CHANGE & ADDITIONAL COMMENTS
<p>Who does the Code of Ethics Apply To Paragraph 2</p>	<p>N/A</p>	<p>The Code of Ethics applies <u>to anyone who has been issued a certificate of registration in Part A or B of the register (O. Reg. 256/24), to interns, intern technicians and to those aspiring to be registrants of the College, including pharmacy students and pharmacy technician students.</u>all registrants of the College, –in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be registrants of the College. The Code of Ethics is applicable. <u>The Code of Ethics applies to registrants at all times in all settings including, but not limited to administration, academia, government, pharmaceutical industry, and consulting. pharmacy practice, education, and research, environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship</u></p>	<p>The Code of Ethics has always applied to all pharmacy professionals in all settings, but this reinforces same. The changes were also made to be specific about Part A and Part B and to reflect the language on the website about Part B.</p>
<p><u>Standard 1.1</u></p>	<p>N/A</p>	<p>Registrants ensure that their primary focus at all times is the well-being and best interests of the patient <u>and the public.</u></p>	<p><u>“The public”</u> was added to make explicit that all pharmacy professionals must uphold the social contract to act in the best interest of patients and the broader public. This reaffirms an existing expectation in the Principle of Accountability (pg. 4) that states pharmacy professionals are <i>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.</i> I</p>

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Principle of Respect for Persons/Justice <u>Introduction</u>	N/A	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. <u>Central to this principle is patient autonomy, dignity, and the right to choose their pharmacy care provider.</u>	This addition works in tandem with AWP as the <i>Insurance Act</i> amendments promote patient access to a pharmacy of choice by allowing pharmacies to access a given PPN network. This also reaffirms the importance of patient autonomy.
<u>Standard 3.9</u>	N/A	Registrants respect the patient’s right to choose a pharmacy and/or pharmacy professional, <u>whether the patient chooses to remain with their existing pharmacy and/or pharmacy professional, or alternatively chooses to transfer pharmacy care and services, in which case registrants must facilitate the transfer.</u> and facilitate the patient’s wish to change or transfer pharmacy care and services as requested.	The patient’s choice to remain with an existing pharmacy and/or pharmacy professional was added to align with the legislative framework and make it explicit that a patients’ wishes on pharmacy selection are an important consideration. This goes to patient consent and choice to change pharmacies.
<u>Standard 3.16</u>	N/A	Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients <u>in a manner that complies with Ontario Human Rights Legislation and does not create or foster barriers to service delivery based on geographic location or health status.</u> regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.	This is dovetailed with AWP, which is in essence seeking to ‘remove barriers’ and open up PPNs to allow increased choice for patients in Ontario. This also calls out geographic locations and health status which are common factors that can determine a patient’s experience within the framework. The human rights legislation reference was added to strengthen the intent of the standard allowing specifics, such as socioeconomic status, to be deleted.
Principle of Accountability (Fidelity). Business Practices <u>N/A</u>	New Standard 4.27	<u>Registrants must procure the patient’s informed consent to the choice of pharmacy at the point of care.</u>	The AWP framework allows for and increases access to payer directed agreements in Ontario and this change helps to provide clarity on consent to transfer of pharmacies in those few cases where a pharmacy is excluded under AWP and the new exemption criteria in the <i>Insurance Act</i> doesn’t allow a patient to remain with their preferred pharmacy. Patient consent is important in the health care context generally and this standard makes it clear that pharmacy transfers in the context of a PPN scenario must be done with clear informed consent.
<u>N/A</u>	New Standard 4.28	<u>Registrants must not enter into arrangements for exclusive distribution of a drug that restricts patient access to that drug.</u>	The intent of this standard is to address ethical issues that arise in a vertically integrated context. It should help prevent pharmacists who are decision-makers on behalf of insurance companies or PBMs (not patient-

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			facing) and decision-makers who own and operate pharmacies from entering into exclusive deals with one another and circumventing the patient’s role.
N/A	New Standard 4.29	<u>Registrants with authority to make decisions about the pharmacy’s operation must provide a practice environment where the standards within this Code of Ethics can be met.</u>	This standard reiterates how those making operational decisions are responsible for ensuring everyone can follow the Code of Ethics. This can have numerous applications involving business pressures and general pharmacy operation and adds to enforcement tools.
N/A	New Standard 4.31	<u>Registrants must have responsible business practices that do not impede access to pharmacy care for patients and the public..</u>	In the context of AWP this standard promotes the ability to opt in to the system of pharmacies and puts patients ahead of profit in PPN scenarios.
Avoid Conflict of Interest <u>Introduction</u>		Registrants need to <u>must</u> proceed with caution and conscientiously exercise professional judgment in when dealing with conflicts of interest situations which they may encounter in practice but which are not explicitly addressed below.	The word <u>must</u> was added to strengthen the intent of the standard. The other changes are edits with no change in meaning
<u>Standard 4.27</u>		Registrants <u>must</u> avoid situations that are or may reasonably be perceived to construe a conflict of interest.	The word <u>must</u> was added to strengthen the intent of the standard
<u>Standard 4.28</u>		Registrants <u>must</u> 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.	As above
<u>Standard 4.29</u>		Registrants <u>must</u> 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.	As above
<u>Standard 4.30</u>		Registrants involved in decision-making must disclose to <u>patients</u> any relationship they are involved in <u>have</u> that may influence or appear to others to influence their objectivity.	Adding “ <u>patients</u> ” makes clear that patients must be made aware of possible conflicts of interest. Because all registrants are involved in decision-making, this term has been removed.
<u>Standard 4.31</u>		Registrants <u>must only</u> 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.	The word <u>must only</u> was added to strengthen the intent of the standard.

FOR DECISION

From: Susan James, Acting Registrar & Todd Leach, Director, Communications and Knowledge Mobilization

Topic: Draft amendments to the Code of Ethics, for approval or direction

Issue/Description:

Proposed draft amendments to the Code of Ethics are aimed at strengthening the clarity of the College's expectations around ethical care and decision making and are presented to the Board for approval for the purpose of conducting an open consultation. The Board will also be asked to consider two additional options for making amendments to the Code of Ethics and subsequent direction to staff in that regard.

Public interest rationale:

In line with OCP's zero-tolerance statement approved in July 2024, closed PPNs pose risks of harm to patients/public by disrupting continuity of care, limiting patient choice, limiting access to care through patient steering. Arrangements that compromise patient autonomy in this way appear to run counter to the ethical principles of the pharmacy profession. The Code of Ethics is a foundational document which assists in regulating registrant behaviour by articulating expected ethical practice through principles and associated standards.

Strategic alignment, regulatory processes, and actions:

Developing, establishing and maintaining standards of ethical practice is one of the objects of the College under the *Health Professions Procedural Code*, which is Schedule 2 of the *Regulated Health Professions Act, 1991* and falls squarely within its public protection mandate. Additionally, addressing the identified ethical issues and inequities resulting from registrant participation in closed PPNs is aligned with two of the College's four strategic goals that deal specifically with ethical and equitable practice/care:

- *Strategic Goal #1: "Regardless of pharmacy setting, management and business exigencies do not compromise the health and well-being of pharmacy professionals or impede their ability to adhere to the Standards of Practice and Code of Ethics."*
- *Strategic Goal #4: The College uses its regulatory influence to ensure that all patients are treated with respect and without discrimination via positive changes in pharmacy practice.*

Background:

- The Code of Ethics is the College's fundamental articulation of the ethical principles and related standards guiding registrant practice and decision making. It is a powerful and effective regulatory instrument to express expectations for registrants (and help the public understand what they can expect from their pharmacy professionals). It is a building block in a wider picture that enables the College to hold registrants accountable for undesirable conduct.
- The last major revision to the Code of Ethics was approved by the Board in December 2015 when the principles were expanded and the standards of expected behaviour added (revisions to update minor terminology only were completed in 2022). The Code of Ethics exists as Schedule A of [By-Law No. 7](#).
- To emphasize the importance of the Code of Ethics as a foundational document for the profession, the Board established a requirement in 2017 that all current (and new) registrants declare that they have read and

understand the Code of Ethics and affirm their commitment to it by signing a [Declaration of Commitment](#).

- Since March 2024, the Board has discussed the ethical concerns associated with pharmacies and registrants participating in closed PPNs and other payer directed care models. The Board, in establishing the 2023 strategic plan, made addressing business exigencies that interfere with pharmacy professionals' ability to meet their obligations under the Standards of Practice and the Code of Ethics a priority.
- The possibility of unethical behaviours and decision making have been a central concern related to registrant participation in PPNs. The Code of Ethics is often referred to as the anchoring tool to which pharmacy professionals can and must be held accountable and that stronger action against unethical behaviours should be considered.
- As part of the PPN Action Plan, and the ongoing work associated with our strategic goals, the College has identified a number of opportunities to amend, and subsequently strengthen, the existing Code of Ethics to ensure greater clarity about ethical expectations of pharmacy professionals.

Analysis:

- Staff reviewed the Code of Ethics to determine if the document sufficiently addresses the concerns related to registrant behaviour in the context of closed PPNs. Through this review, the Code of Ethics was found to contain numerous standards that can apply to closed PPNs such as standard 3.2 *Registrants respect and value the autonomy and dignity of patients* and standard 4.21 *Registrants will 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*.
- The review also identified areas, in particular in *Section B Business Practices under the Principle of Accountability (Fidelity)* where standards could be added to strengthen the document by clarifying expectations and application.
- In total, eight standards were either significantly changed or added, seven standards underwent minor revisions, and three other sections were revised. The revisions and a rationale for the revisions can be found in the attached appendices.
- Before making a final decision on any amendments, an open consultation will be facilitated, as it has in previous amendments to the Code of Ethics, to solicit feedback from system partners, the public and registrants. The outcome of the consultation will inform any potential additional amendments for the Board to consider before approval for implementation.

Key Consideration – Code of Ethics as a first step of a broader standards review:

- The Code of Ethics was last updated a decade ago and since that time much has changed within the profession of pharmacy, the health system and government/public policy relevant to pharmacy practice. OCP has worked closely with government to expand the scope of practice of pharmacists, to respond to a global pandemic, and to continue to consider other ways that the profession can contribute to improving access to healthcare services across the province in the public interest.
- Furthermore, OCP has not yet brought forward for the Board's consideration the most recently updated NAPRA Model Standards of Practice from 2022 (the current standards were published in 2009). Given the ongoing evolution of the practice of pharmacy, the Board may wish to consider moving forward with a review of said standards for consideration of adoption or adaptation which might be particularly important in light of the ongoing expansion of scope and the focus on the Board-defined strategic goals.
- Accordingly, as the Board contemplates amendments to the Code of Ethics related to the immediate concerns raised by closed PPNs, consideration ought to be given to a broader review of the Code of Ethics against the

existing realities of the profession and its ongoing evolution in Ontario’s healthcare system, together with a review of the Standards of Practice and the Standards of Operation (established by OCP and last updated in relation to the implementation of the AIMS medication safety program) to assure the public of their continued utility and relevance in promoting quality, safe and ethical pharmacy practice.

Suggested Motion Options:

The Board is asked to consider ONE of the following three motions:

THAT the Board of Directors approve the draft amendments to the Code of Ethics as presented, subject to any revision(s) by the Board, and direct College staff to proceed with an open consultation, with a view to bringing back a final amended Code of Ethics for Board approval and subsequent implementation as early as June 2025.

OR

THAT the Board of Directors directs College staff to conduct a comprehensive review of the Code of Ethics, together with a review of the updated NAPRA Model Standards of Practice and the OCP Standards of Operation to ensure their continued relevancy and appropriateness for the regulation of the profession of pharmacy in Ontario, to be added to the 2026 OCP operational plan priorities.

OR

THAT the Board of Directors approve the draft amendments to the Code of Ethics as presented, subject to any revision(s) by the Board, and directs staff to proceed with an open consultation, with a view to bringing back a final amended Code of Ethics for approval in June 2025 AND directs staff to conduct a broader review of the Code of Ethics, Standards of Practice and Standards of Operation to be added to the 2026 OCP operational plan priorities.

Next steps:

The next steps will be determined contingent on the Board’s direction.

Attachments:

- [Code of Ethics](#)
- 12.2a - Code of Ethics Drafts Amendments Tracker

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The table below is a summary of the changes being proposed to the College’s Code of Ethics (November 2022. Text in red with a strike through (e.g. ✕) is proposed to be deleted. Text in blue and underlined (e.g. X) is proposed to be added.

CURRENT SECTION REFERENCE	NEW SECTION REFERENCE	CHANGE TO STANDARD or NEW STANDARD	RATIONALE FOR CHANGE & ADDITIONAL COMMENTS
Who does the Code of Ethics Apply To <u>Paragraph 2</u>	N/A	The Code of Ethics applies <u>to anyone who has been issued a certificate of registration in Part A or B of the register (O. Reg. 256/24) and to those aspiring to be registrants of the College, including pharmacy students and pharmacy technician students.</u> all registrants of the College, –in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be registrants of the College. The Code of Ethics is applicable. The Code of Ethics applies to registrants at all times in all settings including, but not limited to administration, academia, government, pharmaceutical industry, and consulting. pharmacy practice, education, and research, environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship	The Code of Ethics has always applied to all pharmacy professionals in all settings, but this reinforces same. The changes were made to be specific about Part A and Part B and to reflect the language on the website about part B.
<u>Standard 1.1</u>	N/A	Registrants ensure that their primary focus at all times is the well-being and best interests of the patient <u>and the public.</u>	<u>“The public”</u> was added to make explicit that all pharmacy professionals must uphold the social contract to act in the best interest of patients and the broader public. This is already an expectation in the Principle of Accountability (pg. 4) that states pharmacy professionals are <i>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.</i>
Principle of Respect for Persons/Justice <u>Introduction</u>	N/A	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. <u>Central to this principle is patient autonomy, dignity, and the right to choose their pharmacy care provider.</u>	Added to address patient steering by making explicit the obligations of all registrants to ensure patients provide informed consent to treatment by the care provider of their choice.
<u>Standard 3.9</u>	N/A	Registrants respect the patient’s right to choose a pharmacy and/or pharmacy professional, <u>whether the patient chooses to remain with their existing pharmacy and/or pharmacy professional, or alternatively chooses to transfer pharmacy care and services, in which case registrants must facilitate the transfer</u> and facilitate the patient’s wish to change or transfer pharmacy care and services as requested.	The patient’s choice to remain with an existing pharmacy and/or pharmacy professional was added to make it explicit that patients should not be required to change pharmacies via patient steering. The revision also addresses the consent issue that arises in a closed PPN context as the network pharmacist will need to make sure that patients want to switch pharmacy or pharmacy professional. This helps avoid them relying on the

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS : March 2025

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			standard form contract consents provided by the insured at the beginning of the network 'chain'.
<u>Standard 3.16</u>	N/A	Registrants provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients <u>in a manner that complies with Ontario Human Rights Legislation and does not create or foster barriers to service delivery related to geographic location or health status.</u> regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.	Adding geographic location and health status to the standards addresses inequitable access to care created by closed PPNs. The human rights legislation reference was added to strengthen the intent of the standard allowing specifics, such as socioeconomic status, to be deleted.
Principle of Accountability (Fidelity). Business Practices <u>N/A</u>	New Standard 4.27	<u>Registrants avoid entering into payer or prescriber directed agreements which specify the pharmacies where patients must receive care without the patient's informed consent being provided at the pharmacy level.</u>	This standard was created to make explicit that pharmacists who are decision-makers, on behalf of insurance companies or PBMS, cannot make agreements with each other or with pharmacies that require patients receive care from specific pharmacies without truly informed consent being provided by the patient to the pharmacy at the transfer point. To date consent for the transfer appears to revolve around patients 'signing off' on a pharmacy transfer as part of a larger group insurance contract via their workplace or otherwise. This brings that consent element to the forefront at the end of the chain and puts the network pharmacy squarely at the center of the consent issue.
<u>N/A</u>	New Standard 4.28	<u>Registrants must not enter into arrangements for exclusive distribution of a drug that restricts patient access to that drug, without the patient's informed consent being provided at the pharmacy level.</u>	The intent of this standard is to address ethical issues that arise in a vertically integrated context. It should help prevent pharmacists who are decision-makers on behalf of insurance companies or PBMs (not patient-facing) and decision-makers who own and operate pharmacies from entering into exclusive deals with one another and circumventing the patient's role.
<u>N/A</u>	New Standard 4.29	<u>Registrants with authority to make decisions about the pharmacy operation must provide a practice environment where the standards within this Code of Ethics can be met.</u>	This standard reiterates how those making operational decisions are responsible for ensuring everyone can follow the Code of Ethics.

SUMMARY OF PROPOSED CHANGES TO THE CODE OF ETHICS : March 2025

The table below is a summary of the changes being proposed to the College’s Code of Ethics (November 2022. Text in red with a strike through (e.g. ~~X~~) is proposed to be deleted. Text in blue and underlined (e.g. X) is proposed to be added.

N/A	New Standard 4.30	<u>Registrants must not take advantage of their position of authority to undermine the professional autonomy of a pharmacy professional under their supervision or direction.</u>	This standard was added to make it clear that registrants who make decisions beyond those of the patient-provider relationship must function in a way that allows pharmacy professionals to maintain professional autonomy. As closed PPNs involve contracts that are entered into and negotiated at the pharmacy level, focusing on decision makers is important.
N/A	New Standard 4.31	<u>Registrants must have responsible business practices that do not impede access to pharmacy care for patients and society.</u>	This standard was added to make explicit that business practices must be for the good of society and not just patients.
Avoid Conflict of Interest <u>Introduction</u>		Registrants need to <u>must</u> proceed with caution and conscientiously exercise professional judgment in when dealing with conflicts of interest situations which they may encounter in practice but which are not explicitly addressed below.	The word <u>must</u> was added to strengthen the intent of the standard. The other changes are edits with no change in meaning
<u>Standard 4.27</u>		Registrants <u>must</u> avoid situations that are or may reasonably be perceived to construe a conflict of interest.	The word <u>must</u> was added to strengthen the intent of the standard
<u>Standard 4.28</u>		Registrants <u>must</u> 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.	As above
<u>Standard 4.29</u>		Registrants <u>must</u> 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.	As above
<u>Standard 4.30</u>		Registrants involved in decision-making must disclose to <u>patients</u> any relationship they are involved in <u>have</u> that may influence or appear to others to influence their objectivity.	Adding “ <u>patients</u> ” makes clear that patients must be made aware of possible conflicts of interest. Because all registrants are involved in decision-making, this term has been removed.
<u>Standard 4.31</u>		Registrants <u>must only</u> 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.	The word <u>must only</u> was added to strengthen the intent of the standard.

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

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

TOPIC: Determining the appropriate safeguards to establish with anticipated expanded scope provisions.

ISSUE: The Board is being provided with an update on, and being asked to approve certain details for regulatory safeguards for the pharmacy profession related to recent expansion of scope regulatory proposals. These safeguards are being brought forward in anticipation of government approval of relevant regulations. This briefing note provides a summary of the three streams of work. Given the volume of information, each stream is supported in a more detailed briefing note.

PUBLIC INTEREST RATIONALE: The public relies on the College to set practice requirements that consider their safety. As the list of minor ailments approved for pharmacist prescribing and other clinical activities expands, there is a need to ensure that a level of competence exists among pharmacists engaging in these new activities, and that the standards of operations for pharmacies are appropriate.

STRATEGIC ALIGNMENT, REGULATORY PROCESSES, AND ACTIONS: The College plays an important role in ensuring the public has timely access to safe and quality pharmacy care. It regulates the profession of pharmacy by holding pharmacy professionals accountable to established practice standards that promote safe and quality pharmacy care. It is within the College's authority and public interest mandate to establish practice expectations as the delivery of pharmacy care in Ontario evolves.

BACKGROUND:

- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. This expansion included authorizing an additional 14 minor ailments for pharmacist prescribing and the administration of injectable buprenorphine (Sublocade) by pharmacists, among other activities. The College drafted enabling regulatory amendments which were approved for open consultation by the Board at its September 2025 meeting.
- At its December 2025 meeting, the Board considered the consultation feedback before approving the regulation amendments for submission to the government.
- At this time, the government has not yet approved the regulations. College staff remain in close contact with the Ministry as they work through their usual process to review the regulation package and prepare for approval and implementation.
- To support the implementation of the proposed expansion to the scope of pharmacy practice, the Board discussed at its December 2025 meeting a series of safeguards presented by staff based on previous Board input and direction. The Board directed staff to move forward on a number of steps to further prepare the safeguards for consideration and approval.

- These included:

	Relevant Standards	Board Direction	Expected Outputs
Core knowledge requirements	Mandatory CPR and First Aid Training for Pharmacy Technicians Administering Injections	Proceed to public consultation	Stakeholder feedback summary, adopt amendments to “Administering a Substance by Injection Guideline”
Mandatory learning - professional learning objectives	Mandatory learning requirements for: <ul style="list-style-type: none"> a) Acute Pharyngitis b) Otitis Externa c) Herpes Zoster d) Administration of Sublocade 	Define the knowledge expectations to be included in declarations submitted by professionals engaging in these activities	Stakeholder feedback summary, draft guidance to be posted for public consultation on new requirements prior to formal Board approval
Pharmacy operational safeguards	Standards of Operations	Review the Standards of Operations to identify potential safeguard requirements	Continuation of consultation and impact analysis of revised Standards of Operations pending further Board input

CURRENT STATUS

- Following the Board’s direction in December, staff completed the following activities:

Actions Undertaken since December Board meeting	
Core knowledge requirements	<ul style="list-style-type: none"> • Completed the public consultation, held from January 7 to March 7, 2026 • Sent targeted communications to pharmacy technician program faculty, the Canadian Association of Pharmacy Technicians and other groups to elicit their feedback. • Summarized consultation feedback, including from groups like the Ontario Pharmacists Association; assessment and impact of OPA feedback is pending • Drafted recommended updates to the Administering a Substance by Injection Guideline for Board consideration. This revised Guideline was included as part of the consultation.
Mandatory learning - professional learning objectives	<ul style="list-style-type: none"> • Individual meetings were held with each of the Ontario faculties of pharmacy, and with the CCCEP-accredited continuing professional development (CPD) providers (including PearHealth and Pharmachieve), and with the OPA with the goal of validating the requirements • Drafted Guidance documents for the Board to consider for moving on to public consultation: <ul style="list-style-type: none"> ○ Requirements for Engaging in Specified Minor Ailments (<i>*new guidance</i>) ○ Pharmacist Prescribing: Initiating, Adapting, and Renewing Prescription Guideline (<i>update to existing</i>) ○ Administering a Substance by Injection Guideline (<i>update to existing</i>)
Pharmacy operational safeguards	<ul style="list-style-type: none"> • In-depth review of Standards of Operation • Completed jurisdictional scan and assessment of options • Drafted a summary of potential amendments identified to date, and a ‘redline’ of the existing Standards of Operation for Pharmacies for reference • Mapped next steps for additional consultation and impact analysis to be conducted that will inform formal amendments to be presented to the Board for approval at a subsequent meeting

- Implementing appropriate safeguards by the College is an important component in expanding scope of practice and aligns with considerations shared with the Ministry as they prepare for the approval and implementation of enabling additional authority of pharmacists and pharmacy technicians.
- Every regulatory submission made to the Ministry is accompanied by a detailed package that includes, at the Ministry’s request, a recommendation for implementation of regulations if approved by government. Initial recommendations made to the Ministry proposed an implementation for certain expanded scope where no safeguards were identified to move forward as early as July 1, 2026, with implementation of specific expanded scope activities tied to completion and roll out of approved safeguards (e.g. pharmacy operational standards amendments) by January 1, 2027. These dates were recommended by the College at the time of the regulation submission. They are not binding and remain subject to Ministry discretion and decision.
- Since the regulation submission, the College has been in frequent contact with Ministry staff, including providing additional information and clarifications where warranted, as the government performs the necessary analysis and procedural steps that are part of the regulatory approval process.
- Based on the original recommended implementation timeline and the results of the work completed since the December Board meeting, staff are recommending the following for each of the following safeguard areas:

Proposed Decisions and/or Actions for Board Consideration at this meeting	
Core knowledge requirements	<ul style="list-style-type: none"> • Based on the consultation results, recommend that the Board approve amendments to the <i>Administering a Substance by Injection Guideline</i> to require pharmacy technicians be CPR trained. Implementation is subject to the government’s approval of the associated regulations. Please see the corresponding briefing note with reference to an assessment now underway based on feedback from the OPA.
Mandatory learning - professional learning objectives	<ul style="list-style-type: none"> • Approve for 60-day public consultation the establishment of declarations of knowledge/learning related to specific areas of expanded scope as indicated via: <ul style="list-style-type: none"> ○ Guidance – Requirements for Engaging in Specified Minor Ailments (<i>new document</i>) ○ Pharmacist Prescribing: Initiating, Adapting, and Renewing Prescription Guideline (<i>update to existing document</i>) ○ Administering a Substance by Injection Guideline (<i>new document</i>) • Results from consultation will be brought to a subsequent Board meeting with recommendations for adoption and implementation subject to the government’s approval of the associated regulations.
Pharmacy operational safeguards	<ul style="list-style-type: none"> • Additional consultation and impact analysis of the preliminary amendments to the Standards of Operation is underway • The Board will be asked to consider and provide feedback on the scope of the changes to the Standards of Operation identified to date, including any potential gaps or information that might be missing • Board input will help staff further refine draft amendments that will be formally presented to the Board following the additional stakeholder consultation and impact analysis at a subsequent Board meeting.

- Each of the three streams of work to support safeguards with scope expansion has a supporting, more detailed briefing note with relevant information and links to related documents.

STRATEGIC CONSIDERATIONS:

- The College anticipates that government approval of expanded scope regulations is forthcoming and could be confirmed in the coming months. The College’s focus is now on confirming the necessary safeguards to promote the safe and effective implementation of expanded scope of practice and to ensure there is adequate time to roll out approved safeguards and prepare the profession for this important change.
- To facilitate decisions on safeguards in a timely manner in consideration of anticipated implementation timelines, while providing adequate time for staff to conduct the necessary work to execute on Board direction effectively, it is anticipated that an additional Board meeting in between regularly scheduled quarterly meetings may be necessary for certain expanded scope matters.

MOTION: n/a

Individual briefing notes for each stream have the relevant motions.

NEXT STEPS:

Individual briefing notes for each stream have the relevant information.

ATTACHMENTS: n/a

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

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

TOPIC: CPR and first aid training for pharmacy technicians administering injectable drugs and substances – Seeking final approval for implementation of this requirement.

ISSUE: The Board is being asked to review the findings from the [public consultation on Mandatory CPR and First Aid Training for Pharmacy Technicians Administering Injections](#), to inform their decision on final approval of implementing this practice requirement.

PUBLIC INTEREST RATIONALE: The public relies on the College to set practice requirements that consider their safety. As pharmacy technicians administer more vaccines, their ability to monitor and manage adverse reactions in a timely manner is an important patient safety factor. Requiring mandatory CPR and first aid training among pharmacy technicians will better protect the public if adverse reactions occur following a vaccination and will standardize expectations among regulated pharmacy professionals who are administering injections.

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 regulates the profession of pharmacy by holding pharmacy professionals accountable to established practice standards that promote safe and quality pharmacy care. It is within the College's authority and public interest mandate to establish practice expectations as the delivery of pharmacy care in Ontario evolves.

BACKGROUND:

- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. This expansion included authorizing pharmacy technicians to administer all vaccines listed under Schedule 3 of *Ontario Regulation 256/24* under the *Pharmacy Act, 1991*.
- To support the implementation of this scope of practice expansion, the Board expressed interest and support for requiring CPR and first aid training among pharmacy technicians administering injections.
- 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 have not been a requirement under the Model Standards of Practice for Pharmacy Technicians (2011). However, 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).
- In December 2025, as part of a series of decisions related to safeguards associated with expanded scope of practice, the Board considered a proposal to establish a mandatory CPR and first aid requirement for pharmacy technicians administering injections, and subsequently directed staff to proceed with an open consultation on this proposed requirement, and for this matter to be brought back to the Board in March 2026 for final consideration and approval.

- The [public consultation](#) was held from January 7 to March 7, 2026. A summary of the findings is included in Appendix A. As of March 6, a total of 65 comments were received through the online open consultation and responses were published as part of the College’s consultation process and according to the posting guidelines.
- In addition to the online consultation mechanism, targeted communications were sent to pharmacy technician program faculty and the Canadian Association of Pharmacy Technicians to elicit their feedback.
- Current requirements for CPR and first aid training for pharmacists are stipulated in the [Administering a Substance by Injection Guideline](#), under section 2, *Assess their competency and certifications*. A draft amended guideline (see Appendix B) that incorporates the proposed new requirement for pharmacy technicians was included for review as part of this consultation.

Implementation considerations

- The impetus of this requirement is to respond to the proposed future state where the Ontario government has authorized the administration of additional vaccines, in recognition that as practice scope changes there is a general need to harmonize expectations of pharmacy professionals who are engaged in the same technical activity. While implementation timelines will be dependent on Ministry of Health approval of the expanded scope package submitted in December 2025, the College recognizes that pharmacy technicians who are currently administering Influenza, COVID-19, and RSV vaccines will continue to do so under existing authority¹.
- If the Board approves, this new requirement would only be mandatory for pharmacy technicians administering injections. If a pharmacy technician is not engaged in administering injections, they would not be required to obtain CPR and first aid certification. The College acknowledges that this will vary among pharmacy practice environments (e.g., community vs hospital pharmacy vs family health team).
- The implementation of this requirement for pharmacy technicians will closely mirror the current process in place for pharmacists. Pharmacists administering injections must submit a declaration of completion, which serves as confirmation that they have both completed an OCP-approved injection training course, as well as training in the administration of Red Cross Standard First Aid and CPR ‘C’ + AED (or equivalent), and that they will maintain valid certification during their authorization. The same wording of this declaration will be applied to pharmacy technicians.
- Pharmacy professionals can add or remove this declaration within their online registrant profile at any time. It is the responsibility of pharmacy technicians to ensure this declaration is made prior to administering any newly authorized injections, if government provides such authorization.
- The *Administering a Substance by Injection Guideline* will be updated to reflect the version included as Appendix B.
- Implementation will also be supported by a robust communication plan, with messaging that includes supportive rationale behind the new requirement.

ANALYSIS:

- For a detailed summary of the consultation findings, see **Appendix A**. A total of 65 responses were received

¹ Under supervision (direct supervision in a community pharmacy) according to terms, conditions and limitations on their certificate of registration; [O. Reg. 256/24 s15](#)

during the public consultation: 28 responses from pharmacists, 34 from pharmacy technicians, 2 from the public, and 1 from a system partner. Some comments were from the same person and therefore collapsed to be counted as one. Of the 64 comments posted to the consultation webpage, a majority (43; 67%) were positive comments, 7 (11%) were mixed, and 14 (22%) were negative.

- Among those who felt negatively or mixed about the proposed requirement, the concerns were primarily related to cost and time away from work required to complete the training, and some comments that training is unnecessary since a pharmacist is expected to always be available. The Board's previous discussion considered the cost and availability of courses and supported this new requirement. Currently, courses are available across Ontario at various frequencies.
- The thoughtful feedback provided by all respondents is appreciated and has been thoroughly assessed. Overall, other than the alternative option recommended by the OPA, the responses to the public consultation on this new requirement did not provide sufficient information to outweigh the benefit of having this requirement and there is general support for its establishment.
- A response from the Ontario Pharmacists Association received at the end of the consultation period indicated that requiring Standard First Aid & CPR 'C' + AED (2-day) may be more than what would be necessary for pharmacy technicians and instead indicated that an Emergency First Aid & CPR level (1-day) may cover the necessary skills for managing adverse reactions. Both courses provide the same training in airway emergencies, breathing and circulation emergencies, first aid for respiratory and cardiac arrest, wound care, and opioid poisoning awareness information. The Standard First Aid course is 16 hours and provides additional training in head and spine injuries; bone, muscle and joint injuries; sudden medical emergencies and environmental emergencies. The following points are in response to that suggestion.
- Other provinces where pharmacy technicians are authorized to administer injections have set a minimum level as "Emergency FA/CPR". However, in a closer comparison of the pharmacist to technician requirements in provinces that have this as an existing authority for both pharmacists *and* pharmacy technicians, they require the level of CPR/First Aid training that OPA is ultimately recommending (Emergency FA/CPR, rather than Standard FA/CPR), therefore the level of CPR/First Aid training is already harmonized between pharmacy professionals in those provinces.
- Maintaining the existing recommendation would lead to harmonized certification that adds consistency for any regulated pharmacy professional that is performing the same task, just as we see in other provinces and as care options expand in pharmacy settings. It is believed that maintaining harmonization to the current level in Ontario will give the public greater confidence in the consistency of care in pharmacies if ever CPR/First Aid training is called upon as more clinical care interactions become the norm in Ontario's community pharmacies. Additionally, harmonization to the level currently required of pharmacists in Ontario may also be advantageous should pharmacy technician scope of practice continue to expand into other technical aspects that complement clinical care activities in the future.
- The time and financial impact associated with the requirement compared to the option proposed by OPA, and the overall impact on a successful implementation of expanded scope in the province, was also carefully assessed and considered along with the general feedback through the consultation.
- Ultimately, given the existing level/standard for pharmacists that would enable harmonization of this requirement in pharmacies and the importance of ensuring a consistent level of emergency response as direct clinical interaction between pharmacy technicians and patients increases, it is considered to be in the public's best interest to maintain the existing recommendation that is now before the Board for final approval.

MOTION: THAT the Board approves the revised Administering a *Substance by Injection Guideline* and the *Declaration of Completion of Injection Training* statement for pharmacy technicians which confirms a mandatory CPR and first aid requirement for pharmacy technicians, for implementation subject to the government’s authorization of the proposed expanded scope activities.

NEXT STEPS: College staff will develop an implementation and communication plan to support the requirement, as part of an integrated strategy that considers all of the associated safeguards, once the government has indicated what will be authorized through the regulations.

ATTACHMENTS:

- Appendix A – Summary of Findings from Public Consultation
- Appendix B – Revised Administering a Substance by Injection Guideline

Summary of Consultation Findings

Background

CPR and First Aid training is currently recommended but not required for pharmacy technicians who are injection trained.

At its December 8, 2025 meeting, the Ontario College of Pharmacists' Board of Directors approved an open consultation on the mandatory requirement of completing and maintaining up-to-date CPR and First Aid training among all pharmacy technicians (including intern technicians) administering injections (as per Schedule 3 of *Ontario Regulation 256/24*, under *the Pharmacy Act, 1991*).

This proposed requirement supports the safe implementation of [expanded scope of practice](#) activities which would allow, if approved by government, pharmacy technicians (including intern technicians) to administer all vaccines listed in Schedule 3 of *Ontario Regulation 256/24*, under *the Pharmacy Act, 1991*.

The College held an open consultation on the proposed requirement that all pharmacy technicians and intern technicians who administer injections be certified in CPR and First Aid (equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C). Below is a summary of the consultation process and findings.

Public Consultation Process

With direction from the Board of Directors, this proposed requirement (approved for consultation at the December 8, 2025 Board meeting) was posted for a 60-day public consultation from January 7 - March 7, 2026.

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 65 responses to the consultation. Sixty-four comments were published to the consultation page, and 1 system partner submitted a response to the consultation inbox directly. Most of the comments were received from pharmacy professionals, with 34 comments from pharmacy technicians and 28 from pharmacists. Two members of the public responded.

Summary of Comments from System Partners

In addition to receiving comments through the [consultation webpage](#), College staff invited system partners to provide feedback on the draft regulation amendments and implementation considerations. The only response received was from The Ontario Pharmacists Association's (OPA).

Overall, the OPA is supportive of establishing a CPR and First Aid training requirement for pharmacy technicians (including intern technicians) who are injection trained and intend to engage in administering vaccinations if the government so authorizes.

While OPA is in support of this requirement, additional considerations for implementation were shared:

- Consideration of the level of CPR and First Aid Certification. Currently pharmacists who administer injections are required to have certification in CPR and First Aid equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C. Pharmacy technicians are only able to administer vaccines under supervision of a pharmacist/health care professional who also has the same certification as a pharmacist. As a result, pharmacy technicians may not require the same level of certification. The OPA indicated that the Emergency First Aid & CPR certification may be sufficient.
- Consideration for implementation. Timelines for implementation for CPR and First Aid Certification have been anticipated to align with the implementation of expanded scope activities. This may have an impact on compliance and continuity of care as pharmacy technicians may need adequate time to transition to this new requirement. For example, scheduling time off work, finding available courses. Clear communication is required of the College throughout the process of implementation.
- As part of the implementation process, consideration for public awareness approach that clearly articulates the role, scope and training of pharmacy technicians to bolster public understanding.
- Cost and remuneration should be considered as time off work may be required for certification. This may indirectly result in indirect costs where compensation for training is not provided.

Summary of Consultation Comments Received

Among the 63 individual comments to the public consultation, 27 (43%) were from pharmacists, 34 (54%) were from pharmacy technicians, and 2 (3%) was from the public.

The table below captures the general sentiment of respondents towards the proposed requirement, and shows overall responses (positive, negative, or mixed response) by respondent type.

Response Count

Response	Pharmacist	Pharmacy Technician	Public	Other Response	Total Response Count
Positive	18	24	1	0	43
Negative	5	8	1	0	14
Mixed	5	2	0	0	7

Analysis of the consultation feedback indicates strong support for the requirement of CPR and First Aid certification. Most respondents (n=43; 67%) are in support of this certification. Respondents who were supportive of the requirement largely expressed that the certification would protect the public by ensuring more pharmacy professionals are available to respond to adverse reactions and emergencies. Further, it was felt among this group of respondents that this new requirement may support the provision of additional injections in future. A few responses highlighted the importance of standardizing requirements between pharmacy technicians and their pharmacist counterparts performing the same activities. A few quotes from respondents are included below to illustrate these points:

“For the safety of the patients, all pharmacy technicians should have the CPR and First Aid training.”

“As the scope of practice for pharmacy technicians has expanded to include the administration of certain injections following completion of approved education and training, CPR certification should be recognized as an essential competency associated with this activity.”

“Supporting the “Scope of Practice” Evolution. As the RPhT scope of practice expands, so does professional accountability. With the authority to perform clinical tasks comes the responsibility to manage the associated risks.”

While there was an overall positive response to the potential requirement of CPR and First Aid certification, there were a few areas of concern raised. Some respondents felt this certification would be difficult to access due to potentially greater difficulty of accessing these certification courses in rural areas. There were also concerns related to financial implications of obtaining this certification. Specifically, taking time away from work to complete the course may result in lost wages; there is no commensurate increase in compensation for becoming certified; and pharmacy professionals will have to pay for the course. A few respondents expressed a desire for certification costs to be paid for by their employer or other sources (i.e., the College). A few quotes from respondents are included below to illustrate these points:

“I disagree with this. Unnecessarily increasing cost and burden to administer injections.”

“What is even the point of allowing pharmacy technicians to inject vaccines if none work in community pharmacies? As a hospital pharmacist, none of our pharmacy technicians inject vaccines as the nurses do it. In our community pharmacies the registered pharmacy technicians are few and far between and certainly none at the big box stores.”

OCP Response

The thoughtful feedback provided by respondents is appreciated and has been thoroughly assessed. Overall, the responses to the public consultation on this new requirement did not provide sufficient information to outweigh the benefit of having this requirement and there is

general support for its establishment. Feedback received through the consultation will inform implementation and communication considerations.

This new requirement is only mandatory for pharmacy technicians administering injections. If a pharmacy technician is not engaged in administering injections, they would not be required to obtain First Aid & CPR certification. The College acknowledges that this will vary among pharmacy practice environments (e.g., community vs hospital pharmacy vs family health team).

It will be the responsibility of pharmacy professionals to identify appropriate courses, and to manage the time and financial implications of this new requirement. Registrants may refer to the [Injection and First Aid Training Requirements](#) page on the OCP website for additional details. Work schedules and financial support to complete and maintain the required training should be discussed by the registrant with their employer, if applicable.

No specific changes are required to the draft guideline, and the outcomes of the consultation will be reviewed by the Board.

DRAFT

DISCLAIMER: The Ontario government has not authorized the proposed scope of practice expansions as of the date of the public consultation on mandatory CPR and First Aid training for pharmacy technicians administering injections. Therefore, the draft amendments to this guideline ONLY reflect the requirement of CPR and First Aid for pharmacy technicians and intern technicians.

GUIDELINE

Administering a Substance by Injection Guideline

Purpose

This guideline outlines legislative requirements and expectations for pharmacy professionals administering substances by injection as authorized by the Pharmacy Act and in accordance with *O. Reg. 256/24*. It is meant to be used alongside the [Standards of Practice](#), [Standards of Operation](#), and [Code of Ethics](#).

Definitions

Pharmacy professional: For the purposes of this guideline, means a Part A pharmacist and/or pharmacy technician and is inclusive of interns, subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.

Guideline

A pharmacy professional is authorized under the *Pharmacy Act* to perform the controlled act of administering a substance by injection in accordance with the requirements established by *O. Reg. 256/24* (“the regulations”). To administer a substance by injection that is not authorized by the regulations, or if the requirements established in the regulations cannot be met, a pharmacy professional requires delegation of authority, such as a medical directive or direct order, from another regulated health professional.

* Denotes a requirement in the regulations (*O. Reg. 256/24, s50*)

Pharmacists are authorized to administer by injection:

- **Substances** included in [Schedule 1](#) of *O. Reg. 256/24*
 - The pharmacist must comply with any limitation specified within the Schedule (e.g., for patient education and demonstration purposes only; must not be administered intravenously).
 - Administration through an established central or peripheral venous access device must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP)) or a physician (MD).
 - Refer to Appendix A for additional information
- **Vaccines** included in [Schedule 3](#) of *O. Reg. 256/24* to a patient 5 years of age or older unless specified otherwise:
 - **Influenza vaccines** to a patient 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
 - **COVID-19 vaccines** to a patient 6 months of age or older.

Pharmacy technicians are authorized to administer by injection:

- **Specific vaccines** included in [Schedule 3](#) of *O. Reg. 256/24*, namely:
 - **Influenza vaccines** to patients 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
 - **Respiratory Syncytial Virus (RSV) vaccines** to a patient 5 years of age or older.
- **COVID-19 vaccines**, to a patient 6 months of age or older.

Note: On October 1, 2024, a new registrant class, Intern Technician, was created. However, Intern Technicians have not yet been authorized under *O. Reg 256/24 (General)* to administer injections.

Before administering a substance by injection, pharmacy professionals must:

1. Assess the environment

The Standards of Operation require the pharmacy premises, facilities, and layout – along with its equipment, technology, and staffing – to support practice, mitigate risks associated with the delivery of services, and safeguard the health, safety and wellbeing of patients.

- Administration of a substance must take place in an environment that is clean, safe, private, and comfortable for the patient*, in a way that protects their confidentiality and dignity.
- Safeguards and resources must be available to safely manage the outcome after administration*
 - If the substance being administered has an antidote, it must be available.

Community pharmacy owners and Designated Managers are expected to implement the [Guiding Principles for Shared Accountability](#) to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.

2. Assess their competency and certifications

The pharmacy professional must only administer a substance by injection when they can do so competently and safely by:

- Successfully completing an OCP-approved, CCCEP-accredited injection training course.
- Registering their training with the College, where it will appear on the public register.
- Obtaining and maintaining a valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C **[Pharmacists only]**.

○—CPR and First Aid certification for pharmacy technicians is recommended but not mandatory at this time as they can only administer vaccines under supervision of a pharmacist (or another health care professional (HCP)) who is required to have this certification.

- For administering via an established venous access device, successfully completing theoretical and practical training on administering intravenous therapy and venous access devices **[Pharmacists only]**.

- A skills assessment component is required for the pharmacist to demonstrate their competency.
- Training may be completed through a CCCEP-accredited provider and/or through an educational program approved by the organization where they will engage in this practice under the direction and supervision of a NP or MD.
- Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance.
- Having sufficient understanding of the condition of the patient*.
- Having the resources necessary to meet their professional obligations and standards of practice.
- Being of sound physical, emotional and mental capacity.
- Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, and pursuing continuing education and/or additional training.

3. Assess the patient

The pharmacist must assess the patient to determine the therapeutic appropriateness of the substance(s) or vaccine(s) to be administered.

- The decision to administer a substance by injection is based on its approved indication(s), the patient's age, individual needs, medical history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.
- For more information, please refer to the [Patient Assessment Practice Topic](#).

For vaccines, the pharmacy professional must inform the patient of their eligibility to receive a publicly funded vaccine from their primary care provider or local public health unit as per [Ontario's routine immunization schedule](#), if applicable.

4. Confirm Infection Prevention and Control (IPAC) Procedures are in place

Pharmacies must have evidence-based Infection Prevention and Control (IPAC) measures in place* to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.

- A ‘routine precaution’ approach should always be undertaken, with all patients. This includes proper hand washing and, when appropriate, use of personal protective equipment.
 - Refer to [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) from the Public Health Agency of Canada (PHAC).
- In the hospital setting, the organization’s IPAC Committee establishes IPAC policies and procedures.
- In the community setting, the Designated Manager is responsible for establishing IPAC policies and procedures.
- Refer to the [Public Health Agency of Canada \(PHAC\) Canadian Immunization Guide](#) sections on **Infection Prevention and Control** and [Immunization of Workers](#).

Pharmacies must have procedures in place for the safe handling, collection and disposal of medical sharps (i.e., needles):

- Do not recap, bend, or manipulate needles prior to disposal.
- The device’s safety feature(s) should be activated if available. Safety-engineered needles licensed by Health Canada are required by [O. Reg. 474/07](#) in certain workplaces.

For additional information, refer to Appendix B and the:

- [Infection Prevention and Control Practice Topic](#)
- [Ministry of Environment and Climate Change guidance](#) on biomedical waste for more information on sharps management and disposal.
- [Ministry of Labour, Immigration, Training, and Skills Development](#) for Occupational Health and Safety IPAC- and sharps safety-related resources.

5. Obtain informed consent to treatment

Prior to administering a substance, the pharmacist must receive informed consent from the patient or their authorized agent*.

Under the [Health Care Consent Act](#), consent to treatment is informed if, before giving it, the person received:

- Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.
- Information about other options and consequences of not having the treatment.
- Any information that a reasonable person in the same circumstances would require to make a decision about the treatment.
- Responses to their request for additional information.

The information provided to patients to make informed decisions about their healthcare should be consistent with the best available clinical evidence.

- Consent is contingent on an individual's capacity to understand why and for what the consent is being sought
- There is no minimum age of consent to treatment in Ontario
- Consent may be express or implied
 - Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.
 - The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand

Pharmacies participating in Ministry of Health programs to administer publicly funded vaccines must obtain consent as required by their Agreement with the Ministry and Executive Officer Notices (if applicable).

6. Confirm proper storage and preparation

The pharmacy professional must determine that the substance is safe to administer by evaluating the stability and integrity of the drug.

- Follow [Canadian Immunization Guide](#) administration practices and manufacturer's recommendations for reconstitution (if applicable), visual inspection, etc.
- Procedures must be in place to ensure that temperature-sensitive drug products are received and stored according to manufacturer's recommendations.
- Please refer to the [Protecting the Cold Chain Guideline](#) for further information, including links to the Ontario public health standards for storage of publicly funded vaccines.

After administering a substance by injection, pharmacy professionals must:

7. Monitor the patient

The pharmacy professional must ensure that the patient is monitored for adverse reactions in an appropriate location, for a sufficient amount of time.

- For post-vaccine administration, refer to the PHAC [Canadian Immunization Guide](#) for information on observation and management of early vaccine reactions including anaphylaxis.
 - Pharmacy professionals are required under the [Health Protection and Promotion Act](#) to report certain Adverse Events Following Immunization (AEFI) to Public Health.
- For administration of other substances, refer to the Product Monograph for warnings, precautions and potential adverse reactions
- Should a reaction occur, it should be immediately brought to the attention of the pharmacist or the supervising HCP to ensure timely assessment of the patient and to determine the appropriate course of action.
- Determine if a monitoring plan and further follow-up is required.

8. Communicate & Educate

Effective communication with patients and their healthcare team supports continuity of care and positive treatment outcomes. Pharmacists are expected to:

- Collaborate with colleagues and other health care professionals to facilitate quality patient care.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- If applicable, patients should be reminded to update their paper or online immunization record and advised of the timing of their next injection.

9. Document & Notify

Pharmacy professionals are expected to review and adhere to the College's [Record Retention, Disclosure and Disposal Guideline](#) and [Documentation Guideline](#).

Documentation and notification requirements for pharmacies participating in Ministry of Health programs to administer publicly funded vaccines are established by their Agreement with the Ministry and Executive Officer Notices (if applicable).

Document

The relevant details of the administration of a substance must be documented on the patient record*:

- Name and address of the patient
- Name and address of the pharmacy professional
- Date the substance was administered
- Name, strength (where applicable) and quantity of the substance administered
- The circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
- Confirmation that an informed consent was given by the patient or their authorized agent
 - A brief overview of the information provided to the patient concerning the risks, benefits, and potential side effects should be included.

Documentation sent to the other HCPs must be concise and include pertinent details respecting administration to ensure the patient record is complete.

Patients who do not have a prescriber (i.e., have been administered a non-prescription substance) or a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients may also wish to have a copy of the documentation from their record for this purpose.

Notify

Notification of the administration of a substance should be sent to both the prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known):

- Where a substance is administered for education or demonstration purposes, notification *may* occur if the pharmacist determines the administration was clinically significant or important for continuity of care.
- Where a substance is administered for treatment purposes, notification *must* occur within a reasonable time*.

*Denotes a requirement in the regulations (O. Reg. 256/24, s50)

Legislative References

- [Pharmacy Act](#)
- [O. Reg. 256/24](#)
- [Health Care Consent Act](#)

Additional References

- [Medical Directives and the Delegation of Controlled Acts Policy](#)
- [Administering Injections Practice Topic](#)
- Pharmacy Connection article – [Reporting Adverse Reactions to Vaccines and Medications](#)

External References

- [Immunization Records: Canadian Immunization Guide](#)
- Public Health Ontario Resources
 - [AEFI Reporting Fact Sheet](#)
 - [Immunization Technique for Intramuscular \(IM\) Injections – Deltoid Muscle](#)
 - [Infection Prevention and Control Practices for Immunization Clinics](#)
 - [Management of Anaphylaxis Following Immunization in the Community](#)
 - [Vaccine Storage and Handling Guidelines](#)

Appendix A: Administration Through an Established Central or Peripheral Venous Access Device

A Venous Access Device^{[1],[2]} is a catheter inserted into a central or peripheral vein or artery that can be implanted or inserted under the skin, classified based on the insertion site and location of the device.

- Peripheral devices are inserted by percutaneous venipuncture with the terminal tip below the level of the axillary vein for upper extremity placement.
 - Peripheral vascular access devices (PVADs) include short peripheral intravenous catheters (PIVs), midline and extended dwell catheters
- Central devices are inserted into a large vein in the central circulation system with the tip of the catheter terminating in the superior vena cava and advancing towards the heart.
 - Central vascular access devices (CVADs) include central venous catheters (CVCs), peripherally inserted central catheters (PICCs), tunneled catheters, non-tunneled catheters and implanted vascular access devices (IVADs) or “ports”.

Administration through an established central or peripheral venous access device by a pharmacist must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP) or a physician (MD)).

Appendix B: Additional IPAC Information

Ontario's [Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control](#) (PIDAC-IPC) advises Public Health Ontario and produces best practice documents for healthcare organizations, such as:

- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)
- [Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition](#)
- [Infection Prevention and Control for Clinical Office Practice](#)
 - [IPAC Checklist for Clinical Office Practice](#)
- [Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition](#)

Ontario's Public Health Units have the authority to conduct inspections/assessments/investigations related to infection prevention and control (IPAC) practices.

- In the event of a communicable and/or infectious disease transmission risk related to the conduct of a pharmacy professional, the regional board of health will involve the College on the matter, per the [Infection Prevention and Control Complaint Protocol](#)

Implementation

Published: January 2026

Version #: 9.00

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of scope changes from O.Reg. 202/94.
4.00	November 2021	Inclusion of scope changes for technicians from O. Reg. 202/94
5.00	July 2023	Administering a Substance by Injection Guideline extracted from Administering a Substance by Injection or Inhalation Guideline. Inclusion of scope changes to O. Reg. 202/94.
6.00	December 2023	Changes to Schedule 3; minor content revisions.
7.00	April 2024	The authority for pharmacists and pharmacy technicians to administer COVID-19 vaccines transitioned to O. Reg. 202/94
8.00	October 2024	Removal of student from the definition of pharmacy professional. Addition of a note regarding Intern Technician scope of practice. Updating reference to previous O. Reg. 202/94 to O. Reg. 256/24

Version #	Date	Action
9.00	January 2026	Changes to CPR and first aid training requirements to be reflective of both pharmacists and pharmacy technicians

1. Registered Nurses' Association of Ontario (RNAO). Vascular access. 2nd ed. Toronto (ON): RNAO; 2021 <https://rnao.ca/media/3639/download>
2. Doyle, G. R., McCutcheon, J. A. Clinical procedures for safer patient care. BCcampus; 2015 <https://opentextbc.ca/clinicalskills/>

DRAFT

BOARD BRIEFING NOTE
MEETING DATE: March 23, 2026

FOR DECISION

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

TOPIC: Mandatory learning requirement related to acute pharyngitis, otitis externa, herpes zoster and administration of Sublocade – Seeking approval to circulate for consultation the amended guidance and guidelines that set out these requirements

ISSUE: The Board is being asked to approve the next step following its support for establishing mandatory learning expectations related to acute pharyngitis, otitis externa, herpes zoster and the administration of Sublocade, which also establishes that this requirement will be satisfied through annual declarations to be completed by registrants prior to engaging in certain expanded scope activities.

PUBLIC INTEREST RATIONALE: The public relies on the College to set practice requirements that consider their safety. As the list of minor ailments approved for pharmacist prescribing and other clinical activities expands, there is a need to ensure that a level of competence exists among pharmacists engaging in these new activities.

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 regulates the profession of pharmacy by holding pharmacy professionals accountable to established practice standards that promote safe and quality pharmacy care. It is within the College’s authority and public interest mandate to establish practice expectations as the delivery of pharmacy care in Ontario evolves.

BACKGROUND:

- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. This expansion included authorizing an additional 14 minor ailments for pharmacist prescribing and the administration of injectable buprenorphine (Sublocade) by pharmacists, among other activities. Regulation amendments enabling expanded scope were submitted to the government in December 2025. At this time, the government has not yet approved the regulations.
- The Board previously directed staff to identify relevant and appropriate safeguards that would support the safe and effective implementation of expanded scope of practice across the province. This included consideration of mandatory learning requirements.
- Administration of Sublocade, and some of the additional minor ailments, including acute pharyngitis, otitis externa, and herpes zoster, may be considered more complex to manage. This was informed by a risk analysis, public consultation comments, and jurisdictional scan findings, which were presented to the Board in December 2025 (see page 244 of the [December 2025 Board materials](#) for details)
- The Board decided that these activities should require a declaration as a mechanism for ensuring that expectations of competence for registrants engaging in these specific activities are met, and directed staff to validate the specific expectations (i.e., the “learning objectives” as they were referred to at the time) through consultation with education system providers.

ANALYSIS:

Terminology

- Although the term ‘learning objective’ has been used to date to describe the lists of requirements or expectations, use of this term was questioned during system partner engagements. Some faculties of pharmacy highlighted the need to carefully consider the terminology used to describe these expectations.
- “Learning objective” implies relation to a course or program’s objectives for its learners, which is not the College’s intent. Rather, these are *requirements* and *expectations* related to registrants’ competence.

What was the process for validating the requirements?

- The draft ‘learning objectives’ initially brought to the Board of Directors in December 2025 had been informed by feedback from the expanded scope consultation, jurisdictional scan findings, risk analysis, past Scope of Practice Advisory Group discussions, clinical guidelines, and draft learning objectives provided by certain CCCEP accredited continuing professional development providers (see page 241 of the [December 2025 Board materials](#) for details).
- Throughout January 2026, one-on-one meetings were held with the Ontario faculties of pharmacy, including the University of Toronto, the University of Ottawa, and the University of Waterloo, and with the CCCEP-accredited continuing professional development (CPD) providers, including PearHealth, Pharmachieve, and the Ontario Pharmacists Association with the goal of validating the requirements.
- During these engagements, there was overall support, and faculties confirmed that the requirements, now included in a draft guidance document (see Appendix A) were aligned with their own courses’ content and learning objectives. This feedback informed the final requirements found in Appendix A.

Acute pharyngitis (sore throat)

- There were no changes to the content of the list that was provided to the Board as draft at the December meeting. Instead, the bullet points were parsed-out so that there was only one point articulated per bullet, as seen in Appendix A.

Otitis externa (swimmer’s ear)

- The draft list remains largely unchanged from the draft presented to the Board in December 2025. Similar to above, the bullet points were parsed-out so that there was only one point articulated per bullet, as seen in Appendix A.
- There was mixed feedback related to otoscope training – that is, whether the required knowledge, skill, technique, and competence to use an otoscope appropriately can be taught through virtual training alone, or if in-person training should be required.
- 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 The ability to appropriately use an otoscope is required for pharmacists to be able to accurately distinguish otitis externa, from other conditions, like otitis media.
- Overall, most system partners agreed that in-person, hands-on training is important; however, there was also acknowledgement of the potential drawbacks.

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

- Many of the system partners agreed that while there are ways to virtually learn how to interpret findings from assessment with an otoscope, the hands-on training is important for learning a new clinical skill. There is long-standing evidence to support the idea that hands-on training continues to be a highly important part of learning to use an otoscope appropriately, and feeling confident with this skill.^{2,3}
- They also acknowledged that virtual training would be more accessible for registrants, more affordable (for both the course providers and registrants), and result in more pharmacists being able to assess for otitis externa, which supports public access to care.
- Other considerations:
 - In-person, hands-on training would be considered the minimum expectation for other health professions taking on a new skill involving unfamiliar equipment that is to be inserted into a patient's body. Nurse practitioners and medical students, for example, receive hands-on otoscopy training as part of their education.
 - As a jurisdictional reference, Saskatchewan's training requirements for otitis media specify in-person workshops, in addition to online training.

Herpes zoster (shingles)

- The draft list remains largely unchanged from the draft presented to the Board in December 2025.
- Of note are 2 additions; inclusion of infection prevention and control principles, and counselling on vaccination to prevent recurrence.

Administration of Sublocade

- The information presented to the Board in December 2025 indicated that the manufacturer's recommended Sublocade Certification would be sufficient.
- After the Board meeting, staff worked to identify if there was a need to specify further the practice expectations for pharmacists engaging in this activity. Draft learning objectives were drafted internally to inform system partner engagements.
- Following the engagements with system partners, staff reflected on the learning objectives and determined that they could be simplified. For example, the declaration of learning for the administration of Sublocade could be focused only on the administration of the medication, a short online-course provided by the manufacturer, as having the knowledge and skills related to working with patients who have opioid use disorders are already an expectation of registrants as outlined in the College's [Opioid Policy](#).

Relevant regulatory instruments to implement requirements

- Aligned with the College's commitment to right-touch regulation, these expectations are appropriate to articulate through a guidance document, rather than a policy or guideline. Based on the College's current [document categories](#), guidance provides information that articulates or supports the College's expectations in practice for topics/areas that are developing or emerging and will likely be changing in the future. They are based on the circumstances and context at the time they are published.
- With the requirements validated, a new guidance instrument is required because there are no other existing

² Lasrado, S., Aramani, A., Mahmood, L.S., Moras, K. (2025). Evaluation of an Otoscopy Simulator and Traditional Learning with Observation in Teaching Ear Diseases to Phase III Part I Medical Students. *Indian Journal of Otolaryngology and Head and Neck Surgery*, 77:639-643.

³ Frithioff, A., Guldager, M.J., Andersen, S.A.W. (2021). Current Status of Handheld Otoscopy Training: A Systematic Review. *The Annals of Otolaryngology, Rhinology, and Laryngology*, 130(10):1190-1197.

instruments that would appropriately and adequately communicate and operationalize this expectation for registrants. The new guidance would be supported by amendments to existing guidelines that, together, ensure consistency in communicating the declaration requirements. These are:

- *New Guidance – Requirements for Engaging in Specified Minor Ailments (Appendix A)* has been developed to support registrant understanding of the requirements and the declarations.
- Existing guidelines have also been updated to support the consultation and future implementation.
 - *Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline* updates articulate what actions a pharmacist must complete prior to prescribing for a minor ailment (**Appendix B**)
 - *Administering a Substance by Injection Guideline* updates articulate that declarations required by the College be completed prior to administering certain substances. This will link to the College's [Injection and First Aid Training requirements](#) webpage, which will include specific reference to the Manufacturer's training information for the administration of Sublocade, if authorized.
- As indicated by the Board in December 2025, these expectations will be reviewed in 2 years to determine if continued guidance and annual declarations are still warranted once this practice is established and normalized.

Open consultation prior to final approval

- The confirmation of learning requirements is a critical step prior to the Board's consideration of the specific mechanism that will establish these requirements and associated declaration.
- As per established practice at the College, the setting of any new or changed practice expectation of registrants articulated through standard, policy, guideline, guidance or other relevant instrument should be subject to open consultation in order to ensure that those most impacted by the changes, especially registrants and the public, have had an opportunity to provide feedback.
- While consultation to date has focused on academic system partners, widely circulating the expectation reflected in the new and amended documents through an open consultation will support the Board's decision making on implementing this requirement.

Implementation considerations

- Registrants reflect on their knowledge, skills, abilities, competence, acquired through education, training, or experiential learning, to determine if they meet the requirements. Once the Board approves the guidance and amended guidelines, declarations will be listed separately for each topic and will only need to be completed if the registrant intends on engaging in the specific activity.
- Frequency of these declarations will be annual, for at least 2 years, as agreed upon by the Board in December 2025. As expanded scope of practice becomes standard practice, such declarations may no longer be necessary, therefore continuation of the declarations after the second year will be decided based on an assessment of factors at that time with Board direction.
- Prior to implementation, the College will confirm that administration of buprenorphine by pharmacists is also permitted by regulations under the *Controlled Drugs and Substances Act (CDSA)*.

MOTION: That the Board approves the mandatory learning requirements for acute pharyngitis, otitis externa, herpes zoster and administration of Sublocade, as outlined in the associated guidelines and guidance which will operationalize these requirements, for the purposes of open consultation.

NEXT STEPS: The College will hold a public consultation and bring a summary of findings to the Board of Directors in June 2026 for final consideration and approval for implementation.

ATTACHMENTS:

- Appendix A – Draft Guidance – Requirements for Engaging in Specified Minor Ailments
- Appendix B – Draft Revised Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline
- Appendix C – Draft Revised Administering a Substance by Injection Guideline

Appendix A

DISCLAIMER: The Ontario government has not authorized the proposed scope of practice expansions as of the date of the public consultation. Therefore, this guidance has been developed as a draft for consideration in the event that authorization is provided at a future date.

GUIDANCE – Requirements for Engaging in Specified Minor Ailments

Published: TBD

Background

To support the safe implementation of 14 additional minor ailments to pharmacist scope of practice in Ontario in 2026, and informed by a risk assessment and public consultation, the College has determined that pharmacists must complete a Declaration prior to engaging in specified minor ailments, including:

- Acute pharyngitis
- Otitis externa
- Herpes zoster

Pharmacists must submit a “Declaration of Meeting Expectations for Specified Minor Ailments”, found in the Training Page of their registrant profile. Registrants, depending on the scope of practice activities they choose to engage in, declare the following:

“I declare that I have met the requirements for assessing, managing and prescribing for **acute pharyngitis**, as described in the *Guidance – Requirements for Engaging in Specified Minor Ailments*, prior to engaging in this minor ailment.”

“I declare that I have met the requirements for assessing, managing and prescribing for **otitis externa**, as described in the *Guidance – Requirements for Engaging in Specified Minor Ailments*, prior to engaging in this minor ailment.”

“I declare that I have met the requirements for assessing, managing and prescribing for **herpes zoster**, as described in the *Guidance – Requirements for Engaging in Specified Minor Ailments*, prior to engaging in this minor ailment.”

To assist in their decision when making the above declarations, registrants consider the knowledge, skills, abilities, judgment, and competence they possess, acquired through

education and training (CCAP programs, CCCEP accredited courses), or experiential learning.

Requirements for Engaging in Specified Minor Ailments

1. Acute Pharyngitis

Any registrant who assesses, prescribes for, and manages acute pharyngitis, must have up-to-date knowledge of the condition, and have acquired learning that includes:

- The pathophysiology, clinical presentation and risk factors
- The differential diagnoses
- The red flags for referral
- How to perform physical assessments for acute pharyngitis
- Decision-making with respect to assessment and related testing, such as applying the modified CENTOR scoring system for identification of suspected Group A streptococcal infection
- Practical skills including swabbing techniques
- Infection prevention and control principles (that considers the community pharmacy environment)
- Prescribing decisions based on current clinical guidelines (viral vs. bacterial aetiologies; selection of antimicrobials; application of antimicrobial stewardship principles)
- Non-pharmacological and pharmacological treatment options
- Monitoring and follow-up parameters
- How to perform the point of care testing and laboratory testing to support assessment of acute pharyngitis, including appropriate follow-up on test results

2. Otitis Externa

Any registrant who assesses, prescribes for, and manages otitis externa, must have up-to-date knowledge of the condition, and acquired learning that includes:

- The pathophysiology, clinical presentation and risk factors

- The differential diagnoses, including differentiation between otitis externa and otitis media
- The red flags for referral
- Infection prevention and control principles (that considers the community pharmacy environment)
- Non-pharmacological and pharmacological treatment options
- Prescribing decisions (selection of antimicrobials; application of antimicrobial stewardship principles) based on current clinical guidelines
- Monitoring and the follow-up parameters
- How to perform physical assessments for otitis externa, including having attended in-person training on otoscope use

3. Herpes Zoster

Any registrant who assesses, prescribes for, and manages herpes zoster, must have up-to-date knowledge of the condition, and acquired learning that includes:

- The pathophysiology, clinical presentation and risk factors
- Variation in clinical presentation of shingles across different ethnic/racial backgrounds
- The differential diagnoses
- The red flags for referral
- Infection prevention and control principles (that considers the community pharmacy environment)
- Non-pharmacological and pharmacological treatment options, including consideration of special populations (e.g., patients with renal disease, patients living with cancer)
- Monitoring and follow-up parameters, especially related to high-risk shingles
- Counselling on vaccination to prevent recurrence

If a registrant determines they do not meet certain requirements listed above, they are required to seek out the necessary continuing professional development opportunities prior to engaging in the activity. Please refer to the [Continuing Education Links for Pharmacists and Pharmacy Technicians](#) webpage for links to continuing education provider websites to access current CE resources and courses.

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APPENDIX B

DISCLAIMER: The Ontario government has not authorized the proposed scope of practice expansions as of the date of the public consultation. Therefore, the draft amendments to this guideline ONLY reflect the proposed requirements for prescribing for a minor ailment and any Declarations that may be required by the College if the proposed expanded scope activity is authorized.

GUIDELINE

Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline

Purpose

This guideline outlines legislative requirements and expectations for pharmacists prescribing a drug as authorized by the [Pharmacy Act](#) and [O. Reg. 256/24](#). It is meant to be used alongside the [Standards of Practice](#), [Standards of Operation](#), and [Code of Ethics](#).

Definitions

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

Minor Ailment: Health conditions that can be managed with minimal treatment and/or self-care strategies. Additional criteria include: usually a short-term condition; lab tests are not usually required; low risk of treatment masking underlying conditions; medications and medical histories can reliably differentiate more serious conditions; and, only minimal or short-term follow up is required. Minor ailments approved for pharmacist prescribing are listed in Schedule 4 of [O. Reg. 256/24](#).

Guideline

Pharmacists have the authority to initiate, adapt or renew a prescription in accordance with the regulations if:

- They possess sufficient knowledge and skills respecting the drug and the patient's condition to do so safely and effectively.
- It is in the best interest of the patient and appropriate, given the known risks and benefits of prescribing the drug.

Initiating a Prescription^[1]

Pharmacists are authorized to prescribe the following:

- **Varenicline tartrate** and/or **bupropion hydrochloride** for smoking cessation.
- A drug listed in Column 3 of [Schedule 4](#) to *O. Reg. 256/24* for the associated minor ailment in Column 1.
 - Publicly funded minor ailment services must be provided in accordance with Ministry of Health requirements.

Only Part A pharmacists, and not interns, are authorized to prescribe the following:

- **Oseltamivir** for treating influenza.
- **Nirmatrelvir/ritonavir** for treating COVID-19.
 - Do not prescribe nirmatrelvir/ritonavir if the patient is at risk of any drug interactions that are contraindications or that cannot be properly managed.
 - Publicly funded nirmatrelvir/ritonavir must be prescribed in accordance with Ministry of Health requirements.

Adapting or Renewing a Prescription^[2]

The pharmacist must be in possession of the prescription to be adapted or renewed, or

- Obtain a copy of the prescription directly from the dispensing pharmacy.
- Have verbal confirmation about the prescription from a pharmacist at the dispensing pharmacy.

- Have access to the medical record that contains information about the prescription.

Pharmacists do not have the authority to renew or adapt a prescription for a controlled substance (narcotic, controlled drug and/or targeted substance) or a drug designated as a monitored drug by the regulations under the *Narcotics Safety and Awareness Act, 2010*.

- Refer to Appendix A for information on Health Canada's [Controlled Drugs and Substances Act \(CDSA\) subsection 56\(1\) class exemption](#), in effect until September 2026.

Adapting

- Pharmacists may adapt a prescription based upon the individual circumstances of the patient by altering **the dose, dosage form, regimen or route of administration** to address the patient's unique needs and circumstances.
- Adapting a prescription does not include therapeutic substitution; refer to Appendix B for more information.

Renewing

- Pharmacists may renew a prescription for the purpose of continuity of care.
- Pharmacists can only renew a quantity of the drug that does not exceed the lesser of:
 - The quantity that was originally prescribed, including any refills that were authorized by the prescriber; or
 - A twelve (12) month supply.

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.

2. Assess their competency

The pharmacist must only prescribe when they can do so competently and safely by:

- Possessing sufficient knowledge, skill and judgment respecting the drug¹.
- Having sufficient understanding of the condition of the patient¹.
- Having the resources necessary to meet their professional obligations and standards of practice.
- Being of sound physical, emotional and mental capacity.

- Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, with continuing education and/or additional training.

Prior to prescribing for a minor ailment, the pharmacist must:

- Complete the mandatory [DCC Orientation for Minor Ailments Prescribing e-Learning module](#)
- Complete any applicable Declarations required by the College for specified minor ailments.
- Critically evaluate information from relevant, evidence-based sources to inform their clinical decision-making.

3. Assess the environment

Physical assessments must take place in an environment that is clean, safe, private, and comfortable for the patient, in a way that protects their confidentiality and dignity.

The Standards of Operation require pharmacy premises, facilities, and layout – along with equipment, technology and staffing – to support practice, to mitigate risks associated with the delivery of services, and to safeguard the health, safety and wellbeing of patients.

Community pharmacy owners and Designated Managers are expected to implement the [Guiding Principles for Shared Accountability](#) to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.

4. Obtain informed consent to treatment^[3]

Prior to initiating a prescription, the pharmacist must receive informed consent from the patient or their authorized agent.

Under the [Health Care Consent Act](#), consent to treatment is informed if, before giving it, the person received:

- Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.

- Information about other options and consequences of not having the treatment.
- Any information that a reasonable person in the same circumstances would require to make a decision about the treatment.
- Responses to their request for additional information.

The information provided to patients to make informed decisions about their healthcare should be consistent with the best available clinical evidence.

- Consent is contingent on an individual's capacity to understand why and for what the consent is being sought.
- There is no minimum age of consent in Ontario.
- Consent may be express or implied.
 - Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.
 - The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand.

After deciding to prescribe, pharmacists must:

5. Issue the Prescription

The following information must be recorded on the prescription^[4]:

- Name and address of the patient.
- Name, strength (where applicable), and quantity of the prescribed drug.
- Directions for the use of the drug, including dose, frequency, route of administration, and any special instructions.
- Name, address, telephone number, and College registration number of the pharmacist issuing the prescription.

- Date the prescription was issued.
- Number of refills authorized, if applicable.

6. Communicate & Educate

At the time of initiating, adapting or renewing a prescription, **the pharmacist must advise the patient or their authorized agent that they are entitled to the prescription and may take it to a pharmacy of their choice for dispensing².**

Effective communication with patients and their healthcare team supports continuity of care and positive treatment outcomes. Pharmacists are expected to:

- Communicate the rationale for their decision(s) (to prescribe, to refer, etc.).
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- Collaborate with colleagues and other health care professionals to facilitate quality patient care.

7. Document & Notify

Document

When prescribing, the pharmacist must document in the patient record:

- If applicable, reference to, or a copy of, the original prescription being renewed or adapted including the name and contact information of the prescriber⁵.
- A copy of the prescription taken by the patient or their authorized agent⁵, if applicable.
- The rationale for the decision to initiate, adapt or renew the prescription (patient assessment, clinical guidelines consulted, etc.).
- Results of any laboratory or other tests considered⁵.
- Confirmation that informed consent was received.

- Follow-up and monitoring plan.
- Any other relevant details and/or recommendations.
- The date that the original prescriber (and primary care provider if different) were notified, if applicable, and the method by which the notification occurred⁵.

Pharmacists are expected to adhere to the College's Documentation Guideline, which describes how to meet the Standards of Practice for documentation (e.g., patient assessment, monitoring, follow up).

- Documentation sent to other HCPs should be concise and include pertinent details respecting the pharmacist's initiation, renewal or, if appropriate, adaptation of the prescription to ensure that the patient record is complete in all locations.
- Documentation requirements for the provision of publicly funded services are established by the Ministry of Health.

Patients who do not have a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients may also wish to have a copy of the documentation from their record for this purpose.

Notify

The pharmacist must notify the primary care provider or prescriber within a reasonable time after initiating¹ or renewing a prescription².

- Notification of the prescriber is also required if a pharmacist has adapted a prescription in a manner that is clinically significant in the individual circumstances of the patient, or necessary to support the patient's care².
- If the patient's primary health care provider is different from the original prescriber, they should also be notified in a reasonable time to ensure continuity of care².
- Notification requirements for the provision of publicly funded services are established by the Ministry of Health.

Legislative References

- [*Pharmacy Act*](#)
- PART VII.3, [O. Reg. 256/24](#)
- [*Health Care Consent Act*](#)

Additional References

- [Minor Ailments Resources](#)
- [Medical Directives and the Delegation of Controlled Acts Policy](#)
- [Patient Assessment Practice Topic](#)
- Pharmacy Connection article – [5 Things Pharmacy Professionals Should Know About Informed Consent](#)

External References

- Clinical viewers: [ConnectingOntario and ClinicalConnect](#)
- [Ministry of Health Executive Officer Notices](#)
- [Public Health Ontario Influenza Resources](#)

Implementation

Published: October 1, 2024

Version #: 7.00

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of scope changes from O. Reg 202/94.
4.00	December 2022	Revised to include prescribing exemption for Paxlovid™ in O. Reg. 107/96.
5.00	January 2023	Revised to include prescribing for minor ailments.
6.00	December 2023	Addition of 'pharmacist prescribing' to title; addition of prescribing nirmatrelvir/ritonavir and oseltamivir to O. Reg. 202/94; minor content revisions.
7.00	October 2024	Under the definition of 'pharmacy professional', student removed from definition of pharmacist

Version #	Date	Action
8.00	March 2026	Under 'Assess their Competency', added the requirement of making Declarations of Learning for specified minor ailments.

Appendix A: Controlled Drugs and Substances Act (CDSA) Exemption

Health Canada has issued a [Controlled Drugs and Substances Act \(CDSA\) subsection 56\(1\) class exemption](#) to permit pharmacists to [adapt and/or renew prescriptions](#) for [controlled substances](#) for the purposes of facilitating continuation of treatment. The quantity prescribed/dispensed cannot exceed the amount originally authorized. Pharmacy interns and pharmacy students are not named in this exemption.

Additional Resource: [E-learning module – Application in Practice: The Controlled Drugs and Substances Act Subsection 56\(1\) Class Exemption](#)

Appendix B: Therapeutic Substitution

Therapeutic substitution is defined in O. Reg. 256/24 as “the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent.” Therefore, the drug prescribed cannot be changed.

Pharmacists should exercise caution when changing the route of administration; an adaptation should not alter the pharmacokinetics or pharmacodynamics of the prescribed treatment if it leads to a clinically significant change of its therapeutic effect.

1. O. Reg. 256/24, s51
2. O. Reg. 256/24, s52
3. [Health Care Consent Act](#), PART II

4. O. Reg. 256/24, s53

5. O. Reg. 256/24 s54

DRAFT

DISCLAIMER: The Ontario government has not authorized the proposed scope of practice expansions as of the date of the public consultation. Therefore, the draft amendments to this guideline ONLY reflect the requirement of CPR and First Aid for pharmacy technicians and intern technicians, and any Declarations that may be required by the College if the proposed expanded scope activity is authorized.

GUIDELINE

Administering a Substance by Injection Guideline

Purpose

This guideline outlines legislative requirements and expectations for pharmacy professionals administering substances by injection as authorized by the Pharmacy Act and in accordance with *O. Reg. 256/24*. It is meant to be used alongside the [Standards of Practice](#), [Standards of Operation](#), and [Code of Ethics](#).

Definitions

Pharmacy professional: For the purposes of this guideline, means a Part A pharmacist and/or pharmacy technician and is inclusive of interns, subject to any terms, conditions and limitations on their certificates of registration. Where this is not the case, it will be clearly identified.

Guideline

A pharmacy professional is authorized under the *Pharmacy Act* to perform the controlled act of administering a substance by injection in accordance with the requirements established by *O. Reg. 256/24* (“the regulations”). To administer a substance by injection that is not authorized by the regulations, or if the requirements established in the regulations cannot be met, a pharmacy professional requires delegation of authority, such as a medical directive or direct order, from another regulated health professional.

** Denotes a requirement in the regulations (O. Reg. 256/24, s50)*

Pharmacists are authorized to administer by injection:

- **Substances** included in [Schedule 1](#) of *O. Reg. 256/24*
 - The pharmacist must comply with any limitation specified within the Schedule (e.g., for patient education and demonstration purposes only; must not be administered intravenously).
 - Administration through an established central or peripheral venous access device must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP)) or a physician (MD).
 - Refer to Appendix A for additional information
- **Vaccines** included in [Schedule 3](#) of *O. Reg. 256/24* to a patient 5 years of age or older unless specified otherwise:
 - **Influenza vaccines** to a patient 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
 - **COVID-19 vaccines** to a patient 6 months of age or older.

Pharmacy technicians are authorized to administer by injection:

- **Specific vaccines** included in [Schedule 3](#) of *O. Reg. 256/24*, namely:
 - **Influenza vaccines** to patients 2 years of age or older; must be administered in accordance with [Ontario's Universal Influenza Immunization Program \(UIIP\)](#) as described on the Ministry of Health website.
 - **Respiratory Syncytial Virus (RSV) vaccines** to a patient 5 years of age or older.
- **COVID-19 vaccines**, to a patient 6 months of age or older.

Note: On October 1, 2024, a new registrant class, Intern Technician, was created. However, Intern Technicians have not yet been authorized under *O. Reg 256/24 (General)* to administer injections.

Before administering a substance by injection, pharmacy professionals must:

1. Assess the environment

The Standards of Operation require the pharmacy premises, facilities, and layout – along with its equipment, technology, and staffing – to support practice, mitigate risks associated with the delivery of services, and safeguard the health, safety and wellbeing of patients.

- Administration of a substance must take place in an environment that is clean, safe, private, and comfortable for the patient*, in a way that protects their confidentiality and dignity.
- Safeguards and resources must be available to safely manage the outcome after administration*
 - If the substance being administered has an antidote, it must be available.

Community pharmacy owners and Designated Managers are expected to implement the [Guiding Principles for Shared Accountability](#) to support a suitable practice environment, which includes the physical working space as well as the practice culture, operating procedures, workflow, and resources available.

2. Assess their competency and certifications

The pharmacy professional must only administer a substance by injection when they can do so competently and safely by:

- Successfully completing an OCP-approved, CCCEP-accredited injection training course.
- Registering their training with the College, where it will appear on the public register.
- Obtaining and maintaining a valid certification in CPR and First Aid, at a minimum level equivalent to St. John Ambulance or Red Cross Standard First Aid & CPR/AED Level C [*Pharmacists only*]:
 - ~~CPR and First Aid certification for pharmacy technicians is recommended but not mandatory at this time as they can only administer vaccines under supervision of a pharmacist (or another health care professional (HCP)) who is required to have this certification.~~
- For administering via an established venous access device, successfully completing theoretical and practical training on administering intravenous therapy and venous access devices [*Pharmacists only*].

- A skills assessment component is required for the pharmacist to demonstrate their competency.
- Training may be completed through a CCCEP-accredited provider and/or through an educational program approved by the organization where they will engage in this practice under the direction and supervision of a NP or MD.
- Possessing sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance.
- Having sufficient understanding of the condition of the patient*.
- Having the resources necessary to meet their professional obligations and standards of practice.
- Being of sound physical, emotional and mental capacity.
- Addressing gaps or learning opportunities, identified through self- and/or peer-assessment, and pursuing continuing education and/or additional training.
- **Prior to the administration of certain substances, completing any applicable Declarations required by the College.**

3. Assess the patient

The pharmacist must assess the patient to determine the therapeutic appropriateness of the substance(s) or vaccine(s) to be administered.

- The decision to administer a substance by injection is based on its approved indication(s), the patient's age, individual needs, medical history, current health status, consideration of potential risks and benefits, and the pharmacist's professional judgment.
- For more information, please refer to the [Patient Assessment Practice Topic](#).

For vaccines, the pharmacy professional must inform the patient of their eligibility to receive a publicly funded vaccine from their primary care provider or local public health unit as per [Ontario's routine immunization schedule](#), if applicable.

4. Confirm Infection Prevention and Control (IPAC) Procedures are in place

Pharmacies must have evidence-based Infection Prevention and Control (IPAC) measures in place* to prevent or reduce the risk of transmission of microorganisms to patients, the public, and personnel.

- A 'routine precaution' approach should always be undertaken, with all patients. This includes proper hand washing and, when appropriate, use of personal protective equipment.
 - Refer to [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) from the Public Health Agency of Canada (PHAC).
- In the hospital setting, the organization's IPAC Committee establishes IPAC policies and procedures.
- In the community setting, the Designated Manager is responsible for establishing IPAC policies and procedures.
- Refer to the [Public Health Agency of Canada \(PHAC\) Canadian Immunization Guide](#) sections on **Infection Prevention and Control** and [Immunization of Workers](#).

Pharmacies must have procedures in place for the safe handling, collection and disposal of medical sharps (i.e., needles):

- Do not recap, bend, or manipulate needles prior to disposal.
- The device's safety feature(s) should be activated if available. Safety-engineered needles licensed by Health Canada are required by [O. Reg. 474/07](#) in certain workplaces.

For additional information, refer to Appendix B and the:

- [Infection Prevention and Control Practice Topic](#)
- [Ministry of Environment and Climate Change guidance](#) on biomedical waste for more information on sharps management and disposal.
- [Ministry of Labour, Immigration, Training, and Skills Development](#) for Occupational Health and Safety IPAC- and sharps safety-related resources.

5. Obtain informed consent to treatment

Prior to administering a substance, the pharmacist must receive informed consent from the patient or their authorized agent*.

Under the [Health Care Consent Act](#), consent to treatment is informed if, before giving it, the person received:

- Information about the nature, expected benefit, potential risks or side effects of the proposed treatment.
- Information about other options and consequences of not having the treatment.
- Any information that a reasonable person in the same circumstances would require to make a decision about the treatment.
- Responses to their request for additional information.

The information provided to patients to make informed decisions about their healthcare should be consistent with the best available clinical evidence.

- Consent is contingent on an individual's capacity to understand why and for what the consent is being sought
- There is no minimum age of consent to treatment in Ontario
- Consent may be express or implied
 - Express consent may be provided by the patient in writing or provided verbally and documented by the pharmacist.
 - The pharmacist may determine that implied consent is provided, based on the patient's action(s) or inaction in the circumstances at hand

Pharmacies participating in Ministry of Health programs to administer publicly funded vaccines must obtain consent as required by their Agreement with the Ministry and Executive Officer Notices (if applicable).

6. Confirm proper storage and preparation

The pharmacy professional must determine that the substance is safe to administer by evaluating the stability and integrity of the drug.

- Follow [Canadian Immunization Guide](#) administration practices and manufacturer's recommendations for reconstitution (if applicable), visual inspection, etc.
- Procedures must be in place to ensure that temperature-sensitive drug products are received and stored according to manufacturer's recommendations.
- Please refer to the [Protecting the Cold Chain Guideline](#) for further information, including links to the Ontario public health standards for storage of publicly funded vaccines.

After administering a substance by injection, pharmacy professionals must:

7. Monitor the patient

The pharmacy professional must ensure that the patient is monitored for adverse reactions in an appropriate location, for a sufficient amount of time.

- For post-vaccine administration, refer to the PHAC [Canadian Immunization Guide](#) for information on observation and management of early vaccine reactions including anaphylaxis.
 - Pharmacy professionals are required under the [Health Protection and Promotion Act](#) to report certain Adverse Events Following Immunization (AEFI) to Public Health.
- For administration of other substances, refer to the Product Monograph for warnings, precautions and potential adverse reactions
- Should a reaction occur, it should be immediately brought to the attention of the pharmacist or the supervising HCP to ensure timely assessment of the patient and to determine the appropriate course of action.
- Determine if a monitoring plan and further follow-up is required.

8. Communicate & Educate

Effective communication with patients and their healthcare team supports continuity of care and positive treatment outcomes. Pharmacists are expected to:

- Collaborate with colleagues and other health care professionals to facilitate quality patient care.
- Educate the patient on their treatment plan including any monitoring and/or follow-up required.
- If applicable, patients should be reminded to update their paper or online immunization record and advised of the timing of their next injection.

9. Document & Notify

Pharmacy professionals are expected to review and adhere to the College's [Record Retention, Disclosure and Disposal Guideline](#) and [Documentation Guideline](#).

Documentation and notification requirements for pharmacies participating in Ministry of Health programs to administer publicly funded vaccines are established by their Agreement with the Ministry and Executive Officer Notices (if applicable).

Document

The relevant details of the administration of a substance must be documented on the patient record*:

- Name and address of the patient
- Name and address of the pharmacy professional
- Date the substance was administered
- Name, strength (where applicable) and quantity of the substance administered
- The circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
- Confirmation that an informed consent was given by the patient or their authorized agent

- A brief overview of the information provided to the patient concerning the risks, benefits, and potential side effects should be included.

Documentation sent to the other HCPs must be concise and include pertinent details respecting administration to ensure the patient record is complete.

Patients who do not have a prescriber (i.e., have been administered a non-prescription substance) or a primary care provider should be advised that they, or another health professional providing care to them in the future, are entitled to access this information at any time. Patients may also wish to have a copy of the documentation from their record for this purpose.

Notify

Notification of the administration of a substance should be sent to both the prescriber of the substance (if any), as well as the patient's primary care provider (if any, and if known):

- Where a substance is administered for education or demonstration purposes, notification *may* occur if the pharmacist determines the administration was clinically significant or important for continuity of care.
- Where a substance is administered for treatment purposes, notification *must* occur within a reasonable time*.

*Denotes a requirement in the regulations (O. Reg. 256/24, s50)

Legislative References

- [Pharmacy Act](#)
- [O. Reg. 256/24](#)
- [Health Care Consent Act](#)

Additional References

- [Medical Directives and the Delegation of Controlled Acts Policy](#)
- [Administering Injections Practice Topic](#)

- Pharmacy Connection article – [Reporting Adverse Reactions to Vaccines and Medications](#)

External References

- [Immunization Records: Canadian Immunization Guide](#)
- Public Health Ontario Resources
 - [AEFI Reporting Fact Sheet](#)
 - [Immunization Technique for Intramuscular \(IM\) Injections – Deltoid Muscle](#)
 - [Infection Prevention and Control Practices for Immunization Clinics](#)
 - [Management of Anaphylaxis Following Immunization in the Community](#)
 - [Vaccine Storage and Handling Guidelines](#)

Appendix A: Administration Through an Established Central or Peripheral Venous Access Device

A Venous Access Device^{[1],[2]} is a catheter inserted into a central or peripheral vein or artery that can be implanted or inserted under the skin, classified based on the insertion site and location of the device.

- Peripheral devices are inserted by percutaneous venipuncture with the terminal tip below the level of the axillary vein for upper extremity placement.
 - Peripheral vascular access devices (PVADs) include short peripheral intravenous catheters (PIVs), midline and extended dwell catheters
- Central devices are inserted into a large vein in the central circulation system with the tip of the catheter terminating in the superior vena cava and advancing towards the heart.
 - Central vascular access devices (CVADs) include central venous catheters (CVCs), peripherally inserted central catheters (PICCs), tunneled catheters, non-tunneled catheters and implanted vascular access devices (IVADs) or “ports”.

Administration through an established central or peripheral venous access device by a pharmacist must only be done in collaboration with a registered nurse in the extended class (i.e., nurse practitioner (NP) or a physician (MD)).

Appendix B: Additional IPAC Information

Ontario's [Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control](#) (PIDAC-IPC) advises Public Health Ontario and produces best practice documents for healthcare organizations, such as:

- [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)
- [Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition](#)
- [Infection Prevention and Control for Clinical Office Practice](#)
 - [IPAC Checklist for Clinical Office Practice](#)
- [Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition](#)

Ontario's Public Health Units have the authority to conduct inspections/assessments/investigations related to infection prevention and control (IPAC) practices.

- In the event of a communicable and/or infectious disease transmission risk related to the conduct of a pharmacy professional, the regional board of health will involve the College on the matter, per the [Infection Prevention and Control Complaint Protocol](#)

Implementation

Published: March 2026

Version #: 10.00

College Contact: Pharmacy Practice

Revision History

Version #	Date	Action
1.00	October 2012	Expanded Scope of Practice Orientation Manual.
2.00	February 2018	Guideline extracted from manual.
3.00	December 2020	Review, reformatting and inclusion of scope changes from O.Reg. 202/94.
4.00	November 2021	Inclusion of scope changes for technicians from O. Reg. 202/94
5.00	July 2023	Administering a Substance by Injection Guideline extracted from Administering a Substance by Injection or Inhalation Guideline. Inclusion of scope changes to O. Reg. 202/94.
6.00	December 2023	Changes to Schedule 3; minor content revisions.
7.00	April 2024	The authority for pharmacists and pharmacy technicians to administer COVID-19 vaccines transitioned to O. Reg. 202/94
8.00	October 2024	Removal of student from the definition of pharmacy professional. Addition of a note regarding Intern Technician scope of practice. Updating reference to previous O. Reg. 202/94 to O. Reg. 256/24

Version #	Date	Action
9.00	January 2026	Changes to CPR and first aid training requirements to be reflective of both pharmacists and pharmacy technicians
10.00	March 2026	Under 'Assess their Competencies and Certifications', added the requirement of certain Declarations of Learning for the administration of certain substance.

1. Registered Nurses' Association of Ontario (RNAO). Vascular access. 2nd ed. Toronto (ON): RNAO; 2021 <https://rnao.ca/media/3639/download>
2. Doyle, G. R., McCutcheon, J. A. Clinical procedures for safer patient care. BCcampus; 2015 <https://opentextbc.ca/clinicalskills/>

BOARD BRIEFING NOTE

MEETING DATE: March 23, 2026

FOR DISCUSSION

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

TOPIC: Preliminary draft amendments to the Standards of Operation

ISSUE: Preliminary amendments to the Standards of Operation have been identified and are subject to further impact assessment and stakeholder consultation. The Board is being asked to provide feedback on the overall scope of the preliminary amendments identified to date in advance of refined formal draft amendments that will be presented to the Board for approval at a subsequent meeting.

PUBLIC INTEREST RATIONALE: The public relies on the College to set minimum standards for how pharmacies operate. As the scope of practice for pharmacy expands, there are operational factors that need to be considered that will inform whether any amendments to the standards of operation are warranted.

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 regulates the operations of pharmacies by holding operators and designated managers accountable to established standards of operation that promote safe and quality pharmacy care. It is within the College's authority and public interest mandate to establish standards of operation as pharmacy care in Ontario evolves.

BACKGROUND:

- Last revised 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.
- On September 3, 2025, the College received a request from the Minister of Health to expand scope of practice for pharmacy professionals. This expansion included authorizing an additional 14 minor ailments for pharmacist prescribing and the administration of injectable buprenorphine (Sublocade) by pharmacists, among other activities. Regulation amendments enabling expanded scope were submitted to the government in December 2025. At this time, the government has not yet approved the regulations.
- To support the implementation of the proposed expansion to the scope of pharmacy practice, the Board discussed at its December 2025 meeting a series of safeguards presented by staff based on previous Board input and direction. Among these was a proposal to review the Standards of Operation for relevant amendments that would be appropriate based on the expanded scope regulations approved by the Board (but which are not yet approved by government or in force).
- At that meeting, the Board directed College staff to review the Standards of Operation for Pharmacies and bring recommendations to the March 2026 meeting to:

1. consider draft amendments to support the effective implementation of expanded scope of practice and sustained delivery of safe and ethical pharmacy services;
2. consider draft amendments that further specify the existing operational requirement that pharmacies have access to patient health information that support pharmacy professionals in meeting the Standards of Practice; and
3. clarify physical space requirements in community pharmacy to support the safe and effective delivery of expanded scope of practice.

ANALYSIS:

- Throughout January and February 2026 and building from the analysis prior to the December 2025 Board meeting, OCP staff drafted revisions to the Standards of Operation for Pharmacies that would support the operations-related safeguards the Board has discussed to date. This includes revisions that would indicate the need for access to clinical decision-making tools and patient health information, appropriate physical space requirements to enable private and confidential patient encounters, and changes designed to support registrants in meeting the standards of practice within the context of Strategic Goal 1.
- A table of the preliminary amendments identified to date alongside a rationale is found in Appendix A and a red-line version of the existing standards with line numbers for legibility is found in Appendix B. An overview is included below:

Clinical viewers and related revisions

- *The Board has, in several past meetings, agreed that access to patient information is an important safeguard to further expanded scope. The Board also understands that putting a mandate in place for clinical viewers is not feasible due to consolidation efforts underway at Ontario Health.*
- *In December 2025, the Board expressed support for exploring ways that 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.*
- *A new standard is proposed in the “Delivering Services” section (see lines 169-171 of Appendix B) to anchor existing expectations more solidly in the standards. The rationale for this is provided in Appendix A.*

Physical space and related revisions

- *The Board has previously discussed how existing physical space requirements may no longer meet privacy needs for some expanded scope activities (e.g., minor ailment assessments, additional injections, point-of-care testing), prompting additional consideration of whether updated pharmacy layout and equipment requirements may be prudent at this time.*
- *Current requirements for acoustical privacy were noted as insufficient for some expanded scope activities; there is growing emphasis on the need for visual privacy and improved accessibility of private consultation space to address patient concerns about confidential discussions occurring in public areas.*
- *Any future updates to physical space requirements must account for the constraints of existing pharmacies, especially smaller or independent locations, and ensure reasonable timelines for compliance.*
- *An existing standard on accessibility and accommodations has been clarified in lines 89-91 of Appendix B*
- *A new standard is proposed that captures the College’s existing expectation for acoustical privacy alongside a new expectation that visual privacy be an option, and that the level of privacy required is dependent on the patient’s preferences and the pharmacy service they are accessing (see lines 95-98).*
- *A review of provincial requirements for acoustical and visual privacy was conducted across pharmacy regulatory authorities, and this new standard strikes a balance between the requirement to have a distinct room (required by Nova Scotia, Manitoba, Saskatchewan) and a space/area (required by New Brunswick, Alberta, British Columbia). For details, refer to Appendix C.*

Goal 1/practice environment, staffing and workflow related revisions

- *The Board has previously discussed how business pressures and insufficient staffing are directly impacting workflow, making it difficult for pharmacists and technicians to meet key Standards of Practice—especially documentation, communication, and safe patient care delivery.*
- *Work environments must be designed to allow pharmacy professionals to meet Standards of Practice, including appropriate workflow, documentation requirements, and the safe delivery of expanded scope services.*
- *Operational standards may need updating to better reflect modern practice realities, including the physical set-up and environmental conditions that support safe, ethical service delivery and protect staff wellbeing amidst increasing business pressures.*
- *Several amendments are proposed to the standards of operations for pharmacies that clarify and strengthen existing standards while introducing new ones that will provide a foundation for further exploration of the College’s response to the impact of business pressures on pharmacy practice. See Appendix A for a summary of all related amendments.*

Additional consultation and analysis underway

- Substantial progress has been made to date on identifying potential amendments to the Standards of Operation; however, they remain preliminary at this time. As the College recognizes the potential implications of amendments on registrants and pharmacies, additional focused consultation with stakeholders, including an impact analysis of potential amendments, is warranted and is now underway.
- Once the additional consultation and analysis has been completed, draft amendments will be presented to the Board for the purposes of approval for open public consultation. This will provide further opportunity for the profession, system partners and the public to provide input and feedback on proposed changes to these standards before they are approved for implementation.

Board input will support refinements to amendments

- At the current meeting, the Board is being asked to provide any feedback on the overall scope of the preliminary changes to the Standards of Operation identified to date, including any potential gaps or information that might be missing and additional areas of focus that may be warranted.
- Board input will help staff refine the draft amendments for focused engagement of stakeholders and improve the proposals that are ultimately presented to the Board before proceeding with public consultation.

MOTION: n/a

ATTACHMENTS:

- Appendix A – Standards of Operations for Pharmacies: Summary of Proposed Amendments
- Appendix B – Standards of Operations for Pharmacies: Redline draft
- Appendix C – Physical Space in Pharmacy Jurisdictional Scan

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Relevant motions approved by the Board in December 2025:

1. THAT the Board of Directors 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
2. THAT 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. And 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.
3. 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.

Reference: Standards Document with in-line edits Appendix B

Note: Where there is existing text, changes are shown in red.

Original Standard	Proposed Change	Rationale	Connection to Board Direction
<i>Section: Terms for consistency and clarity ; do not represent changes to expectations or standards</i>			
Member: A regulated health professional registered with the College.	Pharmacy professional: A regulated health professional registered with the College.	This terminology is prevalent in the existing standards but has been used inconsistently with “members”. Updated language to be consistent with current and existing terminology. “Registrant” was considered, but the prevalent use of “Pharmacy Professional” in the existing standards would have required a larger scale change.	N/A
Pharmacy Services: A framework of a services that augment drug therapy, including enhanced medication related services, expanded patient care services and core dispensing services.	Pharmacy services: Patient care activities provided by a pharmacy professional within the scope of practice of pharmacy and the authorized acts of the profession, as defined in the <i>Pharmacy Act</i>.	As the practice of pharmacy evolves, it’s prudent to anchor our definition of pharmacy services to the legislated scope within the Pharmacy Act	N/A

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
N/A (NEW)	<p>Pharmacy Staff: all individuals who perform activities, tasks, or functions within a pharmacy or that support the operation of a pharmacy, regardless of their employment status, professional designation, or level of regulation. This includes regulated pharmacy professionals and non-regulated personnel who contribute to the delivery of pharmacy services or the functioning of the pharmacy environment.</p>	<p>Important for the standards to delineate between registrants (pharmacy professionals) and all staff that works in the pharmacy (assistants, clerks, janitorial staff) as some standards apply to staff versus professionals</p>	N/A
N/A (NEW)	<p>Equipment: Healthcare devices used for diagnosis, monitoring, or treatment over an extended period, generally requiring greater investment, ongoing maintenance, and in some cases specialized training to operate safely and effectively.</p>		N/A
N/A (NEW)	<p>Supplies: Consumable healthcare items intended for immediate or short-term use that support diagnosis, treatment, protection, or patient care, are typically simple to use, have limited durability, and require frequent replacement or disposal.</p>	<p>With scope changes, pharmacy professionals are asked to use more supplies and equipment, and a more deliberate differentiation between these two categories is needed, since the ways in which pharmacy professionals engage with equipment and supplies is different.</p>	N/A

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
<i>Section: Management and Employee Relations</i>			
N/A (NEW)	Pharmacy staff are supported by policies, procedures, training, and monitoring practices to provide pharmacy services in a manner that respects a person’s dignity and abides by provincial human rights legislation.	The application of human rights legislation to the provision of pharmacy services is not well understood and an area of inquiry from registrants. This standard provides a foundation for the development of clearer guidance and resources to support staff in meeting their legal responsibilities.	Motion 1 – sustained delivery of safe and ethical pharmacy services
N/A (NEW)	Pharmacy services are delivered in a manner that is compliant with the relevant provincial legislation on accessibility for persons with disabilities and associated regulations, including considering and accommodating the patient’s physical, cognitive, and sensory abilities; level of health literacy; and level of digital literacy, up to the point of undue hardship.	Current standards in the Delivering Services section acknowledge accessibility for physical space. This standard recognises that operators have a legal responsibility to accommodate patients that goes beyond physical space and articulates the legal obligation to accommodate within a pharmacy operations context.	Motion 1 – sustained delivery of safe and ethical pharmacy services
The designated manager understands their role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.	The designated manager/ hospital administrator understands their role and responsibilities with respect to the accreditation and management of the pharmacy, including medication procurement and inventory management, supervision of pharmacy personnel, and required signage.	The current Standards did not use inclusive language, and inadvertently excluded hospital pharmacy terminology. This is terminology most commonly used and understood for the person responsible for operation of a hospital pharmacy.	N/A

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
<p>The pharmacy has an adequate number of qualified and trained staff to maintain the accepted standards of professional practice, and to deliver safe and effective patient care.</p>	<p>The pharmacy is staffed at all times with the number of qualified and trained staff required for pharmacy professionals to maintain the standards of practice while providing pharmacy services.</p> <p>The pharmacy workflow is managed to permit pharmacy professionals adequate time to maintain the standards of practice and to support pharmacy professional wellbeing.</p>	<p>The Board has previously acknowledged that further expanding scope of practice will only exacerbate workload concerns. Staffing and workflow requirements can be part of the solution to address workload issues. Writing out 2 separate standards that address both staffing and workflow, provides a foundation for future policy options to be explored.</p>	<p>Motion 1 – Effective Implementation of Expanded Scope of Practice</p>
<p><i>Section: Pharmacy Premises</i></p>			
<p>The public areas of the pharmacy meet legislated standards for accessibility for persons with disabilities.</p>	<p>The pharmacy premises meet the requirements outlined in provincial accessibility legislation and associated regulations, to protect patients’ right to access pharmacy services and the human rights of all pharmacy staff and patients.</p>	<p>Expanded scope activities are introducing more and different pharmacist-patient interactions that are beyond the counter. The pharmacy premises must be accessible as outlined in the AODA. Different AODA standards apply to different types of services providers based on size and services provided, so it’s best to have operators determine which apply to their pharmacy.</p>	<p>Motion 3 – Physical space requirements</p>
<p>N/A (NEW)</p>	<p>The pharmacy has a separate and distinct area for patient consultation where the provision of pharmacy services may take place without being overheard by others and which respects the privacy needs of each patient. This includes both acoustical and visual privacy, as appropriate for the pharmacy service provided and determined to be acceptable by the patient.</p>	<p>The Board agreed that with the expansion of scope activities, there is a need to ensure that patient counselling areas go beyond 'acoustical privacy', and that visual privacy is needed to support more complex/sensitive minor ailment visits and certain expanded scope activities.</p> <p>The proposed phrasing recognizes that the level of privacy will vary based on the service provided and the preferences of the patient.</p>	<p>Motion 3 – Physical space requirements</p>

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
There is a program to ensure the regular cleaning of the pharmacy, including all premises, furniture, equipment and appliances, and automated pharmacy systems, if any.	Procedures are in place that ensure appropriate infection prevention and control practices are occurring. This includes cleaning the premises, furniture, equipment and appliances, and automated pharmacy systems, if any, on a regular and as needed basis.	Some minor ailments proposed present additional IPAC considerations, and articulating this helps clarify the existing standard.	Motion 1 - Sustained delivery of safe and ethical pharmacy services
Controlled drugs and substances are stored and managed according to national guidelines and provincial requirements.	Controlled substances are stored and managed according to national and provincial requirements.	Accuracy update – articulating drugs AND substances is duplicative and unnecessary; the language of “guideline” does not add anything and confuses the fact that there are national requirements as well as provincial requirements.	N/A
Section: Delivering Services			
Pharmacy staff members receive the appropriate training to deliver specialized services, such as sterile compounding for example, and the pharmacy is constructed to address any risks to staff or the public associated with pharmacy practice.	Pharmacy staff are trained on operational processes and procedures commensurate with their role and the pharmacy services provided.	The root of this standard was that the people working in the pharmacy know the processes and procedures for how the pharmacy operates, and that this would need to reflect the level of training needed based on their role (e.g. technician vs Assistant vs Clerk). Specifying compounding in the original standard limits the evolution of pharmacy practice where expanded scope activities include additional considerations for procedures and how services are delivered/workflow impact. Language of "specialized services" is colloquial and does not refer to a standardized set of services.	Motion 1 – Effective Implementation of Expanded Scope of Practice
All services are based on a review and assessment of patients’ circumstances and provided in order to optimize therapeutic outcomes.	The pharmacy workflow enables pharmacy professionals to deliver pharmacy services to patients based on a review and assessment of patients’ unique circumstances and provided in a patient-centred way to respect dignity and therapeutic outcomes.	Increased workload resulting from expanding scope means that workflow considerations are important to articulate, as it can act as an enabler for registrants delivering services in a way that meets standards of practice, code of ethics.	Motion 1 – Effective Implementation of Expanded Scope of Practice

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
Documentation and record-keeping requirements are established and all of the required records are kept and maintained.	<p>Procedures are in place that enable pharmacy professionals to document the care and services provided in a timely and consistent manner, and include:</p> <ul style="list-style-type: none"> • Training requirements for how to use the pharmacy’s records management system • Protocols regarding who must document, the information that must be documented, and options for managing delays in documenting information 	<p>Expanded scope activities will result in more documentation. The College is aware that documentation is an area of concern among registrants' practice. This revision more clearly articulates that procedures need to be established to enable more timely and consistent documentation.</p> <p>This is complementary, but different, from the documentation requirements that are articulated in the Standards of Practice and the Documentation Guidelines. This standard is about operations and how operators need to create the conditions for documentation, including training on the system that pharmacy uses.</p>	Motion 1 – Effective Implementation of Expanded Scope of Practice
N/A (NEW)	The pharmacy has the clinical decision support tools, reference databases, and patient health information sufficient to allow pharmacy professionals to exercise independent authority within their scope of practice to provide patient care.	<p>As scope expands to include more complex minor ailments and activities, pharmacies must be required to ensure they provide their pharmacy professionals with all the tools and resources and technology needed to do their job well.</p> <p>There are existing policy documents that further articulate the need for decision-support tools, references and patient info.</p>	<p>Motion 1 – Effective Implementation of Expanded Scope of Practice</p> <p>Motion 2 - Access to patient health information that support pharmacy professionals in meeting the standards of practice</p>
<i>Section: Equipment and Technology</i>			
The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.	The equipment, supplies , and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.	New equipment being introduced to the pharmacy environment with this expansion of scope. Operations team noted a need to distinguish equipment and supplies.	Motion 1 - Sustained delivery of safe and ethical pharmacy services
The pharmacy has the appropriate layout, equipment and technology to support practice.	The pharmacy has the appropriate equipment, supplies, and technology to support the delivery of pharmacy services.	“Layout” removed as it does not relate to the topic of equipment and tech, and instead is already captured in the existing standards under Pharmacy Premises section	Motion 1 - Sustained delivery of safe and ethical pharmacy services

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
<p>The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:</p> <ul style="list-style-type: none"> • Facilities for washing utensils and sterilizing equipment; • Specialized equipment for the practice of pharmacy; • Adequate work space; • Hand-washing facilities for employees; • Secure and temperature appropriate storage facilities. 	<p>The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:</p> <ul style="list-style-type: none"> • Facilities for washing utensils and sterilizing equipment; • The necessary equipment for the pharmacy services provided; • Workspaces that are adequate and appropriate for the services provided; • Hand-washing facilities for employees; • Secure and temperature appropriate storage facilities. 	<p>The word "specialized equipment" was not clear, and therefore changed to "necessary equipment"</p> <p>More description was needed to what "adequate work space" entailed.</p> <p>As the service options expand, the standards may only apply to a pharmacy based on the services provided. Specifying this here allows operators to identify the type of equipment needed or the workspace needed to provide a service.</p>	<p>Motion 1 – Effective Implementation of Expanded Scope of Practice</p>
<p>Equipment is calibrated and certified as required and supported by documentation.</p>	<p>Procedures are in place to facilitate the safe and effective use of equipment and supplies, in accordance with their intended purpose, and includes:</p> <ul style="list-style-type: none"> • Maintenance, calibration, and certification of equipment as per manufacturer instructions or other supporting documentation • Documentation of equipment maintenance, calibration, and certification is available and readily retrievable 	<p>As pharmacy professionals use more and different equipment and supplies, with expanded scope of practice, like lab and POCT equipment and supplies, otoscopes, the standards need to be more robust. It was found that the current standard statement was not clear on what "supported by documentation" meant: documentation that informs the calibration/certification process; and, documentation that the calibration/certification has occurred.</p>	<p>Motion 1 – Effective Implementation of Expanded Scope of Practice</p>

Section: Information Management

Expanded Scope: Standards of Operation Proposed Changes

March 2026

Original Standard	Proposed Change	Rationale	Connection to Board Direction
<p>The pharmacy has an established schedule for the retention, retrieval and destruction of information.</p>	<p>Procedures are in place for the management of patient records, including an established schedule for the retention, retrieval and destruction of information.</p>	<p>It was identified that the current standard as written is perhaps inadequate. The pharmacy should have more than simply a schedule in place, but also procedures in place to manage patient records. Robust patient records management will be important as workload increases due to expanded scope.</p>	<p>Motion 1 – Effective Implementation of Expanded Scope of Practice</p>

DRAFT: Not for Circulation



**Ontario College
of Pharmacists**

Putting patients first since 1871

STANDARDS OF OPERATION FOR PHARMACIES

STANDARDS OF OPERATION

TERMS	2
INTRODUCTION	4
PRINCIPLES	5
GOVERNANCE AND LEGAL COMPLIANCE	6
<i>Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.</i>	
MANAGEMENT AND EMPLOYEE RELATIONS	7
<i>Pharmacy Professionals Members are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.</i>	
PHARMACY PREMISES	8
<i>The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient, public and staff safety.</i>	
DELIVERING SERVICES	9
<i>Policies and procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.</i>	
EQUIPMENT AND TECHNOLOGY	10
<i>The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.</i>	
INFORMATION MANAGEMENT	12
<i>Pharmacy professionals have access to the information systems and technological support that enables them to meet the standards of practice of the profession.</i>	
SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT	13
<i>The pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.</i>	

TERMS (Continued on next page)

Accredited Pharmacy: A pharmacy that has applied to the College and been granted a certificate of accreditation that permits the owner to operate a pharmacy.

Automated Pharmacy System: An automated pharmacy system is a mechanical system that performs operations or activities with respect to the storage and packaging of drugs or medications, and with respect to their dispensing or distribution directly to patients.

Cold Chain: A cold chain is a temperature-controlled supply chain. A cold chain is mandatory where products require a given temperature range during distribution and storage. Products that have not been maintained at the appropriate temperature are considered to be unsafe for distribution and sale.

Contact Person: The person(s) designated in a hospital pharmacy or an institutional pharmacy as the contact with the College.

Designated Manager: The pharmacist designated by the owner(s), in information provided to the College, as responsible for managing the pharmacy. The designated manager carries the same liability for the operation of the pharmacy as the owner(s).

Equipment: Healthcare devices used for diagnosis, monitoring, or treatment over an extended period, generally requiring greater investment, ongoing maintenance, and in some cases specialized training to operate safely and effectively.

Governance: There are clear definitions within the practice location of the rules, practices and processes in which the pharmacy is managed. Governance includes outlining the roles and accountabilities of the people involved in providing and managing pharmacy services.

Hospital Pharmacy Administrator: The person with oversight of the hospital pharmacy operation who is accountable for ensuring that all systems required to provide safe and effective pharmacy services are in place. The Administrator is not required to be a member of the College.

Medication Incident: A Medication Incident is defined as any preventable event that may cause or lead to inappropriate medication use or patient harm. Medication incidents may be related to professional practice, drug products, procedures, or systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.

Owner: The person or persons, who own the pharmacy, and where the owner is or includes a corporation, includes each director of the corporation. Every owner is responsible for ensuring the pharmacy is operated according to the law.

Pharmacy Professional Member: A regulated health professional registered with the College.

Pharmacy Services: ~~A framework of a services that augment drug therapy, including enhanced medication-related services, expanded patient care services and core dispensing services.~~ Patient care activities provided by a pharmacy professional within the scope of practice of pharmacy and the authorized acts of the profession, as defined in the *Pharmacy Act*.

Pharmacy Staff: All individuals who perform activities, tasks, or functions within a pharmacy or that support the operation of a pharmacy, regardless of their employment status, professional designation, or level of regulation. This includes regulated pharmacy professionals and non-regulated personnel who contribute to the delivery of pharmacy services or the functioning of the pharmacy environment.

Remote Dispensing Location: A remote dispensing location means a place where drugs are

dispensed or sold by retail to the public and that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation.

TERMS (continued)

Risk Assessment and Management: Risk assessment and management systems are those which provide a structured approach to identifying and managing errors associated with an area of practice that is high risk and, therefore, has a greater potential for patient harm. Examples of high risk practices include compounding, dispensing methadone, high volume dispensing, and dispensing blister packs; these are all practices that may be associated with a greater than normal risk to patient safety.

Supplies: Consumable items intended for immediate or short-term use that support assessment, treatment, or patient care, are typically simple to use, have limited durability, and require frequent replacement or disposal.

Safe Medication Practices: Safe medication practices prevent and reduce medication errors through established policies and procedures and continuous quality improvement. Components of a safe medication practice include providing access to current medication information, systems to identify high alert medications and procedures to store, count, administer, and dispose of medications. Wherever possible, an independent double check is used to verify products against prescriptions, and to check repackaged and labelled medications and volumes for reconstituted preparations prior to release.

DRAFT

INTRODUCTION

The purpose of the Standards of Operation **for Pharmacies** is to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and to support the regulation of pharmacies in Ontario within the context of the outcome-based regulations under the *Drug and Pharmacies Regulation Act, 1990 (DPRA)*.

The standards apply to all accredited pharmacies to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and should be read in conjunction with the requirements established through legislation, College policies and guidelines, Standards of Practice for Pharmacists and Pharmacy Technicians, and the Code of Ethics. Members of the College, hospital pharmacy administrators, owners and directors, including non-pharmacist directors, are responsible for meeting these standards.

The College holds pharmacists, pharmacy technicians, designated managers, directors (on behalf of corporations), and hospital administrators (on behalf of hospitals) fully accountable where professional obligations, expectations and responsibilities are not met, and equally enforces the clearly outlined responsibilities accorded to each role.

All regulated health professionals working in the pharmacy should be familiar with these standards, and pharmacists and pharmacy technicians must understand that they are expected to raise concerns with the management of the pharmacy if they believe these standards are not being met and/or there is a perceived risk to patients related to pharmacy operations.

These standards address topics related to:

- Governance and legal compliance;
- Management and employee relations;
- Pharmacy premises and environment;
- Delivering services;
- Equipment and technology;
- Information management; and
- Quality improvement and medication safety.

The pharmacy environment includes the premises of the pharmacy along with the equipment, systems and staffing required to protect against and mitigate risks associated with the delivery of services, and as importantly, the culture established by the management of the pharmacy to support pharmacy professionals to meet the standards of professional practice.

In a hospital, the College has oversight over any location deemed to be a pharmacy in the regulations, anywhere drugs are compounded, dispensed or supplied for hospital patients, and any other location where drugs are stored or supplied from. In the case of the hospital pharmacy, access is secured and drug storage areas are protected with the appropriate security measures.

PRINCIPLES

This document is organized according to principles and standards. The principles provide the foundation on which the outcomes outlined in regulations to the *Drug and Pharmacies Regulation Act* are met.

GOVERNANCE AND LEGAL COMPLIANCE:

Pharmacies are operated in compliance with the law, according to the requirements set by the College, and in keeping with the Code of Ethics.

MANAGEMENT AND EMPLOYEE RELATIONS:

Pharmacy professionals ~~Members~~ are empowered to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public.

PHARMACY PREMISES:

The pharmacy environment is appropriate for the services provided, and organized and maintained to support patient and staff safety.

DELIVERING SERVICES:

Policies and procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

EQUIPMENT AND TECHNOLOGY:

The equipment and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

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.

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

1 GOVERNANCE AND LEGAL COMPLIANCE

2 Pharmacies are operated in compliance with the law, according to the requirements
3 set by the College, and in keeping with the Code of Ethics.

4 STANDARDS

6 The pharmacy is in compliance with relevant legislation and regulations governing pharmacy
7 accreditation, services and operations, privacy and security that are applicable in Ontario.

8 Pharmacies must also ensure that provincial and national standards, and all requirements established
9 by the College are met by the pharmacy and/or support professional practice.

10 **Option for new standards:**

11 Pharmacy staff are supported by policies, procedures, training, and monitoring practices to provide
12 pharmacy services in a manner that respects a person's dignity and abides by provincial human rights
13 legislation.

14 Pharmacy services are delivered in a manner that is compliant with the relevant provincial legislation
15 on accessibility for persons with disabilities and associated regulations, including considering and
16 accommodating the patient's physical, cognitive, and sensory abilities; level of health literacy; and
17 level of digital literacy up to the point of undue hardship.

18 Owners, shareholders, officers and directors, whether or not they are registered with the College,
19 understand their responsibilities and liabilities in regard to the operation and accreditation of the
20 pharmacy.

21 The designated manager/hospital administrator understands their role and responsibilities with respect to
22 the accreditation and management of the pharmacy, including medication procurement and inventory
23 management, supervision of pharmacy personnel, and required signage.

24 Pharmacy staff members receive orientation and have access to the policies and procedures
25 established by the owner and/or designated manager and understand their responsibilities to maintain
26 the standards of accreditation.

27 Mechanisms are in place that allow feedback and concerns about the pharmacy, services and staff to
28 be raised, and these are taken into account and action taken where appropriate.

30

31 **Additional Resources**

- 32 Code of Ethics
- 33 Policy – Medication Procurement and Inventory Management
- 34 Policy – Supervision of Pharmacy Personnel
- 35 Guidance – Accreditation and Operation of a Pharmacy

36 MANAGEMENT AND EMPLOYEE RELATIONS

37 **Pharmacy professionals** ~~Members~~ are empowered to exercise independent authority
38 within their scope of practice to optimize patient care, fulfill professional obligations,
39 and protect the health, safety and wellbeing of patients and the public.

40 41 STANDARDS

42 All pharmacy staff ~~members~~ are oriented to the regulatory framework that governs both the place and
43 the practice of pharmacy.

44 ~~The pharmacy has an adequate number of qualified and trained staff to maintain the accepted~~
45 ~~standards of professional practice, and to deliver safe and effective patient care.~~

46 **Options to replace above standard (lines 44-45):**

47 ~~The pharmacy is staffed at all times with the number of qualified and trained staff required for~~
48 ~~pharmacy professionals to maintain the standards of practice while providing pharmacy services.~~

49 ~~The pharmacy workflow is managed to permit pharmacy professionals adequate time to maintain the~~
50 ~~standards of practice and to support pharmacy professional wellbeing.~~

51 The pharmacy is operated within a culture of openness, honesty and learning. Staff and management
52 roles, responsibilities and accountabilities are understood and accepted.

53 Pharmacy staff ~~members~~ and trainees are provided with the appropriate level of supervision or
54 delegation.

55 Pharmacy professionals employed have the skills, qualifications and competence to provide patient
56 care and optimize health outcomes for patients.

57 Pharmacy professionals are provided access to the resources and training necessary to support
58 patient outcomes.

59 Management ensures that pharmacy professionals comply with their professional and legal
60 obligations and are empowered to exercise professional judgement in the interests of patients and the
61 public.

62 Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or
63 the professional judgement of staff.

64 Pharmacy professionals are empowered to provide feedback and raise concerns about how pharmacy
65 services are organized and delivered.

66 67 Additional Resources

68 Code of Ethics

69 Standards of Practice

- 70 • Standards of Practice for Pharmacists
- 71 • Standards of Practice for Pharmacy Technicians

72 Policy – Medical Directives and the Delegation of Controlled Acts

73 Policy – Opioid Policy

74 Policy – Supervision of Pharmacy Personnel

78 **PHARMACY PREMISES**

79 **The pharmacy environment is appropriate for the services provided, and organized and**
80 **maintained to support patient, public and staff safety.**

81
82 **STANDARDS**

83 The pharmacy is designed, constructed and maintained to ensure the integrity and the safe and
84 appropriate storage of all drugs and medications; including, the proper conditions of sanitation,
85 temperature, light, humidity, ventilation, segregation and security.

86 The pharmacy is designed to permit optimal work flow management, mitigate risk, support patient care
87 and maintain safe and effective drug distribution while providing healthcare and services to patients.

88 **Option to replace lines 99-100:**

89 **The pharmacy premises meet the requirements outlined in provincial accessibility legislation and**
90 **associated regulations, supporting patient's right to access pharmacy services and the human rights of**
91 **all pharmacy staff and patients.**

92 The pharmacy is designed to protect the privacy, dignity and confidentiality of patients and the public
93 who receive pharmacy services.

94 **Option to expand lines 92-93 above:**

95 **The pharmacy has a separate and distinct area for patient consultation where the provision of**
96 **pharmacy services may take place without being overheard by others and which respects the privacy**
97 **needs of each patient. This includes both acoustical and visual privacy, as appropriate for the pharmacy**
98 **service provided and determined to be acceptable by the patient.**

99 ~~The public areas of the pharmacy meet legislated standards for accessibility for persons with~~
100 ~~disabilities.~~

101 ~~There is a program to ensure the regular cleaning of the pharmacy, including all premises, furniture,~~
102 ~~equipment and appliances, and automated pharmacy systems, if any.~~

103 **Option to replace above standard (lines 101-102):**

104 **Procedures are in place that ensure appropriate infection prevention and control practices are**
105 **occurring. This includes** cleaning the premises, furniture, equipment and appliances, and automated
106 **pharmacy systems, if any, on a regular and as needed basis.**

107 ~~Controlled drugs and substances are stored and managed according to national guidelines and~~
108 ~~provincial requirements.~~

109 ~~There is a program for the safe return and disposal of prescription drugs according to national and~~
110 ~~provincial guidelines.~~
111

112
113 **Additional Resources**

- 114 Code of Ethics
115 Standards for Pharmacy Compounding
116 • Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations

117 • Standards for Pharmacy Compounding of Hazardous Sterile Preparations
118 • Standards for Pharmacy Compounding of Non-Sterile Preparations
119 Standards of Practice
120 • Standards of Practice for Pharmacists
121 • Standards of Practice for Pharmacy Technicians
122 Policy – Time Delayed Safes
123 Guideline – Administering a Substance by Injection
124 Guideline – Administering a Substance by Inhalation
125 Guidance – Accreditation and Operation of a Pharmacy
126 • Checklist – Opening a New Pharmacy
127 • Required Reference Guide for Ontario Pharmacies (Pharmacy Library)
128 Guidance – Operation of a Remote Dispensing Location (RDL)
129 • Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
130 • Checklist – Opening a RDL with an Automated Pharmacy System (APS)

DRAFT

DELIVERING SERVICES

Policies and Procedures are developed and implemented to support service delivery in accordance with accepted policies, guidelines and standards of professional practice.

STANDARDS

The dispensary is secure and safeguarded from unauthorized access and drugs are located in the area of the pharmacy consistent with the appropriate drug schedule classification. ~~to support optimal practice.~~

Procedures are in place to maintain safe and effective procurement and inventory management. Medicines and medical devices are:

- Obtained from a reputable source
- Safe and fit for purpose
- Stored securely
- Safeguarded from unauthorized access
- Supplied to the patient safely
- Disposed of safely and securely

Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services.

Option to replace 151-153:

~~Pharmacy staff members receive the appropriate training to deliver specialized services, such as sterile compounding for example, and the pharmacy is constructed to address any risks to staff or the public associated with pharmacy practice.~~

Pharmacy staff are trained on operational processes and procedures commensurate with their role and the pharmacy services provided.

Option to shift lines 156-158 away from practice focus to operations focus:

~~All services are~~ **The pharmacy workflow enables pharmacy professionals to deliver pharmacy services to patients** based on a review and assessment of **patients' unique circumstances and provided in a patient-centred way to respect dignity and** therapeutic outcomes.

Patients are provided the information needed to make decisions about their health and health care.

~~Documentation and record keeping requirements are established and all of the required records are kept and maintained.~~

Option to replace above standard (lines 160-161):

Procedures are in place that enable pharmacy professionals to document the care and services provided in a timely and consistent manner, and include:

- Training requirements for how to use the pharmacy's records management system
- Protocols regarding who must document, the information that must be documented, and options for managing delays in documenting information

169 The pharmacy has the clinical decision support tools, reference databases, and patient health
170 information sufficient to allow pharmacy professionals to exercise independent authority within their
171 scope of practice to provide patient care.

174 **Additional Resources (Continued on next page)**

175 Code of Ethics

176 Standards for Pharmacy Compounding

- 177 • Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations
- 178 • Standards for Pharmacy Compounding of Hazardous Sterile Preparations
- 179 • Standards for Pharmacy Compounding of Non-Sterile Preparations

180 Standards of Practice

- 181 • Standards of Practice for Pharmacists
- 182 • Standards of Practice for Pharmacy Technicians

183 Policy – Faxed Transmission of Prescriptions

184 Policy – Opioid Policy

185 Policy – Operating Internet Sites

186 Guideline – Administering a Substance by Injection

187 Guideline – Administering a Substance by Inhalation

188 Guideline – Documentation

189 Guideline – Record Retention, Disclosure and Disposal

190 Guidance – Accreditation and Operation of a Pharmacy

- 191 • Checklist – Opening a New Pharmacy
- 192 • Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

193 Guidance – Operation of a Remote Dispensing Location

- 194 • Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- 195 • Checklist – Opening a RDL with an Automated Pharmacy System (APS)

EQUIPMENT AND TECHNOLOGY

The equipment, supplies, and technology used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients, the public and staff.

STANDARDS

The pharmacy has the appropriate layout, equipment, supplies, and technology to support the delivery of pharmacy services.

The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:

- Facilities for washing utensils and sterilizing equipment;
- ~~Specialized equipment for the practice of pharmacy;~~ The necessary equipment for the pharmacy services provided;
- ~~Adequate work space;~~ Workspaces that are adequate and appropriate for the services provided;
- Hand-washing facilities for employees;
- Secure and temperature appropriate storage facilities.

~~Equipment is calibrated and certified as required supported documentation.~~

Option to expand and clarify line 214:

Procedures are in place to facilitate the safe and effective use of equipment and supplies, in accordance with their intended purpose, and include:

- Maintenance, calibration, and certification of equipment as per manufacturer instructions or other supporting documentation
- Documentation of equipment maintenance, calibration, and certification that is available and readily retrievable

Additional Resources

Standards for Pharmacy Compounding

- Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Hazardous Sterile Preparations
- Standards for Pharmacy Compounding of Non-Sterile Preparations

Policy – Medication Procurement and Inventory Management

Policy – Protecting the Cold Chain

Guidance – Accreditation and Operation of a Pharmacy

- Checklist – Opening a New Pharmacy

Guidance – Operation of a Remote Dispensing Location

- Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician
- Checklist – Opening a RDL with an Automated Pharmacy System (APS)

237 INFORMATION MANAGEMENT

238 Pharmacy professionals have access to the information systems and technological
239 support that enables them to meet the standards of practice of the profession.

240 241 STANDARDS

242 The information technology deployed at the pharmacy meets the minimum standards for national
243 technical, functional and administrative requirements outlined in national standards for pharmacy
244 practice management systems.

245 Pharmacy professionals are able to access references and resources as required to support the
246 delivery of patient care.

247 The personal health information of patients and those who receive pharmacy services is protected
248 through the implementation of both administrative and technical safeguards.

249 **Option to clarify lines 250-253:**

250 **Procedures are in place for the management of patient records, including an** The pharmacy has an
251 established schedule for the retention, retrieval and destruction of information.

252 The pharmacy has technology necessary for the storage and retrieval of all documents associated
253 with the practice of pharmacy at that location.

254

255 256 Additional Resources

257 Code of Ethics

258 Policy – Centralized Prescription Processing (Central Fill)

259 Policy – Operating Internet Sites

260 Guideline – Record Retention, Disclosure and Disposal

261 Guidance – Accreditation and Operation of a Pharmacy

262 • Checklist – Opening a New Pharmacy

263 • Required Reference Guide for Ontario Pharmacies (Pharmacy Library)

264 Guidance – Operation of a Remote Dispensing Location

265 • Checklist – Opening a RDL Dispensary staffed by a Pharmacy Technician

266 • Checklist – Opening a RDL with an Automated Pharmacy System (APS)

267 Pharmacy Practice Management System Requirements

268 • Pharmacy Practice Management Systems Supplemental Requirements

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT:

The Pharmacy has implemented a safe medication management system and quality improvement program to support patient safety.

STANDARDS

Pharmacy services are effectively managed and delivered to support patient safety, according to requirements established by the College. Quality improvement practices include a process for detecting, recording, analysing, correcting and sharing lessons learned from medication incidents.

The community pharmacy has implemented the Medication Safety Program in a manner that supports pharmacy professionals in meeting the requirements under the supplemental Standard of Practice.

In hospitals, the organization supports pharmacy professionals in meeting the requirements under the Supplemental Standard of Practice by reporting incidents involving medications to the safety incident management system.

Pharmacy professionals are aware of obligations to report adverse reactions involving medications, including prescription and non-prescription medications, natural health products, and vaccines, and are supported to do so.

Additional Resources

Code of Ethics

Standards of Practice

- Standards of Practice for Pharmacists
- Standards of Practice for Pharmacy Technicians
- Supplemental Standard of Practice

Policy – Medication Procurement and Inventory Management

Guidance – Accreditation and Operation of a Pharmacy

- Checklist – Opening a New Pharmacy
- Pharmacy Safety Self-Assessment (PSSA).
- Pharmacy Safety Self-Assessment User Guide

Jurisdiction	High-level Summary of Requirements	Key points
<p>Nova Scotia</p>	<p>Pharmacy Practice Policy Private Consultation Rooms – Criteria</p> <ul style="list-style-type: none"> • Effective December 31 2020 <p>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</p> <p>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.</p> <p>Summary of consultation room expectations:</p> <ul style="list-style-type: none"> • 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 wheelchair accessible • Be equipped to provide for appropriate hand hygiene • Provide for the safety and security of those using the room • Be used only for professional activities <p>Reference: Pharmacy Practice Policy – Private Consultation Rooms Criteria, Standards of Practice – Prescribing Drugs</p>	<p>Private consultation room</p> <p>Auditory expectations; sound barriers</p> <p>Standards and Policy</p>
<p>New Brunswick</p>	<p>In order to maintain privacy and confidentiality, a private room (physical space/location) is required by 2017</p> <p>Option for private consultation area/semi-private consultation area</p> <p>Must have available supplies or equipment required for patient assessment (for example, gloves, masks, swabs, blood pressure cuff, etc.).</p> <p>Reference: Pharmacists’ Expanded Scope: Minor Ailments (page 8)</p>	<p>Private consultation area/semi-private consultation area</p>

Appendix C Jurisdictional Scan: Physical Space Requirements March 2026

Jurisdiction	High-level Summary of Requirements	Key points
	REGULATIONS OF THE NEW BRUNSWICK COLLEGE OF PHARMACISTS	
British Columbia	<p>When making a diagnosis or prescribing a drug, the pharmacist must take the appropriate steps to ensure the assessment is conducted in a manner that the patient confirms as suitably private.</p> <p>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.</p> <p>Reference: Health Professions Act Bylaws and FAQ</p>	<p>Private consultation space</p> <p>Health Professions Act - BYLAWS</p>
Alberta	<p>Private consultation area. Must be attached to the dispensary.</p> <p>Must not require public access to get through the dispensary to the consultation room</p> <p>Has suitable sound barriers</p> <p>Summary of consultation room expectations:</p> <ul style="list-style-type: none"> • Attached to the dispensary or is adjacent to the dispensary within the patient services area • Publicly accessible • Clean, safe, and well lit • Adequate size • Visual barriers <p>Reference: Standards SOLP.pdf</p>	<p>Private consultation area</p> <p>Auditory expectations; sound barriers</p> <p>Space (size) requirement</p> <p>Standards for the Operation of Licensed Pharmacies</p>
Manitoba	<p>Practice Direction - Standard of Practice # 15: Pharmacy Facilities</p> <ul style="list-style-type: none"> • As of January 2019 must have a private patient counselling room <p>With the exception of hospital practice, have a patient counseling and consultation area suitable to the College of Pharmacists of Manitoba</p> <p>Summary of consultation room expectations:</p> <ul style="list-style-type: none"> • Contain no items for sale other than articles needed for counseling sessions 	<p>Private consultation room</p> <p>Auditory expectations; sound barriers</p> <p>Space (size) requirement</p> <p>Makes a distinction between community and hospital pharmacy expectations</p> <p>Practice Direction</p>

Jurisdiction	High-level Summary of Requirements	Key points
	<ul style="list-style-type: none"> Provide a setting for confidential discussion between the patient and the pharmacist. Be at least 150 square feet in size in addition to space allocated for the patient counseling area <p>Reference: Standards of Practice</p>	
<p>Saskatchewan</p>	<p>Private Consultation Room Standards</p> <ul style="list-style-type: none"> In effect as of December 2024. Any pharmacy that submits a permit application to open, relocate, or renovate as of December 5, 2024, must meet all standards prior to being granted a permit <p>Private consultation room must be adjacent to the dispensary.</p> <p>Must ensure that no person outside of the room can hear or see activities in the room.</p> <p>Must be equipped with electric devices (for example, access to Pharmaceutical Information Program (PIP), eHealth Viewer, clinical resource library, pharmacy software system used to access patient records).</p> <p>The pharmacy professional must follow proper infection prevention control measures.</p> <p>Summary of consultation room expectations:</p> <ul style="list-style-type: none"> The room will have a feature to indicate it's in use The room, and the path leading to the room must be fully accessible Must have seating and be accurately cleaned Must have space, storage for medical devices, space for supplies, hand hygiene sink, ABHR dispensers Pharmacy services that require close physical examination, touch, collection of a specimen, and/or patient disrobe must occur in the private consultation room. For pharmacy services that require the patient to disrobe, adequate disposal gowns or sheets must be available for privacy. <p>Exception requests to consultation room:</p> <ul style="list-style-type: none"> Exemptions to any part of these standards will only be granted in exceptional circumstances. Consideration is made for the distribution of pharmacy services, the 	<p>Private consultation room/Semi-private consultation room</p> <p>Auditory expectations; sound barriers</p> <p>Consultation room</p> <p>Grandparenting expectations</p> <p>Patients must be informed of the availability of/offered the use of the private consultation room in which to receive pharmacy services, including for education, consultations, or any other pharmacy services at each interaction.</p> <p>Exception permitted</p> <p>Standards of Practice</p>

Jurisdiction	High-level Summary of Requirements	Key points
	<p>impact the requirements may have on those services, and in the best interest of the public.</p> <ul style="list-style-type: none"> To request an exemption, pharmacy managers must submit a written request to the Registrar in a manner and form determined by SCPP <p>Reference: Private Consultation Room Standards</p>	

Consultation Room Expectations by Province Reviewed

Consultation Room Expectation	Province
Private/semi-private consultation room	Nova Scotia New Brunswick British Columbia Alberta Manitoba Saskatchewan
Auditory expectations; sound barriers	Alberta Manitoba Saskatchewan
Space (size) requirement	Alberta Manitoba

Some provinces mention the consultation room in different ways. For example, consultation room, consultation area, semi-private room. Regardless of the label, the expectation is the same; it must provide privacy to patients.